



Missouri State Emergency Management Agency

Mass Fatality Plan Template

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Insert Jurisdiction

Mass Fatality Plan/Annex

Date

(Insert Jurisdiction logos)

Introduction

This document serves as **Insert Jurisdiction** Mass Fatality Incident Plan/Annex. A mass fatality incident is any disaster event resulting in many decedents of such a type or magnitude as to overwhelm the capabilities and resources of a single, local jurisdiction. A mass fatality incident inherently depletes local mass fatality resources. Because communities vary in size and resources, there is no minimum number of deaths for an incident to be considered a mass fatality event. This is a decision that would be made locally. It is imperative that some level of inter-agency and inter-governmental cooperation occur during a mass fatality incident to provide not only personnel but fixed and expendable resources as well.

Past disasters, such as the Joplin, Missouri tornado on May 22, 2011 (161 fatalities) and the Hyatt Regency walkway collapse on July 17, 1981 (114 fatalities), significantly challenged local resources and capabilities. The intent of this document is to create a plan in which and regional partners can provide support and coordination within a jurisdiction(s) impacted by a mass fatality incident.

All disasters begin and end locally; therefore, any regional response to a disaster is in fact a support effort to help meet local needs. This plan is meant to complement, but never supersede, existing local and Jurisdiction emergency operations plans, statutes, ordinances or other legal or regulatory documents.

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Record of Changes

Change #	Date	Part Affected	Date Posted	Who Posted
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Record of Distribution

Plan #	Office/Department	Representative	Signature
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

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I. PURPOSE, SCOPE, SITUATION AND ASSUMPTIONS

A. PURPOSE

1. A large-scale disaster may result in a significant number of fatalities and quickly overwhelm a single, local jurisdiction's capabilities. State and/or federal resources may not be immediately available to support an impacted jurisdiction. The *Insert Jurisdiction* recognizes the value of regional coordination as a measure of support prior to the arrival of, or in the absence of state and/or federal resources.
2. *Insert Jurisdiction* Mass Fatality Plan was developed by *list coroner/medical examiner, hospital, public health department and volunteer organizations* to provide a mechanism to identify and acquire resources and assistance to manage mass fatality response operations. This plan identifies triggers/thresholds for managing a mass fatalities response locally/regionally and describes the resources available through the State of Missouri Disaster Mortuary Operational Response Team (MOMORT 1).
3. By Missouri State Statute set forth in RSMo Chapter 58, the Coroner/Medical Examiner is the legal authority responsible for the recovery, identification, sanitation and preservation (such as embalming, if necessary), notification of the next of kin, and facilitating the release of the identified deceased to the next of kin or their agent.
4. The purpose of this plan is to provide structure and aids to accomplish the necessary responsibilities related to a mass fatality event working within the National Response Framework as defined in Emergency Support Function 8 (ESF#8). The purpose of ESF#8 is to coordinate *Insert Jurisdiction* health, medical and limited social service resources in an emergency. This includes adopting catastrophic incident response plans for events that create excessive surge capacity issues for pre-hospital, hospital, outpatient and mortuary services. The Mass Fatality Plan/Annex addresses mortuary surge capacity issues and methods to respond to and mitigate such issues. This plan includes resource lists, command/control structures consistent with the Incident Command System (ICS), forms and checklists that may be needed in a mass fatality incident.
5. The plan will outline the availability of resources and as a main rule of thumb guides the request for local and regional resources/assets before requesting state or federal resources/assets.

B. SCOPE

1. This plan applies to *Insert Jurisdiction*.
2. *Insert Jurisdiction* Mass Fatality Plan does not supersede the authority or powers of any local elected or appointed officials.
3. *Insert Jurisdiction* Mass Fatality Plan is intended to establish a system of support to impacted jurisdictions to help locate and acquire resources to support mass fatality incident response operations. Other types of operations are beyond the scope of this Plan. This plan:
 - Describes the process for activation, operations and deactivation.
 - Describes the expected actions to be taken by the Coroner/Medical Examiner who has statutory authority over human remains.

- Provides a listing of Jurisdiction, regional, state and federal resources to support mass fatality operations.
- Describes what additional resources may be needed to support mass fatality operations.
- Does not supersede existing Emergency Operations Plans, local/State/Federal laws and administrative rules.

C. SITUATION OVERVIEW

Insert description of County/Region to include cities, neighboring counties/states, geography and unique characteristics.

1. Insert Jurisdiction is subject to a variety of natural, manmade and technological hazards that could result in a mass fatality event. IF Applicable – Add Risk Management Plan (RMP) facilities that store or manufacture extremely hazardous substances (EHS) are located throughout the area. A major industrial accident or act of terrorism could potentially result in catastrophic loss of life.
2. Severe thunderstorms and tornadoes pose an annual threat as well. A Joplin tornado scenario overlaying the urban core would potentially result in hundreds of dead and wounded. Effects from fire and flooding could also create a situation where the mass fatality count would be high.
3. Insert Jurisdiction is home to describe transportation corridors, international/regional/municipal airports, rail and bus lines.
4. Emerging infectious disease also has the potential to create large numbers of decedents that could overwhelm Insert Jurisdiction. Though less severe than predicted, the outbreak of novel H1N1 influenza of 2010 demonstrated how rapidly disease can spread through the population.

D. LOCAL CAPABILITIES, REGIONAL, STATE AND FEDERAL RESOURCES

This Plan only applies to the coordination of resources to support a Mass Fatality Incident. Jurisdictions impacted by a disaster are the sole authority for management of that disaster. The Impacted Medical Examiner/Coroner is responsible for: Tactical resource operations, incident command, and field operations (Recovery site(s), Temporary morgue site, victim information center (VIC) and requesting resources).

Insert Jurisdiction has MOU's in place with the following agencies for planning, resources and response.

MOA/U's			
Facility (Name/Address)	Point of Contact	Telephone Numbers	Purpose

List facility name, address, individual who serves as the point of contact, telephone numbers and purpose of MOA/U (refrigerated trailers, mobile morgues, human remains pouches (HRP), etc.)

STATE RESOURCES - The Missouri Disaster Mortuary Operational Response Team (MOMORT 1)

The State of Missouri Disaster Mortuary Operational Response Team (MOMORT 1) has the capacity to deploy and support disaster mortuary activities for up to 200+ fatalities over a fourteen-day period without federal support, and dependent upon the condition of the human remains, process 20-40 bodies in a 24-hour period. MOMORT 1 works under the direction of the Jurisdiction Coroner or Medical Examiner.

- **Forward Advance Team** of specialized personnel can be deployed to the affected area within 4-6 hours. The MOMORT 1 will assist the coroner in assessing what level of resources are needed and will coordinate deployment of equipment and personnel needed.
- **Disaster Portable Morgue Unit (DPMU) and Mortuary Team** includes: **DPMU** equivalent to the federal **Disaster Mortuary Operational Response Team (DMORT)**, command staff, funeral directors, coroners, medical examiners, forensic pathologists (autopsy assistants) forensic anthropologists (forensic techs), DNA specialists, forensic dentist and dental assistants, medico-legal death investigators, heavy & light equipment operators, medical records technicians and transcribers, fingerprint specialists, x-ray technicians, logistics, IT support, ministerial alliance - chaplain services, administrative support, behavioral health professionals, security and investigative personnel. Refrigerated trailer mechanics may be utilized and assigned to the trailer management section to monitor cooling temperatures in trailers, fuel levels and repair any refrigeration break-downs or any other break downs that may occur.
- **A Victim Information Center (VIC)** team was created in 2014. Through training and exercise, the team has the capacity to deploy to assist families when reporting missing loved ones. A specialized team comprised of greeters, reception staff, medico-legal death investigators interview team, and the Missouri State Highway Patrol (MSHP), who assist with victim identification, DNA collection and missing person reports. A Care Team made up of chaplains/ministerial alliance and licensed behavioral health professionals will guide and support families through the entire process of reporting missing family members, family briefings and reunification.
- **Regional Coroner Recovery Caches** include seven (7) recovery caches, pre-positioned at highway patrol headquarters throughout the state in Regions B (1), D (3), E (1), F (1) and G (1). Caches are equipped with backpacks that include the following recovery items: headlamps, handheld GPS, PPE and Tyvek suits, safety vest, blanket, drinking water, first aid kits, Body ID flags, body recovery standards, recovery tracking forms. Team Lead backpacks include: GPS cameras, media cards and flash drives, Motorola 2-way radios and batteries.
- **Regional refrigerated trailers, MERC cooling systems and hospital mortuary caches** are identified in Appendix B – Regional Fatality Resource Listing.

NATIONAL GUARD HOMELAND RESPONSE FORCE (HRF) FATALITY SEARCH AND RECOVERY TEAMS (FSRT)

Region VII National Guard assets include one (1) Homeland Response Force (HRF), certified by the Department of Defense (DOD), with mission command located at Jefferson Barracks Park in St. Louis, MO. The HRF includes one (1) Chemical, Biological, Radiological, Nuclear (CBRN) Response Force Package (CERFP) located in Omaha, NE and four (4) Civil Support Teams (CST's in Jefferson City, MO Des Moines, IA, Lincoln, NE and Topeka, KS). The CERFP capabilities include: mission command, CBRN assistance support, search and extraction, decontamination, medical triage/patient stabilization, fatality search and recovery, communication interoperability, detect, identify and assess CBRN substances.

The CERFP includes two (2) – eleven (11) member Fatality Search and Recovery Teams (FSRT), one (1) located in St. Joseph, MO and a second in Des Moines, IA. Requests for CERFP/FSRT teams are made by the State Emergency Operations Center (SEOC) to the Adjutant General of the Missouri National Guard. FSRT teams have packages to recover 200 – 500 fatalities. Teams can be augmented with civilians to expand the team and to speed up the recovery process.

FEDERAL RESOURCES – Disaster Mortuary Operational Response Team (DMORT)

The Disaster Mortuary Operational Response Teams (DMORT's) are directed by the Assistant Secretary for Preparedness and Response (ASPR), Office of Preparedness and Operations (OPEO), National Disaster Medical System (NDMS), as part of the Department of Health & Human Services. Teams are composed of funeral directors / embalmers, medical examiners, coroners, pathologists, forensic anthropologists, medical records technicians and transcribers, finger print specialists, forensic odontologists, dental assistants, x-ray technicians, mental health specialists, computer professionals, administrative support staff, heavy equipment operators, DNA specialists, autopsy assistants, crime scene technicians, fingerprint specialists, security and medico-legal death investigators (MLDI).

The Department of Health & Human Services, Assistant Secretary for Preparedness and Response, in support of the NDMS DMORT program, maintains three (3) Disaster Portable Morgue Units (DPMUs). These DPMUs are staged at locations on the East and West coast and in Texas for immediate deployment in support of DMORT operations. The DPMU is a depository of equipment and supplies for deployment to a disaster site. It contains a complete morgue with designated workstations for each processing element and pre-packaged equipment and supplies.

E. PLANNING ASSUMPTIONS

- A mass fatality incident results in a surge of deaths above that which is normally managed by a Jurisdiction's fatality management system.
- A variety of hazards may occur with little or no advance warning-resulting in mass fatalities.
- Mass fatality events may be caused by a natural disease process, natural disaster or may be human-caused and/or suspicious in nature, creating a larger role for law enforcement.
- The jurisdiction system will continue to experience a 'normal' case load, as well as the case load from the mass fatality incident.
- Some counties possess a wealth of resources, public and private, which could be called upon to support mass fatality management, while other counties would be quickly overwhelmed.
- Fatality management is primarily a local responsibility. As such, State and Federal assistance is supplemental to local efforts.
- Depending on the nature/complexity of the event, State and Federal mortuary assistance may be unavailable.
- Request for assistance from the Federal Disaster Mortuary Operational Response Team (DMORT) is typically made only after a Federal Declaration is received and when local and state resources are depleted or unavailable.
- In some events, fatality management may include the removal of remains in harmful environments, including floods and Chemical, Biological, Radiological, Nuclear and Explosive (CBRNE) materials. In some cases, removal may need to be delayed to avoid placing emergency workers at unnecessary levels of risk.
- In CBRNE incidents, the nature of the event may put individuals that are called upon to support or implement mass fatality management activities at an increased level of risk. In

addition, the processing of remains may be more complicated, possibly warranting different interment sites, handling procedures and additional decontamination/storage safeguards.

- Funeral directors and other professionals managing the deceased may not have the capacity to process the deceased in a typical fashion and may run out of capacity, temporarily or for the duration of the event.

II. CONCEPT OF OPERATIONS

Prior to activation of this plan, planning and/or agreement(s) should occur. Information will need to be collected and decisions made for availability of resources in the local jurisdiction and local jurisdictions throughout the region. MOA/U's can detail how to make the request, deploy, who is in command and any other issues that may arise from requesting assistance.

A. DESCRIPTION

1. Operations will be directed and supervised by the *Insert Jurisdiction* Coroner/Medical Examiner.
2. This plan will be activated for a Mass Fatality Incident in *Insert Jurisdiction* when resources are overwhelmed and assistance is needed to acquire resources to support Mass Fatality Operations. This plan will be activated at the direction of the local Incident Commander (IC), Emergency Management Director (EMD) and as directed by the Coroner/Medical Examiner.
3. Five primary functions of the Mass Fatality Management Mission are:
 - Command/Control
 - Recovery Site (Victim)
 - Morgue (post-mortem processing and data collection, trailer management)
 - Victim Information (ante-mortem data collection)
 - Identification and re-unification with next of kin
4. Disaster situations may range from a few victims to a very high number. Incidents may involve one or more of the following
 - Natural/weather related events (tornadoes, earthquakes, storms) resulting in drowning or blunt trauma
 - Bomb/blast events resulting in burned and fragmented remains
 - Chemical exposure resulting in hazardous material-contaminated victims
 - Radiological exposure events resulting in radiation material-contaminated victims
 - Transportation accidents resulting in fragmented remains
 - Natural occurring disease outbreaks (influenza etc.)
 - Terrorist incident causing disease outbreaks (release of category A agents, such as anthrax, smallpox, plague, tularemia)
 - Deaths resulting from acts of homicide and suicide (shootings/acts of terrorism)
5. Management of the overall disaster is accomplished using the Incident Command System (ICS) as coded by the National Incident Management System (NIMS). The primary functions of ICS (Command, Operations, Planning, Logistics and Administration/Finance) are the foundation of a scalable platform that can expand and contract as the scope of the disaster dictates. Typically, under the Operations Section/Chief, the Health and Medical Branch/Director will manage a variety of Groups such as Medical Response/EMS, Sheltering, Special Needs and Fatality Management.
6. ESF#8 – The *Insert Jurisdiction* Emergency Operations Center (EOC), Regional Multi-Agency Coordination Center (MACC) and State Emergency Operations Center (SEOC) will process requests

through its' ESF#8 desk. Except in rare circumstances involving military or certain federal employees, the Coroner/Medical Examiner retains control of, and responsibility for, handling the deceased. All resources/assets requested, deployed and arriving for fatality management operations will be under the direction of the Coroner/Medical Examiner.

7. Multi-Jurisdictional Incident Coordination may occur when decedents are recovered from geographical locations crossing jurisdictional boundaries. The jurisdiction of death (or where remains are found) determines which jurisdictional Coroner/Medical Examiner signs the death certificate and is the official responsible for the case. Incidents of this nature will require mutual coordination for all coroners involved to make prudent, team-focused decisions to provide the best way to serve law enforcement investigative needs and families.

B. MASS FATALITY PLAN ACTIVATION

1. Upon the event of a disaster of any nature which has caused multiple deaths, the following persons should be notified immediately, preferably in the order shown below, but not limited to this order of priority.
 - Insert County Coroner/Medical Examiner, contact numbers
 - Insert Troop Coroner/Coordinator (defined on Pg. 13), contact numbers
 - Insert County Emergency Manager, contact numbers
 - Insert County Commissioners, contact numbers
2. The location of Mass Fatality Command and Operations will be decided upon by the impacted jurisdiction and supporting jurisdictions (if regional). A decision for a suitable location should be based upon multiple factors such as the size of the event, length of response, coordinating jurisdictions and additional resources/buildings outside the impacted area.
3. When the plan is activated, each jurisdiction participating will be notified via working communications assets (i.e. radio, phone, email, fax, WebEOC.) Every effort should be made to keep event and resource status information current in WebEOC.
4. Each supporting agency or jurisdiction (if regional) will communicate the activation of the *Insert Jurisdiction* Mass Fatality Plan to the appropriate local officials, agencies and volunteer organizations, and begin the activation of Emergency Operations Center's (EOC's) and Multi-Area Coordinating Coordination Centers (MACC's).
5. If the Regional Healthcare Coalition is activated, operations may be integrated (either physically or virtually) with the Healthcare Coalition.
6. If needed, a formal request for State of Missouri Mortuary Operational Response Team (MOMORT 1) will be made to the State Emergency Management Agency (SEMA)/State Emergency Operations Center (SEOC) following the process established by the *Insert Jurisdiction* Coroner and the Emergency Management Director.
7. An Advance Team will deploy to the within 4-6 hours (dependent upon road conditions, etc.) to assist the Coroner/Medical Examiner in evaluating the approximate number of deceased, type of terrain, amount of personnel and equipment needed to manage the fatality management incident.
8. A request for the Federal Mortuary Operational Response Team (DMORT) will be made to the State Emergency Management Agency (SEMA)/State Emergency Operations Center (SEOC).

9. Procedures for Requesting Fatality Resources are:
Contact the Local Emergency Operations Center (LEOC) at *Insert telephone number*
If activated, contact Multi-Agency Coordination Center (MACC) at *Insert telephone number*
Contact the State Emergency Operations Center (SEOC), ESF#8 Health/Medical Services at (573) 526-9100.
Provide an situation and assessment of what is being requested. State Emergency Management (SEMA) will act on the request.

***Some mortuary personnel jointly serve the MOMORT 1 and the KCRMORG Teams. Requests can be made to augment staff and resources for both teams. SEMA ESF#8 will coordinate and request members of the team to deploy to the affected jurisdiction.*

C. CORONER MUTUAL AID (MOSCOPE) AND RESOURCE REQUESTS

In 1990, the Missouri General Assembly establishing a statewide fire mutual aid system for major emergencies and disasters. In 2012, the mutual aid plan (MOSCOPE) was revised to include law enforcement and emergency medical services. In September 2015, the plan added mutual aid assistance for coroners outlining the organizations responsible for coordinating mutual aid and referencing two primary provisions for coroner mutual aid, requesting mutual aid and appointing a special duty Coroner/Medical Examiner to assist as needed for 30 days.

Missouri Revised Statutes for Coroners

Chapter 44, Civil Defense, Section 44.090. Missouri Statute gives authority to any political subdivision or public safety organization or their designee the ability to request mutual aid from any jurisdiction, agency, or organization even without written agreement, as long as he/she is in accordance with the policies and procedures set forth by the governing boards of those jurisdictions, agencies, or organizations.

Chapter 58, Coroners and Inquests, Section 58.206

In a disaster, mass fatality or emergency situation, the coroner or medical examiner, for a period not to exceed 30 days, may appoint a special duty coroner or medical examiner and reimburse them for actual and necessary expenses (through itemized records) incurred performing official duties.

1. Mutual Aid Assistance is available through the Missouri Coroners' and Medical Examiners' Association. A Troop Coordinator/Coroner is appointed by the Missouri Coroners' and Medical Examiners' Association to serve each region of the state. The Troop Coordinator/Coroner can assist neighboring counties in handling fatalities when resources may be needed. <http://www.mcmea.org/index.html>, Board of Directors Tab.

See Missouri Systems Concept of Operational Planning for Emergencies (MOSCOPE) Mutual Aid System. http://dfs.dps.mo.gov/documents/forms/MO_815-F0072.pdf, Pg. 34-36

2. Local emergency management can request resources (refrigerated trailers, recovery caches, supply caches and MOMORT 1 resources from MO State Emergency Management Agency.

Records Management (Accounting and Finance)

Utilize ICS tracking forms and procedures when tracking and recording expenses incurred by the Coroner (personnel, purchases or contracts for equipment and supplies) when requested through and approved by the Emergency Operations Center (EOC). There is the possibility that some expenses may be reimbursed. Expenses outside of the EOC processes may not be reimbursable.

<https://training.fema.gov/emiweb/is/icsresource/icsforms.htm>

D. SETTING UP A TEMPORARY MORGUE

The incident morgue or temporary morgue is the location (physical building / structure) where remains are processed. The **disaster portable morgue unit (DPMU)** is the trailer and the contents/supplies of the trailer to set up the incident morgue (temporary morgue). The incident morgue or temporary morgue is set up in a building / location where remains are processed by forensic specialists to confirm identification and to determine cause of death. Public buildings, such as school gymnasiums, are not suitable locations for a temporary morgue. After the disaster, the building may be turned back into public use, which would bring lasting stigma of the disaster and the deceased. Rather, empty buildings such as airport hangers or warehouse facilities are appropriate to consider. Local decisions will be made for determining a suitable location for a morgue site 12,000 – 15,000 square feet, hard weather-tight roofed structure, non-porous floors (preferably concrete for decontamination), administrative office space, enough secured outside space to accommodate many refrigerated trailers and room to accommodate the use of semi-tractors to maneuver around in order to place the trailers where designated, tractor trailer access with a 10' x 10' door for loading and unloading dock, sewer, electrical access, water, telephone and internet access. **See Appendix D, Checklist for Temporary Morgue Facility.**

Once a morgue site has been selected, Insert Jurisdiction Coroner/Medical Examiner and when activated, the Missouri Disaster Mortuary Operational Response Team (MOMORT 1), will organize operations. Morgue operations include: Security (MSHP, Unified Command, Logistics, and Communications/IT (managed by the Missouri State Highway Patrol). Morgue stations include: PPE On, Admitting, X-ray, Pathology, Personal Effects, Fingerprint, Odontology, DNA Collection, Anthropology (If needed), Rebagging (Casketing – If needed), PPE Off - Disposal. Additionally, areas for decontamination, medical screening, information/resources, staging and coroner workstation are needed. Logistics will be located outside of the morgue processing area, at the opposite end of the morgue entry.

- The morgue site will be used for the logistics, storage and identification as well as the distribution point for release of the deceased to their next of kin or their agent (funeral home.)
- Refrigeration units will be utilized as necessary.
- Bodies/human remains admitted to the morgue will be logged with a Morgue Reference Number (MRN#). The necessary information will be gathered and recorded about each body.
- Personal effects will be recorded, photographed and placed back in a human remains bag/pouch (HRB/HRP) after inventory or in a secure area.
- Should morgue operations be required, the Insert Jurisdiction Coroner/Medical Examiner will organize the operations, equipment, supplies, and personnel needed.

Temporary Morgue Site(s)			
Facility (Name/Address)	Point of Contact	Telephone Numbers	MOU/A's
1.			Yes/No
2.			Yes/No

List facility name, address, points of contact and telephone numbers.

If a jurisdiction will be conducting their own morgue operations, insert standard operating procedures (SOP's).

E. SETTING UP A VICTIM INFORMATION CENTER (VIC)

Select a building(s) with family interview rooms, a general meeting/briefing room, a call center, administrative office space, data management (IT capabilities, network and satellite) and a children's supervised play area. The ideal location for a VIC is a hotel with conference rooms/meeting rooms, lodging and restaurant capabilities. This would accommodate the lodging and feeding needs of out of area next of kin/s and for the work that will follow in the VIC. The Victim Information Center site should be located miles away from the morgue. Arranging visits to the morgue can be scheduled with morgue operations and security. The amount of square footage needed depends on the size of the fatality incident. Physical space and layout should accommodate a large number of visitors. For every 1 missing person, there may be 8-12 family members arriving at the VIC.

Once a Victim Information Center (VIC) site has been selected, Insert Jurisdiction

Coroner/Medical Examiner and when activated, the Missouri Mortuary Operational Response Team (MOMORT 1)/Victim Information Center (VIC) Team will organize operations.

- VIC operations will include; Command Staff, Triage/Greeters Station, Missing Persons Station, Reception, Interview and Ante Mortem Collection, Care Team (Behavioral Health and Spiritual Care), Security (local and/or MSHP), childcare, Family Resource Center (if space allows and as appropriate,) FEMA (if appropriate,) Feeding, Medical Aid Station, and MSHP Ante Mortem Data Collection. The Care Team comprised of licensed mental/behavioral health professionals and a Chaplain/ministerial alliance (if the family chooses this option) will be assigned to each family.
- Regular Family Briefings will be conducted at the VIC by the Coroner (or designee) and county/city officials. If MOMORT 1 is activated, members of MOMORT 1 command staff, the Missouri State Highway Patrol command staff and Care Team Members will attend and support family briefing activities. The Coroner/Medical Examiner will determine the schedule for family briefings.
- Needs for a building suitable to run the VIC and manage the needs of the Next of Kin. See Appendix E: Checklist for Victim Information Center.

Victim Information Center Site(s)			
Facility (Name/Address)	Point of Contact	Telephone Numbers	MOU/A's
1.			Yes/No
2.			Yes/No

List facility name, address, points of contact and telephone numbers.

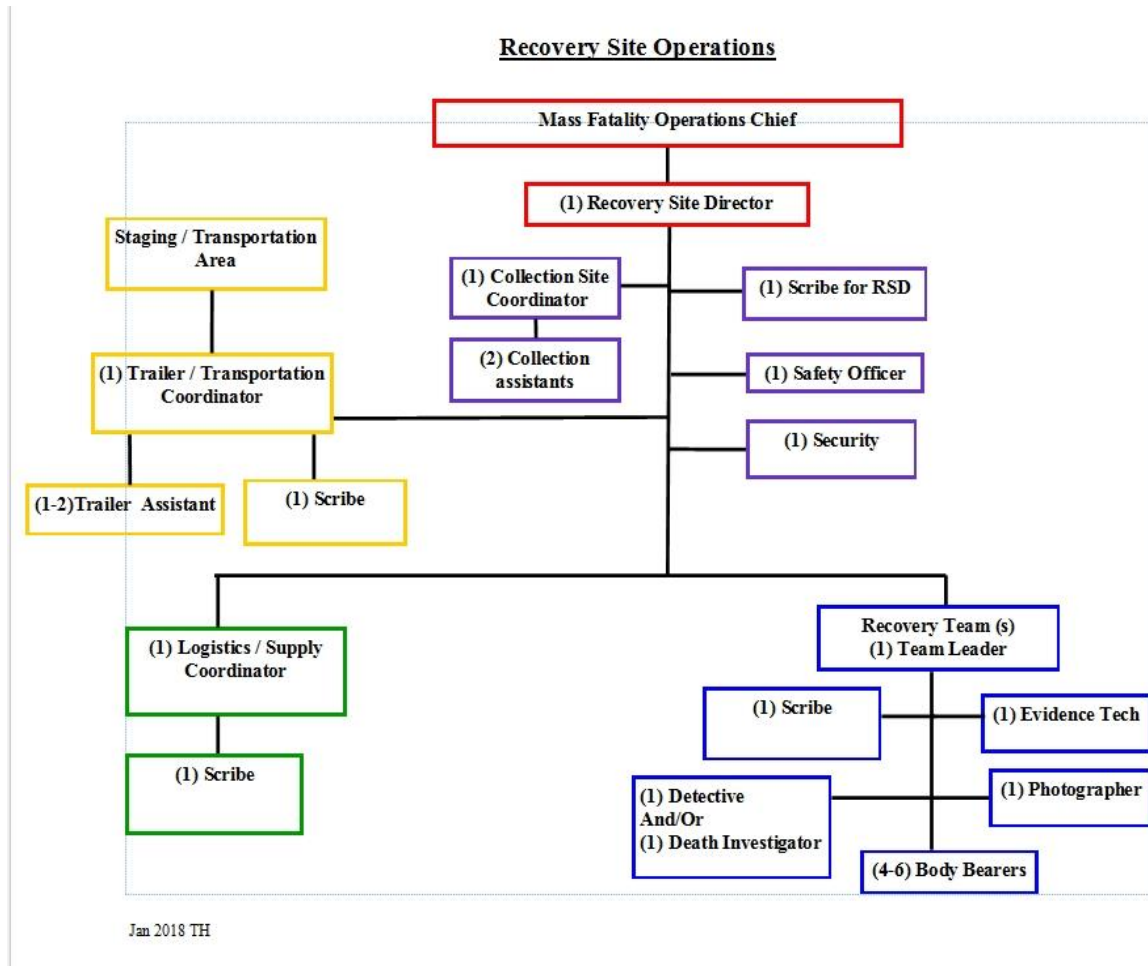
If a jurisdiction will be conducting Victim Information Center (VIC) operations, insert standard operating procedures (SOP's). If using the MOMORT 1 VIC Team, reference 2014 State of MO Victim Information Center Plan, State Emergency Management Agency (SEMA).

F. GUIDELINES FOR RECOVERY, TRANSPORTATION AND SECURITY

RECOVERY

1. An assessment of the mass fatality situation will be made by the **Insert Jurisdiction** Coroner/Medical Examiner. Human remains recovery is coordinated and directed by the Coroner/Medical Examiner or designee. There may be times when the local Coroner/Medical Examiner requests the state MOMORT 1 team for assistance. The local Coroner/Medical Examiner is responsible for three (3) areas of operations (Recovery Site, Temporary Morgue, VIC). He/she may decide to turn over any of the operations to the MOMORT 1 state team. Because of the numerous meetings, site visits and briefings that the Coroner/Medical Examiner will need to attend, assigning the state team to manage any of the operation(s) would not delay the operations.
2. The mission at the recovery site is to assess, map, photograph, search, locate, flag, document, prepare, track and deliver fatalities to the temporary morgue. A Recovery Site Director (Coroner/Medical Examiner or their designee) will coordinate and direct all recovery personnel at the scene. The following Human Remains Site Recovery Organizational Chart (Fig. 1) can be adapted or expanded to meet the mission needs: The following is a list of positions that need to be assigned in order to manage a recovery site. If a limited number of first responders are available, tasks and positions may need to be combined.
 - a. Recovery Site Director (RSD)
 - b. Scribe for RSD
 - c. Safety Officer
 - d. Security
 - e. Collections Site Coordinator
 - f. Collection Assistants
 - g. Trailer – Transportation Coordinator
 - h. Scribe for Trailer – Transportation Coordinator
 - i. (1 - 2) Trailer Assistants
 - j. Logistics Supply Coordinator
 - k. Scribe for Logistics Supply Coordinator
 - l. Communications Coordinator
 - m. Recovery Team -Team Leader

- n. Recovery Team - Scribe for Team Leader
- o. Recovery Team – (1) Death Investigator/Detective
- p. Recovery Team – (1) Evidence Technician/Crime Scene Investigative Unit (CSIU) Tech
- q. Recovery Team – (1) Photographer
- r. Recovery Team – (4 - 6) Body Bearers



3. The first step at the recovery site is to conduct a walk-thru assessment by the assessment team to determine the potential number of the remains to recover and what equipment will be necessary in order to complete the mission.
 - a. After the walk-thru assessment, the Recovery Site Director (Coroner/ME or their designee) will choose the recovery site staging area. Consultation with Incident Command is encouraged. Incident Command will be set up at the recovery site.
 - b. The Recovery Site Director (Coroner/ME or their designee) will request additional first responders to complete the recovery operation mission.
 - c. Once recovery first responders have reported to the scene, just in time training and briefing will be held by the local coroner or their designee and assignments given.
 - d. The Recovery Site Director will assign recovery teams to begin recovery operations. The goal of recovery team(s) is to assess, search, locate, flag, document, properly document and recover human remains in a dignified and respectful manner, track and deliver fatalities to the temporary morgue.

- e. More than one team may be assigned based on estimated number of remains, availability of resources and type of incident.
 - f. Recovery team leaders direct and supervise the activities of their team. Each recovery team includes a team leader, scribe, Crime Scene Investigative Unit (CSIU) tech or evidence technician, photographer, death investigator/detective and body bearers. Responders should not perform tasks deemed unsafe or beyond their level of training and capability. Any concerns will be communicated to the Recovery Site Director as soon as possible.
4. Recovery operations will be conducted in safe, non-contaminated environments. Unsafe and or contaminated environments would require assistance of Fire Department rescue team or Decon teams.
 5. Prior to moving decedents, recovery teams will be given instructions by the Recovery Site Director, Coroner, Incident Commander or Designated Health Official for wearing proper Personal Protective Equipment (PPE) based on the incident type (natural disaster, pandemic or CBRNE event).

See Appendix H, OSHA Safe Handling of Human Remains.

https://www.osha.gov/OshDoc/data_Hurricane_Facts/mortuary.pdf

19 CSR 20-24.010 Procedures to be Followed When a Person Dies While Infected with a Communicable Disease

<http://s1.sos.mo.gov/cmsimages/adrules/csr/current/19csr/19c20-24.pdf>

Safe Handling of Remains of Ebola Patients

<http://www.cdc.gov/vhf/ebola/pdf/postmortom-preparation.pdf>

Recommendations for the Selection and Use of Respirators and Protective Clothing for Protection Against Biological Agents

<http://www.cdc.gov/niosh/docs/2009-132/>

<http://www.cdc.gov/niosh/docs/2008-132/pdfs/2008-132.pdf>

6. Utilize Outdoor Surface Scatter Processing Procedures

MAPPING: Identify geographical area to be searched (pre-search assessment walk through).

Large Areas: Utilize search protocols based on weather, environment, terrain and condition of the remains. Follow instructions of the Recovery Site Recovery Director for search area instructions and established routes. Grid searches are often conducted using one (1) square mile.

Smaller Areas: Mark off overall search perimeter/boundaries with crime scene tape or colored string. Document the overall scene in photography before the assessment walk through search and after the flagging of remains/evidence. Drones with photography capability may be used if available. Use photography, make diagrams/sketches and written documentation noting:

- Location (address and/or GPS coordinates)
- Date/Time of search recovery
- Description of the scene environment
- Personnel involved
- Current weather conditions
- Summary of scene recovery actions and other relevant details

Divide the overall perimeter area into individual grid areas with Grid name/number (Grid ABC). A grid recovery team roster will be generated that documents the name and contact information of each member, date/time, location (address/GPS coordinates).

7. Perform an organized search (line search etc.) looking for remains or evidence within the assigned perimeter.
8. Place flags where human remains or evidence are located. Do not remove any remains or personal items until the Recovery Site Director or Team Lead has given instructions.
9. After flagging all items of interest and BEFORE recovery, photograph the overall recovery site (Drones with photography capability may be used if available). Photographs will be maintained by the Recovery Site Director (Coroner/ME).
10. The Recovery Site director will assign blocks of "Recovery Site Number/s" (1-10, 11-20 etc.) to each team leader. The blocks of numbers (Recovery Site Number (RSN#)) will be assigned to individual teams and a log will be maintained by the Recovery Site Director documenting which team is assigned which blocks of numbers. The blocks of "Recovery Site Number/s" will be placed on each flag. Individual flag and individual grid overall photos showing the flag numbers will be taken by each team photographer. These blocks of "Recovery Site Number/s" number pictures may be used for identification purposes.
11. The Recovery Team Lead verbalizes the RSN flag number assignment to be used, description of the human remains (HR), ensures the decedents are placed supine in a human remains disaster pouch (HRP). If possible, a Victim Site Recovery Form (MOMORT 1 / DMORT) standardized form) should follow the body from collection, trailer/storage, transportation and to the temporary morgue. Place the form in a plastic sleeve and attach to the zipper of a human remains pouch (HRP).
12. The scribe(s) will maintain an accurate numbering system log for each set of remains. They will ensure the Recovery Site Number RSN#, Grid#, date/time and signatures are documented on forms and reports. Complete Human Remains Recovery Form for each body or set of remains collected. **If available, place a hospital ID wrist band on the decedent and document RSN# on the band with a sharpie. Triage tags (black in color-deceased) may be available in some regions.**
13. Bodies will be placed in a human remains bag/pouch (HRB/HRP), along with their personal effects. A tag and/or Victim Site Recovery Form with corresponding number (on victim) will be placed on the pouch. Common tissue, unidentified tissue, unidentified tissue, fragmented remains, will be placed in individual red HAZ-MAT plastic bags and RSN# will be assigned to each red HAZ-MAT bag. When multiple red HAZ-MAT bags are in a recovery grid area, they will be collected and placed in (1) disaster bag/pouch. If possible, try not to place more than 10 individual red HAZ-MAT bags in (1) disaster bag/pouch.
14. All personal effects on or with the human remains will be placed in a human remains bag/pouch (HRB/HRP). Valuables such as wallets, attached jewelry, etc., will not be removed from the body at the disaster site. These will remain on/with the body/human remains.
15. Do not assume that common tissue, unidentified tissue, unidentified tissue or fragmented remains are associated with each other. Unless directly connected by intact tissue, all partial human remains will be handled individually. Unattached body parts, common tissue or remains with clothing fragments will be placed in an individual red HAZ-MAT bag. An assigned RSN# will be

written on the outside of each red bag. One (1) disaster pouch will be used to collect individual red HAZMAT bags.

16. Bodies will be removed from the immediate disaster site via litter or stretcher into a designated staging recovery area.
17. The Recovery Site Director (RSD) will oversee the removal operations including tracking each body bag as it leaves the recovery site or assign and supervise recovery teams to assist.

TRANSPORTING

1. All human remains shall be removed from the recovery location in a manner consistent with normal dignified funeral practices.
2. Each human remains bag/pouch (HRB or HRP) body bag will be accepted and checked out of the disaster scene to the recovery site staging area by recovery site director (Coroner/Medical Examiner or designee). The HRB/HRP will be assigned to the transportation trailer coordinator who in turn will assign the HRB/HRP to a transportation vehicle.
3. The transportation trailer coordinator will tell each transportation staff the site location where to deliver the bodies. There may be times when the HRB/HRP will be delivered to another designated staging area location to be off-loaded into a 53' refrigerated trailer. The 53' trailer will eventually respond to the temporary morgue site for the remains to be processed.
4. HRB/HRP will be covered when transported.
5. All vehicles used for transport will be covered— The use of uncovered vehicles (pick-up trucks etc.) exhibits unprofessionalism manner in which to care for the remains.
6. Vehicles should travel the same route from disaster site to morgue site. This route will be established in coordination with local traffic law enforcement agencies.
7. Vehicles should travel at a moderate pace and in convoy style.
8. Records will be kept noting vehicle ID and body tag number, as well as driver ID and other transportation staff.
9. The transportation driver will deliver remains to the temporary morgue or other designated location. Upon arrival, the trailer coordinator at the temporary morgue or the coordinator at the other designated staging site will track remains as they are received.

SECURITY

1. Follow established mission security protocols and request security resources as needed. Security will be provided by law enforcement assigned to the area (local or state).
2. NO ADMISSION INTO THE AREA is allowed unless permission has been granted. The perimeter of the scene will be secured until operations cease.
3. Law enforcement will provide escort to the temporary morgue or other designated staging transportation location.

4. Assign security for transportation, recovery team(s), the staging/storage area(s) and temporary morgue(s).

G. REUNIFICATION AND NOTIFICATION OF NEXT OF KIN

1. Once the body has been positively identified, the next of kin (NOK) will be notified. The next of kin will decide on a disposition. Arrangements will be made to release the body. If Morgue/VIC Operations are set up by the MOMORT, the Insert Jurisdiction Coroner/Medical Examiner will determine who will make the death notification. Working with the Missouri State Highway Patrol (MSHP), the Coroner/Medical Examiner will determine the most practical method to be utilized in contacting the next of kin. The VIC Care Team may assist in the notification process as needed. Every effort will be made to lessen the psychological impact on the families of those deceased. The nature and scope of the disaster will determine what methods will be used to contact family.
2. The Insert Jurisdiction Coroner/Medical Examiner will coordinate the release of the body to the next of kin or their agent (funeral home or other services) in accordance with Missouri Revised Statute Chapter 194 (194.119) and local statutes. The nature and scope of the disaster may require policies that may delay release of the body due to the time it takes to perform proper identification of the deceased. All policies will be made or approved by the Insert Jurisdiction Coroner/Medical Examiner before being implemented. Every effort will be made to release the body to the receiving agent or family in a timely manner.
3. In situations where deceased cannot be identified, the Insert Jurisdiction Coroner/Medical Examiner will make the decision about their disposition. Temporary Internment may be necessary and location of burial sites will be determined. It is suggested, however, that cremation not be utilized as later identification and exhumation may be practical and necessary. Records will be kept of burial locations and the body tag number will be interred with the body to make later efforts of identification easier. The Coroner / Medical Examiner will eventually keep and maintain the interred records for future reference if needed.
4. In situations where the disposition of pauper bodies or county burial is required, RSMo 58.460 and RSMo 194.150-160 will apply.
5. In the event of a cemetery disruption during a flood or earthquake event, the Insert Jurisdiction Coroner/Medical Examiner will determine need for a fatality task force (i.e. subject matter experts) to conduct damage assessments, proper documentation, morgue operations, victim identification, family reunification, re-casketing operations and internment.

H. RESPONDER SAFETY and WELL-BEING (Safety Officer)

1. Responder safety is always a concern. Fire department firefighters are trained to identify hazardous areas.
2. Coordination of Fire Departments should be used to inspect the site and provide guidance on the safety status of the recovery site.
3. Always take caution to avoid injury to self and others.
4. Coordinate with an appointed safety officer to determine needs and resources and request medical personnel to support operations. The Safety Officer will:

- Follow standard distancing precautions for potential nuclear, biological, and chemical hazards.
- Follow Environmental Protection Agency (EPA) and Occupational Safety and Health Administration (OSHA) regulations.
- Mark hazard areas clearly and designate safety zones.
- Communicate hazards to personnel arriving on the scene.
- Monitor personnel for dehydration, stress and fatigue and treat as necessary.
- Utilize a medical plan with sufficient number of trained medical personnel to treat responders.
- Determine the level of personal protective equipment needed.

Consideration must be given to the enormous demands placed upon responders serving in a mass fatality event. Local plans should consider provisions for welfare and psychological support for all responders. Such support measures include:

- Provision of a separate rest area, away from the media and the bereaved.
- Monitoring responders, who may, because of family bereavement, illness, relationship problems could be considered to be vulnerable to external factors.
- Consideration of any long-term impact on responders with appropriate monitoring and support initiatives.

I. DISASTER CRISIS COUNSELING AND SPIRITUAL CARE RESOURCES

Disaster Crisis Counseling and spiritual/chaplain care will become a valuable resource in a mass fatality event. Local, regional and state resources can be requested and will help responders, families and victims to cope with trauma.

Behavioral Health and Spiritual Care Resources			
Facility (Name/Address)	Point of Contact	Telephone Numbers	MOU/A's
1.			Yes/No
2.			
3.			Yes/No

List mental health agencies, spiritual care/chaplains, and local churches along with points of contact and telephone numbers.

J. MASS FATALITY PLAN DEACTIVATION

1. When **Insert Jurisdiction** is capable of resuming normal operations, a decision to deactivate operations will be made by the **Insert Jurisdiction** Coroner/Medical Examiner or Incident Commander. Resources from the region will be demobilized and returned.

2. All final records will be responsibility of the **Insert Jurisdiction** Coroner/Medical Examiner. Records compiled during the operations will be arranged in a systematic order and given to the **Insert Jurisdiction** Coroner/Medical Examiner at the end of the mission for future use as needed.

III. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

The Coroner/Medical Examiner

- The Coroner/Medical Examiner serving the impacted jurisdiction is responsible for the management of human remains in all Mass Fatality Incidents.
- Assess the need to activate the **Insert Jurisdiction** Mass Fatality Plan in conjunction with the EOC.
- Assign roles and responsibilities to responding agencies.
- As needed, set up a temporary morgue and a victim information center.
- Establish a staging area for incoming resources.
- Establish access authority and credentials.

Emergency Management Director, in coordination with the Coroner/Medical Examiner

- Assess the need to activate the **Insert Jurisdiction** Mass Fatality Plan.
- Notify the State EOC regarding activation of this Plan.
- Utilizing local Emergency Operation Center (EOC) processes to request resources and/or personnel from the region or State EOC.
- Include the mass fatality planning and operational activities in the Incident Action Plan (IAP).

Local Public Health Department

- Assist in the management of mass fatalities in order to prevent disease transmission and to protect the health of the public during a mass fatality event.
- Support local authorities and provide technical assistance and personnel to recover, identify and process deceased victims.
- Provide appropriate and timely information to the public regarding prevention of secondary transmission, surveillance, isolation/quarantine, decontamination, personal protective equipment, chemical/biological and radiological agents, and handling precautions for the deceased related to certain communicable diseases.
- Provide coordination for behavioral health and chaplaincy resources to support victims, families and the bereaved.

State Emergency Management Agency (SEMA), Missouri Disaster Mortuary Operational Response Team (MOMORT 1)

- Provide assistance to the local/regional coroner upon request.
- When activated by SEMA, deploy an advance team to assess fatality needs.
- In incidents where the number of deaths exceed local and regional resources, deploy the Missouri Mortuary Disaster Mortuary Operational Response Team (MOMORT 1), Disaster Portable Morgue (DPMU) and Victim Information Center (VIC).

Missouri Department of Health and Senior Services (DHSS)

- Assist in the management of mass fatalities to protect the health of the public from infectious diseases.
- Request and coordinate state and federal mortuary teams and resources.

- Provide information related to prevention of secondary transmission, to include surveillance, isolation/quarantine, decontamination, personal protective equipment, chemical, biological and radiological agents, and handling precautions for the deceased related to certain communicable diseases.
- Provide technical assistance and consultation to LPHA's and relief organizations to assure safe water, food and facilities as well as public health sanitation and hygiene.
- Bureau of Vital Records will coordinate with state, local and federal authorities to assure the timely and proper filing and processing of death certificates and has the capability to deploy a team to issue death certificates.
- In coordination with state and federal officials, evaluate and provide known agent information to determine the appropriate handling and burial of human bodies.

IV. PLAN/ANNEX DEVELOPMENT AND MAINTENANCE

1. The *Insert Jurisdiction* shall be responsible for coordinating the regular maintenance process of this plan.
2. This plan shall be reviewed at minimum, on an annual basis, or following a major event either inside or outside of the jurisdiction. ***The Plan should be exercised at least every __ years.*** Appropriate updates to the plan shall be made as necessary either following lessons learned from actual events or exercises.
3. In developing this plan, the *Insert Jurisdiction* has made use of guidelines and best practices in fatality management field.
4. Coroners'/Medical Examiners', Health Officials and Emergency Management from the *Insert Jurisdiction* will be included on the planning team.
5. Exercises should be tailored to the jurisdiction and pose challenges to resources. Periodic exercises (at a minimum of a tabletop exercise) should test the command level decision-makers.
6. Exercises should include a scenario that provides for the demonstration of a mass fatality incident requiring activation of this plan.

V. Authorities and References

Authorities in State Law and Regulations empower coroners/medical examiners, state and local public health, law enforcement, and others to exercise powers necessary to protect public health, as well as any other local laws that may affect response to emergencies. Jurisdictions should add any such issues that exist in law.

Organization (Legal Authority)	Key elements related to Mass Fatality Management
<p>Health Care Facilities (Hospitals, Nursing Homes)</p> <p>19 CSR 20-24.010 Procedures to be Followed When a Person Dies While Infected with a Communicable Disease</p> <p>Title 19, Division 20, Chapter 24 http://s1.sos.mo.gov/cmsimages/adrules/csr/current/19csr/19c20-24.pdf</p>	<p>Handling bodies with Communicable Disease</p>
<p>Coroners/Medical Examiners</p> <p>Missouri Revised Statutes Chapter 44, Civil Defense, Section 44.090 http://www.moga.mo.gov/mostatutes/stathtml/04400000901.HTML</p> <p>Chapter 58, Coroners and Inquests, Section 58.206 http://www.moga.mo.gov/mostatutes/stathtml/05800002061.html</p>	<p>Coroner Mutual Aid</p> <p>Appointment of Special deputy coroner/ME</p>
<p>MO Department of Health and Senior Services and Local Health Departments</p> <p>Missouri Revised Statute, Chapter 194, Section 194.090 http://www.moga.mo.gov/mostatutes/stathtml/19400000901.HTML</p>	<p>Handling bodies with communicable diseases</p>
<p>Registrars</p> <p>Missouri Revised Statutes Chapter 193, Section 193.145.1 http://www.moga.mo.gov/mostatutes/stathtml/19300001451.html</p>	<p>Local/State registrars</p> <p>Death certificates</p>
<p>State and County Office of Emergency Management Missouri Revised Statute, Chapter 44, Civil Defense http://www.moga.mo.gov/mostatutes/chapters/chapText044.html</p>	<p>State-wide mutual aid, Kansas mutual aid, planning activities, federal assistance, emergency powers, deploying healthcare professionals</p>

<p>Embalmers, Funeral Directors and Crematories</p> <p>Missouri Revised Statutes, Chapter 333 Embalmers and Funeral Directors http://www.moga.mo.gov/mostatutes/ChaptersIndex/chaptIndex333.html</p> <p>Missouri Revised Statutes Chapter 193, Vital Statistics</p> <p>Chapter 194, Transportation and Disposition of Dead Bodies http://www.moga.mo.gov/mostatutes/chapters/chapText194.html</p>	<p>Death certificates</p> <p>Transporting remains</p> <p>Disposition of remains</p>
<p>Cemeteries</p> <p>Missouri Revised Statute, Chapter 214 http://www.moga.mo.gov/mostatutes/chapters/chapText214.html</p>	<p>Internment of human remains</p> <p>Documentation</p>
<p>Law Enforcement</p> <p>Chapter 58, Coroners and Inquests, Section 58.451.1</p>	<p>Notification of deaths to coroner, Peace and order, Security and safety, Enforce criminal law</p>

VI. Appendices

APPENDIX A: Capacity of Local and Regional Coroners and Funeral Homes

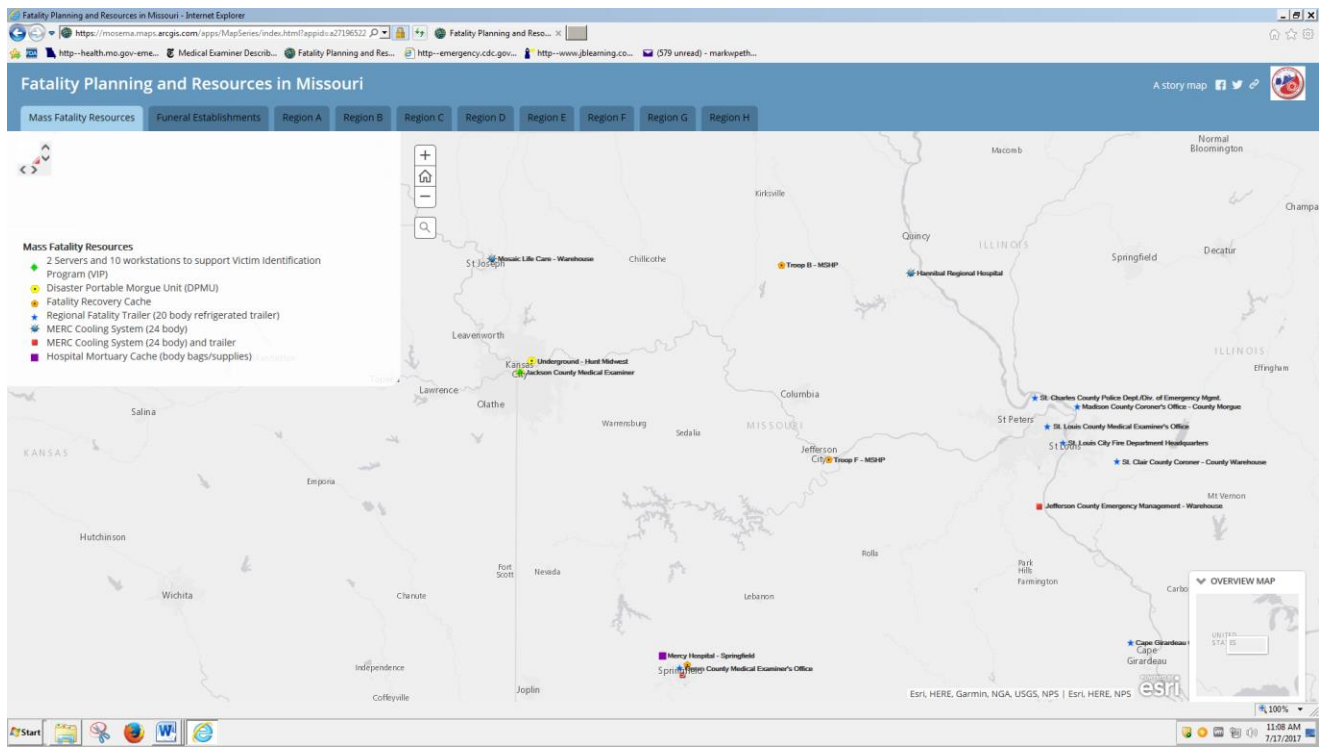
First Call Coroner/ME Office, Morgue, Funeral Home, Crematory		
Category	Sub-category	Information
Facility (Coroner/Medical Examiner Office, Morgue, Funeral Home, Crematory)	Morgue	Address/phone
	Counties Served	
	Storage capacity	# of bodies
	Examination capacity	# of bodies
	Supplies/ HRP's	Qty.
	Power	Electric Generator Natural gas/propane Supply agreement
	Transport	Vehicles
Personnel	Staff	# of primary/# additional
Communications	Common	Telephone line
	Network	Internet access
	Radio	Police/Fire dispatch, VHF, HAM
Documents	EOP	Maintained by each jurisdiction
	Agreements	MOU's or informal agreements With whom?
Additional Resources	Equipment	Morgue trailers, generators
Other Items		

Add Duplicate table(s), one for each Additional Coroner Office, Morgue, Funeral Home/Crematory

APPENDIX B: Fatality Resource Mapping by Region

<https://mosema.maps.arcgis.com/apps/MapSeries/index.html?appid=a27196522ad4bb7857a7ef2727f0678>

Disaster Portable Morgue Units , Refrigerated Trailers, MERC Cooling Systems and Equipment by Region
Funeral Home Establishments in Missouri



Region A

**Disaster Portable Morgue Unit (DPMU)
Kansas City Region Mortuary Operational Response Group (KCRMORG)**

Address 950 E. 21st Street
City Kansas City
State MO
Zip 64108
Type KCRMORG Team & Disaster Portable Morgue Unit (DPMU)
Phone 816-881-6600
Contact Dr. Diane Peterson, Tom Hensley, Shaun Hachinsky
Location Name Jackson County Medical Examiner

**2 Servers and 10 workstations to support Victim Identification Program (VIP)
Kansas City Region Mortuary Operational Response Group (KCRMORG)**

Address 950 E. 21st Street
City Kansas City
State MO
Zip 64108
Type 2 Servers and 10 workstations to support Victim Identification Program (VIP)
Phone 816-881-6600
Contact Dr. Diane Peterson, Tom Hensley, Shaun Hachinsky
Location Name Jackson County Medical Examiner

Region B

Fatality Recovery Cache, SEMA / Missouri Disaster Mortuary Operational Response Team (MOMORT 1)

Address 303 Pine Crest Drive
City Macon
State MO
Zip 63552
Type Fatality Recovery Cache
Phone 660-385-2132
Contact Captain James Wilt
Location Name Troop B – MSHP

MERC Cooling System (24 body)

Address 4601 HWY MM
City Hannibal
State MO
Zip 63401
Type MERC Cooling System (24 body)
Phone 573-406-1612
Contact Doug Ruble
Location Name Hannibal Regional Hospital

Region C

Region C Fatality Trailer (20 body refrigerated trailer, material for field investigation/recovery)

Address 6390 Grafton Ferry Rd.
City Portage Des Sioux
State MO
Zip 63366
Type Region C Fatality Trailer (20 body refrigerated trailer, material for field investigation/recovery)
Phone 636-949-3022
Contact Kelly Bobeen
Location Name St. Charles County Police Dept./Div. of Emergency Mgmt.

Region C Fatality Trailer (20 body refrigerated trailer)

Address 6059 North Hanley Ave.
City St. Louis
State MO
Zip 63134
Type Region C Fatality Trailer (20 body refrigerated trailer)
Phone 314-522-3262 x6507
Contact Suzanne McCune
Location Name St. Louis County Medical Examiner's Office

Region C Fatality Trailer (20 body refrigerated trailer)

Address 1421 North Jefferson Ave.
City St. Louis
State MO
Zip 63106
Type Region C Fatality Trailer (20 body refrigerated trailer)
Phone 314-533-3406
Contact Chief Jenkerson/Baxter Leisure
Location Name St. Louis City Fire Department Headquarters

Region C Fatality Trailer (20 body refrigerated trailer)

Address 101 East Edwardsville Rd.
City Wood River
State IL
Zip 62095
Type Region C Fatality Trailer (20 body refrigerated trailer)
Phone 618-792-4793
Contact Roger Smith
Location Name Madison County Coroner's Office – Morgue

Fatality Trailer (20 body refrigerated trailer, material for field investigation/recovery)

Address 8448 Machine Shop Rd.
City Mascoutah
State IL
Zip 62258
Type Fatality Trailer (20 body refrigerated trailer, material for field investigation/recovery)
Phone 618-779-5534
Contact Curt Schildknecht
Location Name St. Clair County Coroner - Warehouse

Fatality Trailer (24 body MERC cooling system), Western Shelter w/ trailer and 20 KW Generator

Address 1515 Herculaneum Industrial Drive
City Herculaneum
State MO
Zip 63049
Type Fatality Trailer (24 body MERC cooling system), Western Shelter w/ trailer and 20 KW Generator
Phone 314-277-4826
Contact Jina Akins
Location Name Jefferson County Emergency Management – Warehouse

Region D**Hospital Mortuary Cache (body bags/supplies)**

Address 108 West Walnut Lane
City Willard
State MO
Zip 65781
Type Hospital Mortuary Cache (body bags/supplies)
Phone 417-820-7159
Contact Russ Conroy
Location Name Mercy Hospital - Springfield

Fatality Recovery Cache, SEMA / Missouri Disaster Mortuary Operational Response Team (MOMORT 1)

Address 3131 East Kearney
City Springfield
State MO
Zip 65803
Type Fatality Recovery Cache
Phone 417-895-6868
Contact Captain Juan Villanueva
Location Name Troop D - MSHP

Region D Fatality Trailer (20 body refrigerated trailer, 20 ' trailer)

Address 917 N. Boonville Rd.
City Springfield
State MO
Zip 65802
Type Region D Fatality Trailer (20 body refrigerated trailer, 20 ' trailer)
Phone 417-868-4822
Contact Ton VanDeberg
Location Name Greene County Medical Examiner's Office

MERC Cooling System (24 body) and trailer

Address 1235 East Cherokee Street
City Springfield
State MO
Zip 65804
Type MERC Cooling System (24 body) and trailer
Phone 417-820-7159
Contact Russ Conroy
Location Name Mercy Hospital - Springfield

Fatality Recovery Cache, SEMA / Missouri Disaster Mortuary Operational Response Team (MOMORT 1)

Address 235 Coon Creek Parkway
City Hollister
State MO
Zip 65672
Type Fatality Recovery Cache
Phone 417-353-0501
Contact Kevin Tweedy
Location Name Warehouse - Hollister

Region E

Fatality Recovery Cache, SEMA / Missouri Disaster Mortuary Operational Response Team (MOMORT 1)

Address 4947 Highway 67 North
City Poplar Bluff
State MO
Zip 63901
Type Fatality Recovery Cache
Phone 573-840-9500
Contact Captain Jeffery Vitale
Location Name Troop E - MSHP

Region E Fatality Trailer (20 body refrigerated trailer)

Address 1 Barton Square, Ste. 301
City Jackson
State MO
Zip 63755
Type Region E Fatality Trailer (20 body refrigerated trailer)
Phone 573-651-6006
Contact John Clifton
Location Name Cape Girardeau County

Region F

Disaster Portable Morgue Unit (DPMU) SEMA / Missouri Disaster Mortuary Operational Response Team (MOMORT 1)

Address 754 MODOT Drive
City Jefferson City
state MO
Zip 65109
Type Disaster Portable Morgue Unit (DPMU)
Phone 417-353-0501
Contact Kevin Tweedy
Location Name SEMA Warehouse

Fatality Recovery Cache, SEMA / Missouri Disaster Mortuary Operational Response Team (MOMORT 1)

Address 2920 N. Shamrock Rd.
City Jefferson City
State MO
Zip 65102
Type Fatality Recovery Cache
Phone 573-751-1000
Contact Captain Michael Turner
Location Name Troop F - MSHP

Region G

Fatality Recovery Cache, SEMA / Missouri Disaster Mortuary Operational Response Team (MOMORT 1)


Address 1226 West Business US 60/63
City Willow Springs
State MO
Zip 65793
Type Fatality Recovery Cache
Phone 417-469-3121
Contact Captain Mark Inman
Location Name Troop G - MSHP

Region H

MERC Cooling System (24 body)

Address 302 North 4th
City St. Joseph
State MO
Zip 64506
Type MERC Cooling System (24 body)
Phone 816-390-6714 (Shawn Henderson, Security / EM Director)
816-271-6044
Contact Derek Conz
Shawn Henderson
Location Name Mosaic Life Care - Warehouse

APPENDIX C: Site Recovery Form

	Site Recovery # _____	Victim	Incident _____																
		Site Recovery Form	Incident Date _____																
Put N/A in all unused fields.																			
Recovery Date _____ <small>MM/DD/YYYY</small> Time: _____ <small>24 hour (0000)</small>	Classification of Remains: _____ <small>Choices: Complete HR (C/HR), Fragmented HR (F/HR)</small>																		
	Recovery Grid #: _____	GPS of Recovery: _____																	
Place / Address of Recovery: _____																			
Condition: select all that apply <input type="checkbox"/> Autopsied Previously <input type="checkbox"/> Decomposed <input type="checkbox"/> Mummified <input type="checkbox"/> Skeletonized-Partial <input type="checkbox"/> Wet-Environmental <input type="checkbox"/> Burned-Partial Thickness <input type="checkbox"/> Embalmed <input type="checkbox"/> Saponified <input type="checkbox"/> Skeletonized-Full <input type="checkbox"/> Burned-Full Thickness <input type="checkbox"/> Fragmented <input type="checkbox"/> Scavenged <input type="checkbox"/> Viewable <input type="checkbox"/> Cremains <input type="checkbox"/> Fresh <input type="checkbox"/> Skin Slippage <input type="checkbox"/> Non-Viewable																			
Description of Remains: _____																			
Position Remains Found In: _____																			
Estimated Age: <input type="radio"/> Baby/Child <input type="radio"/> Adolescent <input type="radio"/> Young Adult <input type="radio"/> Middle Aged <input type="radio"/> Elderly <input type="radio"/> No Estimate																			
Estimated Gender: <input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Unknown Estimated Race: _____																			
Clothing on Remains: <small>(brief description)</small>	<input type="radio"/> Yes <input type="radio"/> No	_____																	
Personal Effects on Remains: <small>(brief description)</small>	<input type="radio"/> Yes <input type="radio"/> No	_____																	
Recovery Comments: _____																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Presumptive FIELD ID:</td> <td style="width:20%; text-align:center;"><small>Last</small></td> <td style="width:20%; text-align:center;"><small>First</small></td> <td style="width:30%; text-align:center;"><small>Middle</small></td> </tr> <tr> <td></td> <td style="text-align:center;">_____</td> <td style="text-align:center;">_____</td> <td style="text-align:center;">_____</td> </tr> <tr> <td>ID Based On:</td> <td style="text-align:center;"><small>DOB (MM/DD/YYYY)</small></td> <td style="text-align:center;"><small>SSN</small></td> <td style="text-align:center;"><small>ID# / Drivers license # / State</small></td> </tr> <tr> <td></td> <td style="text-align:center;">_____</td> <td style="text-align:center;">_____</td> <td style="text-align:center;">_____</td> </tr> </table>				Presumptive FIELD ID:	<small>Last</small>	<small>First</small>	<small>Middle</small>		_____	_____	_____	ID Based On:	<small>DOB (MM/DD/YYYY)</small>	<small>SSN</small>	<small>ID# / Drivers license # / State</small>		_____	_____	_____
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ID Based On:	<small>DOB (MM/DD/YYYY)</small>	<small>SSN</small>	<small>ID# / Drivers license # / State</small>																
	_____	_____	_____																
Recovered By: _____																			
<small>Name and Agency (if applies)</small>		<small>Phone #</small>	<small>Date Recovered</small> <small>Time Recovered</small>																
Delivered to Transport Staging: _____																			
<small>Name and Agency (if applies)</small>		<small>Phone #</small>	<small>Date Delivered</small> <small>Time Delivered</small>																
Site Recovery Report Completed by: _____																			
<small>Name and Agency (if applies)</small>		<small>Phone #</small>																	
Delivered to Morgue by: _____																			
<small>Name:</small> _____	<small>Agency</small> _____	<small>Phone #</small> _____																	
<small>Date Delivered</small> _____	<small>Time Delivered</small> _____																		

*Adapted from DMORT standards

APPENDIX D: CHECKLIST for Temporary Morgue Facility

A temporary morgue(s) may need to be established to relieve healthcare facilities when human remains exceed their holding capacity and to manage remains. The following guidelines will help the Jurisdiction determine the best alternative(s) available for temporary morgue sites.

A possible facility must meet certain requirements for size, layout, and support infrastructure.

- ✓ Airplane hangars, abandoned warehouses and abandoned automobile dealerships have served well as incident morgues.
- ✓ Other facilities such as National Guard Armories may be options.
- ✓ Do NOT use school gymnasiums, public auditoriums, or similar facilities used by the general public. Avoid the use of public facilities (schools etc.) due to the stigma associated with the mission tasks undertaken.
- ✓ Facility should NOT have adjacent occupied office or work space.

Structure Type

- ✓ Hard, weather-tight roofed structure
- ✓ Separate accessible office space for Information Resource Center/Investigations
- ✓ Separate space for administrative needs/personnel
- ✓ Non-porous floors, preferably concrete
- ✓ Floors capable of being decontaminated (hardwood and tile floors are porous and not usable)

Size

- ✓ Minimal size of 12,000 – 15,000 square feet

Accessibility

Enough secured outside space to accommodate many refrigerated trailers and room to accommodate the use of semi-tractors to maneuver around in order to place the trailers where designated.

- ✓ Tractor trailer accessible
- ✓ 10 ft. x 10 ft. door opening (loading dock access preferable or ground level access)
- ✓ Convenient to the scene
- ✓ Completely secure (away from families)
- ✓ Easy access for vehicles & equipment

Electrical

- ✓ Electrical equipment using standard household current (110-120 volts)
- ✓ Power obtained from accessible on-site distribution panel (200 amp service)
- ✓ Electrical connections to distribution panels made by local licensed electricians

Water Supply

- ✓ Single source of cold and hot water with standard hose big connection
- ✓ Water hoses, hot water heaters, sink and connectors.

Communications Access

- ✓ Existing telephone lines for telephone/fax capabilities
- ✓ Expansion of telephone lines may occur as the mission dictates
- ✓ Broadband Internet connectivity

Sanitation/Drainage / Sewer

- ✓ Pre-existing rest rooms within the facility are preferable
- ✓ Gray water will be disposed of using existing drainage
- ✓ Sewer drainage capabilities (avoid septic systems if possible)
- ✓ Biological hazardous waste, liquid or dry, produced because of morgue operations, will be disposed of according to local/state requirements

*Adapted from DMORT standards at

<http://www.dmort8.org/DMORT%20NTSB%20SOP%20Nov%202006.pdf>

APPENDIX E: CHECKLIST for Victim Information Center (VIC) Facility

A Victim Information Center (VIC) may need to be established to assist families who are reporting missing loved ones. VIC operations will require enough physical space and a suitable layout to support family and community needs. Specialized personnel will require designated areas to include: greeting/triage, reception, family waiting area, interview (ante-mortem collection), family briefing area, behavioral health and spiritual care, internal command/control, security, medical services/first aid, resources/referrals (state, federal and non-governmental partners, food/snacks and childcare.

A possible facility must meet certain requirements for size, layout, and support infrastructure.

- ✓ Hotels with convention centers, meeting rooms and restaurants are preferred. They have proven to be ideal to manage the influx of families as they can accommodate lodging and food for families. They also can accommodate enough space for offices for the numerous staff that will be needed. Community centers, reception halls or similar facility have been used by the general public.

Structure Type

- ✓ Hard, weather-tight roofed structure
- ✓ Separate space for administrative needs/personnel

Size

- ✓ The amount of square footage depends on the size of the estimated number of family members (NOK) and the fatality incident.
- ✓ Approximately 10,000 – 20,000 square feet is needed.
- ✓ Physical space and layout should accommodate a large number of visitors. For every 1 missing person, there may be 8-12 family members arriving at the VIC.
- ✓ Designated areas are needed for specialized personnel as listed above.

Accessibility

- ✓ Handicap accessible
- ✓ Men and women restroom facilities
- ✓ Limited access/entrances, ability to conduct security operations
- ✓ Located miles away from the temporary morgue facility

Electrical/Communications Access

- ✓ Heating and cooling
- ✓ Electrical equipment using standard household current (110-120 volts)
- ✓ Power obtained from accessible on-site distribution panel (200-amp service)
- ✓ Existing telephone lines for telephone/fax capabilities
- ✓ Expansion of telephone lines may occur as the mission dictates
- ✓ Wi-Fi and Broadband Internet connectivity

OSHA FactSheet

Health and Safety Recommendations for Workers Who Handle Human Remains

Employers and workers face a variety of health hazards when handling, or working near, human remains. Workers directly involved in recovery or other efforts that require the handling of human remains are susceptible to bloodborne viruses such as hepatitis and HIV, and bacteria that cause diarrheal diseases, such as shigella and salmonella.

General Precautions

The following precautionary measures can help employers and employees remain safe and healthy while handling human remains.

Personal Protective Equipment

- **Hand Protection.** When handling potentially infectious materials, use appropriate barrier protection including latex and nitrile gloves (powder-free latex gloves with reduced latex protein content can help avoid reaction to latex allergies). These gloves can be worn under heavy-duty gloves which will, in turn, protect the wearer from cuts, puncture wounds, or other injuries that break the skin (caused by sharp environmental debris or bone fragments). A combination of a cut-proof inner layer glove and a latex or similar outer layer is preferable.
- **Foot Protection.** Footwear should similarly protect against sharp debris.
- **Eye and Face Protection.** To protect your face from splashes of body fluids and fecal material, use a plastic face shield or a combination of eye protection (indirectly vented safety goggles are a good choice if available; safety glasses will only provide limited protection) and a surgical mask.

Hygiene

- Maintain hand hygiene to prevent transmission of diarrheal and other diseases from fecal materials on your hands. Wash your hands with soap and water or with an alcohol-based hand cleaner immediately after you remove your gloves.

- Give prompt care to any wounds sustained during work with human remains, including immediate cleansing with soap and clean water. Workers should also be vaccinated against hepatitis B, and get a tetanus booster if indicated.
- Never wear PPE and underlying clothing if it is damaged or penetrated by body fluids.
- Ensure disinfection of vehicles and equipment.

Ergonomic Considerations

- Lifting or moving heavy objects, particularly when done repetitively, can result in injuries to the workers involved. Human remains that have been in water for some time are likely to be even heavier than normal. Having more than one person involved in lifting the human remains will help to reduce the potential for injury. Following appropriate lifting techniques will also help to protect people, as will the use of mechanical lifts or other devices when available.

Myths

- There is no direct risk of contagion or infectious disease from being near human remains for those who are not directly involved in recovery or other efforts that require handling the remains.
- Viruses associated with human remains (e.g., hepatitis B and C, HIV, various bacteria, etc.) do not pose a risk to someone walking nearby, nor do they cause significant environmental contamination.

FUNERAL HOME SURVEY

FUNERAL HOMES WITH MULTIPLE LOCATIONS:

Please complete the first page of the survey form for each physical facility. The second page may be completed by combining the information from all locations and including it on the primary facility's survey form.

NAME OF FUNERAL HOME: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

PRIMARY BUSINESS PHONE: _____

SECONDARY/ALTERNATE OR "PRIVATE" BUSINESS PHONE: _____

BUSINESS E-MAIL: _____

BUSINESS WEBSITE: _____

OWNER NAME: _____

OWNER HOME PHONE: _____

OWNER CELL PHONE: _____

FACILITY:

Parking Lot Size: (Vehicle Capacity or Dimension) _____

Garage Present: YES NO

Approximate Size: (Vehicle Capacity or Dimension) _____

Climate Control: Heat Air Conditioning Window AC could be added

Is Water Available: YES NO Sewer/Drain: YES NO

Active or Stocked/Ready Embalming Room on Premises: YES NO

Number of User-Ready Embalming Stations: _____

Number of "extra" injectors available at this facility: _____

Number of rolling, non-fixed Embalming Tables/Dressing Tables Available: _____

Body Refrigeration/Cooler: YES NO

Body capacity: _____

Crematory on-site: YES NO

Estimated crematory capability per 24 hour period: _____

TRANSPORTATION

Number of Removal Capable Vehicles: _____ Van _____ Hearse _____ SUV

Number of above removal vehicles with 4WD: _____

Number of usable cots/rolling stretchers available: _____

Number of other types of stretchers available: _____

Number of heavy disaster pouches customarily in stock: _____

Number of light/medium body bags customarily in stock: _____

Number of church trucks available: _____

Number of Ziegler Cases available: _____

PERSONNEL:

Number of licensed director/embalmers on staff _____

Number of licensed funeral directors on staff _____

Number of unlicensed & business support staff _____

OTHER:

Other information that may be useful in mass fatality planning (equipment, training, expertise, etc.)

In the event of a disaster, mass fatality incident, pandemic or other similar event, are you willing to allow your facility to be used as a temporary morgue or provide for the preparation and holding of remains pending final disposition of the decedent at the direction of the Medical Examiner or the authorized next of kin?

YES NO Comments: _____

In the event of a disaster, mass fatality incident, pandemic or other similar event, would you be willing to provide you or your staff to assist in the management and recovery of the incident?

YES NO Comments: _____

Would you be interested in receiving further continuing education approved training or orientation into mass fatality operations? YES NO

SURVEY COMPLETED BY SIGNATURE: _____ DATE _____

Developed and utilized by Region C, STARRS Mass Fatality Sub-committee