

KNOX COUNTY OFFICE OF HOMELAND SECURITY AND EMERGENCY MANAGEMENT

Annex R

Mass Fatalities

KNOX COUNTY EMERGENCY OPERATIONS PLAN

11/4/2022



For all Agencies, Participant Organizations and Staff serving Knox County

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Primary Agency: Knox County Coroner

Support Agencies: American Red Cross

City of Mount Vernon

Knox Community Hospital

Knox County Emergency Management Agency

Knox County Fire and EMS Departments

Knox Public Health

Knox County Job and Family Services

Knox County Law Enforcement Agencies

I. Introduction

A. Purpose

The Mass Fatality Annex will describe the considerations required when the numbers of fatalities exceed the local capacity. The Emergency Operations Center (EOC), will be activated to coordinate the multiple agencies and departments involved in the incident. Notification of regional, state and federal resources may be needed to support mass fatalities from natural, technological and manmade incidents. This plan will operate alongside other emergency plans and annexes in response to the incident.

B. Scope

This annex applies to all participating departments and agencies of the jurisdictions contained within the geographic boundaries of Knox County.

C. Policy

It is the policy of Knox County to develop plans and procedures that incorporate the concepts of the National Incident Management System (NIMS), the Incident Command System (ICS) and the National Preparedness Goal.

D. Core Capabilities

This annex addresses the following Core Capabilities as defined in the National Preparedness Goal.

- Access Control and Identity Verification
- Cybersecurity
- Environmental Response/Health and Safety
- Fatality Management Services
- On-scene Security, Protection, and Law Enforcement
- Operational Coordination
- Planning
- Public Information and Warning

II. Situation and Assumptions

E. Situation

This plan focuses on the response and recovery efforts to an acute mass fatality incident. A mass fatality incident is defined as an incident that results in or has the potential to result in more deaths than can be handled by the Coroner's available day-to-day resources. The activation of this plan and the extent to which it is implemented will be determined by the Coroner in coordination with the on-scene responders and Unified Command. The Coroner is responsible for overseeing implementation of all aspects of fatality management operations.

Incidents that have the potential for mass fatalities include large-scale natural disasters, such as tornadoes, floods, severe storms, pandemics, as well as man-made and technological threats including weapons of mass destruction (CBRNE), fires, transportation crashes, etc.

F. Assumptions

Evaluating a mass fatality incident site may require specialized assistance from local, state and federal agencies. Special equipment and trained personnel with adequate Personal Protective Equipment (PPE) may be required to detect incidents involving chemical, biological, radiological, nuclear, explosions detection equipment, and personnel with personal protective equipment.

The multiple organizations involved with a mass fatality incident will work within the Incident Command System (ICS) and collaborate with the EOC to facilitate effective management of the incident.

A mass fatality incident will create stress for the responders, the impacted families, and the community. This stress can lead to physical illness, disease, and mental disorders. Social service agencies that attend to the psychological needs of the community and responders will be critical.

In some CBRNE incidents, external resources could be available. In the event of pandemic influenza or other contagious diseases, external resources may not be available and some services may need to be delivered differently, such as non-pharmaceutical intervention, to minimize spread of the disease.

III. Concept of Operations

The overall goal of mass fatality operations is to recover, identify and provide final disposition of human remains in a dignified and respectful manner. This must be completed while providing assistance to family and friends in addition to preserving the incident scene and allowing for the collection of evidence.

The principles of the National Incident Management System (NIMS) and ICS will be utilized. Agencies will participate in Unified Command when multiple jurisdictions are involved in a response effort.

A. Types of Mass Fatality Incidents

Acute Mass Fatality - Acute mass fatality incidents are events that exceed the routine mortuary systems of a locality, and are sudden and short-lived, such as a plane crash. Acute mass fatality incidents do not include deaths due to prolonged incidents, such as pandemics.

1. Open Population - An open population occurs when the responders to a mass fatality incident do not have a list of victims. This could be caused by a weather event such as a tornado where responders know neither the number of victims nor their identity.
2. Closed Population - A closed population occurs when the names and number of the deceased in a mass fatality event are known. For example, a plane crash in an unpopulated area would likely be a closed population because the number and identity of the victims would be provided by the flight manifest.

Non-Acute Mass Fatality - A sustained mass fatality incident that exceed a locality's routine mortuary capability. A non-acute mass fatality occurs over a prolonged time period, such as an epidemic. Refer to Annex H – Public Health.

B. Incident Assessment

Once the scene is declared safe, the Incident Commander may request that the Coroner deploy to the incident scene to conduct an initial assessment. This assessment team may involve other individuals such as fire, law enforcement, or mutual aid representatives from other counties.

The initial assessment will include evaluating the size, scope, and complexity of the mass fatality management operations. The assessment should involve determining the number of known fatalities; estimating the number of potential fatalities; evaluating the condition of human remains; and estimating the level of difficulty of recovery operations. Based on the assessment, the Coroner will also need to estimate the personnel and equipment needed for recovery efforts.

The Coroner will consider this information and determine whether or not it warrants activation of this annex. If so, Morgue and Family Assistance Center operations will be initiated as soon as possible. The assessment will be used to determine appropriate policies, procedures, and forms to streamline operations. The Coroner will also use this information to begin to compile potential resource needs, including staff, supplies, equipment, and outside assistance.

C. Plan Activation

The decision to activate this annex will be made by the Coroner (or Designee) taking into consideration initial information received from the field, including an initial assessment, if feasible.

The Coroner or Designee may activate this annex if the recovery operations are anticipated to exceed the Coroner's day-to-day capacity. This can be the result of one or more of the following conditions:

1. A prolonged and complex human remains recovery operation is anticipated
2. Assistance from other jurisdictions is expected and/or the incident area spans multiple jurisdictions
3. Human remains are contaminated by chemical, biological, or radiological agents or materials

Activation of the plan will require that the county EOC be activated. The decision to activate the Joint Information Center (JIC) will be made as soon as possible following the incident.

D. EOC Activation

In response to a mass fatality incident, the Knox County Emergency Management Agency (KCEMA) will activate an EOC to support the coroner and incident command. Primary functions of the EOC includes:

- Collecting, analyzing, and sharing information
- Supporting resource needs and requests, including allocation and tracking
- Coordinating plans and determining current and future needs
- In some cases, providing coordination and policy direction

E. Family Assistance Center Activation

The Knox County Coroner (or designee) and the KCEMA Director, in consultation with other relevant parties, will determine the need for activation of the Family Assistance Center (FAC). Refer to Annex T: Family Assistance Center for more information about activation of the FAC.

F. Establishing Unified Command

Upon activation of this annex, Incident Command will transition to a Unified Command structure that will direct all incident response and recovery operations.

The Coroner (or Designee) will serve in the Unified Command and will be authorized to make decisions related to the incident’s mass fatality operations.

The Coroner will also request mutual aid from other counties to serve in the Operations Section and Fatality Management Branch.

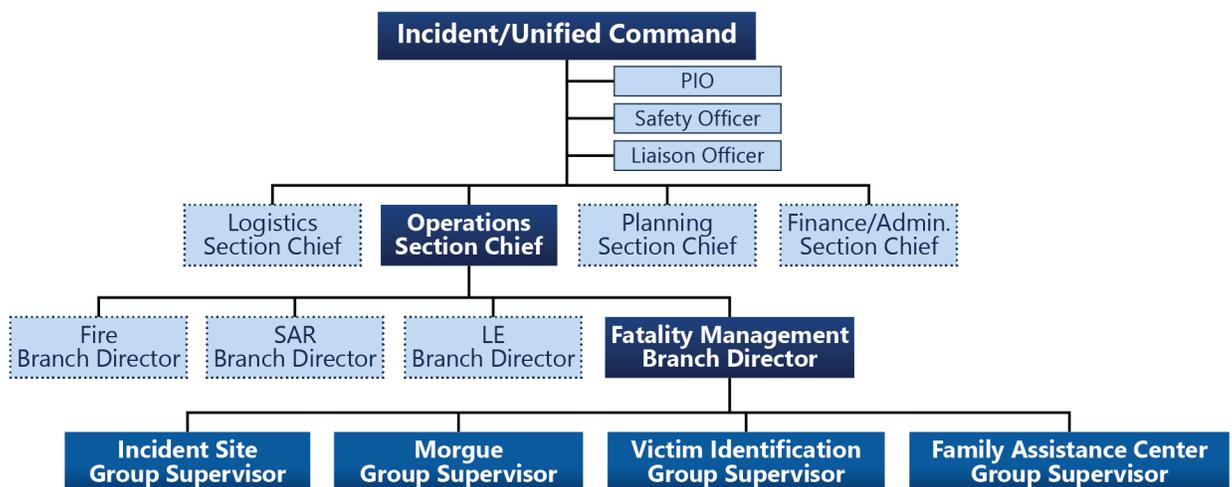


Figure 1: Unified Command Structure for Mass Fatality Incident

The Operations Section is responsible for all tactical activities focused on reducing the immediate hazard, saving lives and property, establishing situational control, and restoring normal operations. During a mass fatality incident, the Coroner will designate a representative to serve in the Operations Section.

The Fatality Management Branch is positioned under the Operations Section and will oversee four groups that represent the primary components of mass fatality operations:

1. Incident Site
2. Morgue Operations
3. Victim Identification
4. Family Assistance Center

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The Logistics Section provides for all the support needs for the response, such as ordering resources and providing facilities, transportation, supplies, equipment maintenance and fuel, food service, communications, and medical services for incident personnel.

The Planning Section is responsible for collecting, evaluating, and disseminating operational information pertaining to the mass fatality response. This section maintains information and intelligence on the current and forecasted situation, as well as the status of resources assigned to the response.

The Finance/Administration Section supports incident management activities by monitoring funding, tracking, and reporting accrued cost throughout the response.

G. Coroner

The Coroner will provide guidelines for these morgue tasks.

1. Administration
2. Information Resource Center
3. Receiving
4. Initial holding
5. Photography
6. Personal effects.
7. Fingerprinting/foot printing
8. Pathology/autopsy
9. Dental identification
10. Radiology
11. Anthropology
12. DNA
13. Identification confirmation
14. Final holding
15. After care (embalming and/or casketing)
16. Release of human remains for final disposition
17. Logistics (staffing, communications and information systems, equipment and supplies, and facility requirements)
18. Transportation internal and external to the morgue

H. Public Health

Public Health will provide support for a mass fatality incident by providing the following:

1. Technical support for a possible biological-chemical-radiological incident
2. Technical support for a pandemic or infectious disease outbreak

3. Surge capacity to facilitate the registration of deaths and issue final disposition permits utilizing the Vital Records System following the normal procedures outlined by the Ohio Department of Health (ODH)
4. Assistance with patient management for survivors injured in the incident. When the EOC is activated, the Knox Public Health Liaison reports to the EOC.

IV. Organization and Assignment of Responsibilities

A. Organization

The Knox County Coroner will oversee and coordinate morgue operations. The Coroner's Standard Operating Procedure (SOP) will provide guidance for requesting mutual aid based on the anticipated number of deaths, the scope of destruction and difficulty in recovery, and whether or not there are possible biological, chemical, physical, or radiological hazards.

Homeland Security Region 4, which includes Knox County, has a Regional Mass Fatality Plan. This plan may be activated by the Knox County EMA Director in conjunction with the Knox County Coroner.

Depending on the size and scope of the incident, in addition to local resources, state and federal resources may be required. The National Transportation Safety Board (NTSB) will be involved in any transportation related incidents.

B. Assignment of Responsibilities

1. Coroner
 - a. Serve as Unified Command and provide information for the daily situation report
 - b. Provide personnel or request mutual aid to staff the Operations Section, Fatality Management Branch, and Incident Scene, Morgue, Victim Identification, and FAC Groups
 - c. Integrate additional mass fatality assets into the ICS structure
 - d. Provide oversight of remains recovery and removal from the incident site
 - e. Arrange or request support for transportation of remains
 - f. Provide oversight of temporary storage operations
 - g. Manage and perform postmortem operations for victim identification
 - h. Approve victim identification protocols
 - i. Monitor asset needs and communicate resource requests to the EOC
 - j. Participate in family briefings

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- k. Provide oversight of personal effects recovery and refurbishing process
- l. Perform autopsies as needed
- 2. Law Enforcement
 - a. Serve as part of Unified Command and provide daily situation reports
 - b. Preserve site and controlled access
 - c. Secure morgue and FAC from media, bystanders, general public, families, etc.
 - d. Develop, maintain and coordinate a list of missing persons with appropriate agencies.
 - e. Collect evidence from site and morgue triage station
 - f. Preserve evidence and establish chain of custody
 - g. Conduct incident investigation in coordination with the Coroner, FBI, etc.
 - h. Staff fingerprint station and conduct fingerprint identifications
 - i. Staff Fatality Management Branch positions as appropriate
 - j. Participate in family briefings when requested
 - k. Escort vehicles transporting human remains or evidence as needed
- 3. Fire, EMS & HAZMAT
 - a. Serve as part of Unified Command and provide daily situation reports
 - b. Manage Search and Rescue operations
 - c. Manage Hazmat operations
 - d. Determine whether to request mutual aid or other assistance
 - e. Assist with transportation needs, as available
 - f. Participate in family briefings when requested
- 4. Emergency Management Agency
 - a. Staff the EOC
 - b. Serve as the FAC primary agency and provide staff to serve as the liaison officer for the FAC
 - c. Coordinate resource and information support to mass fatality management operations
 - d. Develop daily situation reports
 - e. Work with agencies to staff the JIC and the FAC
 - f. Manage asset requests
 - g. Begin planning demobilization of outside assets

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- h. Compile, produce, and distribute the After Action Report
- 5. Funeral Home Directors
 - a. Provide staff for positions in the Fatality Management Branch, FAC, or On-Scene Fatality Management, as available or contracted
 - b. Assist with the transport of human remains from site to body collection point, temporary morgue, or Coroner/Medical Examiner
 - c. Collect information for processing death certificates
 - d. Register deaths in the Electronic Death Registration System (EDRS) and issue Disposition Certificates
 - e. Develop final interment plans for each victim with family members and friends
- 6. American Red Cross
 - a. Serve as part of Unified Command and provide daily situation reports
 - b. Serve as the FAC Group Supervisor
 - c. Staff and manage the FAC
- 7. Hospital
 - a. Coordinate mass fatality operations in medical facilities
 - b. Coordinate the transfer of deceased arriving at hospital to collection site(s)
 - c. Respond to resource requests and/or assist the EOC in locating needed resources, when available
- 8. Public Health
 - a. Coordinate with the county EOC and provide EOC staffing as needed
 - b. Provide resource and information support
 - c. Provide staff to serve as the safety officer for the FAC
 - d. Provide a representative to the JIC
 - e. Coordinate with hospitals as needed
 - f. Protect the health of those who may handle remains
 - g. Investigation and surveillance, as needed.
- 9. County Public Information Officer
 - a. Establish and coordinate the JIC
 - b. Coordinate with Agency and Organizational PIO's on message development
 - c. Receive and publish authorized incident information from the Coroner, Unified Command, and EOC partners including public health, hospitals, and jurisdictional officials

- d. Serve as the PIO for the FAC
 - e. Coordinate, schedule, and lead media briefings
 - f. Respond to public information and media requests
10. County Job and Family Services Agency
- a. Provide staff to the FAC
11. Mental Health Volunteers
- a. Provide mental health support, information, education, and interventions to all participants in the Unified Command, Scene Operations, Morgue Operations, FAC, and EOC
 - b. Provide recommendations to the EOC and EMA Director regarding mental health support and interventions appropriate for the affected families and the general public; coordinate implementation of approved interventions

V. Direction and Control

All first responders will report to the incident commander or unified command. The EOC will support the incident commander by providing whatever coordination support is requested.

The coroner will oversee the collection and documentation of postmortem human remains as well as property and evidence at the incident scene. The Coroner will also supervise search and recovery team leaders. Morgue Services is organized to support the highest standards for morgue operations, human identification, and data management. This is critical to ensuring the efficient, accurate, and timely identification of the deceased.

A. Incident Site Operations

The main objective of incident site operations is to recover human remains and transport them to a location where postmortem examinations can be conducted. The functions performed by the incident site group are the same functions the Coroner fulfills on a daily basis, but on a much larger scale.

Recovery operations are conducted by trained staff who photo-document and map the scene, recover remains and fragmented remains, bag the remains appropriately, and transport them to the morgue. In a large-scale incident, the Coroner may need to go through the EOC to request additional staff from neighboring counties, the state, or federal government.

1. Incident Site Group - Staff assigned to the incident scene will operate under ICS and fit within the established command structure on the scene. The Incident Site Group

consists of:

- a. Evidence Response Team (ERT) is comprised of investigators, generally law enforcement, who process death scenes to properly document the site and record, collect, and safeguard evidence.
- b. Human Remains Recovery Team manages the details of where human remains were first located and by whom, and ensures that remains are properly numbered and tracked under the direction of the Coroner.
- c. Personal Effects (PE) Team collects items at the site that are determined not to be investigative evidence and transports them to a site designated by the Coroner. *It should be noted that PE recovery is a separate and distinct mission from human remains recovery. Even if PE is presumed to be associated with certain remains, it is not collected with the remains, as that may lead to incorrect identification.*
- d. Human Remains Transportation Team will transport human remains from the incident site to the morgue. The assigned member of the team will log the remains and give the log to each driver who transports them to the morgue and releases the remains along with a copy of the log. Coroner staff or local funeral directors (under contract with the jurisdiction) may support this function.

B. Decontamination

If the remains are contaminated via radiation or biological or chemical agents, and deemed unsafe to be handled by mortuary response personnel, Coroner death investigators will rely on a Hazardous Materials Team via mutual aid to decontaminate the human remains. Unified Command is responsible for identifying a location separate from the morgue where decontamination operations will be conducted. All decontamination operations must be completed prior to transporting affected remains to the morgue.

Only when the remains are considered safe to handle will death investigators and morgue staff members begin the process of identification and determining cause and manner of death. If the bodies cannot be decontaminated, the Coroner will work with family members and the Safety Officer to determine how to proceed with identification.

C. Search and Recovery

A death scene initially will be treated as a crime scene and as such must be maintained and minimally disturbed during the removal of survivors. No property, fragmented remains, or other items will be removed during the rescue operations unless they are critical to the full recovery of a survivor, in which case they may be transported to the hospital with the victim. Once all survivors have been removed, the scene is secured and access restricted to facilitate further investigation and removal of decedents.

Special consideration must be given to the health and safety of personnel working within the search and recovery site and the morgue. No person is to enter an incident site or morgue without the appropriate PPE. In determining what PPE is required for the incident scene, the following factors should be considered:

1. Biological hazards
2. Dangerous chemicals
3. Sharp objects
4. Airborne contaminants
5. Site challenges
6. Weather conditions
7. Terrain
8. Dangerous substances (e.g., asbestos, carbon fiber, composite fibers)
9. Hazardous waste

Once the incident scene is secured and safe for fatality management staff, the search and recovery operations will begin. A perimeter will be established around the scene to ensure remains and personal effects are not removed or disturbed. The recovery teams will conduct a comprehensive search of the scene according to the required intensity and pattern, and record the numbers and locations of all remains and fragments as they are found. Key data points collected by the recovery teams include:

1. Precise location of the remains (GPS)
2. Condition of the remains (Photographed, identified with a numbered scale tent/stake)
3. Clothing and other personal effects related to the remains (Photographed, identified with a lettered scale tent/stake)
4. Tentative identification information

Once this information has been collected and properly documented, each set of remains, or fragments of remains, is placed in their own body bag and given a separate number. The body bags are then transported along with their recovery documentation either directly to the morgue or to a holding site to await transfer to the morgue.

D. Transport of Remains

Requests for transportation resources and drivers will be made through Coroner Office's standard procedures or the EOC. Transportation may be provided by coroner response vehicles, a professional funeral vehicle, or refrigeration trailers. If contract drivers are used, they should be asked to sign a confidentiality agreement. Law enforcement may be asked to provide assistance in route planning and provide a security escort as a gesture of respect for the deceased.

Transporting remains from the holding area to temporary morgue will be completed follows:

1. The transporter will confirm the incident morgue is able to receive the remains before leaving the temporary holding area
2. Transport vehicles are parked in a secure area with easy access to load remains
3. Remains that have been bagged and tagged are loaded into the vehicle (never stacked)
4. The driver completes a transportation log including the assigned scene recovery numbers or names; license number of the transporting vehicle; name of the driver of the vehicle; signature of the driver accepting responsibility for the remains; and the date and time the vehicle leaves the incident site for the morgue
5. The log is reviewed for completeness prior to leaving the incident site
6. The driver ensures that the vehicle doors are locked at all times.
7. The driver transports the remains following an assigned route to the incident morgue with no deviations and logs the time of arrival at the morgue.

E. Morgue Operations

The main objective of morgue operations is to identify decedents, determine the cause and manner of death, identify and secure decedent personal effects, and make disposition decisions. Upon activation of morgue operations, the Coroner will, with support from Unified Command or the EOC, identify an appropriate location and layout.

Additional assets and resources will be required from outside of Knox County to support morgue operations.

The morgue operation group typically includes the following functional units:

1. The Admitting/Processing Unit represents the processes to ensure morgue operations are orderly and organized, and consists of:
 - a. Storage Team secures temporary storage areas when the needs exceed the Coroner's in-house capacity.
 - b. Triage/Evidence Response Team conducts a general review of the condition of recovered human remains prior to morgue intake.
 - 1) A triage station conducts an examination of the contents of each body bag and sorts, re-bags, issue new human remains numbers.
 - 2) In the event of a criminal attack, an Evidence Response Team comprised of law enforcement will provide evidence collection capabilities.
 - c. Admitting Team carries out the formal admitting procedure to create a record of documentation for each morgue station along with a tracking log to verify processing through each station.
 - d. Tracking Team is made up of individuals assigned to escort a set of remains from station to station to ensure each required discipline has the opportunity to examine the human remains.

2. The Forensic Unit involves technical examination by Subject Matter Experts, and consists of:
 - a. Photography Team takes photos of the contents of each bag of remains. Local law enforcement forensic teams may be available to provide this capability.
 - b. Radiology Team takes x-rays of all human remains bags that will support positive identifications.
 - c. Pathology Team conducts complete, partial, or no autopsy on human remains at the discretion of the Coroner.
 - d. Fingerprints Team records fingerprints for classification, comparison, and analysis.
 - e. Odontology Teams conduct dental exams and review dental x-rays, which are processed for identification using software.
 - f. Anthropology Team classifies unidentified decomposed, mummified, or skeletal remains to estimate age, height, sex, race, and determine other unique identifiers.
 - g. DNA Team conducts DNA testing of remains. This is often required to be done off site and may take days or weeks for confirmation.

F. Victim Identification

Knox County will establish a Victim Identification Group under the Fatality Management Branch to support morgue operations in identification of remains. Victim identification involves obtaining, managing, and conducting analysis of antemortem and postmortem data to positively identify human remains.

The Victim Identification Group bridges the efforts of Morgue Operations and the Family Assistance Center because it requires staff to synthesize information collected at the FAC and at the morgue. In a prolonged incident, the Victim Identification Group may be established at or move to the FAC once onsite operations demobilize. The Victim Identification Unit is responsible for all victim identification operations and includes the following teams:

1. Family Interview Team

The Family Interview Team will be staffed by members of the Knox County Chaplains Association and supplemented by other volunteers assigned from the VRC as needed. The team conducts an in-depth and confidential interview to collect detailed information about the victim. The appropriate family members are then identified for reference DNA sample collection.

2. Ante Mortem Data Management Team

The Data Management Team will be staffed by the Knox County Job and Family Services Agency and clerical staff from the City of Mount Vernon. The Data Management Team provides clerical support for all aspects of the FAC, ensures that information from the antemortem interview form is entered into the database, and manages all hard-copy files. In addition, this team scans victim photographs and other pertinent documents into the database. Information is exchanged with the morgue to ensure that there is a complete file on each victim.

3. Ante Mortem Records Collection Team

The Ante Mortem Records Collection Team will be staffed by the Knox County Coroner's Office. The Ante Mortem Team works in tandem with morgue operations to gather and manage ante mortem data through various collection and distribution methods. The Ante Mortem Team obtains medical records for postmortem comparison in the identification process using the Requested Records Log.

4. DNA Reference Collection Team

The DNA Collection Team will be staffed by the Knox County Coroner's Office. The DNA Collection Team works to collect reference samples that can yield the DNA profile of a particular missing/unidentified person. Family members are solicited to locate and provide personal items of their missing/ unidentified loved one that may hold that individual's DNA. The team also serves as a DNA collection point for family members.

5. Personal Effects Team

The Personal Effects Team will be staffed by the Knox County Coroner's Office. The Personal Effects Team supports personal effects recovery at the site and recovery at the morgue. This team collects, inventories, refurbishes (but does not restore), and catalogues the deceased's personal effects for return to family members. This serves to facilitate the return of personal effects to the family and may aid in the circumstantial identification of a victim.

G. Family Assistance Center

A FAC is a facility that is established as the result of a mass fatality incident, wherein a significant number of family and friends (hereafter referred to as family and friends) are expected to request information and assistance. The centers' purpose is to exchange accurate, timely information and render support services for all family and friends. Refer to Annex T: Family Assistance Center for details related to FAC operations.

H. Next of Kin Notifications

The notification process is incredibly sensitive and must be handled with professionalism and compassion by experienced staff. During the family interview process, FAC personnel will discuss how and when the family would like to be notified of a positive identification. Depending on the situation, notifications may be made at the FAC by Notification/Disposition Team staff and/or the Coroner, at the Coroner's office, or at the home of the legal next of kin. The Coroner may prefer law enforcement or other local Coroners aid in the notification process. If appropriate, behavioral health workers, translators, chaplains, and other relevant staff will be present for notification.

In situations where the identification process is delayed by criminal investigations, by the large volume of remains to be processed, or the bodies are highly fragmented, families can ask to be notified when the Coroner determines a tentative identification. Some families will prefer to wait until all scientific and verification processes have completed, or when all remains are identified and are ready to be released. In instances where remains are highly fragmented, families may prefer to be notified of the first identification only, every time a fragment is identified, or when all remains have been identified.

I. Demobilization

The Coroner or Designee will determine when to demobilize resources and facilities. In most cases, the incident site will be demobilized first, then the morgue and associated functions, and lastly the FAC (which may have already been consolidated into a smaller area or transitioned to a virtual FAC). The demobilization process will be coordinated between the incident command structure and multiagency coordination systems for the reassignment of resources.

Prior to full demobilization the unified command will ensure professional mental health support including, information, education, and interventions are available and provided to all participants in the Unified Command, Scene Operations, Morgue Operations, FAC, and EOC.

Scene operations will be demobilized when:

1. All human remains and personal effects have been located and removed
2. The agencies responsible for investigation have released their control of the site

Morgue operations will be demobilized when:

1. All human remains have been recovered from the site and processed through the morgue
2. Identification processes have concluded
3. Temporary storage issues for human remains have been addressed
4. Release of identifiable human remains to next of kin has been accomplished

5. Disposition of unidentified human remains has been addressed

The FAC will be demobilized when:

1. Daily briefings are no longer needed
2. Rescue, recovery, investigations, and identification issues have decreased to the degree that ongoing operations can take place at the Coroner's office
3. Memorial services have been arranged for family and friends
4. Provision for the return of personal effects has been arranged
5. Ongoing case management and/or a hotline number has been established (if needed)

J. After Action Report

At the end of the incident, Knox County EMA will coordinate an after action meeting to review the incident and collect information for developing an After Action Report (AAR). The AAR will serve to document best practices and opportunities for improvement. Knox County EMA will share the final AAR with those who responded to the incident and others as appropriate.

VI. Administration and Logistics

A. Security

In the event of a mass fatality incident, the incident site, all morgue locations and the family assistance center will require security and traffic control. Local law enforcement will be responsible for these operations. If requested, the EOC may provide coordination for site security and traffic control.

B. Public Announcements

Dissemination of information about the mass fatality incident and recovery process will be closely controlled by the PIO. A JIC will be activated, as needed to support the incident. All media requests will be directed to the JIC when activated, or to the PIO if no JIC is operational.

The Coroner is responsible for providing accurate, timely, and verified information to the PIO for public release. Care should be taken to ensure that next of kin and concerned family and friends are notified prior to releasing information to the public. Failure to do so can result in emotional distress for survivors.

General information that addresses public concerns about their health and safety should be presented. It is critical that accurate scientific-based information be available in a timely manner.

Present accurate information regarding risk of contagion or infectious disease from being near human remains.

If human remains are found, they should be reported to law enforcement:

1. To facilitate accurate identification.
2. To preserve evidence, if a crime has been committed.
3. To protect the public from possible exposure to blood-borne viruses and bacteria that can be a risk when directly handling human remains.
4. To protect the public from other health and safety threats that may be associated with the incident.

C. Logistics

Logistical support may be required at the incident site, morgue operations site, and the FAC. The Coroner and staff will work through the Logistics Section in the EOC to request resources that may include:

1. Temporary morgue space – ideally a building with utility support (electricity, running water, heating, ventilation, and air conditioning) that is single-floored, a minimum of 10,000 square foot, and located relatively close to the incident site.
2. Cold storage – the State of Ohio, along with regional communities and hospitals, maintain mobile refrigerated body storage trailers.
3. Equipment – including computers, medical equipment, expendable medical supplies, PPE, and biohazard waste containers.
4. Personnel – depending on the scope and length of the incident, the Coroner may require additional staffing from other county coroners, the state or federal assets to assist in the incident.
5. Security – the Coroner will work with law enforcement to evaluate necessary security measures and request resources from the EOC (e.g., on-site security officers or facility access controls).
6. Communications – requests may be made to support interoperable communications among response agencies, particularly if mutual aid is requested from other counties, the state or federal agencies.

D. Outside Assistance and Coordination

Depending on the size and scope, it is likely that a mass fatality incident in Knox County will require outside assistance and coordination among multiple agencies. Initially mutual aid will be requested from surrounding counties and standing mutual aid agreements. As the incident develops and the extent of the scope is known, state assets, such as OMORT, may be requested. Depending on the type of incident, additional federal support will be onsite including National Transportation Safety Board (NTSB) for a transportation related incident or the Federal Bureau of Investigation (FBI) for a mass fatality incident related to terrorism.

VII. Plan Development and Maintenance

- A. The organizations that may be involved in a Mass Fatality incident are responsible for reviewing this annex and submitting proposed changes to the County EMA Director. These recommendations should be based upon opportunities for improvement identified through exercises, actual events, and changes in organizational structure.
- B. Knox County EMA will work with the Knox County Coroner to coordinate any necessary meetings to review the recommendations identified and incorporate any needed changes to this annex to include any state and federal requirements.
- C. The Knox County EMA will publish and distribute all changes to this annex and forward revisions to all applicable organizations.
- D. Each individual agency and organization is responsible for maintained and updated their department SOPs, mutual-aid agreements, and equipment inventories.
- E. For the most current version of this annex or for questions concerning the Knox County Emergency Operations Plan contact the Director of the Knox County Emergency Management Agency.

VIII. Authorities and References

A. Authorities

- 1. Ohio Revised Code ORC Chapter 313 Coroner
 - a. ORC 313.05 Appointment of deputy coroners and other personnel
 - b. ORC 313.091 Request for decedent's medical and psychiatric records
 - c. ORC 313.12 Notice to coroner of violent, suspicious, unusual or sudden death
- 2. ORC 2105.35 Determination and evidence of death.
- 3. ORC 4717.12 A1 & 4, B4 Exemptions
- 4. ORC 4717.13 Prohibited conduct

B. References

- 1. State of Ohio Acute Mass Fatality Management Guidance for Local Jurisdictions, 2015
- 2. State of Ohio Family Assistance Center Field Operations Guide, 2017
- 3. National Association of Medical Examiners Standard Operating Procedures for Mass Fatality Management, 2010
- 4. Aviation Disaster Family Assistance Act of 1996
- 5. Rail Passenger Disaster Family Assistance Act of 2008

IX. Authentication

_____ Regional Disaster Officer American Red Cross	_____ Date
_____ President, Knox County Board of Commissioners	_____ Date
_____ Safety Services Director, City of Mount Vernon	_____ Date
_____ Coroner, Knox County Coroner's Office	_____ Date
_____ Director, Knox County Emergency Management Agency	_____ Date
_____ President, Knox County Fire and EMS Chiefs' Association	_____ Date
_____ Commissioner, Knox Public Health	_____ Date
_____ Director, Knox County Job and Family Services	_____ Date
_____ Sheriff, Knox County Sheriff's Office	_____ Date