



MASS FATALITY PLAN

Standard Operating Guidelines

***(DESIGNED FOR FIRST 8 HOURS OF INCIDENT)**

Purpose

1. To discharge duties during incidents from start through first 8 hours that involve multiple deaths that are above what is handled in a normal day.
2. For major incidents that immediately exceed our local capabilities or will extend beyond eight (8) hours, **proceed to Ohio Homeland Security Region 7 Mass/Casualty/Mass Fatality Plan (OHS Region 7 MCI/MFI Plan)**
3. To discharge duties during a disaster incident with mass fatalities for the first few hours until available resource/s such as the Ohio Mortuary Operational Response Team and/or the Disaster Mortuary Operational Response Team arrive on scene.
4. This plan takes into consideration that with mass fatalities typically comes mass casualties which means only a small percentage of the FD/EMS and law enforcement will be immediately available to assist in body recovery.

SECTION I- INTRODUCTION

- I. Definition: Any situation in which there are more fatalities/bodies to be recovered, examined and stored that can be handled in typical same time period.
- II. Evaluation Team: Should consist of at a minimum the coroner and/or chief investigator plus the investigator on-call.
 - A. The scene must have been declared safe to enter by the appropriate agency prior to the Evaluation Team entering.
 - B. Evaluate for:
 - 1. Potential or real number of fatalities
 - 2. Condition of bodies
 - 3. Level of difficulty in recovery
 - 4. For possible biological, chemical, physical and/or radiological hazards
 - C. Formulate plan for scene documentation, body recovery and transportation.
 - D. Select site for temporary morgue/holding area.
 - E. Determine the need for OMORT, the Ohio Mortuary Operational Response Team.

- F. If the incident exceeds the capability of local resources or number too great for a timely completion, proceed to Ohio Homeland Security Region 7 Mass/Casualty/Mass Fatality Plan (OHS Region 7 MCI/MFI Plan)
- G. Both OMORT and DMORT can be requested by the coroner or his/her designee through a request to the EMA, Emergency Management Agency @ 740/773-1700 Cell# 740/253-0939 or through the Ross County Sheriff. MARCS Radio ID# 1721
- H. Incidents that require assistance from OMORT and/or DMORT, or scenes that involve other outside agencies such as NTSB or FBI, the local Coroner or his/her designee will retain control of the remains as stated in the Ohio Revised Control Section 313.

III. Fixed Locations Temporary Body Storage Capacity and Resources

	<u>Cold Storage</u>	<u>Est. EMBALMED /24 HRS</u>
1. ARMC Morgue-	4	x
2. VAMC Morgue	3	x
3. Ebright Funeral Home-	4	4
4. Fawcett Oliver Glass & Palmer FH-	4	10
5. Haller Funeral Home-	10	12
6. Hill Funeral Home-	0	6
7. Smith-Moore	0	3
8. *Ware Funeral Home-	15	8

*Ware FH capacity could be increased with temporary shelving units

IV. Portable Temporary Cold Storage-

- A. Ross County Morgue Trailer- 26-28
- B. Ross County Portable Morgue CUBE- 12 (Currently housed at ARMC)
- C. (4) ODH Morgue Trailers with capacity for 12-18 each-availability varies and may be very limited

- V. Family Assistance Center
 - A. A safe, comfortable area will be provided for family members, but in close proximity but away from incident site. Consider the Red Cross for assistance.
 - B. A liaison will be appointed between Incident Command (Coroner) and families.
 - C. Regular updates will be provided on a timely manner.
 - D. Should be excluded from media areas.
 - E. Refer to OHS Region 7 MCI/MFI Plan

- VI. Potential Equipment/Personnel Needed In A Mass Fatality
 - A. Tents
 - B. ATV or larger 4WD
 - C. Heavy Equipment for clearing pathway
 - D. Victim Carriers
 - E. Anthropologists (Ohio Historical Society and OSU) (DMORT)
 - F. Health Department Personnel
 - G. Other equipment and/or personnel; incident dependent

SECTION II- SCENE RESPONSIBILITIES

- I. Receive notification of disaster with potential mass fatalities through normal channels.
- II. The on-call Investigator notifies the coroner and chief investigator.
- III. The on-call Investigator responds to the scene and stages at the Incident Command Post. The investigator shall document available information from the command staff on incident.
- IV. Once the coroner and/or the chief investigator arrive on scene and the scene is deemed safe to enter, the Evaluation Team will enter the scene.
- V. Develop a plan in conjunction with the Incident Command. The coroner or his/her designee shall become part of the Unified Command.
- VI. Request to be made for all Ross County Coroner staff to respond to the scene. Consider requesting help from neighboring county coroner offices.
- VII. Maintain communication with answering service for requests for unrelated deaths.
- VIII. Organize Equipment/Supplies that will be needed:
 - A. Need for Morgue Trailer on scene or near-by
 - B. (PPE)Protective Clothing- Gloves, Tyvek Suits, etc.
 - C. Documentation equipment- Camera, GPS, Compass, Measuring Tape, Flags, Notepad
 - D. Body ID Supplies- toe tags, tamper evident tags.
 - E. Body Bags- with multiple fatalities may substitute with VisQueen

- F. Tent for Temporary Body Holding Area
- G. MARCS Radios for communications with all involved agencies

SECTION III- RECOVERY

- I. Remains will be documented with photos, GPS location and/or triangulated measurements.
- II. Remains will be marked with a number as per established per incident and placed in body bag or substitute. The body bag or substitute will be marked/tagged in a tamper evident manner prior to being transported off site.
- III. Remains will be transported to established Temporary Body Holding Area.
- IV. Remains will be transported to designated refrigerated temporary morgue, either on site or off site.

- V. All personal property suspected to belong to body will be collected and tagged with corresponding number assigned to the remains and bagged with the remains, to assist in presumptive ID.
- VI. All personal property not connected to any remains will be documented as per Item#1 and collected appropriately.
- VII. Be mindful of potential evidence to the cause of the incident.

SECTION IV– RESOURCE NUMBERS

American Red Cross- 1-866-272-5323 or 614/251-1443

Ohio Attorney General- (BCI&I)- 1-800-282-3784 or 740/845-2000

CDC- 770/488-7100

DMORT- Contact via Local EMA
1-800-872-6367

EPA- 201/321-6765

FAA- 718/553-1919

Funeral Homes- Ebright-740/998-2571
Fawcett-Oliver-Glass & Palmer- 740/775-2800
Haller-740/702-2149
Hill-740/642-2261
Smith-Moore-Ebright-740/634-2191
Ware-740/773-134

Ross County EMA- 740/773-1700 or 740/775-1185 (Mobile) 740/253-0939 MARCS Radio Unit 1721

Ross County Health Department- 740/779-9652

Mental Health- 740/773-4357

NTSB- 202/314-6100

OMORT- Contact through Ross County EMA

Secret Service- 315/448-0304

Search Dogs/Cadaver Dogs- Contacted through the Ross County Sheriff's Office.

SECTION V- ADDITIONAL INFORMATION

- I. Only Coroner or his/her designee will release any information to media during or pertaining to incident. All media/press releases will be coordinated through the Incident's PIO.
- II. Family Assistance Center will be established and routinely updated.
- III. Death Certificates will follow normal protocol.
- IV. Critical Incident Stress Debriefing will be made available as needed.

This standard operating guideline has been approved and is in effect until further notice:



Ben Trotter, DO, Coroner

05/30/2023

Date

DISASTER SCENE DEATH INVESTIGATION RECORD

Date/Time: _____ Body Number: _____

Possible Name of Deceased: _____

Race: _____ Sex: _____ Approximate Age: _____ Photos Taken: Yes No

Physical Investigation

Clothing/Personal Effects: _____

Position and Location of Body: (Grid location, GPS, etc./Note type of surface the body is on, covering, etc.)

Rigor Mortis:	Liver:	Body Temperature:
Observations/Trauma: (NOTE MISSING PARTS)	Decomposition and Artifacts:	
	Identifying Marks: (i.e. scars, tattoo, etc)	

Comments/Summary: _____

Team Leader: _____

Recovery Team: _____

VIP/DMORT Program
Incident Site Recovery Record

Incident: _____

PM Case #

To be used in the field to document original findings. Please insert into the appropriate Victim Disaster Packet

Please document all information. A proper positive identification begins NOW with YOU. NOT all fields will be appropriate for all situations. Please complete all that are appropriate AND PUT A LINE OR N/A in the ones that you have no information for.

Date of Recovery: _____ Time / 24hr: _____
MM/DD/YYYY

Body Bag #: _____ GPS Location PM Place Body Found

Found In (Grid Number) _____

Condition of Remains: ☐ No Major Outward Damage ☐ Burning/Charring Present
☐ Water/Environmental Decay ☐ Obvious trauma ☐ Incomplete Remains

Position Found In: _____

Associated With Material: ☐ Vehicle Parts ☐ Personal Effects ☐ Unknown Material

Field Comments: _____

Do we have a presumptive identification? If so, who do you think this may be?

Please note in the field comments area

WHY you believe this is a presumptive ID. _____ Last _____ First (MM/DD/YYYY)

Number of Photo's taken in the Field: _____

Recovery Team Leader and Members: (please list everyone on the team)

_____	_____	_____
_____	_____	_____
_____	_____	_____

Transported to Morgue By: _____

Time Received at Morgue: _____

Location of Remains at Morgue: _____

MORGUE TRACKING FORM

Morgue Case Number: _____ Scene Number: _____

Admitting Clerks Name: _____

Name of Tracker Assigned: _____

Station	Examination Indicated	Examiner's Signature	Date & Time of Examination
Photography	<input type="radio"/> Yes <input type="radio"/> No		
Radiology	<input type="radio"/> Yes <input type="radio"/> No		
Pathology & Personal Effects	<input type="radio"/> Yes <input type="radio"/> No		
Anthropology	<input type="radio"/> Yes <input type="radio"/> No		
Odontology	<input type="radio"/> Yes <input type="radio"/> No		
Fingerprint	<input type="radio"/> Yes <input type="radio"/> No		
DNA	<input type="radio"/> Yes <input type="radio"/> No		
Embalming	<input type="radio"/> Yes <input type="radio"/> No		

Comments: _____

In the event of co-mingling discovered within the morgue, detail which new case numbers were produced: _____

Name and Signature of Individual Describing Co-mingling:

Print Name

Signature

REMAINS RELEASE AUTHORIZATION FORM

Name of Deceased: _____

Please be advised that identified human tissue will be buried in an appropriate manner.

In the event in the additional tissues are recovered in the future and are identified as belonging to the above named deceased, I/We request the following (please check one of the boxes below):

☐ I/We do not wish to be notified. I/We are authorizing the Medical Examiner to dispose of said tissues by methods deemed appropriate by the Medical Examiner.

☐ I/We wish to be notified and will make a decision regarding disposition at that time.

_____	_____	_____
Name	Address	Telephone Number of Funeral Home

I/We certify that I/we have read and understand this release authorization. I/We further state I/we are all of the next of kin or represent all of the next of kin and am/are legally authorized and or charged with the responsibility of burial and or final disposition of above said deceased.

Signed: _____

Relationship to Deceased: _____

Print Name: _____

Date Signed: _____

Time: _____

Complete Address: _____

Telephone Number: _____

FAC DAILY SIGN-IN LOG

Victim Name

Last Name: _____ First Name: _____ MI: _____

Victim Name Cross Check: _____

[illegible]

FAC STAFF DAILY REGISTRATION

Name:		Function:	
Address:			
City:		State:	Zip:
Phone #s:	()	()	
ID Badge #:			

[illegible]

FAC DAILY STATUS UPDATE FORM

FAC Daily Status Update		Date:	
Information	Information Source	Number in Last 24 Hrs	Number to Date
Number of families at FAC?	Reception/ Info Desk		
Number of calls to the call center/ number of calls answered/ number of calls not answered?	Call Center		
Types of calls?	Call Center		
Length of time of calls?	Call Center		
Number of families that have requested FAC assistance within the last 24 hours via the phone?	Call Center		
Number of family briefings?	ME/C		
Number of families at FAC that have requested support services for each service area?	Team Leaders		
Number of families at home that have been contacted by FAC representative within the last 24 hours for each service area?	Team Leaders		
Number of mass fatality response personnel that have received FAC assistance/Psychological First Aid in last 24 hours?	Team Leaders		
Faith communities represented by FAC families?	Faith Community		
Number of translation requests received and number of translation/interpreter services provided?	Translation/ Interpreter Team		
Number of antemortem data collection interviews?	ME/C		
Number of dental records, medical records and x-rays that have been requested/received?	ME/C		
Number of positive identifications?	ME/C		
Number of families notified of positive identification/ Number of disposition or remains request forms completed?	ME/C		
Number of families to which remains have been released?	ME/C		
Number of families using child care?	Child Care Center		
Number and ages of children receiving child care?	Child Care Center		
Number of people eating meals at the FAC?	Food Services Team		

RELEASE OF HUMAN REMAINS

MRN: _____

Name of Deceased: _____

Date of Release: _____

Released To: _____
(Name of Person or Establishment)

Address: _____

Phone: _____

I/We certify that I/We represent all of the next of kin of the above, and do hereby accept custody of said Human Remains.

Signed: _____ Date: _____ Time: _____

(Print Name)

Signed: _____ Date: _____ Time: _____

(Print Name)

Witness: _____

(Print Name)

Released by: _____ Date: _____ Time: _____

(Print Name)