

New York State Comprehensive Emergency Management Plan

Mass Fatality Annex



**Disaster Preparedness
Commission**

**Prepared by the New York State
Disaster Preparedness Commission**

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New York State Comprehensive Emergency Management Plan

Mass Fatality Annex

Section I: General Considerations and Planning Guidelines

A. Introduction

The State of New York is subject to a wide variety of natural, technological, and human-caused hazards. The occurrence of such hazards has the potential to impact public and private property and critical infrastructure. They can also cause great economic hardship, and a significant toll to human lives. The crash of TWA flight 800, the September 11 terrorist attacks, and Hurricane Katrina are several of the more notable events where the country has endured a significant loss of life. More recent events have shown that mass fatality events are an all too common occurrence.

While fatalities of any number are disturbing, note that the events above are single, isolated incidents within a defined geographical area. Other events, such as a pandemic influenza, have the potential to cause more death and illness than any other public health threat.

There are more common characteristics than differences among mass fatality events. Depending on the nature of the event, some characteristics require more focus than others. For example, a disease outbreak event has a less intensive requirement for identifying human remains than an airplane crash. The most significant differentiator may be in how a mass fatality event is managed. In most mass fatality events, counties can plan for assistance from outside resources from neighboring counties, from State resources, and if necessary, from Federal resources. The nature of a widespread disease outbreak like a pandemic influenza event will require counties to be self-sufficient because typical outside resources will not likely be available.

In New York State, fatality management is primarily a local/county responsibility. As such, State and Federal assistance is supplemental to local/county efforts. Some planning for mass casualties/fatalities already exists at the local level. Counties vary in their level of readiness to respond to a mass fatality event due to differences in basic capabilities and/or levels of preparedness. Some localities/counties possess a wealth of resources, public and private, that could be called upon to support mass fatality management, while other areas would be quickly overwhelmed. Mass fatality events are not defined by specific numbers but are based on the capabilities of the jurisdiction(s) and their individual thresholds. The State must be prepared to provide whatever level of supplemental assistance is required. This functional annex to the New York State Comprehensive Emergency Management Plan (State CEMP) provides an overview of the local/county response to mass fatality events and the State and Federal role supporting the response.

B. Purpose

The State Comprehensive Emergency Management Plan (CEMP) has been structured into three distinct, but interconnected volumes. These are:

- **Volume 1: All-Hazard Mitigation Plan**
- **Volume 2: Response and Short-Term Recovery**
- **Volume 3: Long-Term Recovery Plan**

The purpose of the State CEMP is to identify the State's overarching policies, authorities and response organizational structure that will be implemented in an emergency or disaster situation that warrants a State response. In addition, the State CEMP identifies the lines of coordination and the centralized coordination of resources that will be used in directing the State's resources and capabilities in responding to and recovering from a disaster. Further, the State CEMP serves as the foundational framework for the State's response levels and serves as the operational basis upon which other functional and hazard-specific annexes will be built.

The purpose of this Annex is to ensure that the strategic and broad-based nature of the State CEMP is further defined to allow the State to adequately protect public health and prepare for, respond to and recover from a mass fatality event. This Annex establishes a concept of operations for response to a mass fatality event and will use individual agency activities as well as the activities of the State's Emergency Support Functions, as appropriate. In addition, this Annex identifies key mechanisms in coordinating with the local response to provide for an effective and efficient multi-agency State response to a mass fatality event, and will link local, State, and Federal authorities when necessary to coordinate and/or implement State and Federal resources in response to a mass fatality event in accordance with the State CEMP. This plan may be activated in conjunction with the implementation of the NYS Family Assistance Center Operations Guide, found in Attachment 21.

C. Scope

This Annex applies to any event that warrants a response beyond standard agency statutory obligations to a collective State Disaster Preparedness Commission (DPC) response. This Annex applies to all State agencies and authorities that may be directed to respond to such an event and builds upon the process and structure of the State CEMP by addressing unique policies, situations, operating concepts and responsibilities. Further, this Annex acknowledges that local and State response capabilities may be exceeded, necessitating the use of Federal agencies and resources.

Note that several other State plans, either agency-specific or multi-agency, may be used to support or augment the implementation of this Annex. For the purposes of redundancy, such

plans are not reiterated here, but referenced. In addition, this Annex may be used to supplement or augment other State-level plans and annexes.

Figure 1 below identifies the structural relationship between the State CEMP, its annexes, and this Mass Fatality Annex. In reviewing, note the linkage to other documents that fall under Volume 2. Additionally, several other documents exist in New York State Office of Emergency Management (NYSOEM) to manage the activities of the State Emergency Operations Center (SEOC) in response to the event.

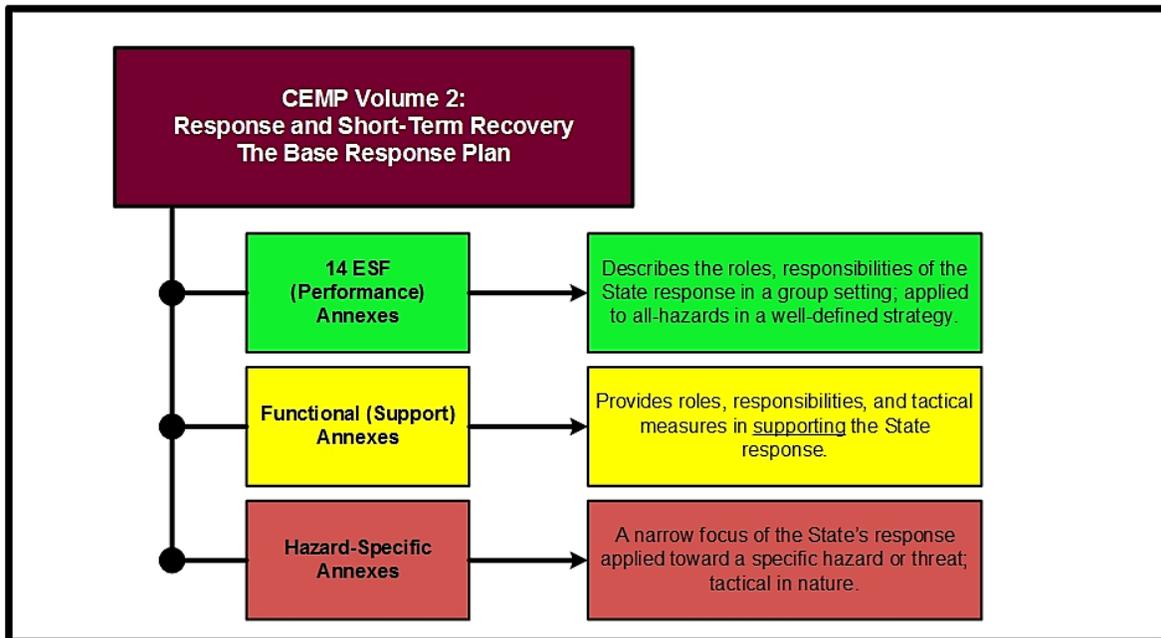


Figure 1: Structural Relationship of the State Comprehensive Emergency Management Plan and the NYS Mass Fatality Annex.

In response to TWA Flight 800, the State developed an Off-Site Air Disaster Plan, which is limited in scope and applies State resource support explicitly to air transportation accidents. The development of this Mass Fatality Annex, which is much broader in scope, supersedes the Off-Site Air Disaster Plan.

D. Situation

1. Overview

Most mass fatality events do not occur in isolation from a mass casualty incident, and often occur without warning. For most non-disease-based events, local emergency response agencies (fire, police, EMS) will be first on the scene of a mass casualty/fatality and will create the initial response organization in accordance with local/county plans and procedures. Most local/county response agencies use an incident management system such as the National

Incident Management System (NIMS) to organize the response. For disease-based events incident management will likely be organized as a result of disease surveillance information.

2. Request Assistance

Local governments vary in their level of readiness to respond to a mass fatality event due to differences in basic capabilities and/or levels of preparedness. When local/county resources are exhausted or specialized skills are required, a county can request assistance from outside resources such as other counties, the State and, if necessary, from the Federal government. The assistance required may vary based on the type of incident. Some events may warrant an immediate State or Federal involvement, consistent with legal authority. Depending on the nature and complexity of the event, for example in the event of widespread biological event, State and Federal mortuary assistance may be unavailable.

a. Assistance from other counties

- Counties may call on other counties through mutual aid agreements or through the Intrastate Mutual Aid Program (IMAP). Letters of Agreement/Memorandums of Understanding (LOAs/MOUs) may be put in place in advance of the event.

b. State assistance available through NYSOEM

State assistance is supplemental to local/county efforts.

- Counties should be prepared to:
 - Describe the type of assistance that is needed, e.g. transporting volunteers rather than requesting buses.
 - Counties will need to have the structure in place to coordinate and manage the incoming resources.
- All non-local mass fatality assistance is requested through NYSOEM. NYSOEM may identify sources of assistance from the State, other states, or the Federal government.
- A request for assistance from the State (to other states) would be vetted through the Emergency Management Assistance Compact (EMAC).

c. Agencies with special authority during a disaster

Some events may warrant an immediate State or Federal involvement, consistent with legal authority, for example:

- National Transportation Safety Board (NTSB) – Investigates every civil aviation accident in the United States, every commuter and passenger rail accidents, and significant accidents in other modes of transportation.
 - NTSB also has a mandate to establish and provide services in a Family Assistance Center (FAC) for aviation and passenger rail incidents

- Department of Defense (DOD) – Investigates when military resources are involved, including military aircraft.
- Federal Bureau of Investigation (FBI) – Investigates incidents that are the result of suspected or actual criminal activity.
- NYS Police - Lead State agency to investigate suspected criminal events.
- American Red Cross (ARC) – Identified, by NTSB, as the coordinating agency for mental health and spiritual care during any legislated event or any other event where NTSB has activated ARC.

3. Recover /Remove Remains

Depending on the type of hazard, removal/recovery of remains may be relatively routine or extremely complex. Removing remains from healthcare facilities and homes is substantially different than recovering remains from disaster sites.

When funeral firms exceed their capacity to transport remains, alternative means of transporting human remains will need to be deployed under the authority of the coroner/medical examiner. When additional resources are required, local plans should provide for alternate vehicles and transport teams. These resources may be identified locally, or for some types of events they may be secured from other areas.

a. Recovery from Disaster Sites

When deaths occur at a disaster site, the on-scene response structure must establish a plan for the recovery operation managed through the incident command structure. This plan must assure the protection of evidence for investigative authorities, unless disturbances are necessary to reach a survivor. Equipment must be acquired, documentation needs met, remains recovered, and remains transported to a morgue site.

Whether or not a State agency is the lead agency, they may be requested to provide logistical assistance with recovery efforts. State agencies may assist with the identification of safety hazards, including the presence of chemical, radiological, or biologically hazardous materials, and ensure that response personnel have appropriate personal protective equipment (PPE) for recovery operations. State agencies can also assist with the development of site operational procedures to deal with hazardous material recovery issues.

4. Investigate Fatalities

a. Investigation

Crimes may be suspected for any type of mass fatality, but especially for unattended home deaths and deaths at disaster sites. The early isolation of a disaster site should be a priority objective of the local Incident Commander. Initial responding State agencies may be asked to assist with this effort. In some instances, the State Police may be the primary resource available locally to implement site security and control and initiate preliminary investigative procedures.

Air crash scenes also have the potential to be crime scenes. All responders should keep this in mind upon arrival and treat the scene as such. No articles of personal property or parts of the aircraft should be unnecessarily disturbed or removed from the scene until authorized to do so by the National Transportation Safety Board (NTSB) (civilian aircraft) or military authorities (military aircraft).

The lead law enforcement agency will coordinate investigation efforts with other law enforcement agencies. State forensic support is primarily provided by the New York State Police. Other State agencies with specific investigative expertise, e.g. the Office of Fire Prevention and Control or the Department of Environmental Conservation, may be asked to participate in the investigation.

b. Morgue Site

The coroner/medical examiner also plays a key role in investigation of the essential facts surrounding mass fatality deaths. Much of this investigation takes place at a morgue site. A decision needs to be made prior to the removal of the first body whether or not the regular morgue in the community is sufficient to handle the number of victims from the event and the associated additional number of workers.

One potential resource for additional morgue capacity is the Disaster Portable Morgue Unit (DPMU) maintained by the Department of Health and Human Services (HHS) Disaster Mortuary Operation Response Teams (DMORT) program. 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 prepackaged equipment and supplies.

DMORT can also provide local/county authorities with technical assistance and personnel to recover, identify and process remains. There are ten teams positioned across the country consisting of coroners/medical examiners, pathologists,

anthropologists and other professionals. A team may be dispatched in part or in its entirety.

5. Temporarily Store or Inter Remains

While post-recovery investigation takes place, human remains must sometimes be stored under refrigerated conditions. Morgue refrigeration is often supplemented with refrigerated trucks.

While refrigeration is considered a viable alternative for mass fatality events not caused by widespread disease, it is not recommended during a pandemic influenza emergency. It is unlikely that a sufficient number of trucks meeting the necessary standards would be available to accommodate the volume needed for the time the human remains would need to be stored. During widespread disease events like pandemic influenza, traditional methods of interment/cremation may not be adequate to accommodate the number of human remains with sufficient speed to protect public health. Under these conditions the coroner/medical examiner may determine that temporary interment must take place.

During mass fatality events of either type, localities may seek additional staffing and equipment from existing local/county resources such as the highway department, and if necessary, from State resources.

6. Manage Information

a. Public Information

As soon as a mass fatality event occurs, authorities will likely be expected to report the number of deaths and other information to designated authorities at specified intervals. At the request of local/county authorities, State agency communications resources may be called upon to support the emergency response organization. When requested, NYSOEM will provide logistical support in establishing a Joint Information Center (JIC), which will serve as the sole source of official information regarding all incident activities (Federal, State, county, local). The JIC will provide a forum for the coordinated release of all public information. The lead investigative agency, in conjunction with the coroner/medical examiner, will determine when and what information is released to the media regarding all investigative activities. The coroner/medical examiner, in conjunction with the lead investigative agency, will determine when and what is released regarding victim information.

b. Family Information

The local coroner/medical examiner or his/her designee is responsible for the release of all information to victims' families regarding the cause and manner of death and disposition of remains. Control and coordination of the release of the names of the victims must be addressed by the investigating agencies and the coroner/medical examiner.

7. Assist Families

Family Assistance Centers (FACs) are typically established during a mass casualty/fatality event to support families' information and bereavement needs. They facilitate the exchange of timely and accurate information with family and friends of injured, missing, or deceased disaster victims, the investigative authorities, and the coroner/medical examiner. Types of services generally include: grief and/or crisis counseling; childcare; religious support; facilitation of family needs such as hotel, food, and transportation; ante mortem data collection; and notification of death to the next of kin. Family Assistance Centers can be face-to-face or established remotely through virtual forms of communication.

- A Federal Family Assistance Center (FAC) may be established in a Federally managed mass casualty/fatality event. Local and State agencies will support the operational functions of the FAC, providing those services essential to family assistance in a mass casualty/fatality event.
- The NTSB has developed the Federal Family Assistance Plan for Aviation Disasters. This plan assigns responsibilities and describes specific procedures for family assistance after an aviation crash involving a significant number of passenger casualties/fatalities. Organizations assigned responsibilities under the plan will develop supporting agency plans and procedures. See attachment Q (Federal Family Assistance Plan for Aviation Disasters Overview).

E. Planning Assumptions

1. A mass fatality incident results in a surge of deaths above that which is normally managed by a local/county system.
2. A variety of hazards resulting in mass fatalities may occur with little or no advance warning. The State may be requested to concurrently support multiple responses to various simultaneous or cascading events, including mass fatality responses.
3. Mass fatality events may be caused by a natural disease process occurring under unsuspecting circumstances or may be human-caused and/or of a suspicious nature, creating a larger role for law enforcement.
4. Fatality management is primarily a local/county responsibility. As such, State and Federal assistance is supplemental to local/county efforts.

5. Some counties have developed an all hazards mass fatality annex to their CEMP that considered guidance provided by the State.
6. The local/county system will continue to experience a 'normal' case load, as well as the case load from the mass fatality incident.
7. Some localities/counties possess a wealth of resources, public and private, which could be called upon to support mass fatality management, while other areas would be quickly overwhelmed.
8. Depending on the nature and complexity of the event, State and Federal mortuary assistance may be unavailable.
9. In some events, fatality management may include the removal of remains in harmful environments, including floods, hurricanes, and incidents involving chemical, biological, radiological, nuclear, and/or explosive (CBRNE) materials. In such cases, removal may need to be delayed to avoid placing emergency workers at unnecessary levels of risk.
10. In cases of 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, because of the nature of the materials, the processing of remains may be more complicated, possibly warranting different interment sites, handling procedures, and additional decontamination and storage safeguards.
11. Professionals who manage the dead, such as funeral directors and cemetery caretakers, will continue business as usual for as long as possible. In some mass fatality events, organizations typically responsible for processing human remains 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.
12. During events resulting in mass fatalities there will be a demand for information from the public.
13. The request/assistance process for state assistance will be in tandem with the standard, day to day statutory obligations and mutual aid agreements currently in place.
14. State ESF #1 may be activated for any transportation-related incident.
15. State ESF #3 may be activated for any structural failure or event that requires the use of public works and engineering specialists.
16. State ESF #4 may be required in the event of large-scale fire and/or fire investigation.
17. State ESF #10 may be activated for a hazardous materials incident.
18. State ESF #11 may be activated if the event impacts or involves agricultural and/or natural resources markets.
19. State ESF #12 may be activated for an energy-related system incident.

F. Concept of Operations

The State may be engaged in providing mass fatality support in a multitude of ways. These mechanisms may include State involvement predicated on standard, day-to-day agreements or statutory obligations, or they may be a component of a much larger overall State response.

If the Mass Fatality incident is a consequence produced by a concurrent event, it is likely that the State CEMP or some component thereof, along with the State Emergency Operations Center (EOC) has been activated in response to such an event. In addition, availability of State and Federal resources may be limited if the mass fatality event is very large in scope and/or coincides with a precipitous event which has engaged local, State, and/or Federal agencies.

In some cases, State involvement in a Mass Fatality event may be initiated through a typical concept of operations where local resources are unavailable or become exhausted and requests for assistance are received by the State. In other instances, the occurrence of an event may warrant an immediate State (and Federal) response.

Therefore, for the purposes of this annex, two potential concepts of operations are envisioned and identified below.

An event that warrants a Local, State, and Federal response:

- a. A natural, technological, or human-caused event occurs and warrants a local response. In response to such events, the impacted jurisdiction and local agencies typically follow standard protocols and statutory requirements in executing their missions. The event may be limited in scope with a well-defined incident scene or may be of greater magnitude encompassing multiple jurisdictions. In addition, a host of operational needs may be required (e.g. shelter, evacuation, etc.) and may include managing emergency facilities.
- b. In response to the event, local officials may incorporate various operational elements to effectively manage the incident. These elements may include establishing an Incident Command Post (ICP), activating the county Emergency Operations Center (EOC) and response organization, declaring a local state of emergency and promulgating emergency orders to assist in the overall management of the incident. Local/county response efforts typically organize in a manner consistent with the National Incident Management System (NIMS).
- c. In response to such events, local coroners/medical examiners have primacy in fatality management and coordinate fatality management activities across several local agencies and organizations as well as the private sector, as appropriate.
- d. Local government serves as the front line of defense. When local resources are insufficient or exhausted, local government may request assistance from other jurisdictions and the State in an effort to manage the fatalities.
- e. State assistance will be supplemental to local efforts and may vary based on need and availability. The State may be asked to provide a single element of operational support to local government (e.g. law enforcement), or to provide all the resource support across a variety of areas and response functions as identified in this Annex including:
 - Removal of remains from healthcare facilities and/or homes, and recovery of remains from disaster sites.
 - Investigation of suspected crimes associated with the mass fatality event.

- Temporary storage or temporary interment of remains.
 - Assisting families of victims.
 - Supplementing supplies and/or equipment, facilities and personnel support.
 - Providing security for mass fatality sites and/or processing human remains.
 - Decontamination of remains, rescue and recovery personnel, and facilities.
 - Victim identification, decedent tracking, post-mortem/ante mortem examinations.
- f. If conditions warrant the activation of the State EOC, NYSOEM will notify other appropriate Disaster Preparedness Commission (DPC) representatives and activate several State agencies and/or Emergency Support Functions (ESFs), including ESF #6-Mass Care, Emergency Assistance, Housing, and Human Services, and ESF #8- Public Health and Medical Services.
 - g. The Governor may exercise their authority in declaring a State Disaster Emergency, directing any and all State agencies to provide assistance under the coordination of NYSOEM on behalf of the State Disaster Preparedness Commission.
 - h. In events of significant scope and impact which warrant a State request for Federal assistance (excluding NTSB driven transportation accidents), NYSOEM will coordinate with the Department of Homeland Security, Federal Emergency Management Agency (DHS/FEMA) in implementing the activation of the National Response Framework (NRF) and Federal ESF #8 – Public Health and Medical Services.
 - i. Federal mortuary support may be provided under the U.S. Public Health Services (USPHS) via the Disaster Mortuary Operational Response Teams (DMORT). DMORT assets may be requested by the local coroner's/medical examiner's office through the State, or on the State's initiative.

An event that warrants an immediate State and/or Federal response:

- a. In certain no-notice type events, such as a transportation accident or terrorist incident (e.g. weapons of mass destruction (WMDs), improvised nuclear devices (INDs), or radiological dispersal devices (RDDs)), Federal agencies may respond and introduce Federal resources on their own initiative. In these Federally driven events, the State response structure will coordinate Federal response efforts and resources with those of local and State response organizations.
- b. In non-transportation events of significant scope and impact that warrant an immediate State response, State-level mass fatality support may be provided via day-to-day agreements or statutory obligations, or they may be a component of a much larger overall State response.
- c. State assistance being provided outside of day-to-day agreements or statutory obligations will be provided through the State EOC (SEOC).
- d. In cases where mass fatality support is needed concurrent with SEOC activation, State support will be provided through the SEOC and the response structure in place.
- e. In cases where the SEOC is not activated, the SEOC will be activated and staffed to an operational response level that is appropriate for the magnitude of the event.

- f. State assistance may vary in level and complexity, ranging from individual agency resource support to more encompassing resource support across a variety of areas and response functions.
- g. In providing assistance, the State response activities will be coordinated to work in support of local government, recognizing that local coroners/medical examiners will retain their primacy in fatality management.
- h. If Federal assistance is necessary, NYSOEM will coordinate with the Department of Homeland Security, Federal Emergency Management Agency (DHS/FEMA) in implementing the activation of the National Response Framework (NRF) and Federal ESF #8 – Public Health and Medical Services.
- i. In the event of a transportation accident that triggers a NTSB activation, the NTSB serves as the coordinator for the integration of Federal government resources in support of local and State response efforts. In addition, the NTSB plays the lead role in coordinating with the transportation carrier to meet the needs of accident victims and their families. If a criminal act is believed to have caused the accident, the FBI becomes the lead investigative agency and is supported by the NTSB.
- j. Local authorities maintain the same jurisdictional responsibilities in regard to the initial accident response, recovery, security, site cleanup, and coroner/medical examiner operations, while the NTSB leads the accident investigation.
- k. The NTSB will coordinate an appropriate response with the carrier based on the magnitude of the accident. Further, the NTSB possesses the authority to initiate Federal response activities and may solicit additional resources to support the overall Federal response. This notification may include the following Federal agencies:
 - American Red Cross (ARC)
 - Department of State (DOS)
 - Department of Health and Human Services (HHS)
 - Federal Bureau of Investigation (FBI)
 - Department of Homeland Security, Federal Emergency Management Agency (DHS/FEMA)
 - Department of Defense (DOD)
- l. The State response organization will play a pivotal role in serving as a facilitator and interoperating point for the influx of Federal assets. As such, the State may implement a variety of response components and structures to be in a position where it can best work in conjunction with incoming Federal resources and in support of local government. This may include activation of the SEOC.
- m. The NTSB will coordinate with the local coroner/medical examiner and discuss the capabilities of the local coroner/medical examiner staff regarding victim identification and decedent processing. The local coroner/medical examiner, State and the NTSB will jointly examine the capabilities of local/State mass fatality resources, identify gaps given the particular incident, and determine how best to augment local government efforts in introducing DMORT resources and capabilities.

- n. State response activities will be coordinated via the multi-agency command structure in place at the time of the incident. Additional State resource support will be provided via the SEOC, as appropriate.
 - The transportation carrier has a fundamental responsibility to victims and their families affected by an accident. In strict coordination with the NTSB, the State, and the impacted jurisdiction(s), the carrier is primarily responsible for family notification and all aspects of victim and family logistical support.

G. Legal Authorities

The authority to develop this Annex and implement specific response actions to effectively respond to a mass fatality event can be found in a variety of New York State Laws, regulations and Federal authorities, including the following:

1. Local Authorities

- **NYS County Law §673:** The coroner/medical examiner has the jurisdiction and authority to investigate the following deaths within the county:
 - Violent death.
 - Unlawful act or criminal neglect.
 - Suspicious, unusual or unexplained manner.
 - Unattended by a physician.
- **NYS County Law §674:** The coroner/medical examiner:
 - Once notified of a death under the circumstances in §673 shall go to where the body is and take charge of it.
 - Has the authority to remove the body to the extent required for investigation.
 - Shall investigate essential facts concerning the death, taking the names and addresses of witnesses, and before leaving the site, reducing the facts to writing.
 - Shall take possession of all portable objects, which in his/her opinion may be useful in establishing the cause of death.
 - Has the authority to perform an autopsy.
 - Has power to subpoena and question witnesses under oath as a magistrate holds a court of special session.
 - Has the authority to order and conduct an inquest.

2. State Authorities

- **Article 2-B of the New York State Executive Law:** Enacted in 1978, created the New York State Disaster Preparedness Commission. It shifted emphasis from civil defense to all-hazards preparedness. This law provides that:

- Local government and emergency service organizations continue their essential role as the first line of defense in times of disaster.
- The State provides appropriate support services to the extent necessary.
- Local government officials take an active role in the development and implementation of disaster preparedness programs.
- State and local natural disaster and emergency response functions be coordinated in order to bring the fullest protection and benefit to the people.
- State resources be organized and prepared for immediate effective response to disasters which are beyond the capability of local governments and emergency service organizations.
- **New York State Defense Emergency Act of 1951:** Established State Civil Defense policy, created State Civil Defense Commission and assigned Civil Defense responsibilities to County Chief Elected Officials and City Mayors.
- **Executive Order 26:** Issued by Governor Pataki in 1996 established the National Interagency Incident Management System (NIIMS) as the State standard command and control system that will be used during emergency operations. This Executive Order was updated by Governor Spitzer via Executive Order 26.1 of 2006 to reflect the change to the National Incident Management System (NIMS) and has been continued by Governor Paterson's Executive Order No. 9 and Governor Cuomo's Executive Order No. 2.
- **Public Health Law 225(4) and 225(5) (a):** Provides that the Public Health Council, which exists within the Department of Health, shall have the power to establish, amend and repeal regulations known as the State Sanitary Code, which may deal with any matters affecting the security of life or health or the preservation and improvement of public health in the State of New York and with any matters as to which the jurisdiction is conferred upon the Public Health Council.
- **Public Health Law Sections 4140 – 4147:** In the event of a declared state of emergency such as a mass fatality event the Commissioner of Health may be given the authority to temporarily modify existing public health procedures. These modifications may include assignment of temporary authority to register death certificates, extension of filing deadlines and streamlined death certificate registration.
- **Executive Law, Section 223 (State Law Enforcement):** Providing authority to oversee peace and order, security and safety, and enforcement of criminal law.
- **Public Cemetery Law:** Not-for-profit Corporation Law, Article 15 regulates the interment, cremation, and related documentation for human remains.

3. Federal Authorities

- **Federal Robert T. Stafford Disaster Assistance and Relief Act:** A United States Federal law designed to bring an orderly and systemic means of Federal natural

disaster assistance for state and local governments in carrying out their responsibilities to aid citizens.

- **Homeland Security Presidential Directive (HSPD) 5:** Enhances the ability of the United States to manage domestic incidents by establishing a single, comprehensive national incident management system.
- **Presidential Policy Directive (PPD) 8:** Requires the development of a national all-hazards preparedness goal which shall define the core capabilities necessary to prepare for the specific types of incidents that pose the greatest risk to the security of the Nation, and shall emphasize actions aimed at achieving an integrated, layered, and all-of-Nation preparedness approach that optimizes the use of available resources.
- **The Aviation Disaster Family Assistance Act of 1996:** Requires that if the incident is the result of a commercial airline crash, the airline is responsible for providing assistance to families. Once Federal, State and local resources have been coordinated, a Family Assistance Center will be established.
- **49 U.S. Code § 1131.General authority:** Requires that the NTSB will be the lead investigative agency when any civil aviation, rail, or other serious transportation incident results in fatalities.
- **49 U.S. Code § 1139.Assistance to families of passengers involved in rail passenger accidents:** Requires that the NTSB will establish and provide assistance through a Family Assistance Center (FAC), including but not limited to mental health assistance, an environment to grieve, the arrangement of memorial services, and meet and/or communicate with passengers' families.
- **49 U.S. Code § 41313.Plans to address needs of families of passengers involved in foreign air carrier accidents:** Requires that any foreign air carrier should develop and submit plans to address the needs of families of passengers involved in an aircraft accident, which involved an aircraft under the control of a foreign air carrier and results in any loss of life. Establishes requirements of what the plans should include. These provisions include, but are not limited to, establishment and publication of a toll-free telephone number, notification of families, consultation of disposition of passenger remains with family, and the return of possessions.

H. Annex Maintenance, Distribution, and Revision Process

The NYS OEM Planning Section has the responsibility for the development, review, and maintenance of all multi-agency response plans under the New York State CEMP. As required under New York State Executive Law Article 2-B, each ESF annex shall undergo an annual review and update on or before February 15th of each year and be posted online (if applicable) no later than March 31st of each year.

During the annual review by the Planning Section for its material, this plan is examined for both content and format. For updates that do not impact operational mechanisms or processes, the appropriate edits are initiated within the Planning Section and do not warrant external involvement. Plan updates will also be conducted based upon experiences and lessons learned from exercises or real-world events, or through administrative changes in government. Planning Section updates and/or edits affecting operational capabilities, responsibilities, or otherwise impacting operations will engage stakeholders in a variety of ways, such as verbally, by document review, meetings, webinars, or any combination thereof. Final drafts will be socialized to all appropriate agencies/personnel upon completion.

New York State Comprehensive Emergency Management Plan

Mass Fatality Annex

Section II: Preparedness

A. State Level Planning Efforts

Volume 1 of the State CEMP is the State Multi-Hazard Mitigation Plan. Pursuant to the requirements of 44 CFR 201.4, the State Multi-Hazard Mitigation Plan is required to focus on natural hazards that are likely to cause a substantial impact on the State. The mitigation plan outlines the State's overall strategic hazard and risk policies for natural hazards mitigation and provides a support basis for local governments to use in their individual and collective mitigation planning efforts for all hazards. Mitigation efforts which culminate in the reduction of a particular event's impact on the population may by extension reduce the probability of a consequential mass fatality event.

The State also possesses a number of hazard-specific annexes. In developing these annexes, risk and vulnerability assessments identify at risk populations subject to specific hazards. These assessments provide the operational basis for formulating the State's response plans to such events. State hazard-specific annexes that detail such strategies include the Pandemic Influenza Annex and the Coastal Storm Annex.

Through several previous planning efforts, the State also possesses annexes that provide operational guidance in responding to a mass fatality event. These documents are narrow in scope and application, designed to manage fatalities in response to a specific hazard or risk. Examples of these documents include:

- Off-Site Air Incident Annex

B. Local Level Planning Efforts

In 2009, a multi-agency working group assembled to develop a county level mass fatality guidance document. The New York State Department of Health and the New York State Office of Emergency Management produced the guidance in cooperation with representatives from a number of supporting organizations, many who provided their expertise on a volunteer basis.

The purpose of the document was to create a model for jurisdictions to use as a guide in developing all-hazards mass fatality plans, given several factors including:

- The basic premise that all emergencies start and end locally.
- Focus on building local capability and capacity first.

- State assistance is typically supplemental, relying on the mechanisms in place at the local level.
- In some cases, State assistance may be unavailable, leaving local government to their own devices and plans.

C. Training and Exercising

The State of New York sponsors and conducts a variety of training to improve response capability. This includes varying levels of training in the Incident Command System and the Professional Development Series curriculum. The State also participates in a wide variety of specialized training, including training to meet Federal program and grant requirements. Further, many State agencies identify training requirements within their own organization to meet the needs of the agency for that specific discipline. State, county and local planning representatives have attended a variety of State sponsored and endorsed training in support of their preparedness efforts. The State facilitates training for local planners and stakeholders who in turn support local plan development and decision making during an actual event.

The State also conducts a variety of exercises to assess and improve upon its response capabilities. As an integral part of the planning process, an exercise component is used to test the effectiveness of an emergency management plan. In most cases, the State uses an exercise methodology consistent with the practices and principles identified in the Homeland Security Exercise and Evaluation Program (HSEEP). These exercises provide viable input into plan development and help to ensure that the plan is effective in its scope and application.

As part of a comprehensive planning, training and exercise program, NYSOEM will endeavor to conduct training sessions, seminars and briefings on this Annex with the appropriate stakeholders. The formal training and outreach process will be concurrent with each plan revision cycle.

1. Real World Events and After-Action Reports

a. New York State

The State of New York has practical experience in responding to mass fatality incidents, including support of response and recovery efforts for the following historical events:

- **Superstorm Sandy:** After striking the Caribbean and moving along the East Coast of the United States, Post-Tropical Cyclone Sandy combined with an Arctic cold front, producing a powerful “snowcane-style” storm. Superstorm Sandy made landfall in the greater metro-area of New York City and New Jersey, on October 29, 2012, causing severe coastal flooding, power outages, and extensive damage across the area. Sandy claimed one

hundred forty-seven (147) lives, seventy-two (72) in the United States, and forty-eight (48) in New York alone.

- The American Civic Association Shooting: On the morning of April 3, 2009, a lone gunman entered the American Civic Association building in Binghamton (Broome County) and opened fire. Fourteen (14) people were fatally wounded.
- Continental Airlines Flight 3407, which crashed in a residential area on the night of February 12, 2009 in the Town of Clarence (Erie County) as it approached Buffalo-Niagara International Airport, claiming fifty (50) lives.
- The Ethan Allen, a 40-foot, glass-enclosed tour boat, operated on Lake George in Warren County: On the afternoon of October 2, 2005, with 47 passengers (mostly seniors) aboard, the Ethan Allen capsized and sank just south of Cramer Point in the Town of Lake George. Twenty (20) passengers died.
- American Airlines Flight 587, an Airbus A300 jet which crashed in a residential neighborhood in the Belle Harbor area of Queens shortly after taking off from New York (JFK) on the morning of November 12, 2001. A total of two hundred sixty-five (265) people were killed, including all two hundred sixty (260) people aboard the aircraft and five (5) persons on the ground.
- World Trade Center: On the morning of September 11, 2001, nineteen hijackers took control of four commercial airliners in route to San Francisco and Los Angeles from Boston, Newark, and Washington, D.C. (Washington Dulles International Airport). At 8:46 AM, American Airlines Flight 11 was crashed into the World Trade Center's North Tower, followed by United Airlines Flight 175 which hit the South Tower at 9:03 AM. The impacts, fires, and subsequent collapse of both buildings claimed the lives of more than two thousand seven hundred fifty (2750) passengers, building occupants, and responders in New York City.
- TWA Flight 800, a Boeing 747 jet which exploded mid-air and crashed into the ocean south of Long Island shortly after taking off from New York (JFK) on the evening of July 17, 1996. All 230 people aboard perished.
- Schoharie Limousine Crash: In the afternoon of October 6, 2018, a limo crashed at the junction of New York State Routes 30 and 30A, north of Schoharie. There were twenty (20) people killed including the driver, seventeen (17) passengers, and two (2) pedestrians. The investigation revealed many pre-existing problems including two (2) failed inspections due to deficient brakes and a lack of the required endorsement on the driver's license. The operator of the company was aware of these problems and charged and indicted with twenty (20) counts of criminally negligent homicide and second-degree manslaughter.

Given the diverse nature of these events, the State has proven capable of an appropriate and effective emergency response. State support included the deployment of personnel and resources of multiple State agencies to the affected area(s) and State EOC activation to coordinate and support multi-agency response and recovery efforts. The after-action reports

(AARs) produced from these and other incidents with similar loss of life provided tremendous insight into areas where the State and county governments could improve their respective plans, policies and procedures.

b. Nationally

The U.S. have experienced a multitude of events with large loss of life. These events have varied between natural disasters, technological failures, and human caused events. Some events have resulted in immediate evidence of an immense loss of life, while others the death toll was unknown for months, if at all.

- Stoneman Douglas High School Shooting: On February 14, 2018, a 19 year old former student opened fire with a semi-automatic rifle in Parkland, Florida. After killing seventeen (17) people he was arrested and charged with seventeen (17) counts each of premeditated murder and attempted murder.
- Las Vegas Shooting: During the Route 91 Harvest Musical Festival on the night of October 1, 2017 a man committed the deadliest mass shooting in the United States by killing fifty-eight (58) and injuring four-hundred thirteen (413) from the 32nd floor of his hotel window. The man fired more than 1,100 rounds of ammunition with the help of bump stocks. He was found dead about an hour later with a self-inflicted gun wound.
- Pulse Nightclub Shooting: On June 12, 2016, a 29 year old male initiated a stand-off and active shooter incident at Pulse, a gay nightclub in Orlando, FL. The result was forty-nine (49) and fifty-three (53) wounded. The incident was deemed a terrorist attack, and was the deadliest incident committed against the LGBT community in the US and deadliest terrorist attack since September 11th.

D. State Stockpiles of Supplies and Equipment

Caches of supplies and equipment are routinely maintained to support mass fatality events.

The New York State Department of Health, Emergency Preparedness Program has established stockpiles of mass fatality supplies to supplement local supplies. These include:

- Human remains pouches
- N-95 disposable respirators
- Surgical masks
- Nitrile gloves
- Cremation compatible body bags suitable for EVD human remains disposition

New York State Comprehensive Emergency Management Plan

Mass Fatality Annex

Section III: Response

A. Alert, Notification, and Activation

Local government serves as the front line of defense and has the primary responsibility to respond to emergencies within their jurisdiction. Such primacy exists at all levels of government throughout New York State, with jurisdictions dependent on the State to support response activities, as appropriate.

Mass fatalities occur as a direct result of an incident. The response to that incident may be adequate using only local resources, or it may be one that necessitates/warrants a State response. As such, State involvement may be initiated in a variety of ways as various mechanisms are in place to serve as conduits to the request, acquisition and deployment of State assistance. Several State agencies continuously operate their own warning points, operational centers, dispatch centers or reporting systems that field requests for State assistance. Pursuant to Federal, State, executive and agency-specific protocols, these systems are routinely used for notifications of significant or reportable events and/or make emergency notifications to State personnel. Included among these is the State Watch Center (SWC) at the State EOC. State assistance is often provided through these reception points which become more centralized under an overall State response upon activation of the State EOC.

As identified in the CEMP Volume 2, Response and Short-Term Recovery, the State EOC maintains several activation levels based upon event severity and the overall level or volume of State response operations. These levels are indicated in response to a specific hazard or threat and include a host of operational functions and mechanisms. Those functions may be broad in scope, or may be narrow, such as providing assistance in fatality management and support.

The following levels of activation outline the operational steps the State may take in responding to any event. The inclusion of mass fatality response mechanisms is identified where indicated. In addition, mass fatality mechanisms for no-notices events (e.g. terrorism or transportation accident) are included in almost all response levels. Note that the linkage of mass fatality to SEOC levels listed below should serve only as a guide to readers. In a functional annex such as this, it is impossible to outline the pathway and activation mode that would be employed for every conceivable event for every jurisdiction that could request mass fatality support. The four SEOC levels are as follows:

Level 4: This level is utilized for internal and external coordination only.

Goal: Coordinate situational awareness and the application of State agencies coincident with a low-level activation. Agencies/ESFs will not be in position at the State Emergency Operations Center (SEOC).

At this level, the following actions may be taken:

- At the discretion of the State OEM Director, the State EOC would activate with a limited staff to ensure effective response coordination.
- Multi-Agency Coordination Group (MACG) call will be convened to discuss the scope and scale of the incident and the level of ESF involvement that is necessary.

Levels 3 and 2: These levels may be initiated as conditions warrant. State ESFs and member agencies will be activated based upon the demands of the incident.

Goal: Increase State response efforts to provide the necessary support and services that may be needed during a mass fatality event.

At this level, the following actions may be taken:

- Multi-Agency Coordination Group (MACG) call will be convened to discuss the scope and scale of the incident and the level of ESF involvement that is necessary.
- As warranted, the State EOC will activate and request ESF Coordinating and Member agencies as appropriate.
- At this time, the ability to provide available DHSES-based assets would be evaluated to ensure a state of readiness. This includes logistical facilities, emergency stockpiles, supplies, and equipment.

Level 1: This level will be activated when a Federal Disaster Declaration has been issued, and/or the incident is a Federally legislated event that requires response from Federal resources, including, but not limited to:

- Department of Homeland Security/Federal Emergency Management Agency
- National Transportation Safety Board
- U.S. Department of Transportation
- U.S. Coast Guard
- Federal Bureau of Investigation
- Bureau of Alcohol, Tobacco, Firearm and Explosives
- Department of Health and Human Services
- Disaster Mortuary Operational Response Team (DMORT)

Goal: Provide coordination between Federal, State, and local resources when responding to a mass fatality event which warrants a Federal response.

At this level, the following actions may be taken:

- Multi-Agency Coordination Group (MACG) call will be convened to discuss the scope and scale of the incident and the level of ESF involvement that is necessary.
- Depending on the Federal response, actions could include, but are not limited to, the following:
 - Coordinate response efforts between local, State, and Federal resources,
 - Establish a Joint Information Center, to ensure information dissemination is performed in a manner consistent with the need, authorization, and authentication, and
 - Provide investigative assistance with specialists in the fields warranted for the incident.
- Ensure an expedient and efficient response, in order to allow for a speedy recovery for the families and locations affected.

The following ESFs, and their corresponding agencies, may be activated as deemed necessary based on the situation, and the level of response required, as detailed above:

- **ESF 2: Communications**
 - Office of Interoperable Communications (OIEC)
 - Information Technology Services (ITS)
 - Division of Military and Naval Affairs (DMNA)
 - Division of State Police (DSP)
- **ESF 5: Information & Planning**
 - Division of Homeland Security & Emergency Services/Office of Emergency Management (DHSES/OEM)
- **ESF 6: Mass Care, Emergency Assistance, Housing, & Human Resources**
 - Division of Homeland Security & Emergency Services (DHSES)
 - Department of Correction and Community Supervision (DOCCS)
 - Office of Children and Family Services (OCFS)
 - State Education Department (SED)
 - Office of General Services (OGS)
 - Department of Health (DOH): Wadsworth Center, Bureau of Vital Records (BVR), Bureau of Funeral Directors (BFD), & Office of Health Emergency Preparedness (OHEP)
 - Department of Labor (DOL)
 - Office of Mental Health (OMH)
 - Office of Temporary and Disability Assistance (OTDA)
 - Department of Financial Services (DFS)
 - State Office for the Aging (SOFA)
 - Office of Victim Services (OVS)
 - Veterans Affairs (VA)
 - NYS Voluntary Organizations Active in Disaster (NYSVOAD)

- **ESF 7: Logistics**
 - Division of Homeland Security & Emergency Services/Office of Emergency Management (DHSES/OEM)
 - Department of Correction and Community Supervision (DOCCS)
 - Office of Interoperable Communications (OIEC)
 - Office of General Services (OGS)
 - Division of Military and Naval Affairs (DMNA)
 - Office of Parks, Recreation, and Historical Preservation (OPRHP)
 - NY Thruway Authority (TA)
 - Department of Transportation (DOT)

- **ESF 8: Public Health & Medical Services**
 - Department of Health (DOH): Wadsworth Center, BVR, BFD, OHEP
 - Department of Corrections and Community Supervision (DOCCS)
 - Department of State (DOS), Division of Cemeteries
 - Department of Environmental Conservation (DEC)
 - Department of Labor (DOL)
 - Office of Mental Health (OMH)

- **ESF 9: Search & Rescue**
 - Office of Fire Prevention and Control (OFPC)
 - Department of Environmental Conservation (DEC)
 - Division of Military and Naval Affairs (DMNA)
 - Office of Parks, Recreation, and Historical Preservation (OPRHP)
 - Division of State Police (DSP)

- **ESF 10: Oil and Hazardous Materials**
 - Department of Environmental Conservation (DEC)
 - Department of Health (DOH)
 - Division of Military and Naval Affairs (DMNA)
 - Office of Fire Prevention and Control (OFPC)

- **ESF 13: Public Safety & Security**
 - Division of State Police (DSP)
 - Department of Corrections and Community Supervision (DOCCS)
 - Department of Environmental Conservation (DEC)
 - Division of Military and Naval Affairs (DMNA)
 - Office of Parks, Recreation, and Historical Preservation (OPRHP)

- **ESF 15:** External Affairs
 - Division of Homeland Security and Emergency Services – Public Information Office (DHSES-PIO)
 - Public affairs staff from agencies that are responding to the incident may be asked to support ESF 15.

B. Resource Management and Direction and Control

All State operations and response activities will be coordinated through the State EOC. Agencies requesting assistance from field locations will do so directly to the State EOC. Counties that are requesting assistance will do so through the traditional means by requesting resources support via New York Responds (NYR).

Information management and situational awareness is critical in responding to a large-scale emergency or disaster, and even more so when mass fatalities are involved. Command structures at all levels need an accurate, articulate and continuous operating picture of the event. This operating picture, combined with ongoing situational awareness, can provide local and State leadership with the specifics to make informed and accurate decisions. Further, timely, accurate and verified information allows leaders at all levels to somewhat predict or prepare for response issues in advance, allowing them to contingency plan and correct before executing operational plans. As conditions demand, the activities of the Multi-Agency Coordination (MAC) Group will be a key resource in assessing the overall impacts of the event, and will have the ability to ascertain, process, and verify information received from the ESFs; Federal, State, and local coordinative lines; and from counterparts in the field, such as representatives in county EOCs or at forward coordinative points.

C. Response Organization

The State of New York endorses the use of one response organizational structure that will include all responding agencies: local, State and Federal. State agencies will be organized under the framework of the National Incident Management System (NIMS) Incident Command System (ICS), as required by Executive Order 26.1 of 2006 and by Homeland Security Presidential Directive 5. ICS will be incorporated at the local and Federal levels as well.

The over-arching structure of State command and control will be organized as stated in Volume 2 of the State Comprehensive Emergency Management Plan, Response and Short-Term Recovery. Specific to providing mass fatality support, the State will use a Unified Command structure to coordinate the overall State response. This may include the use of a Multi-Agency Coordination (MAC) Group that will identify the policies and objectives for the State's response to the incident. NYS will be represented at multiple field locations, including on-scene, the county

EOC, the Family Assistance Center (if active), and the Joint Field Office (when established), to assist in the local/State/Federal coordination of State and/or Federal assets.

The State may use and deploy the State's Incident Management Team (IMT) to the area of impact. The IMT will serve to support county EOC interagency coordination between responding disciplines, local governments and the State EOC. The IMT possesses the ability to fall back and operate as an Area Command or a field-level operational component, as appropriate.

D. Public Information and a Joint Information Center

In response to major events, local and State government typically work together in establishing a Joint Information Center (JIC). The overarching goal of a JIC is to provide timely, reliable and effective communications regarding the incident. Its purpose is to provide a platform for media inquiries, rumor control, and to provide essential information to the general public. JICs are typically established in response to an event and provide a venue for the centralized release of broad-based information, including the locations of shelters, protective actions, self-help measures, and the ongoing status of emergency operations. Information regarding fatalities would also be coordinated at a JIC.

In some cases, JICs are not activated as part of the overall response. In other cases, an isolated incident such as the Binghamton shooting can warrant the activation of a JIC. Historically, local or State-established JICs are capable of managing information in regard to mass fatalities. Agency representatives that comprise the JIC serve as the lead in providing information based on their authority or area of expertise. The release of fatality information is no exception and needs to be carefully vetted and processed through law enforcement and the coroner/medical examiner to ensure accuracy as well as to ensure that next of kin notifications have been completed prior to any public release of decedent information.

In response to some events, the Federal government has the authority to establish a JIC or some facsimile thereof. This capability exists under the authority of the NTSB (for transportation accidents), as well as under Federal ESF 15 – External Affairs. In the case of the former, the NTSB has a lead role in facilitating the release of information in regard to the circumstances leading to the fatalities, not the fatalities themselves. This formal release of information typically occurs through briefings led by the NTSB. For the latter, the implementation of a Federally established JIC under ESF 15 is more encompassing, covering broad areas of information in regard to the incident. In both cases, the Federal government can come into the State and establish the JICs with or without State/local support. This raises concerns for several reasons, including the fact that these JICs have a propensity to serve as a venue for releasing decedent information. Therefore, State and local agency participation and leadership are strongly encouraged.

E. Agency Roles and Responsibilities

This section reviews existing roles, responsibilities and capabilities of local government, State Agencies/ESFs, and provides an overview of the Federal response.

1. Local Government

Local government will be actively involved in the response and should be used to the fullest extent possible. Each county and many local governments have a comprehensive emergency management plan (CEMP) that provides the framework for the jurisdiction's response to emergencies and disasters for all hazards. Many jurisdictions in the State do not possess a local mass fatality plan or annex to their CEMP. In addition, most jurisdictions have minimum mass fatality capabilities. Similar to State planning efforts, local government will be responding to the event that has occurred and is warranting the local response. As such, local government will be responding to a host of operational needs, as well as attempting to manage fatalities. Therefore, many jurisdictions will quickly be overwhelmed in supporting such a response.

The local coroner/medical examiner possesses the authority and responsibility for managing fatalities within his or her jurisdiction. That authority is not relinquished upon the involvement of State and/or Federal agencies. Rather, agencies operating in the jurisdiction work to support the coroner/medical examiner in managing fatalities.

The establishment and continued operation of a Family Assistance Center (FAC) is pivotal in providing support to deceased family members. In most cases, local government has the lead in establishing a FAC. The purpose of the FAC is to coordinate information regarding those who may have perished, provide victim identification capabilities, and support the surviving family members of the deceased. In NTSB-driven events, the Federal government takes a proactive lead in establishing and maintaining the FAC and does so with a wealth of operational support.

Regardless of the initiation of the facility, local resources would be used to support FAC operations. This support ranges from decedent identification and tracking, to ante mortem interview and testing, remains handling, security, working with funeral homes and cemeteries, and supporting grieving family members. As history has already demonstrated, the needs associated with maintaining a FAC will likely overwhelm local government. State agencies supporting the FAC will do so in a coordinative and cooperative manner, similar to the manner in which the State supports a disaster assistance service center (DASC) or disaster recovery center (DRC).

2. State ESFs and Agencies Roles and Responsibilities

State response activities may be agency-specific to meet statutory obligations or may be performed under a multi-agency setting to meet common operating goals or objectives. The fourteen (14) Emergency Support Function (ESF) annexes to the State CEMP identify multi-agency activities in coordinating a collective State response in support of a specific function or activity. Each ESF is comprised of various agencies that are assembled to support the coordination of their agency's activities in support of the overall mission of an ESF. Agency-specific support of the ESF supplies an individual focus of that agency from the agency representative. In addition, dependent on the event, agency representatives may also provide support to activities that fall outside the parameters or mission of an ESF, thereby warranting an agency-specific focus on providing support. Moreover, some State Agencies support multiple ESFs.

State Agencies and ESFs that are activated in support of this Annex will collectively use the resources available to them pertinent to the operation. Coordinating Agencies will coordinate such actions within the ESF to effectively respond to the demands of the incident. ESFs will coordinate their actions cognizant of over-arching policies and authorities, statutory or otherwise, as outlined in each ESF Annexes and the State CEMP.

Note that some of the capabilities that are identified in the following text may not be available in all events. In smaller, isolated events, State mass fatality resource support may be in ample supply and be available to provide resource support in various functions. However, in larger, perhaps catastrophic events, the agencies that comprise the list below may have other operational responsibilities, statutory and otherwise, that warrant a full commitment of their agency's resources. Those operational areas that State assistance is unable to support will be categorized as gaps that the State command structure will pursue filling with regional, Federal or EMAC-based assets.

State

The following State ESFs may have the corresponding roles and responsibilities, as identified below (Agency-specific capabilities can be found in Attachment 1):

- **ESF 2: Communications**
 - Provide emergency communications capabilities.
 - Provide mobile emergency coordination vehicles.
 - Provide technical expertise to assist in providing communications to response personnel on incident site, internment sites, processing sites, and Family Assistance Centers.
 - Establish communication systems for responders and personnel through deployment of resources, including STRs.

- **ESF 5: Information & Planning**
 - Collect, process, analyze, and distribute information critical to guide response and short-term recovery efforts.
 - Prepare situation reports for the Governor.
 - Receives and acts on requests for information.
 - Provide staff support for, and coordination of, DPC activities.

- **ESF 6: Mass Care, Emergency Assistance, Housing, & Human Resources**
 - Establish and manage the Family Assistance Centers.
 - Provide counseling resources.
 - Provide interpreters.
 - Provide food and shelter to those who require it.
 - Provide necessary administrative/support staff for the FAC.
 - Coordinate efforts to provide necessary services, such as temporary assistance, housing and support services, and other similar aid.

- **ESF 7: Logistics**
 - Provide the services and resources needed that are not readily available through currently activated agencies, or that requires augmentation.
 - Office of General Services maintains many contracts, as well as an inventory of supplies readily available for immediate use (see Attachment 2).
 - Provide additional communications resources, as necessary, for all responders involved at the scene, processing and internment sites, and other locations involved.
 - Provide any necessary vehicles for the purpose of transporting personnel, equipment, and decedents.
 - Provide facility space through various agency resources and contracts.

- **ESF 8: Public Health & Medical Services**
 - Provide personnel and resources to assist in the identification, processing, and internment of decedents.
 - Assist in the process of producing Electronic Death Records.
 - Provide guidance on waivers to expedite the death record process.
 - Establish an Emergency Help Line for local and State resources to utilize.
 - Assist Funeral Directors by providing necessary resources, personnel, and assisting with any, and all, waivers for regulatory relief.
 - Redeploy cemetery resources as needed.
 - Provide the appropriate resources, personnel, and equipment to ensure the safety and well-being of all responders; i.e. Personal Protective Equipment (PPE).
 - Establish a safety plan, coordinate with the Safety Officer, and hold Safety Briefings.
 - Provide mental health support to those at the FAC, including both families and responders.

- Provide mental health support to those working in locations such as the incident, internment, and processing locations.
- Can request Anthropologists to support Coroners and Medical Examiners.
- **ESF 9: Search & Rescue**
 - Provide specialized resources for various scenarios, including boats, UTVs, ATVs, and radio-equipped vehicles.
 - Assist with GPS/Mapping for the purpose of documenting body locations, scene documentation, and any potential evidence locations.
 - In the event of a collapse, or similar event, provide resources specializing in entrapment rescue and recovery.
- **ESF 10: Oil and Hazardous Materials Response**
 - Provide resources and supplies for PPE and decontamination.
 - Lead in any efforts to decontaminate decedents, equipment, personnel, and location.
 - Provide expertise and lead in any event where CBRNE may be involved.
- **ESF 13: Public Safety & Security**
 - Provide site security for the incident, FAC, internment sites, and processing sites.
 - Assist with the identification of decedents through fingerprinting, forensics, and photography.
 - Provide security for the movement of personnel and decedents to and from the incident, internment, and processing sites.
 - Provide cadaver dogs to assist in the search and recovery of any decedents.
 - Assist the Federal agencies with any investigation.
 - Perform GPS/Mapping of the scene to document decedent and/or evidence locations.
- **ESF 15: External Affairs**
 - Provide resources to assist in the collection, confirmation, and dissemination of information to external partners, including the media and general public.

New York City

- **NYC Office of Chief Medical Examiner (OCME):** The resources of the NYC/OCME are under the local control of New York City. Any request for assistance for OCME assets will be strictly coordinated through the NYC Office of Emergency Management as appropriate.
 - Equipment and staffing for incident scene operations, including remains collection staff, site documentation staff, security staff, decontamination PPE and supplies, refrigeration, coroner/medical examiner support for decedent identification, and numerous staff for Family Assistance Centers.

F. Federal Assets that Support Mass Fatality Operations

Federal

Federal mass fatality management and support is identified as Emergency Support Function 8 (ESF #8) - Health and Medical. The US Department of Health and Human Services (DHHS) is the lead Federal agency in the ESF and is the primary agency responsible to coordinate fatality management activities at the Federal level and deploy Federal assets in support of affected local and state governments. DHHS's responsibilities in fatality management include:

- Assisting State and local health officials and coroners/medical examiners in coordinating response activities.
- Requesting DHS/FEMA to activate and deploy appropriate ESF #8 partners including health and medical personnel, equipment, and supplies in response to requests for Federal public health and medical assistance. This may include Disaster Mortuary Operational Response Teams (DMORT) assets under the US Public Health Service.
- Deploying the appropriate ESF #8 personnel, which may include regional emergency coordinators, subject matter experts, an incident response coordination team to coordinate ESF #8 requests and missions, a Senior Health Official, contractors, and other entities as appropriate.
- Working with the national associations (e.g. funeral directors, coroners/medical examiners, dentists, and emergency managers) to provide additional personnel surge capacity if required.
- DHS/FEMA coordinates the implementation of the National Response Framework and supports operations at the Family Assistance Center as needed.

1. US Department of Homeland Security/Federal Emergency Management Agency (DHS/FEMA)

DHS/FEMA is the coordinating Federal agency for all Federally declared (Stafford Act) disasters and the primary agency to field requests from the State for any Federal assets during a Federally declared event. While DHHS, under Federal ESF #8, is the primary agency responsible for coordinating fatality management efforts at the Federal level, all requests for Federal assistance will be coordinated through DHS/FEMA in a Federally declared disaster.

For any non-declared event, Federal response and/or assistance may be coordinated by several Federal agencies or departments as appropriate.

2. US Department of Health and Human Services (DHHS)

DHHS is responsible for managing the Federal ESF #8, which is comprised of 17 mission areas, including Mortuary Affairs.

- DHHS is the parent Federal agency of the Centers for Disease Control and Prevention (CDC), which provides guidance regarding health concerns specific to disease outbreak. CDC also addresses safe handling of biologically contaminated decedents.

- DHHS manages the National Disaster Medical System’s capability and under the US Public Health Service, provides the Disaster Mortuary Operational Response Teams (DMORT).

3. Disaster Mortuary Operational Response Team (DMORT)

A standard DMORT is comprised of 30 specialized personnel and comes equipped with basic equipment to establish an off-site mortuary and ante mortem data collection center.

Personnel usually include a mix of coroners/medical examiners, pathologists, forensic anthropologists, medical records technicians, fingerprint technicians, forensic odontologists, dental assistants, radiologists, funeral directors, mental health professionals, and support personnel. During an emergency response, DMORT works in support of local authorities by providing technical assistance and personnel to recover, identify, and process decedents as well as gather ante mortem data. DMORT capabilities include:

- Conducting an assessment of the incident to determine where DMORT will establish ante mortem and postmortem processing locations.
- Establishing temporary mortuary facilities to conduct postmortem exams.
- Tracking and documenting decedents and their associated personal effects during postmortem processing.
- Reducing the hazard associated with chemically, biologically, or radiologically contaminated decedents, when indicated and possible.
- Collecting ante mortem data in a compassionate and culturally competent fashion.
- Performing postmortem data collection and documentation.
- Providing technical assistance and consultation (e.g. regarding decedent recovery or final disposition).
- Assisting the local officials with identifying and re-casketing decedents that have become de-casketed or when caskets have become disinterred as a result of the disaster.
- DMORT limitations include:
 - The need for the local coroner/medical examiner to provide an environmentally controlled workspace, information technology connectivity, life support (e.g., rest room, food, lodging, and transport), security, hazardous waste disposal, and biological waste disposal.
 - DMORT does not typically search or recover decedents from a field location.
 - Team members may not hold professional licenses in the affected jurisdiction.
 - Standard DMORT personnel cannot process suspected contaminated decedents and do not carry personal protective equipment capable of operating in a Weapons of Mass Destruction environment.
 - Personnel rotate after a specified period of time (e.g., 2-3 weeks).

4. DMORT-All Hazards/Weapons of Mass Destruction (DMORT-AH/WMD)

DMORT-AH/WMD is a team of 75–100 personnel trained to perform specific tasks while wearing Level A, B, and C PPE. These team members wash decedents contaminated with

chemical, biological, and radiological (CBR) agents and/or materials. In theory, DMORT-AH/WMD is capable of washing 20–40 decedents per day for a limited number of days due to the physical exertion associated with operating in PPE. Once decedents have been deemed safe enough to handle, either with or without wearing additional PPE, the normal process to identify decedents can take place.

DMORT-AH/WMD limitations include:

- There is only one national DMORT-AH/WMD team, so its availability may be limited.
- National decedent washing methods are still under development. As such, DMORT-AH/WMD will have limitations regarding rendering decedents “safe” or “clean” to process before decedents can be further processed or handed off to final disposition entities. Therefore, local and State officials will need to establish guidelines for what is considered “safe” before decedents are handed off to final disposition entities.
- DMORT-AH/WMD requires the local officials to provide an environmentally controlled workspace, information technology connectivity, life support (e.g., restroom, food, lodging, and transport), security, hazardous waste disposal, and biological waste disposal.
- Work location must be on a sloped non-porous surface whereby contaminated water runoff can be collected and managed appropriately.
- DMORT-AH/WMD does not typically search or recover decedents from a contaminated field location.
- DMORT-AH/WMD members may not hold professional licenses in the affected jurisdiction.

5. US Department of Defense (US DOD) - Title 10 Forces

In response to a WMD event, the DOD activates its Joint Task Force-Civil Support (JTF-CS), which is capable of responding to a CBRNE event. This entity can assist with transportation for air and ground, traffic control, and very limited medical support. Comprised of three subordinate task forces, Medical, Operations, and Aviation, JTF-CS can also provide limited mortuary affairs support. Title 10 Forces have the following Mortuary Affairs capabilities:

- DOD Directive 1300.22 (Mortuary Affairs Policy) identifies that the DOD is responsible for maintaining a Title 10 mortuary affairs force structure capable of providing support across the spectrum of military operations which can provide for search, recovery identification, evacuation, and when required, temporary interment, disinterment, decontamination, and re-interment of deceased US military personnel, US noncombatants, allied and coalition partners, and enemy personnel. DOD may be directed to use these assets to provide mortuary affairs support to local, state and/or other Federal US Government agencies when the number of fatalities exceeds the capability of those respective entities to perform mortuary affairs functions.
- The Charles C. Carson Center for Mortuary Affairs (Dover Port Mortuary), located at Dover AFB, DE, can be tasked to provide additional support for decedent identification processing.

- The Office of the Armed Forces Medical Examiner (OAFME) can also provide support in the identification of human remains by sequencing direct and family reference DNA samples, performing forensic physical pathology, ante/postmortem dental comparisons and determinations of death through autopsy of remains.
- DOD has a limited capability to mitigate chemically, biologically or radiologically contaminated decedents. Standards related to this capability are under development.
- US Army Medical Research Institute for Infectious Diseases (USAMRIID) provides an alternate location to process biological laboratory samples and specimens and can assist with incident specific planning.
- US Army Medical Research Institute for Chemical Defense (USAMRICD) can provide chemical agent consultation and can assist with incident specific planning.
- Provide the Fatality Search and Recovery Team to assist in incident response.

6. US Department of State (DOS)

The DOS provides assistance to local governments regarding foreign nationals and can:

- Assist with obtaining relevant ante mortem data to identify foreign national decedents.
- Coordinate the return of foreign national decedents to their home country.

7. US Department of Justice (DOJ) & Federal Bureau of Investigation (FBI)

The FBI is traditionally the lead Federal investigating agency for any credible or actual terrorism threat to the public. In such cases, the FBI can:

- Assist in victim identification.
- Provide legal advice concerning the identification of decedents.
- Share missing persons data.
- Provide security in support of decedent identification.
- Conduct criminal scene investigation and gather evidence supporting cause and manner of death.
- Provide forensic support as appropriate.
- Provide assistance with funeral costs and related expenses for specific types of cases.
- Serve as liaison to Interpol, who can provide assistance to identify foreign national decedents and coordinate with their family members located abroad.

8. US Environmental Protection Agency (EPA)

The EPA is responsible to assist the Federal health and medical response operations by providing technical assistance and environmental information including:

- Federal Radiological Monitoring and Assessment Center (FRMAC) and appropriate advisory teams.
- Environmental technical assistance and information.
- Air monitoring and analysis, as appropriate.

9. US Department of Transportation (DOT)

The USDOT can provide transportation assets as well as identifying and arranging for all types of transportation (e.g. air, rail, ground, marine). The US Department of Transportation can assist by:

- Providing refrigerated storage assets and different types of transport assets to move large numbers of decedents from one location to another.
- Coordinating the support for logistical movement of technical equipment and supplies.
- Providing temporary remains storage facilities as requested, such as at body collection points.

10. National Transportation Safety Board (NTSB)

The NTSB is the lead agency for investigating every civil aviation and other type of transportation (e.g. railroad, highway, marine, or pipeline) accidents in the US. The NTSB can:

- Provide family/victim support coordination during transportation accidents. In such cases, the NTSB also ensures the establishment of Family Assistance Centers, forensic services, communication with foreign governments, and interagency coordination between communities and commercial carriers.

11. US Department of Labor (DOL)

The U.S. Department of Labor Occupational Safety and Health Administration (OSHA) can assist in worker exposure assessment and responder and worker risk management. OSHA and its State Plan partners help set and implement national safety and health standards for emergency responders. Foremost among these standards is the Hazardous Waste Operations and Emergency Response standard of 29 CFR 1910.120(q).

12. US Department of Agriculture (USDA)

The USDA is able to provide limited support, including:

- Set up and manage base camps to support mass fatality management workers.
- Provide guidance on decontaminating refrigerated storage containers that may have a future use for food stuff.

13. US Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF)

The ATF is a law enforcement agency who specializes in the investigation of crimes related to the use of illegal firearms, arson, explosives, and distribution and sale of alcohol and tobacco. During a mass fatality event, where the use of firearms, arson, or explosives are utilized, whether in the commission of a crime or an act of terrorism, the ATF will be involved in the investigative process, and will have the resources necessary to assist.

Augmented Federal Support for Catastrophic Incidents

Existing Federal-level planning efforts also include the presence of a Catastrophic Incident Supplement (CIS). This document is designed to be used in a catastrophic event and provides for Federal support in a more aggressive posture, which includes “push packages” of fatality resource support (similar in concept to the Strategic National Stockpile). The current CIS includes provisions for fatality push packages comprising of the following resources to be deployed:

- Two DMORTs
- One Deployable Portable Mortuary Unit
- One DMORT- All Hazards/Weapons of Mass Destruction (AH/WMD) Team
- One DMORT cache of medical equipment and supplies to support their team members
- Deployment of additional DMORTs to backfill operations

Following a chemical, biological, radiological, nuclear, and/or explosive (CBRNE) catastrophic incident within the United States, U.S. Northern Command (USNORTHCOM) directs appropriate entities (e.g., Army North/Joint Forces Land Component Commander) to engage their assets in support of civilian authorities affected by the disaster. As such, USNORTHCOM may direct apportioned forces to support mortuary affairs operations to accomplish the search, recovery, storage, evacuation, and postmortem processing of decedents. The Department of Defense (DOD) is still developing the best means to manage CBRNE contaminated decedents. Currently, the DOD has limited capability to perform hazard mitigation for CBRNE contaminated remains. Under ideal conditions, each platoon-sized element of DOD Mortuary Affairs personnel can process up to 80 non-contaminated and approximately 5-10 contaminated decedents per day.

G. Non-Governmental Organizations (NGOs)

- **NYS County Coroners and Medical Examiners Association**
 - Surge capacity for morgue services.

New York State Comprehensive Emergency Management Plan

Mass Fatality Annex

Section IV: Recovery

A. Family and Victim Support Services

1. Disaster Assistance Service Center

The State of New York may bring together a range of disaster-related resources in one place in the form of a Disaster Assistance Service Center (DASC). A DASC is a State managed organization designed to meet the needs of individuals impacted by the disaster.¹ Those who visit the center will find staff from State, local, and voluntary agencies on hand. Visitors will be screened upon arrival and directed to representatives of the programs and services best able to meet their needs. Agency representatives at the Disaster Assistance Service Center can provide advice and information on disaster housing and relocation, unemployment benefits, crisis mental health counseling, low-interest disaster-related loans, legal and insurance issues, and more. Immediate financial assistance for food and clothing and emergency expenses may be available as well.

2. Disaster Recovery Center

A Disaster Recovery Center (DRC) is a readily accessible, Federally managed facility or mobile office where program applicants may go for information about FEMA or other disaster assistance programs, or for specific questions related to particular applicant cases.

Some of the services that a DRC may provide include:

- Guidance regarding disaster recovery
- Clarification of any written correspondence received
- Housing Assistance and Rental Resource information
- Answers to questions, resolution to problems and referrals to agencies that may provide further assistance
- Status of applications being processed by FEMA
- New York State Bar Association (NYSBA) program information if there is a NYSBA Representative at the Disaster Recovery Center site

¹ The New York State Emergency Support Function (ESF) #6 Annex contributes to this initiative.

3. Family Assistance Center

Family Assistance Centers (FACs) are typically established during a mass casualty/fatality event to support families' information and bereavement needs. They facilitate the exchange of timely and accurate information with family and friends of injured, missing, or deceased disaster victims, the investigative authorities, and the coroner/medical examiner. Types of services generally include: grief and/or crisis counseling; childcare; religious support; facilitation of family needs such as hotel, food, and transportation; ante mortem data collection; and notification of death to the next of kin. Family Assistance Centers can be face-to-face or established remotely through virtual forms of communication.

Specific activities typically executed in a Family Assistance Center may include:

- Make initial notification to family members of victims involved in the event based on manifest documents and other available information.
- Monitor search and recovery operations conducted by the local/county jurisdiction and offer assistance where needed.
- Determine the status and location of victims.
- Assist the coroner/medical examiner in the identification of fatalities and the notification of their families.
- Provide psychological and logistical support and services to victims and their family members.
- Provide daily briefings to families on the progress of body recovery efforts, identification of victims, the investigation, and other areas of concern.
- Arrange for a family memorial service for the dead.
- Provide for the return of personal effects.
- Maintain contact with victims and their families to provide updates on the progress of the investigation and other related matters.

The NTSB has developed the Federal Family Assistance Plan for Aviation Disasters.² This plan assigns responsibilities and describes specific procedures for family assistance after an aviation crash involving a significant number of passenger casualties/fatalities. Organizations assigned responsibilities under the plan will develop supporting agency plans and procedures.

² Public Law 104-264, Title VII, Aviation Disaster Family Assistance Act of 1996

Attachment 1

Mass Fatality Capabilities Assessment Matrix

Resources and Capabilities		Participating Agencies																											
		DOH OHEP	DOH BFD	DOH BVR	DOH Wadsworth	DHSES / OEC	OIEC	DEC	DOCS	DOS	DSP	SED	OGS	OCFS	OMH	OPRHP	DMNA	DFS	OTDA	DOT	OTA	OFPC	DOL	PIO	LOGS	Coroners & ME's	NYC OCME		
Incident Scene Response	Equipment	Generators, Lighting, Portable Heating/Cooling Units																										Y	
		Equipment, Pumps																											Y
		Handling: Forklift, Crane, Grapple							C						YC														Y
		Shoring																											Y
		Hand Tools							Y						YC														Y
		Tarpaulins																											Y
		Site Fencing: Snow, Chain-link																											Y
		Site Transportation: Gurneys, UTVs, ATVs, Golf Carts								Y																			Y
		Port-a-Johns																											
	Sheltering: Canopies, Tents	Y																											Y
	Credentialing										Y																		Y
	Security								Y	Y		Y																	Y
	Decontamination for Site																												Y
	Persons to Person (point to point) Communication (radios)								Y	YC	Y			58															Y
	Remains Collection	Bags/Pouches	Y																										Y
		Medical Examiner/Coroner Staff	D																										Y
		Assistants																											Y
Evidence Collection Staff									Y	Y																		Y	
PPE		Y							Y																			Y	
Scene Documentation	Underwater/Structural									D																		Y	
	Forensic Photographers											Y																Y	
	GPS/Mapping								YC																			Y	
	Data Collections (Scribes, Tracking)								Y																			Y	
	Radar/Sonar																											Y	

Legend

- Y (yes) Potential availability of Agency resources during an event.
- C (contract) Resources available under an OGS Contract (see Attachment B) or other NYS Contracts.
- D (details) Additional details are provided in the Agency Resources and Capabilities section of this Annex.
- O (oversight) An Agency has oversight over entities that may be able to provide the resources.
- A number Indicates the potential number of assets that may be available from any agency.

Resources and Capabilities		Participating Agencies																											
		DOH OHEP	DOH BFD	DOH BVR	DOH Wadsworth	DHSES / OEM	OIEC	DEC	DOCS	DOS DC	DSP	SED	OGS	OCFS	OMH	OPRHP	DMNA	DFS	OTDA	DOT	TAA	OFPC	DOL	PIO	LOGS	Coroners & ME's	NYC OCME		
Remains Processing and Logistics	Transportation from sites/collections points	Y	O				Y				20	Y			Y	Y				D	D						Y		
	Security for Movements						Y			Y		C			Y	Y											Y		
	Forensic Specialists										D												Y				Y		
	Medical Examiner, Coroners	D																									Y		
	Decon (CBRN)	Equipment/Supplies																					Y	Y				Y	
		PPE	Y																				Y	Y				Y	
	Data Collection (tracking/documentation, case management)	D					Y			D						D													
	Temporary Storage of Remains	Storage Management Staff																											
		Refrigeration	Fixed Site	Y													D											6	
			Mobile Unit	Y																								2	
			Security							Y		Y																	
		Internment Sites	Cemeteries									O																	
			State Land						Y					O															
			Excavating Equipment, Lighting						C		O						D					D							
			Security						Y	Y		Y					Y												
Parking Facility for Temporary (mobile) storage													Y		Y												2		
Surge for Cemeteries		Funeral Directors		O																									
	Excavating Equipment						Y	C		O			C		Y					D	Y								
	Cemeterians									O																			

Legend

Y (yes) Potential availability of Agency resources during an event.
C (contract) Resources available under an OGS Contract (see Attachment B) or other NYS Contracts.
D (details) Additional details are provided in the Agency Resources and Capabilities section of this Annex.
O (oversight) An Agency has oversight over entities that may be able to provide the resources.
A number indicates the potential number of assets that may be available from any agency.

Resources and Capabilities		Participating Agencies																										
		DOH OHP	DOH BFD	DOH BVR	DOH Worth	DHSES / OEM	OIEC	DEC	DOCS	DOS DC	DSP	SED	ODS	OCFS	OMH	OPRHP	DMA	DFS	OTDA	DOT	TAT	OFPC	DOL	PIO	LOGS	Coroners & ME's	NYC OCME	
Decedent Identification and Process	Medical Examiner/Coroner Support										2																6	
	Anthropologists																										32	
	Pathologist						Y						C															
	Forensic Dentists (Dental Analysis)									D																	5	
	Radiology (Radiologists, Equipment)																										3	
	Fingerprinting						Y	Y		Y			C			Y												
	Administrative Support (Tracking)																											
	Handlers													C														
	Evidence Technicians/Forensic Photographers							Y	Y		Y																	30
	Security							Y	Y		Y			C			Y	Y										15
Disaster Portable Morgue Unit (DPMU)																											1	
Facility to serve as Temporary Morgue													1	D														

Legend

- Y (yes) Potential availability of Agency resources during an event.
- C (contract) Resources available under an OGS Contract (see Attachment B) or other NYS Contracts.
- D (details) Additional details are provided in the Agency Resources and Capabilities section of this Annex.
- O (oversight) An Agency has oversight over entities that may be able to provide the resources.
- A number indicates the potential number of assets that may be available from any agency.

Resources and Capabilities		Participating Agencies																								
		DOH OHEP	DOH BFD	DOH BVR	DOH Wadsworth	DHSES / OEM	OIEC	DEC	DOCCS	DOS DC	DSP	SED	OGS	OCFS	OMH	OPRHP	DMNA	DFA	OTDA	DOT	TAT	OFPC	DOL	PIO	LOGS	Coroners & ME's
Family Assistance Center (FAC)	Management and Support Staff			Y			Y					C	Y		D			D	D	Y						Y
	Facility Space			Y					O	Y	Y	Y														Y
	IT/Communications Support			C		Y	YC					C			Y											Y
	Mental Health/Grief Counselors						Y			O	C	D	D													Y
	Financial Support																	D								TBD
	Health & Life Insurance Support																Y									
	Family Notification						Y					C	D													Y
	Ante Mortem Examination	DNA Collection Staff					Y	Y		D																Y
		DNA Analysis								D																Y
		Family Interview					Y	Y		D		C	Y	Y												Y
		Administrative Support					Y									D										Y
		Data Entry/Administrative Support			C			Y					C			D			D	D	Y					Y
	Medical Records Support			C								C														Y
	Public Affairs				D		Y	Y				C			Y			Y	D	Y					Y	
	Security					Y	Y		D		C				Y	Y									Y	
Clergy															D									Y		
Interpreters										C	C		D					D	D					Y		
Other Assets		D	D		D	D	D	D	O	D	D	D	D	D	D			O			D	D	D	D	D	
Legend		<p>Y (yes) Potential availability of Agency resources during an event. C (contract) Resources available under an OGS Contract (see Attachment B) or other NYS Contracts. D (details) Additional details are provided in the Agency Resources and Capabilities section of this Annex. O (oversight) An Agency has oversight over entities that may be able to provide the resources. A number indicates the potential number of assets that may be available from any agency.</p>																								

Attachment 2

Capabilities Available through OGS Contracts

New York State Office of General Services (OGS) has been designated by the Governor as the lead agency for the 1122 Program which allows certified state and local governments to purchase equipment for counter-drug, homeland security, and emergency response activities from specific federal sources. This authority is derived from The National Defense Authorization Act (Section 1122) for FY1994 and FY2009, which subsequently became law under Title 10 Section 381 Military Support for Civilian Public Safety Agencies. The 1122 Program allows state and local governmental entities to save money on purchases for their counter-drug, homeland security, and emergency response activities through the use of large volume federal government contracts.

New York's 1122 Program is open to state and local governmental entities that have, as part of their mission, at least one of the following public safety categories:

Counter Drug: A requirement to enforce anti-drug laws or engages in or supports prevention, intervention, or suppression activities related to counter drug, including educational activities.

Emergency Response: A requirement for first responders plus emergency management, public health, clinical care, public works, and other skilled support personnel (such as equipment operators) that provide immediate support services during prevention, response, and recovery operations.

Homeland Security: A requirement for homeland security to prevent and protect New York State from terrorist attacks within the United States; reduce America's vulnerability to terrorism, major disasters, and other emergencies; and minimize the damage and recover from attacks, major disasters, and other emergencies that occur.

Additional Information on the 1122 program is available here:

<https://ogs.ny.gov/procurement/1122-program>

Resources and Capabilities		OGS Contract Details	
Incident Scene Response Operations	Equipment	Generators, Lighting, Portable Heating/Cooling Units	Group #39000 – Industrial Commercial Supplies Award #22918 Group #38232 – Hazardous Incident Response Equipment, Award #22872
		Dewatering Equipment, Pumps	Group #39000 – Industrial Commercial Supplies, Award #22918 Group #38232 – Hazardous Incident Response Equipment, Award #22872
		Handling: Forklift, Crane, Grapple	Group #40625 – Heavy Equipment, Award #PGB-22792
		Shoring	
		Hand Tools	Group #39000 - Industrial Commercial Supplies & Equipment, Award #22918 Group #39000 - Professional Grade Tools (Snap On), Award #PGB-23144. Group #38232 – Hazardous Incident Response Equipment, Award #22872
		Site Fencing: Snow, Chain-link	Group #39000 - Industrial Commercial Supplies & Equipment, Award #22918
		Site Transportation:	Group #40625 – Heavy Equipment, Award #PGB-22792 (Utility Vehicles only) Group #38232 – Hazardous Incident Response Equipment, Award #22872
		Port-a-Johns	Group #39000 - Industrial Commercial Supplies & Equipment, Award #22918 Group #38232 – Hazardous Incident Response Equipment, Award #22872
		Sheltering: Canopies, Tents, Tarps	Group #39000 – Industrial Commercial Supplies & Equipment, Award #22918 Group #38232 – Hazardous Incident Response Equipment, Award #22872
	Credentialing	Group #77201 - Security Systems and Solutions, Award #23150	
	Security	Group #77201 - Security Systems and Solutions, Award #23150 Group #71011 - Security Guard Services, Award #23106	
	Decontamination for Site	Group #38232 – Hazardous Incident Response Equipment, Award #22872	
	Persons to Person (point to point) Communication (radios)	Group #77200 - Public Safety Communications Equipment and Services, Award #23141-PF Group #38232 – Hazardous Incident Response Equipment, Award #22872	
	Remains Collection	Bags/Pouches	Group #38232 – Hazardous Incident Response Equipment, Award #22872
		Medical Examiner/Coroner Staff	
		Assistants	Group #73003 – Administrative Services, Award #23057
		Evidence Collection Staff	
		PPE	Group #38232 – Hazardous Incident Response Equipment, Award #22872
	Underwater/Structural Recovery		
	Scene Documentation	Forensic Photographers	
GPS/Mapping		Group #73012 - Manufacturer Umbrella Contract, Award 22802 ESRI – PM67345 (Mapping Software) Group #38232 – Hazardous Incident Response Equipment, Award #22872	

	Data Collections (Scribes, Tracking)	Group #73003 – Administrative Services, Award #23057
	Radar/Sonar	Group #38207 – Police Radar/Lidar Products, Award #PGB-23163 Group #38232 – Hazardous Incident Response Equipment, Award #22872

Resources and Capabilities		OGS Contract Details		
Remains Processing and Logistics	Transportation from site/collection points			
	Security for Movements			
	Group #77201 – Security Systems and Solutions, Award #23150 Group #71011 – Security Guard Services, Award #23106			
	Forensic Specialists			
	Medical Examiners, Coroners			
	Decon (CBRN)	Equipment/Supplies	Group #38232 – Hazardous Incident Response Equipment, Award #22872	
		PPE	Group #38232 – Hazardous Incident Response Equipment, Award #22872	
	Data Collection (tracking/documentation, case management)			
	Credentialing	Storage Management Staff		
		Refrigeration	Fixed Site	Group #38232 – Hazardous Incident Response Equipment, Award #22872
			Mobile Unit	Group #38232 – Hazardous Incident Response Equipment, Award #22872
			Security	
		Interment Sites	Cemeteries	
			State Land	
			Excavating	
			Security	
			Parking Facility for Temporary (mobile) Storage	
		Permanent (Burials)	Surge for Cemeteries	
Funeral Directors				
Excavating Equipment	Group #73003 – Administrative Services, Award #23057 Group 72007 – Heavy Equipment Rental, Award #22935			
	Cemeterians			

Resources and Capabilities		OGS Contract Details	
Decedent Identification and Process	Medical Examiner/Coroner Support	Anthropologists	
		Pathologist	
		Forensic Dentists (Dental Analysis)	
		Radiology (Radiologists, Equipment)	
		Fingerprinting	Group #73303 – Administrative Services, Award #23057
		Administrative Support (Tracking)	Group #73003 – Administrative Services, Award #23057
		Administrative Support (Tracking)	Group #73003 – Administrative Services, Award #23057
		Handlers	Group#73003–Administrative Services, Award #23057
	Evidence Technicians/Forensic Photographers		
	Security	Group #77201 – Security Systems and Solutions, Award #23150 Group #71011 – Security Guard Services, Award #23106	
	Disaster Portable Morgue Unit (DPMU)		
	Facility to Serve as Temporary Morgue		

Resources and Capabilities		OGS Contract Details	
Family Assistance Center (FAC)	Management and Support Staff	Group #73003 – Administrative Services, Award #23057	
	Facility Space		
	IT/Communications Support	Group #77017 - Telecommunications Connectivity Services, Award #23100 Group #38232 – Hazardous Incident Response Equipment, Award #22872	
	Mental Health/Grief Counselors	Group #73003 – Administrative Services, Award #23057	
	Financial Support		
	Family Notification	Group #73003 – Administrative Services, Award #23057	
	Ante Mortem Examination	DNA Collection Staff	
		DNA Analysis	
		Family Interview	Group #73003 – Administrative Services, Award #23057
		Administrative Support	
	Data Entry/Administrative Support	Group #73003 – Administrative Services, Award #23057	
	Medical Records Support	Group #73003 – Administrative Services, Award #23057	
	Public Affairs	Group #73003 – Administrative Services, Award #23057	
	Security	Group #77201 – Security Systems and Solutions, Award #23150 Group #71011 – Security Guard Services, Award #23106	

	Clergy	
	Interpreters	Group #73003 – Administrative Services, Award #23057

Attachment 3

Guidelines for Residential Recovery Teams

If fatalities occurring at home increase beyond the capacity of funeral firms, coroners/medical examiners should consider using Residential Recovery Teams. These teams are typically comprised of law enforcement for scene investigation and removal/transport personnel. Residential Recovery Teams should be equipped with a specialized vehicle capable of transporting several decedents at a time.

Residential Recovery Teams may be responsible for:

- Performing a cursory external exam.
- Obtaining interim decedent identification.
- Obtaining next of kin identification.
- Gathering information to help determine cause and manner of death.
- Taking scene and decedent photos, if appropriate.
- Placing an identification tag with a decedent ID number on the decedent.
- Placing the remains in a human remains pouch (body bag).
- Obtaining general final disposition information from the next of kin, if present, regarding predetermined arrangements made with a funeral director, crematory or cemetery.
- Coordinating social services for special needs next of kin who are left without a caretaker.
- Coordinating with Animal Control for pets left without a caretaker.
- Contacting the County Public Administrator to manage decedent estate property, if applicable.
- Transporting the remains to the appropriate destination.

Attachment 4

***Guidelines for Handling Decedents Contaminated with Radioactive
Materials***

Adapted from "Guidelines for Handling Decedents Contaminated with Radioactive Materials", prepared by Charles M. Wood (CDC), Frank DePaolo (Office of the NYC Chief Medical Examiner) and R. Doggett Whitaker (National Funeral Directors Association), April 26, 2007

Coroner/Medical Examiner Radiation Protection Precautions at the Scene

The incident commander should designate a radiation safety officer to oversee the radiological precautions, select the instruments to be used, and establish administrative limits on radiation doses for all workers. The annual limit on dose to a radiation worker is 5 rems.

If the cause of death was detonation of a nuclear weapon, consider delaying remains recovery operations for one or two days to allow the fission products to decay. If the cause of death was a dirty bomb, there is no benefit to delaying operations.

In addition to the normal protocols for human remains removal, the radiation safety officer should cordon off the area and designate a person to control entry and egress. In a nuclear power plant this person is called the "control point watch" and his station the "control point." The control point watch will record the name, time in, dosimeter serial number, dosimeter reading in, time out, and dosimeter reading out for each person entering the scene.

All people working in the controlled area should carry two dosimeters. They should have a thermoluminescent dosimeter (TLD) inside their protective clothing and a self-reading dosimeter outside the protective clothing where they can read it. The TLD reading will eventually constitute the legal record of exposure. The electronic dosimeter is for safety, but in an emergency, it can be used as the legal record of exposure.

Before the human remains removal team enters the area, two people should enter and conduct an initial survey using an omnidirectional probe. To prevent contamination of the instrument, the probe and the meter should be wrapped in clear plastic. Observe the instrument during the entry to ensure it does not saturate.

The two people should stay in sight of one another for safety. One person will move around the scene pausing to measure and announce dose rates. The other person will remain in a low dose rate area and record the dose rates on a map or sketch of the area. The map showing locations of the bodies and dose rates in the area will be used by the remains recovery team to plan their operations.

In addition to the normal safety briefing, the radiation safety officer should establish an administrative limit on worker doses based on the area dose rate and the time required to do the job. This should be well below the annual limit of 5 rems for a radiation worker. For example, suppose there are 2 bodies requiring ½ hour each to process and the highest dose rate in the area is 100 millirems per hour:

$$100 \text{ mrem/hr.} \times 0.5 \text{ hrs./body} \times 2 \text{ bodies} = 100 \text{ millirem}$$

In order to stay below this limit, workers should frequently check their dosimeters and move to a low dose rate area when not working. When possible, employ a policy of “one person at a time.” For example, when the photographer is working, the investigator and the scribe can move to a low dose rate area, and they can use the map to select a route to that area that avoids the high dose rate area.

When the investigation at the scene is complete, they will place the body into a body bag. Some jurisdictions use plastic remains containers for the body bags. This is recommended, because the team can transport the body bag out of the area and lower it into the plastic container. The exterior of the container is clean and can be transported out of the controlled area without spreading contamination.

The body inside the body bag is emitting radiation, so the body bag or container cannot be frisked at the control point. Swipe the container with a piece of tissue, place the swipe paper on a clear surface away from the body, and check it with the pancake probe to ensure the exterior of the body bag is free of contamination. If there is no possibility of alpha- or beta-emitting isotopes, wrap the pancake probe in plastic to prevent its contamination.

There should be a table outside the cordoned off area at the control point, divided into a clean and a contaminated section. When the initial survey team exits the area, each piece of equipment – survey instrument, radio, dosimeter, etc. – should be surveyed by the control point watch or another team member wearing gloves and using a pancake probe. The surveys should be done in accordance with FEMA guidelines or vendor’s instructions for the instrument in use. Place clean or contaminated items on the appropriate side of the table.

Radiation Protection Precautions in the Morgue

Establish a triage station outside the control point, with a table for the remains containers and body bags and a technician equipped with gloves and a survey meter. The radiation technician should perform the triage. Survey each body. If a body reads greater than 100 millirem per hour with the probe 1 inch away, that body should be moved to a refrigeration unit at least 30 feet from the work area. This will prevent the morgue staff from exceeding their dose limits on the first few decedents. It will allow the morgue staff to consult with a health physicist and devise a special work plan, and if the source of the radiation is a mix of short-lived isotopes it will allow radioactive decay to decrease the dose rate.

Decedents that have no contamination can be transported to the city morgue or to an uncontaminated field morgue for further processing. These are the only bodies that require a complete survey – front and back, inside the remains container, and inside the body bag.

Bodies that have measurable contamination below 100 millirems per hour should be sent to the field morgue. Prior to beginning processing the radiation safety officer should establish administrative limits on workers' doses based on the measured dose rates from the decedents and the number to be processed. This could be a total cumulative dose, such as 200 millirems for the entire operation, or if the number of expected decedents is not yet known it may be a limit like 25 millirems per decedent.

Workers in the morgue can minimize their doses by moving away from the work area when not doing something. This is an appropriate place for the "one person at the table at a time" rule. If available, use of remote cameras can reduce the number of people required at the scene.

If the decedent contains radioactive shrapnel, consider surgically removing it as early as practicable in the process without hampering the investigation. Do not touch the shrapnel with the hands. Place a specimen jar in a bucket. Remove the shrapnel with forceps and place it in the specimen jar. Place the bucket 30 feet or more from the work area.

After the forensic examination and victim identification process is complete, decontaminate the decedent. This could be done in the final examination area, or the decedent could be moved to secondary decontamination area. Use of a dry vacuum with a HEPA filter is acceptable if none of the contaminants are volatile. This minimizes runoff. A spray and wet wipe is also effective. Washing with soap and water is a last resort. Decontaminate the body until it meets the FEMA standards below.

Instrument/ Detector Combination	Parameter Values for Detecting Spot or Widespread Contamination on Individuals			Calculated Time Needed to Monitor an Adult (minutes)
	Probe Speed (inches/sec)	Height of Probe (inches)	Path Width (inches)	
CD V-700 with side window detector	4	0.25 to 0.5	0.6	19
CD V-718 with end window detector	3	0.5 to 1	1	12
All tested instruments with pancake detectors, except the Victoreen 190	6	1 to 3	2	3.9
Victoreen 190 with pancake detector	6	1 to 4	3	2.6

Survey the decedent. Any area reading above the FEMA standards should be decontaminated again. Surgically remove any shrapnel. If the decedent is still contaminated, consider the contaminant internal contamination. Tag the decedent with the dose rate, distance of the probe, date, and time. Then release the decedent to the funeral home.

Normally the medical examiner or coroner will return personal effects to the family unless they have some forensic value. In this case consider returning only personal effects that have monetary or sentimental value and are easily decontaminated (e.g. watches or rings).

Autopsy

An autopsy normally entails extensive handling of internal organs by gloved hands. An autopsy may result in fairly high doses to the pathologist's hands. Also, an autopsy disrupts the circulatory system, so an embalmer will have to work longer in close proximity to a body that has been subjected to an autopsy. Do not perform an autopsy if there is internal contamination, unless it is absolutely necessary.

Procedures for Radioactively Contaminated Decedents in the Funeral Home

If radioactive contamination is suspected and the coroner/medical examiner cannot certify that they have complied with CDC's guidelines, the funeral director should consider rejecting the decedent. If this is not feasible, find a radiation technician who can conduct a survey of the body and provide dose rate information. Do not attempt to embalm or work near a decedent with an unknown dose rate.

Recommend to the family that they bury the decedent immediately and conduct a memorial service without a viewing. If this is not acceptable for emotional, cultural, or religious reasons then embalming is required. The funeral director will have to estimate the exposures to the person performing the embalming and to the family members.

Medical examiners should have provided a tag indicating the dose rate from the decedent and the distance from which it was measured. Dose rate decreases with the square of the distance, so encourage family members and friends to minimize their time next to the decedent.

The embalmer can use the cannula to inject fluid and drain the blood. No special precautions are required for this step. Do not perform the aspiration step with the trocar. Inject cavity fluid without first aspirating the lungs and gastrointestinal tract.

Cremation

Do not cremate a decedent whose body contains man-made radioactive material. When a decedent is cremated all volatile materials escape up the refractory. After completion of cremation the crematory staff will manually pulverize the ashes before returning the remains to family members. Non-volatile radioactive material poses an airborne respiratory hazard to the crematory staff plus a risk of contaminating the crematorium.

Shrapnel or brachytherapy seeds will not be destroyed in the process of cremation. If cremation is desired and the source is shrapnel, brachytherapy seeds, or some other discrete source, surgically remove it.

Burial

Select a burial container that will delay the release to the environment as long as practicable. Wooden caskets are not sealed. Metal caskets have a seal that will release pressure from inside the casket but will retard the entry of ground water. Place the body in a metal casket, not a wooden one, and place the casket in a concrete vault lined with plastic. Use the type that has a lid with a rubber gasket with a tongue in groove seal. In the cemetery, place the lid on the vault above ground where it can be inspected for a tight fit before lowering into the grave.

If the dose rate on the exterior of the vault exceeds 100 counts per minute above background or exceeds 2 x background, burial in the ground and not in an above ground mausoleum is recommended.

Sometimes buried bodies must be exhumed because of natural disasters or urban expansion. A discreet radiation warning label on the exterior of the vault indicating dose rate from the body and date and time of the measurement would be prudent.

Transportation

Prior to release of the decedent for transport, coroners/medical examiners should meet the same standards as for release to a funeral home – no loose surface contamination or shrapnel. The carrier should require the medical examiner to certify that he has met this standard prior to accepting contaminated human remains.

Decedents are normally transported in sealed containers. The standards imposed by the airlines or by states for transport of uncontaminated remains are more than adequate. The presence of radioactive material imposes no additional requirements for the shipping container.

Internal contamination is not volatile. Once a person dies, whatever radioactive material is in the body will stay there until it is eliminated by natural radioactive decay. Dose rates outside a body with internal contamination will be small.

US Department of Transportation regulations for shipment of radioactive sources assume a known number of curies. The dose rate external to the decedent can be measured, but the number of curies will not be known for the victim of a terrorist attack. It would be prudent to place a DOT warning label on the exterior of the container displaying dose rate and the date and time of the measurement even though the amount of radioactive material is not known.

Additional Resources

Medical examiners, coroners, and morticians can contact the radiation control program director of the state in which they operate for more information. The directory of the Conference of Radiation Control Program Directors is available at <http://www.14.org>.

CDC has posted useful material on radiation emergencies at <https://www.cdc.gov/nceh/radiation/emergencies/index.htm> and <https://www.cdc.gov/nceh/radiation/emergencies/examiners-coroners.htm>. CDC also has a 24-hour telephone number at 1-800-CDC-INFO.

The Department of Energy's Radiological Emergency Assistance Center / Training Site (REAC/TS) at Oak Ridge can provide medical advice during a radiological emergency.

Attachment 5

Guidelines for Temporary Morgue Sites

One or more temporary morgues may need to be established to relieve healthcare facilities when human remains exceed their holding capacity and to manage remains from unattended deaths, unidentified remains, and other remains requiring autopsies. The following guidelines will help determine the best alternative(s) available for temporary morgue sites.

Any temporary facility must meet certain requirements for size, layout, and support infrastructure

- Airplane hangars and abandoned warehouses have served well as incident morgues.
- Do NOT use school gymnasiums, public auditoriums, or similar facilities used by the general public.
- Facility should NOT have adjacent occupied office or workspace.

Structure Type

- Hard, weather-tight roofed structure.
- Separate accessible office space for IRC.
- 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

- Minimum size of 10,000 - 12,000 square feet.
- More square footage may be necessary for casket storage or other mission-specific needs.

Accessibility

- Tractor trailer accessible.
- 10-foot by 10-foot door (loading dock access preferable or ground level).
- Convenient to 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 bib connection.
- Water hoses, hot water heaters, sinks 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

- Pre-existing rest rooms within the facility are preferable.
- Gray water will be disposed of using existing drainage.
- Biological hazardous waste, liquid or dry, produced as a result of morgue operations, will be disposed of according to local/State requirement.

Attachment 6

Morgue Surge Equipment and Supplies Checklist

Equipment and supplies for the morgue surge areas may include the following. Be sure to identify where items are stored and how to access the storage area.

Consideration	Facility Notes/ How to Access Equipment
<p>Staff Protection</p> <ul style="list-style-type: none"> <input type="checkbox"/> Personal protective equipment (minimum standard precautions) <input type="checkbox"/> Worker safety and comfort supplies <input type="checkbox"/> Communication (radio, phone) 	<p>Storage area: How to access: <i>Notes:</i></p>
<p>Decedent Identification</p> <ul style="list-style-type: none"> <input type="checkbox"/> Identification wristbands or other identification <input type="checkbox"/> Method to identify each decedent (pouch label, tag or rack location) <input type="checkbox"/> Cameras (may use dedicated digital, disposable, or instant photo cameras) <input type="checkbox"/> Fingerprints <input type="checkbox"/> X-rays or dental records <input type="checkbox"/> Personal belongings bags / evidence bags 	<p>Storage area: How to access: <i>Notes:</i></p>
<p>Decedent Protection</p> <ul style="list-style-type: none"> <input type="checkbox"/> Human remains pouches <input type="checkbox"/> Plastic sheeting <input type="checkbox"/> Sheets 	<p>Storage area: How to access: <i>Notes:</i></p>
<p>Decedent Storage</p> <ul style="list-style-type: none"> <input type="checkbox"/> Refrigerated tents or identified overflow morgue area <input type="checkbox"/> Storage racks <input type="checkbox"/> Portable air conditioning units <input type="checkbox"/> Generators for lights or air conditioning <input type="checkbox"/> Ropes, caution tape, or other barricade equipment 	<p>Storage area: How to access: <i>Notes:</i></p>

Attachment 7

General Infection Control Procedures

Measures should be taken to reduce the risk of transmission of disease associated with handling human remains.

Standard precautions are essential for those handling human remains. This set of infection prevention practices assumes that every person is potentially infected or colonized with an organism that could be transmitted in the healthcare setting. When handling human remains, these precautions include:

- Personal protective equipment (PPE)
 - Gloves should be worn when it can be reasonably anticipated that hand contact with blood, other potentially infectious material (OPIM), mucous membranes, and/or non-intact skin may occur and when handling or touching contaminated items or surfaces.
 - Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, should be worn whenever splashes, spray, spatter, or droplets of blood or OPIM may be generated and eye, nose, or mouth contamination can be reasonably anticipated.
 - Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments should be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure.
 - PPE should be disposed of appropriately.
 - Avoid cross-contamination. Personal items should not be handled while wearing soiled PPE.
- Hand hygiene
 - Should be performed immediately after removing PPE.
 - Can be accomplished by hand washing with soap and warm water if hands are visibly contaminated. When hands are not visibly contaminated, or when soap and warm water are not available, hand sanitizing may be performed using an alcohol-based hand rub, gel, or foam.
- In HazMat or WMD events, the appropriate level of PPE is required depending on the agent.
- Vehicles used for transportation should be cleaned and decontaminated as indicated.
- Human remains pouches will further reduce the risk of exposure to blood or other potentially infectious material and are useful for the transport of decedents who have been badly damaged. Wrapping with plastic and a sheet may be an economical and practical containment solution.
 - If the body is not contained in a fluid impervious bag, appropriate PPE should be used when handling the body, and surfaces in contact with the body during transport should be cleaned and decontaminated. See Attachment I (Guidelines for Decontamination of Refrigerated Vehicles).

Attachment 8

Recommended Methods of Human Remains Storage

All storage options should weigh the storage requirements against the time it takes to collect information that is necessary for identification, determination of the cause and circumstances of death, next of kin notification, and length of time the decedent will need to be stored until release to the coroner/medical examiner morgue or private mortuary.

<p>PROTECTING THE DECEDENT</p> <ul style="list-style-type: none"> • Decedents and their personal effects must be secured and safeguarded at all times until the arrival of the coroner’s or mortuary’s authorized representative, or law enforcement (if evidentiary). • Place in a human remains pouch or wrap in plastic and a sheet. • If personal effects have been removed from the body, ensure the items have been catalogued and are secure. • Be sure the decedent is tagged with identification information.
<p>REFRIGERATION IS THE RECOMMENDED METHOD OF STORAGE (EXCEPT PANDEMIC INFLUENZA)</p> <ul style="list-style-type: none"> • Refrigeration between 38° and 42° Fahrenheit is the best option. • Refrigeration units should be maintained at low humidity. • Existing morgue: most morgues’ refrigeration capacity will be exceeded during a disaster, especially if there are many unidentified bodies or remains recovered. • Surge Morgues <ul style="list-style-type: none"> ○ Rooms, tents or large refrigerated transport containers used by commercial shipping companies that have the temperature controlled may also serve as surge morgues. ○ May be cooled via the HVAC system and/or portable air conditioners. ○ Refrigerated containers may be used to store up to 30 bodies by laying remains flat on the floor with walkway between. ○ Refrigerated containers should not have wood interiors. • Dry ice is not ideal for short-term storage: <ul style="list-style-type: none"> ○ Expensive, difficult to obtain during an emergency. ○ Dry ice requires handling with gloves to avoid “cold burns.” When dry ice melts it produces carbon dioxide gas, which is toxic.
<p>BEDS, COTS OR RACKING SYSTEMS – NOT STACKING</p> <ul style="list-style-type: none"> • Stacking of human remains is NOT recommended. • The floor can be used for storing remains, however it may be safer and easier to identify and move remains on beds, cots or racking systems. • Consider lightweight temporary racking systems. These can increase each room or container’s capacity by 3 times, as well as create a specific storage location for tracking. These may be specifically designed racks for decedents or converted storage racks (such as large foodservice shelving, 72” wide by 24” deep; ensure that these are secured and can handle the weight load).

Attachment 9

Guidelines for Decontamination of Refrigerated Vehicles

Preface:

These directions were intended to provide information and references that could be used for the decontamination of refrigerated trucks which were designated for the temporary preservation of human remains following the terrorist attack in New York City on September 11, 2001. The US Food and Drug Administration (FDA) in consultation with other Federal agencies have developed these directions.

Directions:

The decontamination of refrigerated trucks that have been used to preserve human remains needs to be carried out by a contractor qualified to provide such services. All vehicles used for this purpose need to be decontaminated whether being placed back in service to transport food, used for other purposes, or decommissioned and placed in salvage. Upon completion of decontamination written documentation should be provided to the owner of the vehicle identifying the procedure used and giving assurance that effective decontamination has been carried out. Several types of disinfectant agents may be used (e.g., chlorine, iodine, phenolic and quaternary ammonium compounds, aldehydes). Since the internal surfaces of the vehicle may vary (e.g., wood, steel, aluminum, fiberglass, etc.) a specific disinfectant is not identified in this guidance. At concentrations known to be effective for proper disinfection some disinfectants may also react with the inner surfaces of the vehicles. Therefore, it is recommended that owners of the vehicles first consult with the company providing the service. In addition:

- Trucks should not contain any interior wood surfaces. If such vehicles are used, then prior to placing these vehicles back in service, the wood must be removed and disposed of in a manner consistent with standards for removal of hazardous materials, and the trucks refitted with new wood or another suitable material.
- Attention should be given to decontamination of refrigeration units (e.g. ductwork and coils). Assure that filters are decontaminated and/or replaced (if equipped).
- Decontamination procedures for handling medical and/or infectious waste and antimicrobial pesticides (disinfectants and sanitizers) must adhere to all applicable requirements established by the Occupational Safety and Health Administration (OSHA), the Environmental Protection Agency (EPA), and the Department of Transportation (DOT). This includes adherence to procedures designed to both sanitize and provide for worker protection.
- Applicable State and local standards must be met.
- The decontamination must be accomplished in a manner which destroys or inactivates any human pathogen that may be present and removes chemical and/or any other incidental environmental contaminant.
- The decontamination must remove all offensive odors.

For questions concerning implementation of this guidance contact the Food and Drug Administration, Center for Food Safety and Applied Nutrition, Office of Field Programs.

Attachment 10

Guidelines for Temporary Internment

One or more temporary interment sites may need to be activated to focus resources required for the rapid interment of human remains. After the emergency has passed, families may choose to authorize disinterment to an alternate site.

During a mass fatality event, burial in a traditional cemetery plot or cremation is a viable solution as long as resources can keep up with demand. When resource tracking indicates that resources are overwhelmed, alternative methods must be deployed.

While refrigeration is considered a viable alternative for single site mass fatality events, it is not recommended during a pandemic influenza emergency. It is unlikely that a sufficient number of trucks meeting the necessary standards would be available to accommodate the volume needed for the time the human remains will need to be stored. Trucks are also susceptible to shortages of fuel and labor to keep the refrigeration functioning properly.

Ice rinks and similar facilities are often suggested as alternate storage facilities because they are kept cold to preserve the ice. Social customs, however, make it likely that once a community uses a facility to house the dead, it will no longer use the facility for its original purpose.

Therefore, after traditional burial and/or crematory resources are exhausted, temporary interment is the preferred alternative. Based on population, the county plan should identify one or several nonsectarian cemeteries within the county that could accommodate multiple, uniquely identified graves within a grid pattern that would allow for rapid excavation and burial, and effective disinterment if requested by the family after the emergency is over. This strategy would focus all supporting resources and processes on a limited number of sites.

Location of Burial Sites

Ideally, a selected site(s) should meet the following requirements:

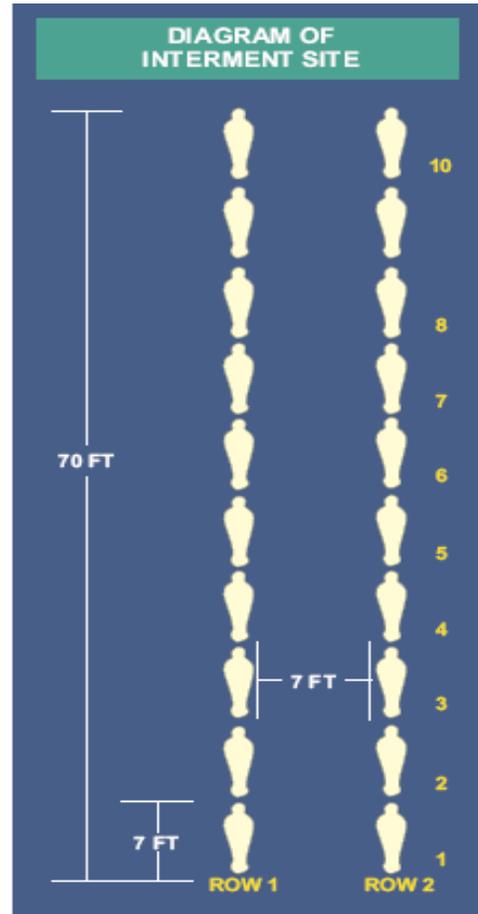
- Cemetery should either be those regulated by the NYS Department of State, Division of Cemeteries or should be a municipal nonsectarian cemetery/crematory.
- Cemetery should be capable of delivering services 7 days a week.
- Cemetery should have a Business Continuity Plan in place, adopted by the trustees of the cemetery and deliverable to any government agency in both hard copy and electronic format.
- Cemetery should have 24 hour on-call administrative staffing.
- Cemetery should have roadways (preferably paved or stone) and entrances able to accept heavy equipment, e.g. tractor trailers, refrigerated trailers, excavators, etc.
- Cemetery operations should not be publicly visible and preferably be secured by fencing that would allow for security at entrances.

- All utilities should be on-site or able to be quickly brought on-site, including gas, electric, cable, and telephone.
- Cemetery should have an accurate survey of all grounds developed and un-developed.
- Cemetery should have the ability to survey additional burial spaces and to record spaces and burials quickly and accurately.
- Cemetery should have well-maintained equipment and sufficient fuel storage capacity to handle “normal” number of services.
- Cemetery must be able to perform services 12 months a year.
- Cemetery should have multiple layers of staffing that can be called upon to provide full cemetery services, as well as routine property and equipment maintenance.
- Cemetery should have capacity to increase all form and manner of electronic communications, as well as standard equipment to process large numbers of interments, e.g. copiers, faxes, scanners, networked computers, pagers, in-house or secured file server, typewriters, etc.

The NYS DOS Division of Cemeteries has conducted a survey of the capacity and features of all regulated cemeteries and crematories in New York State³. For access to this database contact the NYS Department of State Division of Cemeteries at 518-474-6226 or cemeteries@dos.state.ny.us.

County plans should establish the necessary agreements to assure that resources are reimbursed as county subcontractors. These resources include, but are not limited to, space, services, equipment and staffing. Resources should be made available by the State to help the county identify cemeteries suitable for temporary interment and develop a business continuity plan for their use.

Grave construction⁴



³ Religious, municipal and private cemeteries are not regulated by the Division of Cemeteries.

⁴ Elements of this topic were extracted from Community Planning Guide for Excess Deaths Due To Pandemic Influenza, United Kingdom Home Office, 2006.

- If possible, human remains should be buried in clearly marked, individual graves.
- Prevailing religious practices may indicate preference for the orientation of the bodies (e.g. heads facing east, or toward Mecca, etc.).
- When necessary, trench graves should consist of one or more trenches holding a single row of bodies each placed parallel to the other, head to foot, lengthwise.
- Each body must be buried with its unique reference number on waterproof labels. Ideally there should be one label inside the human remains pouch and one on the outside.
- Reference numbers must be clearly marked at ground level and mapped for future reference. A metal post at the end of each row is recommended.
- Although there are no standard recommendations for grave depth, it is suggested that:
 - Graves should be a minimum of 3 feet deep.
 - Graves with fewer than five bodies should allow for at least 4 feet between the bottom of the grave and the water table, or any level to which ground water rises.
 - For graves with more than five bodies there should be at least 6 feet between the bottom of the grave and water table, or any level to which groundwater rises.
 - These distances may have to be increased depending on soil conditions.
- Rows should be as wide as the blade of the earth moving equipment, a minimum of 2.5 feet, with 7 feet between the rows.
- When all burials have been completed in each row, the row may be refilled. A bucket loader-type vehicle should be used for refill. Care should be taken not to drive over the rows, even after they have been refilled.

Disinterment

Considerations:

- While business as usual continues, families will continue to make choices about the disposition of their next of kin and will incur financial liability for services provided. Once family choice is curtailed, counties will incur the financial responsibility for temporary interments and any subsequent disinterments.
- Families or prepaid irrevocable trusts should carry the financial responsibility for re-interment costs.
- If a person with a prepaid irrevocable trust is not disinterred, the county may claim the funds.

Procedures:

- Whenever personnel are conducting disinterment operations, they should wear N-95 respirators, gloves, aprons, and other types of protective clothing in accordance with health and safety guidance.
- Use maps and/or GPS to determine the exact location of each row.

- A chaplain may present a prayer, or other appropriate religious support may be offered. If a chaplain is not available, the senior person overseeing the disinterment may lead those present in 60 seconds of silence as a memorial.
- Using the backhoe and digging with care, the operator should dig down approximately 1 ½ feet. Multiple rows may be opened simultaneously depending on the availability of equipment. Dig the remaining depth with hand tools so as not to mutilate the human remains.
- Remove the dirt from all sides of the remains carefully. Look for the label that was attached to the outside of the human remains pouch. Match the number to the interment records.
- If the human remains pouch is not intact, the soil in the immediate area should be sifted for skeletal remains.
- Place the human remains pouch and any other remains on a litter and remove them from the row or interment site. Transfer the remains to the coroner/medical examiner or those responsible for final disposition.
- After all rows have been opened and remains removed, refill all rows and return the area as closely as possible to the original condition.

Attachment 11

***Minimum Recommended Specifications for Human Remains Pouches for
Internment***

- Complies with OSHA 3130 universal precautions.
- 14 oz. – 18 mil vinyl coated 1350 denier scrim material or equivalent.
- All zippers/grommets, etc., must be made of stainless steel or other non-corrosive material.
- Envelope style access panel with dual locking zipper pulls allowing bag to open from either end.
- Six handles of 1000 lb. test heavy duty propylene webbing or equivalent static lift tested to 450 lbs.
- Impervious to blood, fats and other normal body fluids.
- Shelf life in excess of 5 years..
- Temperature use to at least 140 degrees F (60 degrees C).
- Remains flexible to 32 degrees F (0 degrees C).
- Adult size.

Although New York State is establishing stockpiles of supplies needed to support mass fatality planning, because of the broad scope of a pandemic influenza emergency, localities should plan to establish local stockpiles as well.

Attachment 12

Guidance for Death Registration Planning

During a mass fatality event it is essential that counties maintain the integrity of their death certificates and burial permits processing to enable verification of the identity of the deceased for subsequent legal and estate considerations, as well as other vital statistic reporting. Counties must also assure that managing this documentation appropriately does not affect the rapid disposition of human remains. There are a number of provisions within the public health law that support both of these objectives.

In the event of a declared state of emergency, the NYS Commissioner of Health may request waivers to modify certain existing public health procedures that relate to the death registration process.

Completing Death Registration

The Electronic Death Registration System (EDRS) supports a role based registration of death events and can be accessed via NYS Health Commerce System (HCS) portal. In the event of a mass fatality event EDRS will be the primary mechanism to facilitate timely registration and reporting of deaths and issuance of burial permits as required by Public Health Law.

There may be circumstances where paper death certificate forms are needed to capture information that is required on a death certificate. Information collected as the event site will later be keyed into EDRS for processing and reporting. Paper death certificates are available on-line via secure access, to minimize the risk of running out of needed forms.

The minimum information required to file a death certificate is indicated in the following table. If additional information is available and can be provided without compromising the rate of processing human remains, it must be included.

To file a death certificate during a mass fatality emergency the following fields must not be blank.

Field	Description	Comments
Identification Section		
None	Decedent identification number, if required for the incident. <i>Always enter the decedent name if known.</i>	Enter the decedent ID on the top of the death certificate form ensuring that it appears on the under copy. Do not use the Register Number or State File number fields.
4a-4g	Place of death and location details	Specifics relating where death occurred, or body was found.
19 a 19 b	Informant name Informant address	This is the name of the person filling out the death certificate form.
Disposition section		
20a 20b 20c	Disposition Place of burial, cremation, removal/or other disposition Location (city, town, village)	This information is required to generate a burial permit. If the disposition is standard burial, temporary interment or cremation, a burial permit will be issued. If the disposition is for storage, not temporary interment, a holding permit will be issued.
Certifier Section		
25a- 29b	Information relating to the medical certifier	The medical certification may be signed by the attending physician or any other physician assigned by a hospital administrator, or the coroner/ME or their designee.*
Cause of death section		
30- 33b	Cause of death information	If unknown, enter "pending", "under investigation," etc.
All other information if available		

- * In their operating plans, healthcare facilities should designate physicians to certify the cause of death if the attending physician is not available.
- * In their operating plans, coroners/medical examiners should designate physicians who are authorized to certify the cause of death on their behalf.
- * *In both cases above, HCS coordinators will assign EDRS medical certifier roles to the appropriate personnel.*

Delivering the forms

Subregistrars

With the approval of the State Commissioner of Health, local registrars may appoint one or more subregistrars. In their annexes, counties should plan for activation of subregistrars in hospitals and morgues to facilitate the processing of death certificates and burial permits. Hospitals and coroners/medical examiners should prepare appointment forms in advance and submit them to the registrar, who will submit them to the State Commissioner of Health, as appropriate. The role of subregistrars can also be established within EDRS by HCS coordinators assigned to a specific local registrar office. BVR will provide assistance in support of enabling these EDRS roles.

Support for new and existing registrars/sub registrars will be available through an emergency Help Line.

Other information

Registered death certificates must be sent by registrars to the Vital Records Bureau for recording and filing per standard procedures.

Registrars will continue to be responsible for maintaining burial/cremation/storage records.

Attachment 13

Guidance for Decedent ID Numbers

To assure that remains are not double counted, and to help track remains, counties may assign a unique decedent ID number to event related or all remains whether the name of the decedent is known or not. During a pandemic influenza mass fatality event counties should always assign a decedent ID number for all fatalities in the county.

The numbering system should use:

- A prefix followed by a dash to indicate the county in which the death occurred. (See the following list.).
- Five (5) numeric digits followed by a dash.
- A suffix assigned by the county to indicate the event.

To facilitate the reconciliation of records within the county the decedent ID number should be referenced on:

- Death certificates.
- Human remains pouches and the body.
- Burial permits.
- Records for unidentified remains⁵.

The process of assigning numbers may vary based on the needs and resources of a county, e.g.:

- Some counties may choose to supply hospitals and morgues with a list of sequential five-digit numbers that can be crossed off as used.
- Other counties may be able to develop a web based program that generates complete decedent ID numbers as needed.

⁵ Unidentified remains should be tracked using the locality's current process.

Prefixes for Decedent ID Numbers

County Code⁶	County Name	County Code	County Name
01	Albany County	30	Oneida County
02	Allegany County	31	Onondaga County
03	Broome County	32	Ontario County
04	Cattaraugus County	33	Orange County
05	Cayuga County	34	Orleans County
06	Chautauqua County	35	Oswego County
07	Chemung County	36	Otsego County
08	Chenango County	37	Putnam County
09	Clinton County	38	Rensselaer County
10	Columbia County	39	Rockland County
11	Cortland County	40	St. Lawrence County
12	Delaware County	41	Saratoga County
13	Dutchess County	42	Schenectady County
14	Erie County	43	Schoharie County
15	Essex County	44	Schuyler County
16	Franklin County	45	Seneca County
17	Fulton County	46	Steuben County
18	Genesee County	47	Suffolk County
19	Greene County	48	Sullivan County
20	Hamilton County	49	Tioga County
21	Herkimer County	50	Tompkins County
22	Jefferson County	51	Ulster County
23	Lewis County	52	Warren County
24	Livingston County	53	Washington County
25	Madison County	54	Wayne County
26	Monroe County	55	Westchester County
27	Montgomery County	56	Wyoming County
28	Nassau County	57	Yates County
29	Niagara County		

⁶ Since New York City uses a decedent tracking system, UVIS, NYC counties are not referenced here.

Attachment 14

Decedent Information and Tracking Card

First Letter of Decedent Last Name: _____

DECEDENT INFORMATION AND TRACKING CARD

INCIDENT NAME	OPERATIONAL PERIOD
---------------	--------------------

MEDICAL RECORD / TRIAGE #	DATE	TIME	HOSPITAL LOCATION PRIOR TO MORGUE	
FIRST	MIDDLE	LAST	AGE	GENDER

IDENTIFICATION VERIFIED BY
 DRIVERS LICENSE STATE ID PASSPORT BIRTH CERTIFICATE OTHER: _____

IDENTIFICATION #: _____
ADDRESS (STREET ADDRESS, CITY, STATE, ZIP) _____

LISTED IN DATABASE 1 <input type="checkbox"/> YES <input type="checkbox"/> NO	RECORD CREATED IN DATABASE 2 <input type="checkbox"/> YES <input type="checkbox"/> NO	DEATH CERTIFICATE SIGNED <input type="checkbox"/> YES <input type="checkbox"/> NO
--	--	--

PHOTO ATTACHED TO THIS CARD <input type="checkbox"/> YES <input type="checkbox"/> NO	FINGERPRINTS ATTACHED TO THIS CARD <input type="checkbox"/> YES <input type="checkbox"/> NO
---	--

NEXT OF KIN NOTIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME	RELATION	CONTACT TEL
STATUS	LOCATION	DATE / TIME IN	DATE / TIME OUT

HOSPITAL MORGUE			
-----------------	--	--	--

HOSPITAL MORGUE			
-----------------	--	--	--

HOSPITAL MORGUE			
-----------------	--	--	--

HOSPITAL MORGUE			
-----------------	--	--	--

FINAL DISPOSITION	DATE / TIME	NAME OF RECIPIENT	SIGNATURE OF RECIPIENT
-------------------	-------------	-------------------	------------------------

RELEASED TO: <input type="checkbox"/> CORONER <input type="checkbox"/> COUNTY MORGUE <input type="checkbox"/> MORTUARY <input type="checkbox"/> OTHER: _____	DATE TIME		
--	------------------	--	--

LIST PERSONAL BELONGINGS	STORAGE LOCATION
--------------------------	------------------

ORIGINAL TO ...
COPY WITH DECEDENT
COPY TO ...

Attachment 15

Fatality Tracking

FATALITY TRACKING FORM

Adapted from HICS Form 254.

INCIDENT NAME				DATE / TIME PREPARED				OPERATIONAL PERIOD DATE/TIME			
MRN OR TRIAGE NUMBER	NAME	SEX	DOB/AGE	NEXT OF KIN NOTIFIED YES/NO	ENTERED: YES / NO		HOSPITAL MORGUE		FINAL DISPOSITION, RELEASED TO:		
					DATABASE 1	DATABASE 2	IN DATE/TIME	OUT DATE/TIME	CORONER, MORTUARY, COUNTY MORGUE, OR OTHER (LIST)	DATE/TIME	
COMPLETED BY HOSPITAL MFI UNIT			NAME								

Purpose: Account for decedents in a mass fatality disaster Origination: _____ Copies to: Patient _____

Attachment 16

Site Selection Considerations for the Family Assistance Center

- **Site selection factors**
 - Type of disaster event and number of fatalities.
 - Location in relation to the disaster site and the morgue.
 - Availability of a neutral, nonreligious site (e.g., hotel, school).
 - Needs of the many participating agencies.

- **Availability of facility**
 - Consider immediate and long-term availability.

- **Infrastructure**
 - Electrical power.
 - Telephone service.
 - A sufficient number of toilets.
 - Controlled heat/air conditioning, water, and sewage.
 - Adequate parking.
 - Security options.
 - Facility should comply with the American Disabilities Act (ADA).

- **Space and floor plan**
 - Accommodate the performance of many functions and delivery of services. Space should be provided for:
 - Operations center and administrative offices.
 - Large general assembly room with a public-address system.
 - Reflection room.
 - Death notification rooms.
 - Counseling rooms.
 - Medical area.
 - Reception area.

- **Adapted from Providing Relief to Families After a Mass Fatality: Roles of the Medical Examiner's Office and the Family Assistance Center.**

Attachment 17

Federal Family Assistance Plan for Aviation Disasters Overview

The following are excerpts from the Federal Family Assistance Plan for Aviation Disasters.

The role of the NTSB can generally be described as a coordinator to integrate the resources of the Federal government and other organizations to support the efforts of the local and State government and the airline to meet the needs of aviation disaster victims and their families. The NTSB assists in coordinating Federal resources to local authorities and the airlines. Family counseling, victim identification and forensic services, communicating with foreign governments, and translation services are among the services with which the Federal government can help local authorities and the airlines deal with a major aviation disaster.

The airline continues to have a fundamental responsibility to the victims and their families affected by an aviation crash. The airline is primarily responsible for family notification and all aspects of victim and family logistical support. Although their major responsibilities have not changed, the Aviation Disaster Family Assistance Act of 1996 and the Foreign Air Carrier Family Support Act places the airline, as well as other support organizations, in a more collaborative relationship with families.

All personnel involved in providing services to assist the victims and their family members should be trained in crisis response and must demonstrate compassion, sympathy, technical expertise, and professionalism. Information provided by family members and victims through discussions, interviews, counseling, and any other form of exchange of personal information must remain confidential and shall not be used for future litigation purposes.

Under the Plan, the NTSB is required to:

- Integrate local, county, State, and Federal government officials and airline staff to form a Joint Family Support Operations Center (JFSOC).
- Coordinate assistance efforts with local, county and State authorities, including coroner/medical examiner, State and local law enforcement, emergency management, hospitals and other emergency support personnel.
- Conduct a daily coordination meeting.
- Designate and publicize the name and number of a Director of Family Support Services.
- Designate a non-profit organization, the American Red Cross, primary responsibility for emotional care and support of families.
- The NTSB will request assistance from the local American Red Cross until national American Red Cross assets arrive.
- Assume primary Federal responsibility for facilitating the recovery and identification of fatally injured passengers.
- Ensure that the Director of Family Support Services shall request a passenger list from the air carrier based upon the best available information.
- Not release passenger information to anyone except to the family of a passenger to the extent the Director of Family Support Services considers it appropriate.

- Brief the families of passengers prior to any public briefings.
- Inform the families of any public hearings or meetings of the Board (NTSB).

The American Red Cross as the designated organization for delivering mental health services is required to:

- Coordinate mental health services with disaster response teams of the air carrier.
- Provide a private grieving area.
- Meet with families who have come to the crash site, contact families unable to come, and contact all families periodically.
- Communicate with families about the roles and responsibilities of all agencies involved in recovery activities.
- Arrange a memorial service in consultation with the families.
- Request a passenger list.
- Coordinate its activities with the air carrier so resources of the air carrier can be used to the greatest extent possible.

The airlines are required to submit a plan to the NTSB with a minimum of the following:

- Publish a toll-free number and provide trained staff to handle the calls.
- Notify the families of passengers prior to any public release of information. The information will be provided as soon as verification is made that the passenger was aboard and does not have to wait until all passengers are verified.
- Provide a passenger list to NTSB and the American Red Cross which is based upon best available data at the time of request.
- Consult families of victims as to disposition of remains.
- Return possessions, regardless of condition, to families unless needed for a criminal investigation.
- Retain any unclaimed property that the airline has control over for 18 months.
- Consult families if the air carrier builds a monument.
- Treat families of non-revenue passengers the same as revenue passengers.
- Work with the American Red Cross on an ongoing basis to ensure families receive an appropriate level of services.
- Provide a reasonable level of compensation to the designated organization, American Red Cross, for services rendered.
- Assist families of passengers in traveling to the location of the crash.
- Commit sufficient resources to carry out their responsibilities under the plan.

Attachment 18

Key Definitions

Annex – A major component of CEMP with a defined scope and purpose. It is attached to, but not part of, the basic plan. It addresses issues that require planning in addition to the basic CEMP and uses existing policies and procedures that have been identified in the CEMP. It builds upon such policies towards a specific goal or objective and is usually Functional or Hazard Specific.

Appendix – A significant sub-element to a plan Section or Annex. It is very limited scope and directly supports a Section of the basic CEMP or an Annex.

Autopsy – An autopsy is a medical procedure consisting of a thorough examination of a corpse to determine the cause and manner of death and to evaluate any disease or injury present. It is usually performed by a specialized medical doctor called a pathologist. Autopsies are performed for legal or medical purposes.

Body Collection Point (BCP) – A temporary storage location used to expand morgue capacity. BCPs are intended to provide temporary refrigerated storage of remains until the coroner/medical examiner can recover bodies and process them appropriately. Entities placing bodies in a BCP are responsible for signing the death certificate, providing the coroner/medical examiner with as much information as appropriate regarding the next of kin (NOK), creating a manifest of those bodies placed in the BCP, and securing the site appropriately.

Comprehensive Emergency Management Plan (CEMP) – A strategy and policy document that identifies the overall direction and control a local or State entity will take in a multi-agency emergency setting.

Concept of Operations – Explains the anticipated chain of events during an emergency. The logical flow should include the initial recognition of a hazard and the notification and activation of the response organization. These include the response mechanisms that could be activated along the way, what is expected to occur at the height of the response, the demobilization of the response and the transition into recovery.

Coroner – An elected public official who typically has statutory authority to investigate any death not the result of natural causes.

Disposition of human remains – The transfer of control of remains from one entity to another.

Disaster Portable Morgue Unit (DPMU) – A 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 prepackaged equipment and supplies. The DMORT program maintains a DPMU.

Electronic Death Registration System (EDRS) – A secure web-based system to electronically register deaths. Because it is web-based, it is accessible anywhere that internet access is available. The purpose of EDRS is to streamline the death registration process, improve the quality and timeliness of the data collected, and improve communication among those responsible for filing.

Emergency/Disaster Declarations – An official emergency declaration made by specified elected officials to authorize and empower the executive to use any and all equipment, supplies, personnel and resources in a manner as may be necessary or appropriate to cope with the disaster or emergency. The declaration of an emergency on the local level may result in funding, support, and access to additional State or Federal assets. Such officials make a formal declaration of an emergency when the event requires more assets and resources than exist within the county. Emergency/disaster declarations can be made at the local, State and Federal levels.

Emergency Operations Center (EOC) – The EOC serves as a centralized management center for emergency operations. Here the emergency management group makes decisions based upon information provided by the incident command and other personnel. Regardless of size or process, every facility should designate an area where decision makers can gather during an emergency.

Family Assistance Center (FAC) – A Family Assistance Center facilitates the exchange of timely and accurate information with family and friends of injured, missing, or deceased disaster victims; the investigative authorities; and the coroner/medical examiner. Types of services generally include: grief counseling; childcare; religious support; facilitation of family needs such as hotel, food, and transportation; ante mortem data collection; and notification of death to the next of kin. Although FACs can differ from one another, the coroner/medical examiner's role at the FAC includes gathering ante mortem data and notifying the next of kin regarding the deceased. FACs can be actual or virtually established.

Incident Command System (ICS) – A method of command, control, coordination and communication that enhances agency operations when responding to a disaster event. Typically ICS refers to management of people performing specific functions within a leader's span of control.

Incident Command Post (ICP) – The field location where all management of the incident is provided by the Incident Commander.

Mass Casualty – Any incident that results in a surge of injuries above that which is normally managed by a community's medicolegal system.

Mass Fatality – Any incident that results in a surge of deaths above that which is normally managed by a community’s medicolegal system.

Medical Examiner (ME) – A medical examiner is a physician who is appointed by the government to oversee and/or perform medicolegal death investigations.

Medicolegal – Pertaining to medicine and law.

Office of Emergency Management (OEM) – The agency responsible for the planning, response, recovery and mitigation of natural and human-caused disasters. The county level OEM interfaces between local government and the NYS Office of Emergency Management (NYSOEM).

Process human remains – As used in this document, processing refers to the physical and documentary preparation of human remains for disposition (transfer of control). During mass fatality emergencies, this may include overseeing remains from unattended deaths, unidentified remains, and remains requiring autopsies.

Registrar – The local registrar of vital records files birth and death records for the locality in which the event occurred.

Residential Recovery Team – A coroner/medical examiner authorized recovery team typically comprised of law enforcement and a transport team. This team may investigate residential deaths, recover decedents, and transport the bodies to the appropriate coroner/medical examiner. The team may tag and track bodies as appropriate using designated coroner/medical examiner methods.

Temporary Interment – Interments that may or may not be temporary based upon a family’s decision once the emergency has passed.

Unidentified Persons – Unidentified persons include those persons, both injured and deceased, who require the application of scientific methods to verify their identity. Scientific methods for identification include DNA, fingerprints, dental, radiographs, or medical record examination.

Waiver – During an emergency, a suspension by the appropriate authority of provisions of State and local laws that could prevent, hinder, or delay action necessary to cope with the disaster.

Attachment 19

Key Acronyms for Emergency Planning

Adapted from the New York City PI Surge Plan to Manage Decedents

AAR	After Action Report
ARC	American Red Cross
BCI	NYS Bureau of Criminal Investigation
BT	Bioterrorism
CAP	Civil Air Patrol
CBRNE	Chemical, Biological, Radiological, Nuclear, Explosive
CCSERT	NYS Police Contaminated Crime Scene Emergency Response Teams
CEMP	Comprehensive Emergency Management Plan
CISM	Critical Incident Stress Management
CRU	NYS Police Collision Reconstruction Unit
DASC	Disaster Assistance Service Center
DEC	NYS Department of Environmental Conservation
DHS	US Department of Homeland Security
DHSES	Division of Homeland Security & Emergency Services
DHHS	US Department of Health and Human Services
DMORT	Disaster Mortuary Operational Response Team
DMORT-AH/WMD	DMORT - All Hazards/Weapons of Mass Destruction
DPC	Disaster Preparedness Commission
DPMU	Disaster Portable Morgue Unit
DOD	US Department of Defense
DOL	Department of Labor
DOS	Department of State
DOT	Department of Transportation
DRC	Disaster Recovery Center

DSP	NYS Division of State Police
EDRS	Electronic Death Registration System
EMAC	Emergency Management Assistance Compact
EMS	Emergency Medical Service
EOC	Emergency Operation Center
EPA	Us Environmental Protection Agency
FAC	Family Assistance Center
FBI	Federal Bureau of Investigation
FEMA	Federal Emergency Management Agency
FIU	NYS Police Forensic Id Unit
FSRT	Fatality Search and Rescue Team (National Guard)
HEPP	NYS Health Emergency Preparedness Program
HHS	US Department of Health and Human Services
HRP	Human Remains Pouch
HSEEP	Homeland Security Exercise and Evaluation Program
IAP	Incident Action Plan
IC	Incident Commander
ICP	Incident Command Post
ICS	Incident Command System
IMS	Incident Management System
IMT	Incident Management Team
IND	Improvised Nuclear Device
JFSOC	Joint Family Support Operations Center
JIC	Joint Information Center
LOA	Letter of Agreement
MAC	State Multi-Agency Coordination Group
MASU	Multi-Agency Situation Unit

ME	Medical Examiner
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
MFI	Mass Fatality Incident
MFM	Mass Fatality Management
NDMS	National Disaster Medical Services
NIIMS	National Incident Management System
NIMS	National Incident Management System
NRF	National Response Framework
NTSB	National Transportation Safety Board
NYS	New York State
NYSBA	NYS Bar Association
NYSDOH	New York State Department of Health
NYSOEM	NYS Office of Emergency Management
OCFS	NYS Office of Children and Family Services
OEM	Office of Emergency Management
OEP	HSS Office of Emergency Preparedness (US)
OFP&C	NYS Office of Fire Prevention and Control
OIEC	NYS Office of Interoperability and Emergency Communication
OSHA	Occupational Safety and Health Administration
PESH	Public Employee Safety & Health
PIO	Public Information Officer
PPE	Personal Protective Equipment
RDD	Radiological Dispersal Devices
SADRT	State Air Disaster Response Team
SEOC	State Emergency Operations Center
SME	Subject Matter Expert
SOP	Standard Operating Procedures

USDA	US Department of Agriculture
USPHS	United States Public Health Service
VOAD	Voluntary Organizations Active In Disasters
WMD	Weapon of Mass Destruction

Attachment 20

Key Links

Description	Link
ORGANIZATIONS	
NYS Office of Emergency Management	http://www.dhSES.ny.gov/
DMORT	www.dmort.org
PLANS	
NYS Pandemic Influenza Plan Briefing	https://www.health.ny.gov/diseases/communicable/influenza/pandemic/docs/2006-02-23_pandemic_influenza_plan_briefing.pdf
SAFETY	
The Occupational Safety and Health Administration (OSHA) 29 CFR 1910.1030 “Occupational Exposure to Bloodborne Pathogens”:	http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051
The Department of Transportation (DOT) Office of Hazardous Materials Safety:	https://www.phmsa.dot.gov/about-phmsa/offices/office-hazardous-materials-safety
The Centers for Disease Control and Prevention (CDC) Radiation Emergencies	https://www.cdc.gov/nceh/radiation/emergencies/index.htm
The Centers for Disease Control and Prevention (CDC) Radiation Emergencies: Information for Medical Examiners and Coroners	https://www.cdc.gov/nceh/radiation/emergencies/examiners-coroners.htm
CDC Medical Examiners, Coroners, and Biologic Terrorism A Guidebook for Surveillance and Case Management	http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5308a1.htm
Interim Health Recommendations for Workers Who Handle Human Remains	https://www.cdc.gov/disasters/handlerremains.html
Standard Precautions Guidelines	http://www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html
Radiation Event Medical Management: Management of the Deceased	http://www.remm.nlm.gov/deceased.htm
Health and Safety Recommendations for Workers Who Handle Human Remains	http://www.osha.gov/OshDoc/data_Hurricane_Facts/mortuary.pdf
Management of Dead Bodies After Disasters: A Field Manual for First Responders	https://www.icrc.org/en/publication/0880-management-dead-bodies-after-disasters-field-manual-first-responders
Management of Dead Bodies in Disaster Situations	https://www.who.int/hac/techguidance/management_of_dead_bodies.pdf

Attachment 21

Family Assistance Center Guide (under development)