Introduction to the
Template Policy for Fatality Incident Response

The management of a large number of fatalities or fatalities with special circumstances may overwhelm local resources and may necessitate the involvement of fatality management resources from other jurisdictions or the activation of the federal Disaster Mortuary Operational Response Team (DMORT). It is the purpose of this template policy to provide guidance to all jurisdictions and all disciplines in the state of Wisconsin that may be involved in the management of a large number of fatalities so as to ensure the efficient and humane handling of human remains.

The State Expert Panel on Fatality Management presents this Template Policy along with the following three recommendations for adoption and adaptation by each jurisdiction in the Sate of Wisconsin.

Recommendation #1: It is recommended that all disciplines in the State of Wisconsin, involved in the management of fatalities, adopt one common and consistent policy and procedure for the management of a large number of fatalities.

> **Rationale**: This is recommended so that all disciplines, which come to the aid of an overwhelmed jurisdiction(s), will be better prepared to respond, knowing that all jurisdictions will follow essentially the same procedures in the management of a large number of fatalities.

Recommendation #2: It is recommended that any changes to this policy and its procedures be only jurisdiction specific changes that do not materially alter the protocols of this policy.

> **Rationale**: Material deviations from this policy and its procedures may jeopardize the consistency of response, since it is likely that other disciplines, especially those from other jurisdictions, will not be aware of any material changes, made by the jurisdiction.

Recommendation #3: It is recommended that each jurisdiction, during the planning stage, review this Template Policy with other local disciplines that may be involved in the fatality incident response.

> **Rationale**: The management of a large number of fatalities and its consequences has a major impact upon the community. It is critical that the local Coroner/Medical Examiner and other response disciplines be involved in the implementation of this Template Policy and be aware of and approve any jurisdiction or discipline-specific changes. No one discipline can successfully manage a large number of fatalities without the assistance of other disciplines.

It is assumed, for the purpose of this policy that the Coroner/Medical Examiner and other emergency response partners have a thorough understanding of the Incident Command System (ICS) and the National Incident Management System (NIMS).

Template Policy
For Fatality Incident Response

Policy: Incidents that involve multiple fatalities or fatalities with special circumstances have the potential to overwhelm local resources. The number of fatalities that may overwhelm local resources is relative based both on local capabilities and also on the number and complexity of the fatalities.

Definitions:

After Action Report (AAR) is a description of what happened in the exercise, issues to be addressed, best practices, and recommendations for improvement.

D-FIRST (Dane Fatality Incident Response Support Team) is designed to mirror the federal Disaster Mortuary Operations Response Team (DMORT). D-FIRST, although managed by the Dane County Coroner's Office, is a state asset, available to requesting jurisdictions, and has been developed to assist in the management of fatality incidents that present with unusual or difficult characteristics.

DMORT (Disaster Mortuary Operational Response Team) is a program of the U.S. Department of Health and Human Services (DHHS), Office of the Assistant Secretary for Preparedness and Response (ASPR), Office of Preparedness and Emergency Operations (OPEO), National Disaster Medical System (NDMS). DMORT responds ONLY when requested to assist local authorities during a fatality incident response that overwhelms the ability of local resources to manage the incident.

Emergency Operations Center (EOC) is the physical location where multiple agencies come together during an emergency to coordinate response and recovery actions and resources. The EOC is not an incident command post; rather, it is the operations center where coordination and management decisions are facilitated.

Homeland Security Exercise and Evaluation Program (HSEEP) is a federal capabilities and performance-based exercise program that provides a national standardized methodology and terminology for exercise design, development, conduct, evaluation, and improvement planning.

Incident or "disaster" is any occurrence that overwhelms the ability of any discipline in its ability to manage the number of fatalities caused by the incident.

Incident Command System (ICS) is a standardized on-scene incident management concept designed specifically to allow responders to adopt an integrated organizational structure equal to the complexity and demands of any single incident or multiple incidents without being hindered by jurisdictional boundaries.

Incident Commander is the Command Function of an Incident Command System; this person is responsible for directing and/or controlling resources by virtue of explicit legal, agency, or delegated authority.

Jurisdiction, for the purpose of this policy, is defined as a county.

Operational Period is the period of time scheduled for execution of a given set of operational actions as specified in the Incident Action Plan. Operational Periods can be various lengths, usually not over 24 hours. The Operational Period coincides with the completion of one planning cycle.

Unified Command is a structure that brings together the Incident Commanders of all major organizations involved in the incident in order to coordinate an effective response while at the same time carrying out their own jurisdictional responsibilities.

Procedures:

1. Fatality Incident Response Assumptions

    a. The incident is to be managed by the Incident Command System.

        i. In most incidents, it is assumed that the Incident Command System will have been established. The Coroner/Medical Examiner then is to operate under the Fatality Incident Response Branch and may serve as the Branch Director. (see Appendix A: Incident Command System)

        ii. If the Incident Command System has not been activated, the Coroner/Medical Examiner should act as the Incident Commander and set up Incident Command System functions as necessary. (see Appendix B: Incident Command System with Coroner/Medical Examiner as Incident Commander)

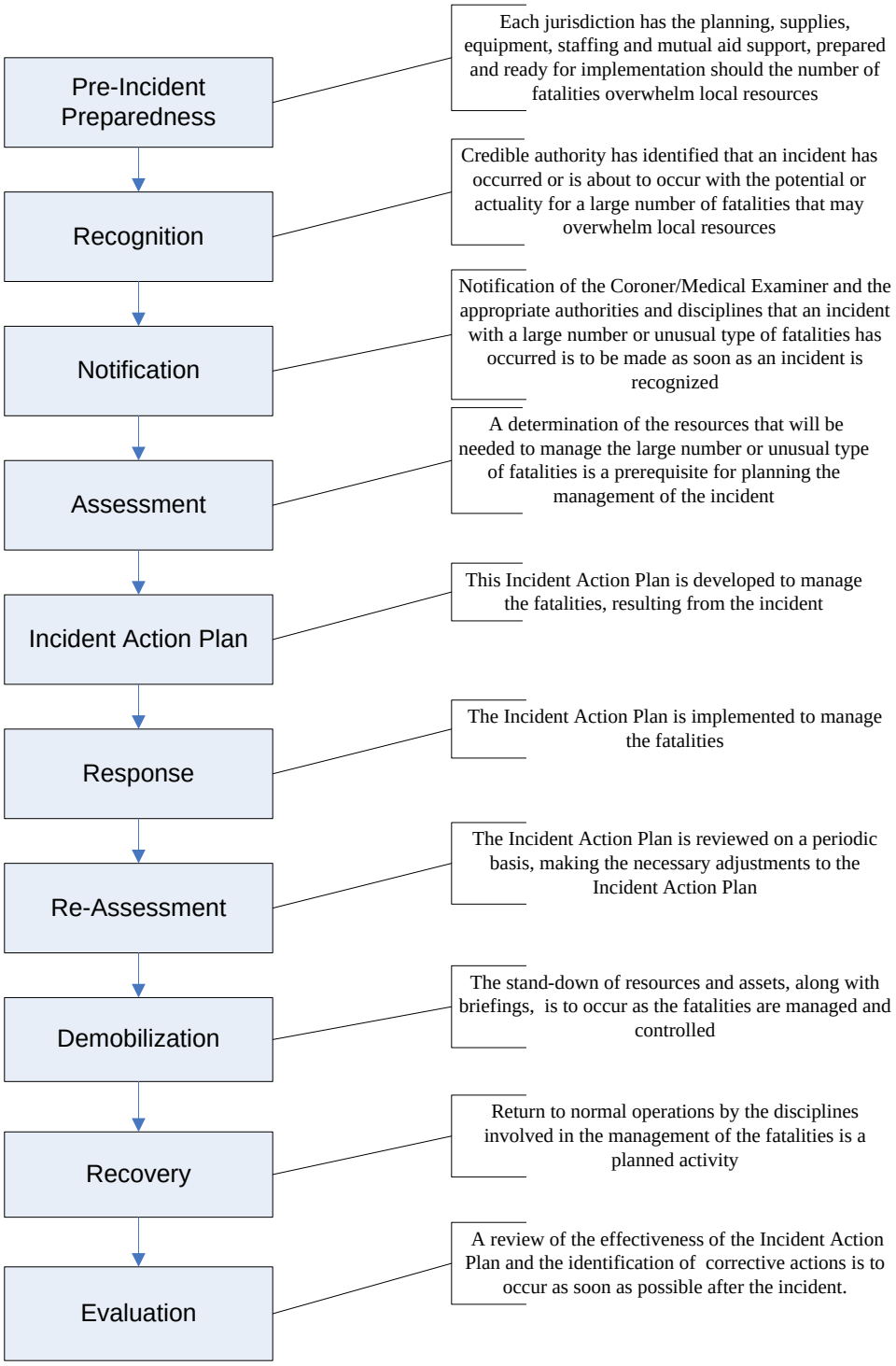
        iii. The Coroner/Medical Examiner may also serve as part of Unified Command. Another Coroner/Medical Examiner may then need to serve as the Facility Incident Response Branch Director.

        iv. In all instances, the Coroner/Medical Examiner is to coordinate with the Public Information Officer for all communications to the media and/or to the public.

b. The Emergency Operations Center (EOC) may be activated to assist emergency responders in their response.

c. If local resources are overwhelmed, both state and federal resources can be requested to assist.

2. Overview of Fatality Incident Response:



3. The following are the procedures to be implemented for each component of the Fatality Incident Response:

    a. **Pre-Incident Preparedness** necessitates that each jurisdiction

        i. adapt this Template Policy on Fatality Incident Response to the unique conditions of its jurisdiction without changing the material procedures of this Template Policy, to the extent possible.

        ii. determine the number or type of fatalities that would overwhelm the resources of the jurisdiction, based on:

            1. the number of fatalities involved

            2. the special circumstances of the fatalities such as bodies being contaminated with toxic or infectious agents

        iii. keep an accounting of the existing supply inventory. A minimum supply list is defined as the amount of supplies that should be on hand to manage the average monthly number of fatalities. Additional resources can be made available through D-FIRST

        iv. integrate this Fatality Incident Response Plan with the Emergency Operations Plan of the jurisdiction and the Emergency Response Plans of other disciplines that will be involved in the Fatality Incident Response[1].

        v. have a plan for fatality incident staffing of the office of the Coroner/Medical Examiner (see Appendix Q: Template Mass Casualty Staffing and Response Plan for Coroner/Medical Examiner)

        vi. participate in exercises periodically to test this plan

    b. **Recognition**: Whether an incident is potentially or actually overwhelming local resources is always a local decision. The threshold to implement this Template Policy is relative to each locality.

        i. State Statute 979.01 mandates that the local Coroner/Medical Examiner be immediately notified of any incident in the jurisdiction in which fatalities are involved.

        ii. Any credible entity/person such as Dispatch, Law Enforcement, Hospitals, Emergency Medical Services (EMS), Public Health, Fire Departments may make the initial determination that a particular

[1] The National Response Framework requires that there be a fatality incident response plan in Emergency Support Function (ESF) 8: Health and Medical Services Annex.

incident could overwhelm the ability of local resources to manage the fatalities involved and is to immediately to notify the local Coroner/Medical Examiner.

iii. The first emergency response person on-scene takes on the role of Incident Commander and the Incident Command System then expands based on the nature of the incident.

c. **Notification**: Any credible source, recognizing that an incident may overwhelm local resources, is required by Wisconsin Statute 979.01 (see Appendix D: Wisconsin Statutes Pertinent to Fatality Incident Response) to notify immediately the Coroner/Medical Examiner. It is likely that emergency responders such as dispatch, law enforcement, etc. will be aware of such an incident. According to the Template Policy on Dispatch Response to a Multiple Victim Incident (see Appendix E), Dispatch is to make notification of the incident to the local Coroner/Medical Examiner and then to Tier I and Tier 2 organizations.

d. **Assessment**: It is the Coroner/Medical Examiner of the jurisdiction involved that makes the final determination that the ability of local resources to manage the fatalities is not sufficient.

i. The Coroner/Medical Examiner or designee is to make an initial site visit to the scene(s) of the incident and to make an assessment of the resources necessary to manage the incident.

ii. The Coroner/Medical Examiner may utilize the Assessment and Resource Checklist (Appendix F) to assist in determining the resources that may be necessary to manage this incident.

iii. If it is determined that there are not sufficient resources to manage the incident, the Coroner/Medical Examiner may request assistance from the Dane Fatality Incident Response Support Team (D-FIRST) at:

24/7 Number:
Dane County Communications Center
608-266-4948
Ask for the Duty Coroner to be paged

During Business Hours:
608-284-6000

1. Attachment G: Dane County Fatality Incident Response Team (D-FIRST) Resources lists all of the services that can be brought into the local jurisdiction as needed.

2. The Dane Fatality Incident Response Support Team (D-FIRST) has trained team members regionally that can be sent to the jurisdiction to assess and deploy the resources that are needed to manage the fatalities upon approval of the local Coroner/Medical Examiner of the jurisdiction involved.

3. Billing by D-FIRST

    a. Following any deployment, D-FIRST will provide a detailed accounting to the requesting agency of all operational services, including, but not limited to, such items as transportation, housing, hours worked, on-site fueling, consumable supplies.

    b. If there is a party that is financially responsible for the occurrence, it is expected that the requesting agency will bill that party and reimburse D-FIRST for all expenses incurred.

    c. If there is no party that is financially responsible for the occurrence (natural), it is expected that the requesting agency will restore the D-FIRST supplies that were used for the event.

4. The local Coroner/Medical Examiner has the authority to make the decision about requesting the federal Disaster Mortuary Operational Response Team (DMORT) resources (Attachment H: DMORT Resources).

5. The local Coroner/Medical Examiner remains in control of the incident even when D-FIRST and/or DMORT are deployed within the jurisdiction. However, if there is a conflict between the local jurisdiction and D-FIRST and/or DMORT regarding policies and procedures, D-FIRST and/or DMORT retain the right to decline to participate in the incident in whole or in part.

6. The mobilization of the Disaster Mortuary Operational Response Team (DMORT) resources does not require a federal disaster declaration. Full or partial mobilization of DMORT services may be requested. Each Federal Emergency Management Agency (FEMA) region has a Disaster Mortuary Operational Response Team (DMORT) Team that can respond within 24 hours of the request.

7. When assistance is being provided to the local jurisdiction by the Dane Fatality Incident Response Support Team (D-FIRST) and the Disaster Mortuary Operational Response Team (DMORT), the policies and procedures of the DMORT should be followed. Coroners/Medical Examiners and other emergency responders should be familiar with the operational response of the DMORT[2].

e. The **Incident Action Plan** establishes the operational directives to manage the number and type of fatalities. The Incident Action Plan is to address the following components, as necessary:

   i. establishing objectives

   ii. setting the operational periods

   iii. determining the priorities

   iv. selecting effective strategies and tactics

   v. identifying the resource requirements

   vi. issuing assignments

   vii. directing, monitoring and evaluating response efforts

   viii. documenting results

f. **Response:** This is the implementation of the Incident Action Plan by the Fatality Incident Response Branch.

   i. In larger jurisdictions, those persons by discipline that could serve as members of the Fatality Incident Response Teams should be identified prior to any incident with training opportunities made available to these team members.

   ii. In smaller jurisdictions, the identification of members of the Fatality Incident Response Team may not be possible. The members of the Fatality Incident Response Team may need to be formed, based on a core set of members from the jurisdiction with additional support coming from outside jurisdictions.

[2] Information about the Disaster Mortuary Operational Response Team (DMORT) can be found at www.dmort.org.

Note: Although smaller jurisdictions may lack resources, planning for fatality incident response must take place, knowing that additional resources will be made available to the jurisdiction.

iii. The response to an incident with an overwhelming number or type of fatalities will involve the following functions:

1. Routine Investigations (this function is not directly part of the Fatality Incident Response, but is tasked with maintaining on-going fatality management)

2. Body Recovery Team

3. Examination Services Team

4. Family Support Team

5. Information Management Team

iv. Staffing the Teams. To the extent possible, each jurisdiction should list the functions that are available by discipline within the jurisdiction that can be called upon to staff these Teams.

1. Because of the potential for turn-over of individual persons, members of the various Teams should be listed on the Teams Staffing Plan by function, e.g. law enforcement officer versus by the name of an individual person.

2. This Teams Staffing Plan then is to be entered into Appendix I.

3. Job Action Sheets, available though the Disaster Mortuary Operational Response Team (DMORT)[3] are available for each of the functions for each Team, which can be used as "just-in-time" training for persons recruited to carry out these various functions.

v. Routine Investigations. The Fatality Incident Response Plan for each jurisdiction is to include a plan to maintain routine investigations and to manage routine deaths that are not part of the incident.

vi. The following are responsibilities common to all Teams:

1. Briefing: There is to be an information exchange by the Fatality Incident Response Branch Director, which should

[3] DMORT Job Action Sheets can be found at www.dmort.org

provide situational-awareness to the Team members so that they are fully apprised of the nature of the incident and the Incident Action Plan to be implemented. This should occur at the beginning of each shift and at the end of each shift.

2. Identification of Team Members: The Incident Commander or the Fatality Incident Response Branch Manger is to determine the type of identification necessary for all Team members, e.g. name tags, vests, etc., working under the Fatality Incident Response Branch.

3. Staff Documentation: one member of each Team is responsible for accounting for all staff, which will include:

    a. who is on the team

    b. how many hours each team member is working per shift and per incident

    c. when team members leave the work site and when team members return to the work site.

4. Support Services: A member of each Team is responsible for (in coordination with the Fatality Incident Response Branch Director and the Operations Section Chief) to ensure that sufficient housing, food, laundry and other personal needs of the Team members are attended to.

    a. This support is also to ensure that essential services such as fuel, electricity, telephones, heat, bathrooms are available for the needs of the Team members.

    b. This should also include, as necessary, making available the services of clerical staff to the Team members to help with clerical tasks.

5. Health: The Team Leader of each Team, with the assistance of the Safety Officer, is responsible for the on-going monitoring the health status of Team members, including identifying physical, mental, emotional fatigue and any illness or injury as well as support of Team members post-incident.

6. Public Health: depending upon the type of incident, the Fatality Incident Response Branch Director, through the Incident Command System chain-of-command, may ask for the assistance of public health, e.g. Radiation Section,

Environmental Health Section, Communicable Disease Section by contacting their local health department or the Wisconsin Division of Public Health at

24/7 Number
Wisconsin Division of Public Health
608-258-0099

During Business Hours
608-267-9003

a. to provide technical assistance regarding radiological, toxic or infectious agents involved, providing directives for the treatment and protection of the Team members. For example, if the bodies have been exposed to or contaminated with infectious, chemical or radiological agents, public health authorities can provide directives regarding the type of personal protective equipment (PPE) that is required and what prophylaxis or treatment may be necessary.

b. provide epidemiology, disease investigation and contact tracing of bodies and of other persons infected and/or exposed.

vii. Body Recovery Team. This team usually works at the scene(s) of the incident. Members of this team are responsible for the following functions:

1. Team members have the responsibility to protect the bodies and body parts, to maintain the chain of evidence, to collect and maintain the personal belongings of the deceased and to secure the scene and its supplies and equipment.

2. Documentation: the Body Recovery Team is accountable for:

a. Documenting, collecting bodies and body parts, photographs of bodies and body parts and personal effects.

b. The Body Recovery Team usually produces documentation of their activities in hardcopy. The Information Management Team is responsible for data entry.

3. Conveyance involves the transport of bodies, body parts and personal effects from the scene of the incident to the morgue or the temporary morgue. The member of the Body Recovery Team, responsible for conveyance, will be responsible for the arrangement of transportation resources through the Incident Command System chain of command

4. Federal Agency Involvement: The Incident Commander and/or Unified Command and, in certain cases, the local Coroner/Medical Examiner is responsible for determining whether agencies such as the National Transportation Safety Board (NTSB), Federal Bureau of Investigation (FBI), Federal Aviation Administration (FAA) or other such agencies need to be involved.

    a. Once this determination is made, contact with these agencies is to be coordinated through the Incident Commander or Unified Command and/or the Emergency Operations Center.

    b. The Body Recovery Team Leader is to be notified as soon as possible of the agency's special circumstances compliance requirements.

5. Healthcare Facilities: one team member is responsible for coordinating the recovery of bodies, involved in the incident, from healthcare facilities, if applicable.

    a. Hospitals are to have a policy to notify the local Coroner/Medical Examiner of all fatalities (at the hospital) known to be involved in the incident.

    b. If there are fatalities at the hospital that are part of the incident, the conveyance and processing of the bodies is the responsibility of the local Coroner/Medical Examiner. The local Coroner/Medical Examiner has the responsibility to account for all fatalities involved in the incident.

6. All documentation is then to be handed over to the Information Management Team.

4. Examination Services Team: This team usually works at the morgue or the temporary morgue. Services provided by the Examination Services Team may include: Triage, Anthropology, Odontology, Fingerprinting, Photography, Radiology, Pathology and Toxicology, DNA Analysis, Evidence, Personal Effects, Intake and Admitting

a. Security: Team members have the responsibility to ensure that the location, in which the Examination Services Team is working is secured, and to restrict access only to authorized persons to secure the bodies, body parts and personal effects.

b. Tracking: Trackers are responsible for moving bodies and body parts through the various Examination Services Team stations.

c. Examination: Various stations such as Fingerprinting, DNA, etc. examine contents of body bags and personal effects and document findings. Examiners establish the list, using numbers not names, of all bodies and body parts that are identified.

d. Temporary Morgue: Because it cannot be predicted where an incident could occur, the Coroner/Medical Examiner and the Emergency Management Director in each jurisdiction are to collaborate to identify various locations throughout the county that can be used as a temporary morgue so that that the most appropriate facility can be selected, according to the criteria recommended by the Disaster Mortuary Operational Response Team (DMORT) (see Appendix J: Criteria for Temporary Morgues).

    i. It is important to identify if these facilities have agreements for the emergency use of the facility that may conflict with use of the building by other emergency response organizations.

    ii. Facilities that can be used as temporary morgues should be listed in Appendix K: Sites for Temporary Morgues.

e. All documentation is then to be handed over to the Information Management Team.

5. Family Support Team: This team usually works in an area or a building that has been set up in such a manner to provide information and privacy for family members of those persons, who have died in the incident. Members of the Family Support Team are responsible for the following functions:

   Note: In a pandemic situation, the Family Support Team may create a virtual center, since gatherings of persons may be not recommended in order to mitigate the spread of disease.

   a. Security: Team members have the responsibility to ensure that the building is secured and that access is restricted only to authorized persons so as to protect the privacy of the family members. Security team members should include members of law enforcement with arrest authority.

b. Reception Center[4]: It is recommended that the jurisdiction also identify sites that can serve as a Reception Center.

    i. A Reception Center is a site to which all people, concerned about persons involved in the incident, are advised to converge. The Reception Center then can help direct people to the appropriate facility.

    ii. Victim Inquiry: all inquiries are to be directed to the Reception Center. Family members will have access to victim information through the Family Support Center.

    iii. The identification and set-up of the Reception Center is to be coordinated with the local Emergency Management Director and/or the American Red Cross.

    iv. Family members of victims are to be transported to the Family Support Center.

c. Family Support Center: Because it cannot be predicted where an incident could occur, each jurisdiction is to identify various locations throughout the jurisdiction that could be used as a Family Support Center so that the most appropriate facility can be selected, based on the nature of the incident, the number of fatalities involved, the number of family members, clergy and other support personnel that may work in the Family Support Center.

    i. This Family Support Center should not be located near the temporary morgue and, to the extent possible, meet the following criteria:

        1. ample parking
        2. ability to lockdown the facility with one single entrance
        3. availability of food services
        4. sufficient number of toilets
        5. sufficient number of telephones
        6. place for cots
        7. rooms for private counseling
        8. internet access
        9. hand-washing facilities
        10. adequate heating,, ventilation and air-conditioning (HVAC) to deal with various weather conditions
        11. emergency power

    ii. Facilities that can be used as Family Support Centers should be listed in Appendix L: Sites for Family Support Centers.

[4] There is yet no uniformity nationally or within the state in naming these different centers. Various entities may use the same or different names for these centers.

d. Housing: Each jurisdiction is to identify housing that can be made available to family members, who need a place to stay. Housing for family members should meet the following criteria, to the extent possible:

    i. ability to have secure access to the building through a single entrance or through keys

    ii. ability to secure the building from media

    iii. availability of transportation to the Family Support Center

    iv. Facilities that can be used as housing for family members should be listed in Appendix M: Sites for Housing of Family Members.

e. Medical Treatment: The Family Support Team is to ensure that there are medical services available for family members at the Family Support Center. These services usually are provided through the local Emergency Medical Services (EMS) and their only function should be to serve the medical needs of family members in the Family Support Center.

f. Notifications: The Family Support Center is responsible for the positive identification of victims and notification of the appropriate family members.

    i. The Family Support Center works with family members to collect ante-mortem information that is then sent to the Information Management Team.

    ii. Once a positive identification has been made through the Information Management Team and when authorized by the local Coroner/Medical Examiner, the members of the Family Support Services Team can begin the notification of family members.

    iii. Family members are not to be transported or allowed to be in the morgue.

g. Transportation: The Family Support Center is responsible for providing transportation for family members to housing, shopping and for other personal needs.

    i. Each jurisdiction should have a transportation plan that identifies the transport resources available.

    ii. Transport Services and Resources that can be used for the transport of family members should be listed in Appendix N: Transportation Services and Resources.

h. Funeral Directors are to be available in the Family Support Center to assist the family with funeral arrangements, transportation of the body to the funeral home and viewing of the body by family members at the funeral home.

    i. Death and burial practices will be respected to the extent possible. State or local authorities will provide directives about the disposition of bodies depending upon the type of incident.

    ii. Public health authorities will be responsible for providing messages to the public regarding any needed changes in burial practices.

    iii. It is the responsibility of the funeral director to manage each case individually, based on directives from state or local authorities.

i. Other Support: Clergy, grief counselors and others with the appropriate training are also to be available to assist family members.

j. American Red Cross or other support agencies: The Emergency Operations Center or the Incident Commander is to coordinate with the local chapter of the American Red Cross or other support agencies to provide housing, food, etc to the family members and staff of the Family Support Center.

k. Mental Health: Each jurisdiction is to have mental health professionals, who can provide counseling and support to the family members. These mental health resources should be listed in Appendix O: Mental Health Resources.

l. Support Resources: Depending upon the demographics of the jurisdiction, the jurisdiction should identify the special needs within its jurisdiction and plan for other support resources such as interpreters for those who speak various languages, those who may be deaf, blind or with various communication barriers. These special needs resources should be listed in Appendix P: Special Needs Resources.

m. All documentation is then to be handed over to the Information Management Team.

6. Information Management Team

    a. This team is supplied both by D-FIRST and DMORT. It is responsible for all documentation, including the collection, recording and storage of ante-mortem and post-mortem information. The Victim Identification Program (VIP) and Win ID computer programs are utilized to assist in managing this information.

    b. All records and data are kept secure and confidential per the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

c. At the conclusion of the mission, all records and data collected become the property of the local Coroner/Medical Examiner. No information is released by this Team to any person(s) or agencies without proper authorization from the local Coroner/Medical Examiner.

d. Permits and certificates required for the release, transit and final disposition of remains will be obtained and recorded. Licensed funeral directors, or others designated by the local Coroner/Medical Examiner coordinate this function with the state vital statistics office and the local vital records registration office.

7. **Re-Assessment** of the Incident Action Plan should take place periodically, based on the operational periods that have been established, to ensure that the Incident Action Plan accurately reflects the needs of the incident as it evolves. This re-assessment takes into consideration what has been accomplished, what objectives have been completed, what objectives have not yet been completed and what further objectives need to be developed.

8. **Demobilization** is the responsibility of each Chief, Supervisor, Team Leader, etc. Each function is to have a plan for the demobilization of personnel and assets. Demobilization provides the plan for "What must be done as we close down operations"? Demobilization includes, but is not limited to such tasks as

    a. accountability for all personnel

    b. ensuring that all assignments have been completed

    c. all necessary forms and documents have been filed with the appropriate authority

    d. return of all supplies and equipment

    e. complete post-incident reports and medical follow-up

9. **Recovery** is the plan to return to normal operations. Each discipline involved is to identify the issues that need to be addressed as their organization returns to normal operations. All disciplines are to have plans to address the physical and mental health needs of all personnel involved in the incident, recognizing that personnel may be affected by the incident for days and months after the incident.

    An example of a model intervention that can be used to address physical and mental health needs is Critical Incident Stress Management (CISM).

10. **Evaluation** of the incident should take place as soon as possible. The Fatality Incident Response Team is to complete an assessment of its activities and include this

assessment in the incident After Action Report (AAR). All disciplines are to be involved in this evaluation and in the writing of the After Action Report (AAR). Special attention is to be given to the corrective actions that need to be implemented, resulting in revisions to the Fatality Incident Response Plan.

11. **Training:** There are multiple training opportunities available through professional associations

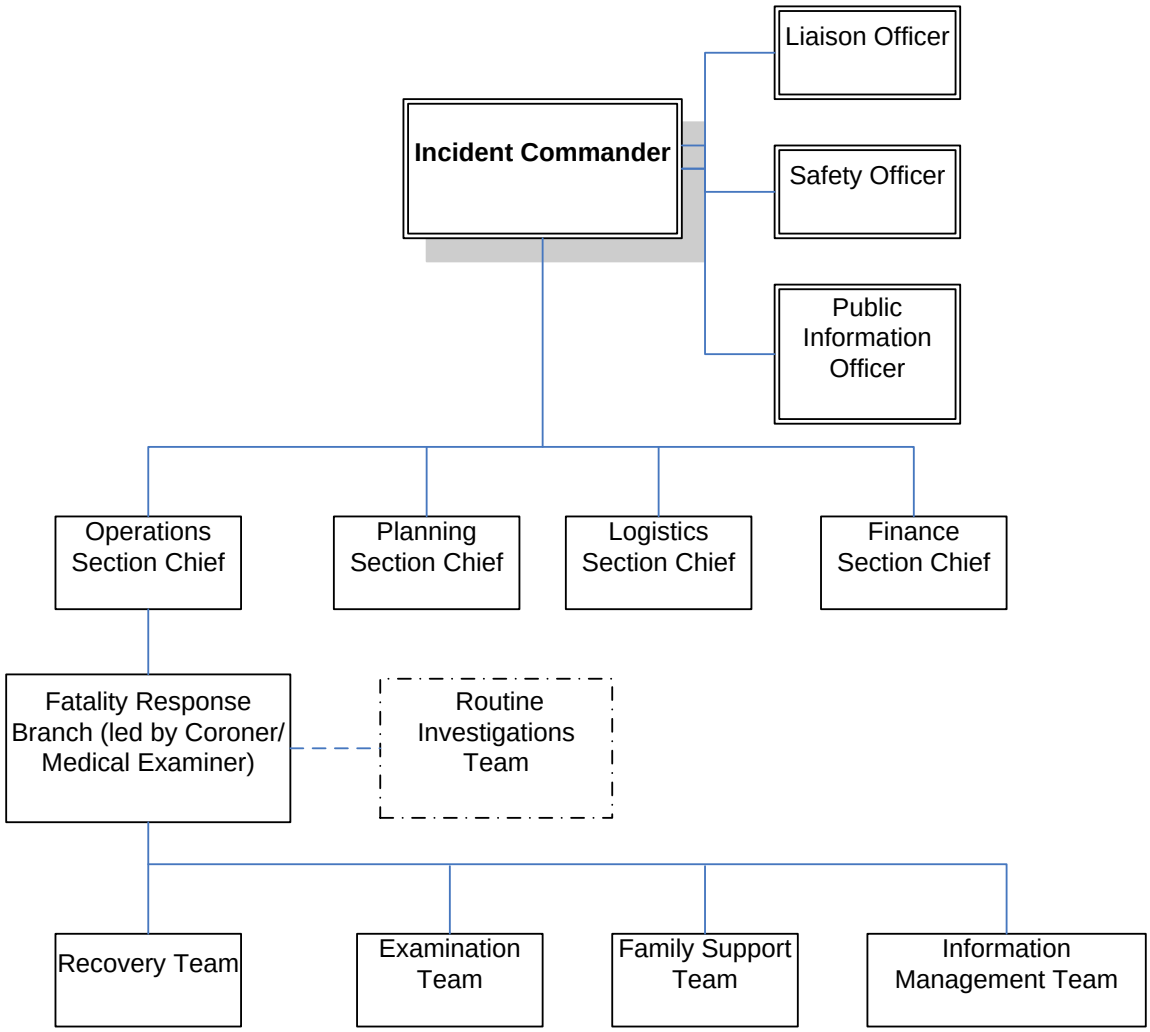
    a. Training best takes place at the local level, involving to the extent possible, all those that would be involved in the response to a fatality incident.

    b. All persons involved in the fatality incident response are to be competent in the Incident Command System (ICS) and the National Incident Management System (NIMS), especially independent study courses: IS 100 and IS 700.

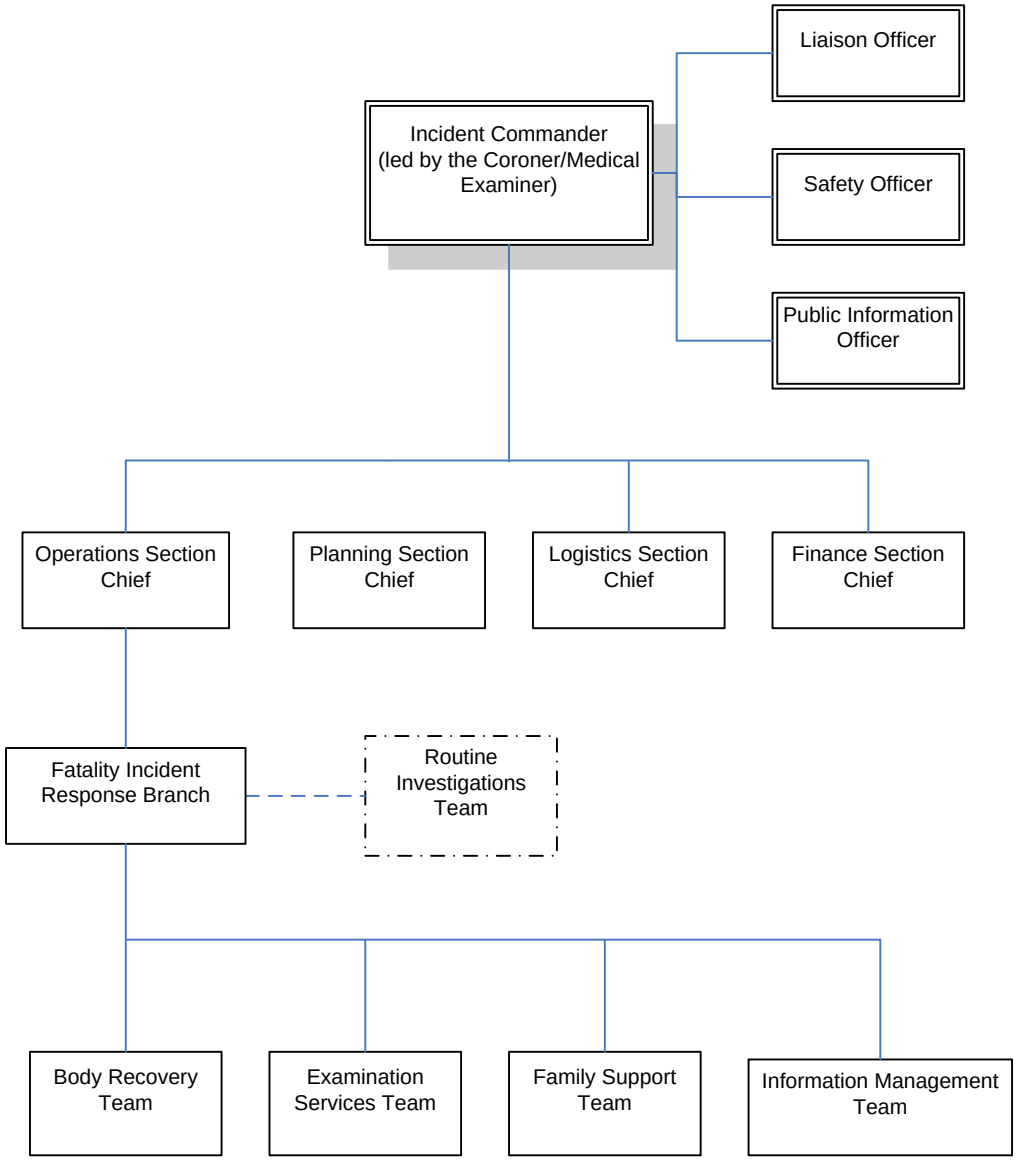
    c. Each discipline involved in the response to a fatality incident is to consult with its professional association regarding training for mass fatality management.

12. **Exercising the Plan:** Each jurisdiction is to exercise this plan at least annually, focusing on testing particular aspects of this plan in each exercise. After Action Reports (AAR) are to be completed according to the guidelines of the Homeland Security Exercise and Evaluation Program (HSEEP). HSEEP guidelines can be found at https://hseep.dhs.gov.

Appendix A: When Incident Command System Is Established



Appendix B: Incident Command System with Coroner/Medical Examiner as Incident Commander



Appendix C: D-FIRST Inventory[5]

D-FIRST INVENTORY

Per Pkg	***Item Qty***		***Item(s)***	***# Used***
BIN # 1				
Case	24	52	Emergency Blankets	
Each		8	PPE Scene Response Kits	
Box	20	20	Skin Decon Kits	
Box	200	200	Body Bag Seals	
Pair		6	Knee Protection Pads	
BIN # 2				
Per Pkg	***Item Qty***		***Item(s)***	***#Used***
Box	500	500	24x24 Bio-Hazard Bags	
Box	100	100	23x17 Bio-Hazard Bags	
Pair		4	Knee Protection Pads	
Box	12	24	Safety Glasses	
Case	80	80	N95 Particulate Masks	
Pair		10	Silver Shield Gloves-Size 8	
Pair		60	Silver Shield Gloves-Size 9	
Pair		14	Butyl Gloves Size 10	
Pair		10	Silver Shield Boot Covers	
Roll		1	M-8 Chemical Detection Tape	
Each		6	Surviv Air Masks-Size Medium	
Box	4	16	Surviv Air Canisters	
BIN # 3				
Per Pkg	***Item Qty***		***Item(s)***	***#Used***
Pair		1	Chemical Protection Boots- Size 8	
Pair		1	Chemical Protection Boots- Size 9	
Pair		5	Chemical Protection Boots- Size 11	
Pair		6	Chemical Protection Boots- Size 12	

[5] This is the D-FIRST Inventory as of May 2008. This inventory changes on an on-going basis. This list is meant only to provide the reader with an example of the types of supplies and equipment available through D-FIRST.

BIN # 4

Per Pkg	***Item Qty***	***Item(s)***	***#Used***
Each	12	Buddy Shovels	
Each	10	Lanterns- Battery Powered	
Pack 6	72	D-Cell Batteries	
Each	9	Magnifying Glasses	
Each	7	25’ Metal Tape Measures	
Each	6	Brick Hammers	
Each	4	Clamps	
Case 500	500	Purple Nitrile Gloves-Medium	
Case 500	500	Purple Nitrile Gloves-Large	
Case 500	500	Purple Nitrile Gloves-Extra Large	

BIN # 5

Per Pkg	***Item Qty***	***Item(s)***	***#Used***
Case 6	6	BR-160 Response Suits- Medium	
Case 6	12	BR-160 Response Suits- XL	
Case 6	6	BR-160 Response Suits- 3XL	

BIN # 6

Per Pkg	***Item Qty***	***Item(s)***	***#Used***
Case 25	10	White Tyvek Coveralls-M	
Case 25	10	White Tyvek Coveralls- L	
Case 25	50	White Tyvek Coveralls- XL	
Case 25	6	White Tyvek Coveralls- 3XL	
Case 25	6	White Tyvek Coveralls- 4XL	
Each	5	Yellow Tychem Coveralls- XL	
Each	3	Yellow Tychem Coveralls- 2XL	
Case 80	80	N95 Particulate Masks	

BIN # 7(and loose)

Per Pkg	***Item Qty***	***Item(s)***	***#Used***
Each	2	Garden Rakes	
Each	2	Long Handled Spades	
Each	2	Tined Hoes	
Each	1	Folding Aluminum Ladder	
Each	1	Double-Halogen Lamp	

Each		2	Wheel Tapes
Each		1	36” Bolt Cutter

Bin #8

Per Pkg	***Item Qty***	***Item(s)***	***#Used***
Each		1	3 Gallon Red Sharps Container
Case	40	40	Disposable Suction Containers

BIN #9

Per Pkg	*Item Qty*	*Item(s)*	*#Used*
Box	8	32	105810 MC P100 Cartridges
Box	12	51	TK110 Crews Eye Protection
Each		14	Optifit Full Face Respirators

BIN #10

Per Pkg	***Item Qty***	***Item(s)***	***#Used***
Case	24	48	Yellow Emergency Blankets
Box	16	16	Spring Clamps
Each		5	Battery Powered Lanterns
Pkg	12	48	D-Cell Batteries
Pkg	100	400	14” Zip Ties

BIN #11

Per Pkg	***Item Qty***	***Item(s)***	***#Used***
Each		1	Allegro Air-Supply Compressor
Each		2	Allegro Air Supply Hoses
Each		2	Allegro Full-Face Air Mask
Each		1	Emergency Eye Wash Station

BIN #12

Per Pkg	***Item Qty***	***Item(s)***	***#Used***
Pkg	3	12	White Tyvek Hoods
Box	6	36	3M Breatheasy Cartridges
Each		3	Breatheasy PAPR Unit
Each		1	PAPR Battery Charger

AUTOPSY BINS #1 & #2

PerPkg	***Item Qty***		***Item(s)***	***#Used***
Each		1	Mayo Scissors	
Each		1	Forceps	
Each		1	Roche-Ochsner Forceps	
Each		1	Hammer & Hook	
Each		1	Osteotome	
Each		1	Iris Scissors	
Each		1	Chisel	
Each		1	T-Chisel	
Each		1	Decap Scissors	
Each		1	Metzenbaum Scissors	
Each		2	Stainless Cut-Gloves/Medium	
Each		2	Stainless Cut-Gloves/Large	
Each		2	Stainless Cut-Gloves/X-Large	
Each		1	Portable Suction Unit	
Each		1	Probe-Large	
Each		1	Head Block	
Each		2	Scalpel Blade Remover	
Each		1	Metal Ruler	
Each		1	Bone Saw with blade	
Box	100	100	Blunt-Point Scalpel Blades	
Box	100	100	Sharp-Point Scalpel Blades	
Each		1	Spool Autopsy Thread	
Each		1	Dissecting Knife	
Each		1	Dura-Stripper	
Each		1	Rib Cutter	
Each		3	Small Diameter Probes	
Each		1	#6 Scalpel Handle	
Each		1	#8 Scalpel Handle	
Pkg	3	3	Surgical Needles	
Each		1	Stainless Cleaning brush	
Each		2	Plastic Evidence Rulers	
Each		1	Scale- Battery Powered	
Each		1	3 Gallon Sharps Container	
Pkg	10	40	Specimen Containers w/lids	
Each		1	Dissecting Board	
Each		2	Magnifying Glass	
Each		1	Tape Measure	
Box	12	12	Crew Eye Protection	
Pkg	100	100	Bouffant Head Covers	
Box	125	125	Surgical Head Covers	
Box	15	30	Thumb Hole Plastic Gowns	
Case	200	200	Shoe Covers	

VERONA STORAGE

Per Pkg		***Item Qty***	***Item(s)***	***#Used***
Each		16	Stacking Chairs	
Each		1	Folding Ladder	
Each		1	Step Ladder	
Each		10	4.5 Mil 20X100 Plastic Roll	
Each		2	Autopsy Table	
Each		2	Dissecting Table	
Each		13	Table- White Folding	
Each		35	Metal Base	
Case	500	500	Bouffant Head Covers	
Box	125	250	Surgical Head Covers	
Box	15	115	Thumb Hole Plastic Gowns	
Case	25	50	White Tyvek –XL	
Box	50	100	P2 Gloves – Large	
Box	50	100	P2 Gloves – Medium	
Box	50	100	P2 Gloves – X Large	
Case	500	500	Wrist Bands- Gray Plastic	
Case	100	100	23 X 17 Biohazard Bags	
Case	200	2600	25 X 30 Clear Plastic Bags	
Case	500	500	Nitrile Gloves – Medium	
Case	500	1000	Nitrile Gloves – Large	
Case	500	1000	Nitrile Gloves – X Large	
Box	100	200	10 ML Syringes	
Box	50	250	30 ML Syringes	
Box	50	300	60 ML Syringes	
Box	5	3	#6 Scalpel Handle	
Box	5	3	#8 Scalpel Handle	
Each		2	Bone Saw Blades	
Each		2	Large Section Blades	
Each		1	Stainless Steel Cleaning Brush	
Pkg	10	6	Plastic Rulers	
Box	25	50	3.5” Spinal Needles 18Ga	
Case	1000	1000	1.5” Needles 16 Ga	
Box	100	200	Vaccutainer Red 10ML	
Box	100	100	Vaccutainer Gray 10ML	
Box	100	100	Vaccutainer Lavender 12ML	
Box	100	100	Vaccutainer Green 10 ML	
Box	100	100	Vaccutainer Green 5ML	
Case	12	24	Stainless Steel Pails	
Box	10	140	3M 8511 Particulate Masks N95	
Box	20	160	3M 8210 Particulate Masks N95	
Each		2	Heavy Duty Tarp 8 X 10	

Each		49	Reversible Tarp 9 X 12
Each		19	Mesh Tarp 8 X 10
Case	24	192	White Vinyl Body Bags – Adult
Case	7	77	Black HD 6-Handle Body Bags - Adult
Each		75	10’ Schedule 40 PVC Pipe 1.5 OD
Each		40	Schedule 40 PVC “T”
Each		40	Schedule 40 PVC 90 Elbow
Each		20	Schedule 40 PVC Double “T”
Each		12	Helmet Lanterns – D Cell
Each		10	Recovery Team Back-Packs
Case	20	80	Camo Team Member Kits
Case	96	96	Green Plastic Protective Eyewear
Case	60	206	Clear Plastic Protective Goggles
Pair		20	White Winter Boots Size 9R
Pair		20	White Winter Boots Size 10R
Pair		10	White Winter Boots Size 11R
Pair		13	Black Winter Boots Size 11R
Pair		1	White Winter Boots Size 11W
Pair		1	White Winter Boots Size 12W
Pair		1	White Winter Boots Size 13N
Pair		16	White Winter Boots Size 13W
Pair		10	White Winter Boots Size 14N
Each		1	SD2-TZB08-G2 20 Foot Vinyl Tent 99-106-1-7
Each		2	10 Foot Litter Conveyor for 99-106-1-7
Each		1	Curtin Set for 99-106-1-7
Each		1	Anchor Kit for 99-106-1-7
Each		1	30 Gallon Water Pump for 99-106-1-7
Each		1	Repair Kit for 99-10-6-1-7
Each		1	Yellow Decon Tent Cover for 99-106-1-7
Each		1	SF-12A Hi Volume Water Heater – Wheeled
Each		1	Cincinnati Electric Ventilation Blower Unit

PSB

Per Pkg	***Item Qty***	***Item(s)***	***#Used***
Case	4	3	Lysol Cleaner - Gallon 1 Case
Case	4	4	Formalin – Gallon
Box	100	200	DNA Cards
Each		16	White Vinyl Body Bag – Child
Each		6	White Vinyl Body Bag – Infant
Case	24	48	White Vinyl Body Bags - Adult
Case	25	18	White Tyvek 4XL
Case	25	200	White Tyvek XL
Case	12	5	Yellow Tychem XL
Pair		20	Boot Covers

Each	8	HP 1755 Flat Panel Monitors
Each	8	HP Keyboard
Each	8	HP Mouse
Each	1	Toughbook 29 Lap Top Computer
Each	1	Toughbook Docking Station
Each	1	Procurve Wireless
Each	5	Toughbook Lap Top Computer(Deputies)
Each	5	Rino 120 GPS(Deputies)
Each	5	Nikon 4100 Digital Camera (Deputies)

RESPONSE TRAILER

Per Pkg	***Item Qty***	***Item(s)***	***#Used***
Each	1	29FBSRV Forest River Trailer	
Each	4	Chairs	
Each	1	6.2 KW Gasoline Generator	
Each	1	Tool Box with Hand Tools	
Each	1	Yellow 25’ Extension Cord	
Each	1	14.4V Portable Drill/Driver	
Each	1	Portable Exterior Camp Stove	
Each	1	Ramp Tent Extension	
Each	1	2 Gal. Water Jug	
Each	1	12Cup Procter Silex Coffee Maker	
Each	1	Computer Docking Station	
Each	1	Panasonic Toughbook 29 Laptop	
Each	1	Computer Keyboard	
Each	1	Computer Mouse	
Each	1	HP LaserJet 6L Printer	
Each	1	First Aid Kit	
Each	2	30 Gal. LP Gas Tanks	
Each	1	Weight Transfer Receiver Hitch	
Each	1	B&W AC/DC Television Set	

ATV EQUIPMENT

Per Pkg	***Item Qty***	***Item(s)***	***#Used***
Each	1	Yamaha Rhino 660 4x4	
Each	2	Red 6 Gallon Gasoline Cans	
Each	1	American 2990 lb. Trailer	

2005 GMC Yukon

Per Pkg	***Item Qty***	***Item(s)***	***#Used***
Each	1	Toughbook Computer (w/pedestal)	
Each	1	Bearcat Trunking Scanner	
Each	1	Uniden CB	
Each	1	VRM 850 Modem	
Each	2	Scott AP50 4.5 SCBA	
Each	2	Scott 4500 PSIg Air Bottle	
Each	1	Pentax 645n II Camera & Case	
Each	1	14.4 Power Drill/Driver	
Each	1	Tool Box with Hand Tools	
Each	1	Tool Box with Socket Sets	
Each	1	Receiver Hitch with 2” Ball	
Each	1	Pintel Hitch with 2” Ball	
Each	150	Orange Marker Flags	
Each	1	White Vinyl Body Bag - Infant	
Each	1	White Vinyl Body Bag – Child	
Each	3	White Vinyl Body Bag – Adult	
Each	1	Blue HD Body Bag – Adult	
Each	1	Black 6-Handle Body Bag – Adult	
Each	1	Homicide Evidence Sheet	
Each	1	Emergency Blanket	
Case	12	13	Yellow Tychem QC – XL
Case	12	2	Yellow Tychem QC – 2 XL
Each	1	White Tyvek Response Kit – Large	
Each	1	White Tyvek – XL	
Each	1	White Tyvek response Kit – 2 XL	
Pair	2	Shoe Covers	
Pair	2	Boot Covers	
Box	50	1	P2 Gloves – XL
Box	100	1	Nitrile Gloves – L
Pair	2	Eye Protection	
Each	1	Chem Tape Roll	
Each	1	Surviair Full-Face Cartridge Mask	
Box	4	4	Surviair P 100 Cartridge
Each	1	Wilson Organic Vapor Cartridge Mask	
Each	1	Triangle Warning Kit	
Each	1	36” Bolt Cutter	

Appendix D: Wisconsin Statutes Pertinent to Fatality Incident Response

What Is a Public Health Emergency?

166.02 Definitions. "Public health emergency" means the occurrence or imminent threat of an illness or health condition that meets all of the following criteria:

(a) Is believed to be caused by bioterrorism or a novel or previously controlled or eradicated biological agent.

(b) Poses a high probability of any of the following:

1. A large number of deaths or serious or long-term disabilities among humans.

2. A high probability of widespread exposure to a biological, chemical, or radiological agent that creates a significant risk of substantial future harm to a large number of people.

Who Is A Public Health Authority?

250.01 Definitions.

(1) "Chief medical officer" means a physician who is appointed by the state health officer under s. 250.02 (2).

(2) "Department" means the department of health and family services.

(3) "Local board of health" means the policy−making body for a local health department.

(4) "Local health department" means any of the following:

(a) In a county with a population of less than 500,000, any of the following:

1. A county health department established under s. 251.02 (1), including a county health department whose powers and duties are transferred to a county department of human services under s. 46.23 (3) (b) 1. c.

2. A city−county health department established under s. 251.02 (1m).

3. A city health department that was established before January 1, 1994, or that withdraws under s. 251.15 (2) or, as a city−city local health department established under s. 251.02 (3t), that withdraws under s. 251.15 (2m).

4. A village or town health department under s. 251.02 (3m).

5. A multiple municipal local health department established under s. 251.02 (3r).

6. A city−city health department established under s. 251.02 (3t).

(b) In a county with a population of 500,000 or more, a city, village, or multiple municipal health department established under s. 251.02 (2).

(c) A multiple county health department established under s. 251.02 (3).

What Are the Powers of the Public Health Authority?

250.042 Powers and duties of the department as public health authority.
(1) If the governor declares a state of emergency related to public health under s. 166.03 (1) (b) 1. and designates the department as the lead state agency to respond to that emergency, the department shall act as the public health authority during the period of the state of emergency. The department shall ensure that the emergency operations during the state of emergency are conducted using the incident command system required under s. 166.03 (2) (a) 1. During the period of the state of emergency, the secretary may designate a local health department as an agent of the department and confer upon the local health department, acting under that agency, the powers and duties of the public health authority.
(2) As the public health authority, the department may do any of the following:

(a) Purchase, store, or distribute antitoxins, serums, vaccines, immunizing agents, antibiotics, and other pharmaceutical agents or medical supplies that the department determines are advisable to control a public health emergency.
(b) Act as specified in s. 252.041. (3) (a) As the public health authority, the department shall inform state residents of all of the following:

1. When a state of emergency related to public health has been declared or is terminated.
2. How to protect themselves from a public health emergency.
3. What actions the public health authority is taking to control a public health emergency.

(b) The public health authority shall provide the information specified in par. (a) by all available and reasonable means calculated to inform the general public, including reasonable efforts to make the information accessible to individuals with disabilities and to provide the information in the primary languages of individuals who do not understand English.
(c) As the public health authority, the department, to the extent possible, shall consult with local health departments, whether or not designated as agents of the department, and with individual health care providers.

The Obligation to Notify the Coroner/Medical Examiner

979.01 Reporting deaths required; penalty; taking specimens by Coroner/Medical Examiner or medical examiner. (1) All physicians, authorities of hospitals, sanatoriums, public and private institutions, convalescent homes, authorities of any institution of a like nature, and other persons having knowledge of the death of any person who has died under any of the following circumstances, shall immediately report the death to the sheriff, police chief, or medical examiner or Coroner/Medical Examiner of the county where the death took place:

(a) All deaths in which there are unexplained, unusual or suspicious circumstances.
(b) All homicides.
(c) All suicides.
(d) All deaths following an abortion.

(e) All deaths due to poisoning, whether homicidal, suicidal or accidental.
(f) All deaths following accidents, whether the injury is or is not the primary cause of death.
(g) When there was no physician, or accredited practitioner of a bona fide religious denomination relying upon prayer or spiritual means for healing in attendance within 30 days preceding death.
(h) When a physician refuses to sign the death certificate.
(i) When, after reasonable efforts, a physician cannot be obtained to sign the medical certification as required under s. 69.18 (2) (b) or (c) within 6 days after the pronouncement of death or sooner under circumstances which the Coroner/Medical Examiner or medical examiner determines to be an emergency.

(1g) A sheriff or police chief shall, immediately upon notification of a death under sub. (1), notify the Coroner/Medical Examiner or the medical examiner, and the Coroner/Medical Examiner or medical examiner of the county where death took place, if the crime, injury, or event occurred in another county, shall immediately report the death to the Coroner/Medical Examiner or medical examiner of that county.

(1m) The Coroner/Medical Examiner or medical examiner receiving notification under sub. (1) or (1g) shall immediately notify the district attorney.

(1r) If the Coroner/Medical Examiner or medical examiner is notified of a death under sub. (1) or (1g) and determines that his or her notification of the death was not required under sub. (1) or (1g), he or she shall notify the director of the historical society under s. 157.70 (3).

What Is the Responsibility of the Coroner/Medical Examiner When Death Involves an Infectious Disease?

979.012 Reporting deaths of public health concern.
(1) If a Coroner/Medical Examiner or medical examiner is aware of the death of a person who, at the time of his or her death, had an illness or a health condition that satisfies s. 166.02 (7) (a) or if the Coroner/Medical Examiner or medical examiner knows or suspects that the person had a communicable disease that, under rules promulgated by the department of health and family services, must be reported to a local health officer or to the state epidemiologist, the Coroner/Medical Examiner or medical examiner shall report the illness, health condition, or communicable disease to the department of health and family services and to the local health department, as defined in s. 250.01 (4), in whose jurisdiction the Coroner/Medical Examiner or medical examiner is located in writing or by electronic transmission within 24 hours of learning of the deceased's illness, health condition, or communicable disease.
(2) In a report under sub. (1), the Coroner/Medical Examiner or medical examiner shall include all of the following information if such information is available:

(a) The illness, health condition, or communicable disease of the deceased.
(b) The name, date of birth, gender, race, occupation, and home and work addresses of the deceased.

(c) The name and address of the Coroner/Medical Examiner or medical examiner.
(d) If the illness, health condition, or communicable disease was related to an animal or insect bite, the suspected location where the bite occurred and the name and address of the owner of the animal or insect, if an owner is identified.
History: 2001 a. 109; 2005 a. 198.

Appendix E: Template Policy on Dispatch Response to a Multiple Victim Incident

The following template policy is provided as a guide to Dispatch Centers so that they can adapt this policy to the unique situation of each Dispatch Center. It is the intent that all Dispatch Centers, to the extent possible, follow these procedures across the state so that there is consistency and integration of response. It is the hope of the State Expert Panel that only immaterial parts of this policy will be changed while holding fast to the material elements.

Policy: It is the policy of the (name of jurisdiction) Dispatch Center to have in place procedures for implementation in a Multiple Victim Incident so that the response of the (name of jurisdiction) Dispatch Center can be consistent and integrated with the response of other Dispatch Centers, involved in this incident.

Definitions:

Dispatch Center: This is the 9-1-1 call center also know as the Public Safety Answering Point (PSAP)

Liaison: a person sent to the Emergency Operations Center (EOC) by the Dispatch Center when the Mass Casualty Staffing and Response Plan is implemented to help coordinate resources between the Dispatch Center and the EOC

MABAS: The "Mutual Aid Box Alarm System" coordinates the effective and efficient provision of mutual aid during emergencies, natural disasters and man-made catastrophes

Mass Casualty Incident: This is any incident that has the potential for overwhelming the resources of a Dispatch Center

Mass Casualty Staffing and Response Plan: the plan for the Dispatch Center to bring in additional staffing and resources, if it believes that it may be overwhelmed by the incident

Multiple Victim Incident: any incident that involves the transport of five (5) or more victims to one or more hospitals

Procedure: The (name of jurisdiction) Dispatch Center implements the following procedures in a Multiple Victim Incident.

1. The first on-scene makes an initial assessment whether the incident is a Multiple Victim Incident.

    a. Initial assessment is usually made by an emergency responder first-on-scene, e.g. law enforcement, EMS. The first-on-scene responder then notifies the (name of jurisdiction) Dispatch Center.

    b. The (name of jurisdiction) Dispatch Center may make this assessment, if the caller is a civilian and provides credible evidence that a Multiple Victim Incident has occurred.

    c. If it is assessed that there is not a Multiple Victim Incident, then the (name of jurisdiction) Dispatch Center activates the local response plan.

2. The (name of jurisdiction) Dispatch Center, upon receiving notification that there is a Multiple Victim Incident, will clarify

    a. the location of the incident

    b. the type of incident

    c. the extent of the incident as regards to

        i. the number of potential victims
        ii. the area of the incident

3. The (name of jurisdiction) Dispatch Center begins to notify the following entities that a Multiple Victim Incident is occurring (the list of entities to be contacted along with their telephone numbers should be included as an addendum to this policy):

    a. <u>Tier 1:</u>

        i. <u>Coroner/Medical Examiner: (the Dispatch center will notify the Coroner/Medical Examiner of the jurisdiction in which the incident is occurring that there are multiple fatalities involve din the incident.</u>

        ii. <u>Law Enforcement</u> (the Dispatch Center will call out the number of resources as needed by the incident)

        iii. <u>HazMat</u> (the Dispatch Center will call out the number of resources as needed by the incident)

iv. EMS (the Dispatch Center will call out the number of resources as needed by the incident)

v. Air Transport (the Dispatch Center will call out the number of resources as needed by the incident)

b. Tier 2:

i. Hospitals (the Dispatch Center is to identify hospitals in its service area in concentric rings so that the Dispatch Center can notify the first ring of hospitals and, if necessary, the second ring of hospitals)

ii. Emergency Management (the Dispatch Center will notify the Emergency Management Director in its jurisdiction so that the Emergency Management Director may determine the need to open the Emergency Operations Center (EOC)

iii. Utilities (the Dispatch Center will call out the number of resources as needed by the incident)

4. If it is assessed that there is a Multiple Victim Incident and the (name of jurisdiction) Dispatch Center asses that the (name of jurisdiction) Dispatch Center may be overwhelmed because of the potential number of victims and response assets involved, then the (name of jurisdiction) Dispatch Center may activate its Mass Casualty Staffing and Response Plan to maximize staffing and to bring in additional resources, as needed.

a. The (name of jurisdiction) Dispatch Center will refer to its "Mass Casualty Staffing and Response Plan – (see template Policy).

b. The (name of jurisdiction) Dispatch Center is to have a "Directory of Resources" (this is usually available through the local Emergency Management Director.)

5. The (name of jurisdiction) Dispatch Center

a. may activate MABAS or its local equivalent[6], if so directed by the Incident Commander

b. **if the local Emergency Operations Center (EOC) is activated**, the Dispatch Center will be assisted with the coordination of resources necessary to manage the incident.

[6] MABAS is active in some areas of the state. Other areas of the state may have an equivalent to MABAS that allows for the orderly allocation of assets.

i. The (name of jurisdiction) Dispatch Center may send a Liaison to the Emergency Operations Center (EOC) to better coordinate the role of the (name of jurisdiction) Dispatch Center in the incident

ii. This Liaison position will allow for one consistent contact between the Emergency Operations Center (EOC) and the (name of jurisdiction) Dispatch Center

c. **if the local Emergency Operations Center (EOC) is NOT activated,** the Dispatch Center will follow the directions, provided by the Incident Commander, until or if the Emergency Operations Center (EOC) is activated or when the Incident Commander calls for the "stand down" of the incident.

6. The (name of jurisdiction) Dispatch Center is to participate in the After Action Report and address any corrective actions that are identified in the After Action Report for the (name of jurisdiction) Dispatch Center.

Appendix F: Assessment and Resource Checklist

The following checklist is meant to serve as a tool in the development of an Incident Action Plan. The Coroner/Medical Examiner or designee is to visit the scene(s) of the incident to make the following determinations:

1. the probable number and type of fatalities involved

2. whether the incident involves a single scene or multiple scenes

3. condition of the bodies, i.e., burned, dismembered, contaminated, etc.

4. need for storage for bodies
    a. refrigerated
    b. non-refrigerated

5. difficulties anticipated in the recovery of the bodies and the types of personnel and equipment needed, i.e., search and rescue, heavy equipment, dog teams

6. location of the incident as far as the accessibility and difficulties that may be encountered in transporting bodies from the scene

7. activating a plan for documentation, body recovery and transportation

8. ascertain the types and numbers of personnel possibly needed to staff the recovery site and morgue operations

9. identify the facility that would be the most useful for the families of the victims as a Family Support Center, i.e., housing may be critical if most of the victims are not local residents and vice-versa

10. determine the presence of possible chemical, biological, radiological or other hazards associated with recovery operations and
    a. the need for decontamination
    b. need for personal protective equipment

11. determine the need for activation of Dane Fatality Incident Response Team (D-FIRST)

12. determine the need for activation of the Disaster Mortuary Operational Response Team (DMORT). This request is to be initiated by the Coroner/Medical Examiner in coordination with the Dane Fatality Incident Response Team (D-FIRST)

13. determine the need for declaration of a Public Health Emergency in collaboration with the local Health Officer

Appendix G: Dane County Fatality Incident Response Support Team (D-FIRST)

In any county, a fatality incident may require resources which exceed the capabilities of that county. Such situations are not limited to cases involving multiple fatalities, but might also include incidents where specialized personnel or equipment is necessary.

As a Metropolitan Medical Response System partner, the Dane County Coroner's Office developed a unit to manage incidents that present with unusual or difficult characteristics. D-FIRST operates under National Incident Management System (NIMS) standards in coordination with local emergency response personnel. Team deployments have included a week-long winter landfill search for remains, a ten-day recovery of skeletal remains buried in a lake bottom for forty-five years and the recovery of several missing persons and homicide victims.

D-FIRST is designed to mirror the federal Disaster Mortuary Operations Response Team (DMORT) model. Equipment, forms and standards mirror those in DMORT, to provide a seamless conversion to any respective DMORT sections that may be requested. Several members of D-FIRST are also members of DMORT Region V.

The organizational structure of D-FIRST is comprised of four branches:

1. **Family Support Unit (FSU)**

In a mass casualty event, a Family Assistance Center (FAC) is established in coordination with the American Red Cross and other agencies as feasible. The primary purpose of the Family Support Unit is the immediate sorting of survivors and the delivery of directions and information. When survivors are identified as having a relative that has not been accounted for, they will be referred to the Family Support Unit. The FSU is designed to provide ongoing support to the survivors, while collecting detailed ante-mortem information for comparison with post-mortem findings. The FSU also provides a secured environment where survivors can receive sensitive briefings and notification of death.

2. **Recovery Teams Unit (RTU)**

The size and type of fatality incident will determine the extent of Recovery Team involvement. Each three-person team is comprised of a photographer, collection technician and scribe. Material that is to be recovered is photographed, collected and documented. It is then transported and secured at a central collection point, pending delivery to Examination Services. Anthropologists, Odontologists, Entomologists are available to the Recovery Teams for on site consultation.

3. **Examination Services (ESU)**

This area has been historically referred to as the temporary morgue. That title is now more properly used to delineate the on-site area where bodies and tissues are collected for transport to Examination Services.

Composition and location of Examination Services will be functionally dependent on the size and type of incident. In general, 10-12,000 square feet of enclosed space is needed for a typical operation. Most forensic examinations will include the following work stations:

- Admitting
- Personal Effects
- Photography
- Pathology
- Anthropology
- Odontology
- Fingerprints
- DNA
- Radiology
- Casketing & Release
- Personnel PPE donning/disposal
- Administration

4. **Information Resource Center (IRC)**

This unit is the nerve center for identification and documentation. It is created for the collection, recording and storage of ante-mortem and post-mortem information. The Victim Identification Program (VIP) and Win ID computer programs are utilized to assist in managing this information.

All records and data are kept secure and confidential because they are protected by the Health Insurance Portability and Accountability Act (HIPAA) of 1996. At the conclusion of the mission, all records and data collected become the property of the local coroner/medical examiner. No information may be released to any person(s) or agencies without proper authorization from the coroner/medical examiner.

Permits and certificates required for the release, transit and final disposition of remains will be obtained and recorded. Licensed D-FIRST funeral directors, or others designated by the coroner/medical examiner will coordinate this function with the local vital statistics office.

D-FIRST Personnel

The core of D-FIRST staffing is based within the Dane County Coroner's Office. Team leaders are responsible for identifying additional associates to serve in their respective areas of assignment.

Law Enforcement Special Team

D-FIRST was initially funded and organized under funding from the Office of Justice Assistance in 2004. As the only team of this type in Wisconsin, D-FIRST funding was conditional upon mutual aid response to the Law Enforcement Special Teams regions in the State of Wisconsin.

Just as with Great Lakes Region DMORT, there are not enough specialists in the State of Wisconsin to staff more than one Fatality Incident Response Support Team. Therefore, D-FIRST reaches out to regional hubs in the state for additional team members. These individuals become the D-FIRST responders for their area, to provide an on-site assessment and lay the groundwork for a D-FIRST deployment.

Activation of D-FIRST

D-FIRST is a Dane County asset, and the Dane County Coroner acts as the Team Commander. Any Wisconsin coroner/medical examiner may request assistance from D-FIRST. If a situation exists where D-FIRST cannot respond, or additional resources will be needed, the coroner/medical examiner of jurisdiction will be referred to the Region V DMORT Commander.

Contact with D-FIRST can be established 24/7/365, by calling the Dane County Public Safety Communications Center at:

608-266-4948
Ask for the duty-coroner to be paged!

Direct calls can be made during regular business hours to 608-284-6000.

Appendix H: Disaster Mortuary Operational Response Team (DMORT)

The Disaster Mortuary Operational Response Team (DMORT) is a program of the U.S. Department of Health and Human Services (DHHS), Office of the Assistant Secretary for Preparedness and Response (ASPR), Office of Preparedness and Emergency Operations (OPEO), National Disaster Medical System (NDMS).

DMORT responds ONLY when requested to assist the local Coroner/Medical Examiner during a fatality incident response that overwhelms the ability of local resources to manage the incident. DMORT may be requested directly by the local Coroner/Medical Examiner, who is requested to communicate this request with local Emergency Management.

Who makes up a DMORT Team?

- Medical Examiner/Coroners
- Forensic Pathologists
- Forensic Anthropologists
- Fingerprint Specialists
- Forensic Odontologists
- Funeral Directors/Embalmers
- Dental Assistants
- X-ray Technicians
- Photographic Specialists
- Heavy Equipment Operators
- Mental Health Specialists
- DNA Specialists
- Computer Specialists
- Medical Records Technicians
- Transcriptionists
- Administrative support staff
- Security personnel
- Investigative personnel
- Evidence Specialists
- Facility Maintenance Personnel

DMORT can provide the following services:

- Mobile Morgue Operations
- Forensic examination
- DNA Acquisition
- Remains identification
- Search and recovery
- Scene documentation

- Medical/psychology support
- Embalming/casketing
- Family Assistance center
- Antemortem data collection
- Postmortem data collection
- Records data entry
- Database administration
- Personal effects processing
- Coordination of release of remains
- Provide a Liaison to USPHS
- Provide communications equipment
- Safety Officers and Specialists

There are currently three core groups in the DMORT system.

Disaster Portable Morgue Unit (DPMU): The DMORT DPMU Team is responsible for the logistical needs and requirements of DMORT. This includes operational deployment of the DPMU, accountability and maintenance of equipment, inventory and re-supply, demobilization of the DPMU, as well as a wide range of other tasks. DPMU Team members are known as "RED SHIRTS".

The Family Assistance Team: This DMORT is responsible for working directly with families involved in a mass fatality incident.

The WMD Team (Weapons of Mass Destruction): This team is a stand alone team that incorporates all disciplines pertaining to DMORT. Its purpose is to decontaminate remains from a chemical, biological, or nuclear event. This team has its own budget, officers, and command structure as well as its own equipment cache and a training center located in South Carolina.

Appendix I: Team Staffing Plan

To be completed by the local Coroner/Medical Examiner

Appendix J: DMORT Criteria for a Temporary Morgue

The following criteria are excerpted from the Disaster Mortuary Operational Response Team (DMORT) website:

Airplane hangars and abandoned warehouses have served well as incident morgues. School gymnasiums, public auditorium, or similar facilities used by the general public will not be used. The facility should not have adjacent occupied office or work space

1. Structure Type
    a. Hard, weather-tight roofed structure
    b. Separate accessible office space for IRC
    c. Separate space for administrative needs/personnel
    d. Non-porous floors, preferably concrete
    e. Floors capable of being decontaminated (hardwood and tile floors are porous and not usable)
2. Size
    a. Minimal size of 10,000 - 12,000 square feet
    b. DPMU re-supply and staging area, minimum of 5,000 square feet
    c. More square footage may be necessary for casket storage or other mission-specific needs
3. Accessibility
    a. Tractor trailer accessible
    b. 10-foot by 10-foot door (loading dock access (preferable) or ground level)
    c. Convenient to scene
    d. Completely secure (away from families)
    e. Easy access for vehicles & equipment
4. Electrical
    a. Electrical equipment utilizes standard household current (110-120 volts)
    b. Power obtained from accessible on site distribution panel (200-amp service)
    c. Electrical connections to distribution panels made by local licensed electricians
    d. Two Diesel generators (7K) carried in DPMU cache
    e. DPMU may need 125K generator and a separate 70K generator for Administrative and IR Sections
5. Water Supply
    a. Single source of cold water with standard hose bib connection
    b. Water hoses, hot water heaters, sinks, and connectors in the DPMU

6. Communications Access
    a. Existing telephone lines for telephone/fax capabilities
    b. Expansion of telephone lines may occur as the mission dictates
    c. Broadband Internet connectivity
    d. If additional telephone lines are needed, only authorized personnel will complete any expansion and/or connections
7. Sanitation/Drainage
    a. Pre-existing rest rooms within the facility are preferable
    b. Gray water will be disposed of utilizing existing drainage
    c. Biological hazardous waste, liquid or dry, produced as a result of morgue operations, will be disposed of according to local/state requirements
8. Special Equipment Needs
    a. A forklift must be provided that is capable of lifting eight thousand pounds, with six-foot forks, or fork extensions and possibly all terrain to safely off-load the DPMU pallets
    b. A smaller forklift, two to four thousand pound lifting capacity, is needed to move heavy equipment within the morgue during set-up
9. Miscellaneous Requirements
    a. Placement of 53' refrigerated trailers for morgue personnel access.
    b. Number of decedents will dictate the number of refrigerated trailers needed.
    c. Separate refrigerated trailers will be designated for processed vs. unprocessed remains
10. Exact placement of the morgue within the facility is determined by:
    a. Electrical source location
    b. Water source location
    c. Morgue accessibility by personnel
    d. Placement of refrigerated trailers
    e. The morgue flow plan
    f. Security concerns
11. "It is Never the Same"
    a. Site is always mission and building specific
    b. Site can be round, rectangle, square, L-shaped etc.
    c. In the final analysis, fatality incident responders "must use what they have"

Appendix K: Sites for Temporary Morgues

To be completed by the local Coroner/Medical Examiner

Appendix L: Sites for Family Support Centers

To be completed by the local Coroner/Medical Examiner

Appendix M: Sites for the Housing of Family Members

To be completed by the local Coroner/Medical Examiner

Appendix N: Transportation Services and Resources

To be completed by the local Coroner/Medical Examiner

Appendix O: Mental Health Resources

To be completed by the local Coroner/Medical Examiner

Appendix P: Special Needs Resources

To be completed by the local Coroner/Medical Examiner

Appendix Q: Template Mass Fatality Staffing and Response Plan for Coroner/Medical Examiner

Policy: It is the policy of the (*name of jurisdiction*) Coroner/Medical Examiner, should its resources be overwhelmed, to have a plan, ready for implementation, to maximize staffing and have available the resources necessary to manage a sustained incident.

Definitions:

> **Family Plan**: a plan that each staff person should have to identify the supplies and equipment necessary for the family to be on its own for at least 72 hours; the plan also should involve discussions about who will carry out family responsibilities, e.g. child care, pet care, if family members must remain at work for extended periods of time
>
> **Government Emergency Telecommunications Service (GETS[7])**: provides emergency response personnel a high probability of completion for their telephone calls when normal calling methods are unsuccessful. (*Please note that this service is not available in certain locations*)
>
> **Mass Fatality Incident**: This is any incident that has the potential for overwhelming the resources of the Coroner/Medical Examiner.
>
> **Wireless Priority Service (WPS[8]):** is a method of improving connection capabilities for a limited number of authorized emergency response personnel cell phone users. In the event of congestion in the wireless network, an emergency call, using WPS, will wait in queue for the next available channel. (*Please note that this service is not available in certain locations*)

Procedures: The following are the procedures that (*name of jurisdiction*) Coroner/Medical Examiner should have in place in regard to:

1. Management of the (*name of jurisdiction*) Coroner/Medical Examiner's functions during a Mass Casualty Incident

    a. The (*name of jurisdiction*) Coroner/Medical Examiner should have a plan to operate in "emergency mode", whereby the (*name of jurisdiction*) Coroner/Medical Examiner will notify all callers that there is an emergency in progress and how calls for "routine" deaths will be managed

[7] You may go to the following web site http://gets.ncs.gov/ to obtain information on how to obtain the GETS card.

[8] You may go to the following web site http://wps.ncs.gov/ to obtain information on how to obtain the WPS card.

b. The (*name of jurisdiction*) Coroner/Medical Examiner should identify

   i. spaces that could be made available to manage a large number of calls

   ii. how these spaces could be set up to make sure staff work efficiently in these spaces

   iii. how supplies and equipment could be brought into these spaces

   iv. which persons would be able to make calls from these spaces

c. The (*name of jurisdiction*) Coroner/Medical Examiner should designate[9] which person(s) will assume the role of "supervisor" or "lead" for each shift during the incident

2. Staffing[10] the (*name of jurisdiction*) Coroner/Medical Examiner

   a. The (*name of jurisdiction*) Coroner/Medical Examiner should know how many staff can be called in during an incident that will demand maximum staff and should have readily available a call list with contact information of personnel that can be called upon for assistance.

   b. The (*name of jurisdiction*) Coroner/Medical Examiner has the authority to deputize additional personnel as necessary.

   c. The (*name of jurisdiction*) Coroner/Medical Examiner should have an up-dated list of the various communications methods (landline telephone, cellular telephone, pager, etc.) to contact these staff

   d. The (*name of jurisdiction*) Coroner/Medical Examiner should ensure that each of these staff persons has a "Family Plan" that will allow them to serve at the (*name of jurisdiction*) Coroner/Medical Examiner for extended periods of time in a sustained incident.

   e. The (*name of jurisdiction*) Coroner/Medical Examiner is encouraged to refer all requests for public information to the Public Information Officer (PIO).

3. Supplies for the (*name of jurisdiction*) Coroner/Medical Examiner

[9] Union Contract terms are to be taken into consideration for these assignments.
[10] The State Expert Panel recognizes that union contracts may limit some of these activities, but encourages discussions with local union representatives to discuss what accommodations should be made in a disaster to better accomplish the work of the Coroner/Medical Examiner during an incident.

a. The (*name of jurisdiction*) Coroner/Medical Examiner should have sufficient supplies on hand to provide for the care and hygiene of staff for at least 72 hours

b. The (*name of jurisdiction*) Coroner/Medical Examiner should have a plan for the resupply of necessary supplies and equipment

4. Communications Redundancy for the (*name of jurisdiction*) Coroner/Medical Examiner

    a. The Coroner/Medical Examiner should have a dedicated line[11] that can be used for emergency purposes.

    b. The Coroner/Medical Examiner and staff should have GETS (emergency access to landline telephones) and WPS cards (emergency access to cellular telephones)

    c. The Coroner/Medical Examiner should have agreements with the telephone company about priority repair[12].

    d. The Coroner/Medical Examiner should have a satellite telephone, capable of transmitting voice, data and email.

    e. The Coroner/Medical Examiner should have an Amateur (HAM) radio plan

    f. The Coroner/Medical Examiner should have two-way radio[13] with channels programmed to work on the channels, assigned by the Incident Commander

    g. If any of these communication modalities are not available to the Coroner/Medical Examiner, the Coroner/Medical/Examiner is to coordinate with the local Emergency Management Director to determine which communications modalities could be made available to the Coroner/Medical Examiner.

5. Continuity of Operations: The Coroner/Medical Examiner is to have a Continuity of Operations Plan for the contingency where the facility in which the Coroner/Medical Examiner is working is damaged.

[11] A dedicated line is a telephone line that bypasses the PBX or the building telephone system.
[12] If the Coroner/Medical Examiner recognizes that it may not get priority repair service; it is encouraged to participate in Telecommunications Service Priority (TSP). A telecommunications service, such as a Coroner/Medical Examiner, with a TSP assignment is assured of receiving full restoration attention by the service vendor before a non-TSP service.
[13] It is recommended that the Incident Commander assign which channels will be used during the disaster and by whom.

Appendix R: Members of the State Expert Panel on Fatality Incident Response

Thomas Anderson, Emergency Coordinator Wisconsin Division of Public Health Madison, WI

Rosanne Baier, Security Officer, Community Memorial Hospital, Menomonee Falls, WI

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John Machek, United Method Minister (Retired), Washington Island, WI

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Dennis Tomczyk, Director, Hospital Preparedness, Wisconsin Division of Public Health, Madison, WI

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Russell S. Walker, President, Wisconsin Funeral Directors Association, Member Region 5 DMORT Team, Menominee, Michigan

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Appendix S: Acronyms[14]

AAR: After Action Report

ASPR: Assistant Secretary for Preparedness and Response

CISM: Critical Incident Stress Management

D-FIRST: Dane Fatality Incident Response Support Team

DHHS: Department of Health and Human Services

DMORT: Disaster Mortuary Operational Response Team

EMS: Emergency Medical Services

EOC: Emergency Operations Center

FAA: Federal Aviation Administration

FBI: Federal Bureau of Investigation

FEMA: Federal Emergency Management Agency

HIPAA: Health Insurance Portability and Accountability Act of 1996

HSEEP: Homeland Security Exercise and Evaluation Program

HVAC: Heating, Ventilation and Air-Conditioning

ICS: Incident Command System

IS: Independent Study

NDMS: National Disaster Medical System

NTSB: National Transportation Safety Board

NIMS: National Incident Management System

OPEO: Office of Preparedness and Emergency Operations

PPE: Personal Protective Equipment

[14] This acronyms list includes only those words and their acronyms that are used in the body of the template policy and not in the appendices.