

Michigan Emergency Management Plan



Mass Fatality Support Plan



**A Support Plan to the Michigan Emergency Management Plan
Addressing: Mass Fatality Response and Victim Identification**

STATE OF MICHIGAN MASS FATALITY PLAN

Support Plan for Health and Medical Services (Emergency Support Function # 8)

Michigan Emergency Management Plan

Mass Fatality Support Plan Michigan Department of Community Health Annex to the Emergency Operations Plan



Revised March 2014

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PREFACE

The complexities and sensitivities associated with responding to an incident that produces mass fatalities are substantial. An all-hazards preparation approach must be considered from incidents such as:

- Natural Disasters
- Transportation Accidents
- Acts of Terrorism
- Pandemics or Other Infectious Diseases
- Chemical, Biological, Radiological, Nuclear, and Explosives (CBRNE)

The mass fatality lessons learned from the Murrah Federal Building, World Trade Center and Hurricanes Katrina and Rita point to the daunting challenges that must be overcome by local medical examiners, their agencies and the entire response community.

The social, political, and economic consequences of previously unknown diseases such as Severe Acute Respiratory Syndrome (SARS) and H1N1 served as a major wake-up call to the world. The emerging Middle East Respiratory Syndrome Coronavirus (MERS-CoV) continues to reinforce the need for planning. Globally, from September 2012 to date, World Health Organization has been informed of a total of 165 laboratory-confirmed cases of infection with MERS-CoV, including 71 deaths.

Despite reinforcing support provided by local, regional, state and federal fatality management resources, the process of effectively transporting, storing, processing, identifying and delivering the deceased to loved ones, when combined with scientific and technical aspects of the associated law enforcement evidentiary processes, is long and arduous and can potentially take its toll on fatality management responders.

The intent of this plan is to enhance response effectiveness for mass fatality incidents in Michigan by outlining organizational structures, roles and responsibilities, coordination and communication channels, and other criteria specific to this particular component of an overall large-scale response.

INTRODUCTION

PURPOSE

The overall purpose of this support plan is to define organizational responsibilities and concept of operations for an intra-state response to a mass fatality incident. This plan describes the capabilities of the Michigan Department of Community Health (MDCH) to facilitate a mass fatality response in support of local medical examiners when it is determined that the scope of the incident exceeds local and regional jurisdictional resources. Specifically, this plan will:

- Establish guidelines for an effective response to a catastrophic incident where the number of fatalities exceeds local and regional capabilities for body recovery, transportation, temporary storage, identification, examination, processing, family assistance, central collection sites and/or temporary interment.
- Describe the coordination and support relationships between the Michigan Departments of Community Health and State Police- Emergency Management and Homeland Security Division (EMHSD), local, regional, state, federal and tribal agencies and other organizations as appropriate.
- Delineate specific support capabilities maintained by various government agencies.

SCOPE & APPLICABILITY

This plan references government and non-governmental organizations that could be directly involved with, or in support of, a response to a mass fatality incident in Michigan.

AUTHORITIES

STATE

The authorities for protecting the public's health, including the disposition of mass fatalities, are codified in Michigan law. The legal authority at the local level for processing of mass fatalities rests with the local medical examiner in accordance with the *County Medical Examiners Act 181 of 1953* (Attachment A). The legal authorities to protect the public during a public health emergency are contained in two statutes, *Michigan's Public Health Code, P.A. 368 of 1978* and *Emergency Management Act, P.A. 390*.

FEDERAL

The *Public Health Security and Bioterrorism Preparedness and Response Act of 2002*, Public Law 107-188, Sec. 102, Assistant Secretary for Preparedness and Response and the National Disaster Medical System (NDMS) provide federal authority.

The Public Health Services (PHS) Act forms the foundation of U.S. Department's Health and Human Services (HHS) legal authority for responding to public health emergencies. The PHS Act was amended by the [Pandemic and All-Hazards Preparedness Act of 2006 \(PAHPA\)](#) and more recently by the [Pandemic and All-Hazards Preparedness Reauthorization Act \(PAHPRA\)](#) Public Law 113-5 of 2013, which have broad implications for the Department's preparedness and response activities.

PLANNING ASSUMPTIONS & CONSIDERATIONS

PLANNING ASSUMPTIONS

1. Mass fatality incidents are locally defined. They are beyond the capacity and capability of the local jurisdiction(s), including local mutual aid and regional resources. In addition to the number of fatalities, the degree of fragmentation and rate of recovery are considered in the designation of a mass fatality incident.
2. Public morale will be greatly impacted by the effectiveness of the overall response, including the disposition of remains.
3. Mass fatality incidents caused by a chemical or nuclear Weapon of Mass Destruction (WMD) will require additional support, such as the specialized federal Disaster Mortuary Operational Response Team (DMORT-WMD). Michigan Mortuary Response Team (MI-MORT) does not have the capability to decontaminate deceased victims and therefore will not be mobilized for such support.
4. Incidents resulting from an infectious disease outbreak may cause a rapidly escalating increase in the number of fatalities. Due to prolonged disaster impact period and scope of area affected during a pandemic, local jurisdictions will have to prepare for the likelihood that local, regional, state and federal resources may not be available.
5. A mass fatality scene may be a crime scene and would require specific handling to maintain chain of evidence.
6. Comprehensive mass fatality management plans have been appropriately supported by regular training and exercises.
7. Management of fatalities from an infectious disease outbreak with a high mortality rate will pose significant challenges for local jurisdiction and for mortuary services. Guidance from state and federal authorities, as well as temporary modifications to local, state, and federal laws or regulations may be necessary to manage an incident of this scale.
8. In Michigan, federally recognized tribes operate in cooperation with the county in which they are located. Accordingly, references to local jurisdictions include those tribal nation jurisdictions within the confines of the jurisdictional boundary.

PLANNING CONSIDERATIONS

1. Correct identification of human remains is vital to ensure proper notification of next-of-kin (NOK), and for law enforcement investigation. In addition to the identification, documentation of body location and wound patterns may be essential information in reconstructing the incident. Evidence preservation, mapping of the characteristics associated with the scene, and forensically based multidisciplinary approaches to managing victim identification are important elements of the response.
2. Should the number of fatalities exceed local and regional mutual aid resources, the State Emergency Operations Center (SEOC) will work closely with the MDCH Emergency Coordination Center (CHECC) to coordinate requests for personnel, equipment, supplies, resources and health information as needed.
3. MDCH has established the MI-MORT and the Disaster Portable Morgue Unit (DPMU) resources. These State of Michigan resources are available when requested by the local medical examiner through a local Emergency Operation Center (EOC), to the SEOC. Depending on the magnitude of the incident, these resources can manage an incident exclusively on their own or provide a stop-gap until additional inter-state or federal resources can be mobilized.
4. Each jurisdiction should consult with the local or regional designated Hazmat team to query response to decontaminate human remains and determine the health and safety risks to responders.
5. Decedents and families must be cared for in a highly respectful and culturally sensitive manner, respecting all creeds, religions and customs.
6. Advice and assistance should be sought from religious and community leaders to improve understanding and acceptance of the recovery, identification, and management of the deceased.

7. In the event that mass fatalities from epidemics occur, the deceased pose a limited risk only for certain pathogens. That minimal risk is determined by very specific circumstances or situations. Studies indicate that there has not been any epidemic generated from large numbers of deceased.¹ Incident specific information would be communicated when available.

¹ Karl Western (2004). *National Institute of Allergies and Infectious Diseases, National Institutes of Health, United States of America, World Health Organization.*

ROLES & RESPONSIBILITIES

LOCAL GOVERNMENT

As with all emergency and disaster situations, the ultimate responsibility for managing the emergency response resides with the local jurisdiction. Such responsibilities are clearly outlined in the Michigan Emergency Management Plan (MEMP) and each local jurisdiction emergency response plan. However, several guidelines that pertain specifically to a mass fatality incident are cited below:

MEDICAL EXAMINERS

The medical examiner is a county-appointed position that requires the individual to be a physician licensed in the State of Michigan to practice medicine. Michigan law (County Medical Examiners Act, Act 181 of 1953) requires medical examiners to conduct an investigation into the cause and manner of death of any person who dies suddenly, unexpectedly, accidentally, violently, or as the result of any suspicious circumstances within their jurisdiction. The medical examiner will prepare plans and procedures to provide oversight of and coordination for assembling the resources necessary to meet those statutory requirements.

The statutory duty of the medical examiner does not change when there are multiple victims. The medical examiner for the county in which the deaths occur retains jurisdiction over the bodies. However, in the event of a mass fatality incident that exceeds local resources, it will be imperative for the local medical examiner to collaborate with other local, state and possibly federal agencies to effectively manage the incident in a manner that will allow for correct identification and disposition of human remains and to ensure civil and criminal investigations are conducted.

Under normal day-to-day operations, the medical examiner is responsible for managing several processes to achieve the ultimate goals of identifying the deceased, determining the cause and manner of death and returning human remains to families, if possible (Attachment B).

Medical examiner case management during a mass fatality incident is similar to daily operations, however may require additional coordination of:

- a. Human Remains Recovery
- b. Tracking Human Remains
- c. Morgue Operations: Processing Remains and Victim Identification
- d. Pre- and Post-Processing Transportation and Storage
- e. Body Release for Final Disposition
- f. Family Assistance Support for Antemortem Information Collection Center
- g. Records Management (Victim Processing, Accounting, Finance, and Human Resources)
- h. Progress Reports and Public Information

REGIONAL PARTNERS

Once the initial scene assessment is conducted and the medical examiner determines the jurisdiction will require additional mortuary support, local and regional mutual aid partners will be called upon by the local EOC to render such assistance, as appropriate and available.

REGIONAL HEALTHCARE COALITION

Eight Regional Healthcare Coalitions were established in Michigan to support healthcare organizations in delivering a coordinated and effective response to a medical or public health emergency. Each has identified, equipped and implemented a regional Medical Coordination Center (MCC). The regional MCC is designed to

be a National Incident Management System (NIMS) compliant Multi-Agency Coordination System (MACS) that emphasizes coordination among local/regional medical healthcare organization and local EOC(s). The regional MCC assists with the provision of a flexible, coordinated, uninterrupted health response and serves to support the healthcare system within Michigan.

PLANNING

Each Regional Healthcare Coalition has incorporated a mass fatality plan within its regional operational guideline. The regional mass fatality plans outline the components of fatality management from a regional perspective including resources available to the local medical examiner and/or healthcare organizations.

Hospitals within each region, participating in the Office of the Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program (HPP), have developed and implemented fatality management procedures for their facility. These hospital fatality management plans reflect the critical components necessary to handle a surge of deaths within the hospital setting such as due to a pandemic or disaster. The regional HPP morgue capacities within Michigan are found (Attachment D).

RESPONSE SUPPORT

A primary purpose of the Regional Healthcare Coalition is to support the healthcare system within its region and maintain capability for medical surge. This is coordinated through the Tier 2 regional MCC², which is a Multi-Agency Coordination Center (MACC). Specific to healthcare organization resources, the regional MCC is prepared to coordinate timely and effective medical, morgue and mass fatality related support to the local jurisdiction where the mass fatality incident occurred. Provision of such support will be coordinated between the regional MCC, CHECC, local EOC(s) and the SEOC.

STATE GOVERNMENT

In those instances when it is determined that local and regional mutual aid will be inadequate to effectively process mass fatalities and support will be required from the State of Michigan, the ME will notify the local EOC. State assistance will be requested by the local EOC to the SEOC where coordination with the CHECC will occur.

COORDINATION

As with all emergency and disaster situations, the SEOC coordinates state-level assistance at the request of the local jurisdictions. The process of accessing state mortuary resources is illustrated (Attachment E).

ACTIVATION OF INTRA-STATE MORTUARY RESOURCES

The decision to activate state mortuary resources to supplement local morgue operations will be based on the initial incident assessments by the ME and local EOC in collaboration with the SEOC and the CHECC. This type of collaborative decision-making process will help ensure that all parties involved are aware of the actions being taken and, more importantly, that they have ample opportunity to contribute to the decision making process. Attachment F describes state mass fatality resources including MI-MORT, team components and equipment available to assist with local response.

The MI-MORT is a multi-disciplinary team that works under the medical authority of the medical examiner of the requesting jurisdiction, providing additional manpower and operational support during a mass fatality incident. Personnel can provide assistance with search and recovery, processing

² Medical Surge Capacity and Capability: The Healthcare Coalition in Emergency Response and Recovery 2009, U.S. Department of Health and Human Services

and identification of deceased victims in a dignified manner. The MI-MORT staff is comprised of forensic professionals, funeral directors, search and recovery personnel and many others who are trained and willing to assist in a mass fatality incident (Attachment G).

The Disaster Portable Morgue Unit (DPMU) contains the equipment and supplies necessary to initiate operations for a fully functional morgue or augment an existing morgue. The DPMU is designed to be erected inside of a *functional*, unoccupied, facility. All MI-MORT equipment and supplies are inventoried and stored in trailers for truck transport.

Local resource support for a MI-MORT activation includes, at a minimum:

- Facility in which to house the temporary morgue and equipment
- Means to move the DPMU equipment into the temporary morgue facility (hi-lo and/or pallet jack)
- Refrigeration to hold human remains

The Family Assistance Center (FAC) requires multiple agencies to provide support to families/friends of potential victims and cannot be handled by the medical examiner alone. The local EOC and ME should be prepared to mobilize the appropriate resources for the purpose of interviewing families for information essential to the positive identification of the victim. Personnel may be recruited from local funeral homes, Community Mental Health Service Programs, local police agencies, American Red Cross, local health departments, Medical Reserve Corps (MRC) units, etc.. Personnel should be trained in conducting interviews with grieving individuals. MI-MORT's Victim Information Center Team (VIC) is trained and able to conduct family interviews. This team can be utilized to assist the local ME. A representative of the local ME's office should be involved with the initial set up of the FAC and available during the duration of the incident as a SME.

LOCAL SUPPORT FOR MI-MORT PERSONNEL

The local jurisdiction or region requiring services will need to assist with arrangements for housing/hotel accommodations, meals and transportation to and from the DPMU for MI-MORT personnel. Housing arrangements are a high priority. Team housing should be away from hotel accommodations where family members of the deceased may be staying. Transportation for MI-MORT personnel to and from the site will need to be provided. It should be noted that this could be a sustained response and logistical resource needs will be ongoing.

OTHER STATE AGENCY SUPPORT

Specific tasks that may be performed by all state agencies in response to a mass fatality incident are included in Attachment H of this plan. Tasks identified are based on each agency's assigned responsibilities as outlined in the MEMP with supplemental tasking specific to a mass fatality incident. Each support agency will contribute to the overall response while retaining control over its own resources and personnel. Support agencies notified will be requested to provide 24-hour program representation as necessary. Each support agency is responsible for ensuring that sufficient program staff is available to support and carry out the activities tasked to its agency on a continuous basis. This is consistent with any type of incident management.

STATE REQUESTS FOR FEDERAL MORTUARY SUPPORT

When it is apparent that the effort required to effectively process mass fatalities is beyond the capability of intra-state resources, the ME will request additional resources through the local EOC to the SEOC. The SEOC, in conjunction with the CHECC, will make the request for inter-state fatality management resources or National Disaster Medical System (NDMS) resources, such as DMORT, via the established processes through the SEOC.

FEDERAL GOVERNMENT

If intra-state mortuary resources are inadequate, the SEOC will be advised and the process to request inter-state or federal assets will be initiated. Communications will follow established Emergency Management Assistance Compact (EMAC) or National Disaster Medical System (NDMS) request protocols.

FEDERAL BUREAU OF INVESTIGATION

For mass fatality situations that result from a man-made disaster, where a crime or terrorism is suspected, the FBI retains jurisdiction over all matters related to the law enforcement investigation and the crime scene. The FBI works in coordination with the National Transportation Safety Board (NTSB) to investigate transportation disasters.

NATIONAL TRANSPORTATION SAFETY BOARD

The NTSB is an independent federal government agency charged by Congress with investigating civil aviation accidents and significant accidents in other modes of transportation-railroad, highway, marine and pipeline. The NTSB determines the probable cause of accidents investigated and issues safety recommendations aimed at preventing future accidents. In addition, the NTSB carries out special studies concerning transportation safety and coordinates the resources of the Federal Government and other organizations to provide assistance to victims and their family members impacted by major transportation disasters.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Under the provisions of Emergency Support Function #8, HHS coordinates the provision of health and medical assistance to fulfill the needs identified by the affected state, local, and tribal authorities. Immediate medical response capabilities are provided by assets internal to HHS (e.g., NDMS) with medical personnel and teams provided by ESF #8 agencies ready to be deployed when requested.

DISASTER MORTUARY OPERATIONAL RESPONSE TEAM

As a specialty team within the NDMS, DMORT is designed to provide mortuary assistance in the case of a mass fatality incident. The team is comprised of multidisciplinary professionals and may be requested to provide support (Attachment I). Although DMORT functions and logistics must be supported by the supervision of the local ME, the state may assist local MEs and DMORT with logistical support and coordination of services if needed. It should be noted that DMORT:

- could take 72 hours to become operational
- may not be available in a pandemic or biological situation due to the national impact
- may not be available if there are concurrent nation-wide disasters
- has only one DMORT-WMD available nationally

VOLUNTEER ORGANIZATIONS

The roles performed by non-governmental and volunteer organizations during responses to emergency and disaster situations are especially valuable in situations involving mass fatalities. For example, the American Red Cross maintains the ability to provide assistance to family members of the deceased and others affected by or responding to the incident through a collaborative response effort from local chapters, regional chapters, Michigan Red Cross Disaster Consortium and the national Red Cross disaster human resource system. Requests for any volunteer organization to respond an incident are initiated by the effected local jurisdiction.

A potential resource for identifying qualified volunteers in Michigan is the Michigan Volunteer Registry. The registry is a database that functions as a central location for volunteer information including MI-MORT members. A registry administrator can query information in the registry and make contact with appropriate volunteers via e-mail, text pager or phone. Administrators privileged to query the registry include the local

Health Department Emergency Preparedness Coordinator(s), Regional Healthcare Coalition Coordinator(s), the MSP-EMHSD Medical Reserve Corps Coordinators, MDCH Office of Public Health Preparedness staff, and additional select preparedness partners.

PRIVATE SECTOR ORGANIZATIONS

Private sector organizations may potentially become involved in supporting mass fatality response from several perspectives, including providing resources upon request (e.g., refrigerated trucks, warehouse space, hotel rooms for NOK, etc.). Local and state emergency management, together with the local ME, are points of contact for private resources.

MICHIGAN FUNERAL DIRECTORS ASSOCIATION

Michigan Funeral Directors Association currently represents approximately 1300 funeral directors serving 650 funeral homes statewide, representing over three-quarters of all mortuary science licensees in Michigan. Funeral directors will play an important role in a mass fatality incident by providing families and local communities with the care and compassion needed to care for the deceased during a catastrophic incident. Local funeral directors may also be required to perform embalming services on mass fatality victims. Contact during an incident should be coordinated through local emergency management to the SEOC.

CONCEPT OF OPERATIONS

GENERAL

Mass fatality disasters have the potential to quickly overwhelm the resources of the medical examiner's operation depending on the capacity of the facility and the number and condition of fatalities. In a mass fatality incident, the procedure for obtaining intra-state, inter-state and federal support is through local emergency management communication pathways to the SEOC.

LOCAL GOVERNMENT

Response to a mass fatality incident consists of four phases:

- I. Incident Assessment
- II. Recovery
- III. Morgue Operations, Morgue Identification and Family Assistance (Antemortem Information Collection Center)
- IV. Notification and Final Disposition

Phase I – Incident Assessment

The ME(s) for the involved jurisdiction(s) should provide the following information when requesting additional resources:

- Name and contact information for local medical examiner
- Estimated number of deaths that occurred or are anticipated (if known)
- Condition of the bodies (if known)
- Location of the incident

Assessments

The initial response to a disaster involves stabilizing the scene and rescuing the injured. When fatalities occur, the on scene Incident Command contacts the local ME or his/her designee. When appropriate to do so, the ME or his/her designee, will assess the incident and assist with the development of the incident action plan. It will be important to assess current available local and regional resources; geographic area involved, condition of bodies, population involved (closed versus open population), level of difficulty in recovery, accessibility of the incident scene and potential hazards. MDCH has pre-deployed eight fully equipped Push Pack trailers throughout Michigan for immediate use in human remains recovery. These must be requested and approved at the state level prior to deployment. (Attachment F).

Request for Fatality Management Assistance

The initial notification of an emergency situation normally progresses from the scene to the jurisdiction's emergency manager (EM). Upon assessing the scope of a mass fatality incident, the local EM would normally direct the incident or determine activation of the EOC and perform a preliminary notification of additional personnel including: the medical examiner, the local public health representative, local officials, the public (affected area) and request additional support as needed.

Consistent with the scope of the incident, the local emergency manager would ensure local officials are notified in accordance with the local Emergency Operation Plan (EOP). If the situation is one where contamination or other threats to the public health exists, the public should be advised as expeditiously as possible regarding evacuation and/or shelter-in-place, or other appropriate protective actions to be taken.

If the medical examiner determines that the scope of the incident exceeds local capabilities, the medical examiner in collaboration with incident command, should immediately initiate coordination with local and intra-regional mutual aid agencies for support. When local resources are determined to be inadequate due to the scope of the situation, the local EOC will contact the EMHSD District Emergency Management Coordinator for assistance and further notification of the SEOC to request additional support in accordance with the procedures cited in the MEMP. If MI-MORT is requested, the SEOC will facilitate, contact through the CHECC to arrange initial coordination (Attachment G).

Phase II – Remains Recovery

Scene Processing

Remains/evidence processing teams must assume that any mass fatality scene is a crime scene. They must carefully process the scene by documenting every piece of physical evidence recovered. Scene processing involves locating remains and potential evidence, flagging and numbering the remains, documenting and photographing, and recovery efforts.

Scene processing may involve the physical alteration of the actual scene, thus recovery should proceed from the least destructive to the more intrusive. Documentation is critical to ensure every aspect of the remains/evidence processing operation and preservation of information. The approach must be methodical and organized with an individual with forensic and recovery expertise to supervise this critical process.

MI-MORT's disaster assistance recovery team (DART) is composed of trained forensic experts experienced in search and recovery efforts. This section of MI-MORT may be requested to assist the local medical examiner and law enforcement with human remains recovery and evidence collection/documentation.

Chain of Custody

Chain of custody must be established at the beginning of any scene investigation to ensure that the integrity of the evidence is maintained and can be verified during potential legal proceedings. The following procedures shall be implemented:

- Document the time of arrival and departure of all personnel at the scene
- Establish and adhere to a standard numbering system for tracking of remains
- Treat body parts (e.g., limbs) as individual bodies
- Document the collection of evidence by recording its location at the scene and time of collection
- Document all transfers of custody including the name of the recipient and the date and manner of transfer

Scene Responsibilities

Organize equipment *before attempting to move bodies*. Accordingly, the following are several key initial functions:

- Ensuring measures to provide for worker safety including appropriate PPE and other appropriate infection control procedures and supplies
- Ensure security is maintained at incident site
- Provide worker identification badges
- Appoint a scene registrar

- Ensure effective communications are established
- Maintenance of the scene log
- Designate body recovery teams for evaluation
- Designate body recovery teams for removal & transfer
- Establishing rest stations and provision of food
- Establishing a Critical Incident Stress Management debriefing area

Phase III – Morgue Operations, Morgue Identification and Family Assistance Center (Antemortem Information Collection Center)

Establishing Mortuary Capabilities

Selection of a suitable location for mortuary services and assembling the resources necessary to initiate operations is a significant task that must be coordinated in full compliance with the Incident Command System (ICS). In addition to the evidentiary procedures addressed above, the following are summaries of the principle functions associated with establishing mortuary services. The following are established prerequisites for each center:

Morgue Examination Center:

- Select an appropriate site
- Provide staff registration area
- Provide security / ID badges
- Implement a morgue case numbering system
- Procure refrigerated trucks or other refrigeration
- Obtain appropriate personal protective equipment
- Obtain appropriate communications systems
- Establish a record keeping system
- Develop a station processing plan
- Maintain worker safety and comfort
- Ensure each station has appropriately trained personnel (Attachment J)

Morgue Identification Center:

- Forensic specialists (i.e. pathologists, anthropologists and dentists) review and compare antemortem and postmortem information obtained in an effort to make positive identification. The specialists will provide written recommendations of positive identifications to the medical examiner for final determination.
- Maintain accurate records of identification methods on the remains
- Maintain direct communications with FAC for antemortem information, medical examiner and law enforcement.
- Final determination of positive identification of body and/or body parts
- Responsibility for notification procedures
- Identification Team
- Team meetings
- Identification methods (Attachment K)

The Family Assistance Center

The family assistance center (FAC) is the designated location/facility established to exchange communication related to the process of human remains identification, to the collection of accurate antemortem identification information, and to render support for the emotional needs of the families. An effective FAC depends on working together as a team with other agencies and/or organizations,

establishing a chain of command and selecting an acceptable location a distance from the incident site. The trained personnel will need to interact in a compassionate, respectful, and culturally sensitive manner with families as well as with other agencies and/or organizations (Attachment L).

FAC for Victim Information Collection Team (VIC) Prerequisites

- Site security will need to be provided by local law enforcement to protect families and workers from the media
- Coordinate set-up of center to ensure facilitation of antemortem interviews and privacy
- Ensure transportation services for family members
- Establish appropriate administrative staff
- Select an appropriate site
- Provide security / ID badges
- Obtain appropriate communications systems
- Establish a record keeping system
- Maintain worker safety and comfort

Phase IV – Notification and Final Disposition

The responsibility of making formal death notifications is with the medical examiner and/or his designee. Once positive identification is accomplished, the medical examiner should make notification in a timely manner and issue a death certificate. The medical examiner will obtain proper signatures from next of kin to release the remains to a funeral home for final disposition. Until released to the funeral home, a chain of custody is maintained on all human remains.

The medical examiner must determine the method for final disposition of co-mingled or unidentified remains.

REGIONAL PARTNERS

REGIONAL HEALTHCARE COALITION NETWORK

Given the circumstances associated with the incident, the regional MCC, in coordination with the CHECC, may determine that activation of one or more components of medical surge resources may be appropriate to contend with the challenges posed by the incident. As requested, the regional MCC will support the incident which may include mobilization of additional healthcare preparedness program resources.

REGIONAL RESPONSE TEAM NETWORK ASSETS

Should the incident be due to a terrorist Chemical, Biological, Radiological, Nuclear or Explosives (CBRNE) attack, EMHSD regional assets such as the Regional Response Team Network (RRTN) may be placed on alert and/or deployed by the SEOC to assist with detection, decontamination, and other on-scene support activities. RRTN HAZMAT assets may assist with fatality reconnaissance and other operations in the impacted area (hot zone) to provide information needed to determine the scope of the incident. All of these actions would be the responsibility of the SEOC. For any incident resulting from or believed to result from a terrorist attack the FBI will assume the lead role.

STATE GOVERNMENT

SEOC PRIMARY POINT OF CONTACT

The local EOC will submit requests for supplemental state resources through the Emergency District Management Coordinator to the SEOC. The state Critical Incident Management System, (WebEOC) will be utilized throughout the incident.

ACCESSING STATE RESOURCES

If state resources are needed, the local EOC contacts the SEOC to request resources. DCH CHECC is contacted, and depending on the situation and identified needs, MDCH CHECC will contact other agencies as appropriate, i.e. the MI-MORT Assessment Team. DCH EMC will communicate actions taken and resources to be provided back to the local EOC consistent with SEOC protocol.

STATE AGENCY TASK ASSIGNMENTS

Specific tasks that may be performed by all state agencies in response to a mass fatality incident are included in Attachment H of this plan. Tasks identified are based on each agency's assigned responsibilities as outlined in the MEMP with supplemental tasking specific to a mass fatality incident.

FEDERAL GOVERNMENT**MORTUARY ASSISTANCE**

During an emergency response, DMORT works under the guidance of local ME by providing technical assistance, personnel and/or a mobile morgue to recover, identify and process deceased victims (Attachment I). It should be noted that, once on scene, DMORT does not assume responsibility for activities. This remains the responsibility of the local ME. Other federal assistance is available under the provisions of ESF #8.

SUSTAINED RESPONSE TO AN INFECTIOUS DISEASE OUTBREAK

The Communicable Disease Annex of the MDCH All-Hazards Response Plan (AHRP) provides general response information and disease-specific appendices for any outbreak of a disease or condition that may be considered a public health threat.

LOCAL GOVERNMENT

The statutory duty of the ME does not change; however, in a mass fatality incident created by catastrophic numbers of deaths due to a communicable disease that overwhelms local mortuary capabilities, it may be necessary to expand the local ME's authority. This may include the management of all deaths occurring in that jurisdiction being sent to collection centers and interment sites.

INFORMATION CALL CENTERS

The local jurisdiction and local emergency management would establish an Information Call Center as a way to provide public information dissemination and for local citizens to report a death. This call center could be 211 and would be supported by local public health departments with involvement from local law enforcement, the medical examiner or a designee and emergency management.

COLLECTION CENTERS

Local jurisdictions may need to establish collection centers and arrange for transportation of decedents from place of death to the collection centers for processing death certificates, burial permits, and burial preparation. Coordination between local emergency management and the ME will need to include prioritization of removals, location of collection centers and interment sites, and resource coordination (Attachment M).

INTERMENT SITES

Resources and supplies for refrigeration, embalming, and burial may be in short supply due to the scope of the incident or outbreak. The potential exists that decedents may need to be buried without embalming in a shroud or human remains pouch with non-biodegradable/metal identification tags. Cemeteries within the local jurisdiction should be utilized prior to implementing the use of temporary interment sites. Identification and burial location information of human remains will be accurately recorded and retained with ME office for future disinterment to honor family requests for burial elsewhere at a later date (Attachment N).

CREMATION

Michigan has approximately 65 crematoriums throughout the state. An estimated five remains may be cremated over a 24-hour period. Generally, the design of the cremation furnace does not allow cremation of more than one body at a time. In many states, it is illegal to cremate more than one dead body at a time. In considering the number of crematoriums available and the necessary processing time, cremation is not a practical option during a death surge.

STATE GOVERNMENT

Specific tasks that may be performed by all state agencies in response to a mass fatality incident are included in this plan. Tasks identified are based on each agency's assigned responsibilities as outlined in the MEMP, which should not differ during an infectious disease outbreak (Attachment H).

ACTIVATION OF INTRA-STATE FATALITY MANAGEMENT RESOURCES

The state has a finite amount of equipment and supplies available for fatality management and these resources will be quickly exhausted. As with all emergency and disaster situations, the SEOC coordinates state-level assistance to local jurisdictions. The decision to activate state fatality

management resources to supplement local and regional operations will be based on continual incident assessments by the SEOC and the CHECC. An overview of state fatality management resources is included (Attachment F).

DEATH REGISTRATION

Death registration is a process governed by the MDCH Vital Records Division. This agency has set policies and procedures reflective of Michigan Public Health Code for registering a death (Public Health Code, Act 368 of 1978). Death Certificates must be signed no later than 48 hours after death notification. A statewide Electronic Death Registration System (EDRS) provides significant support to the timely completion and registration of deaths. Ensuring access to EDRS for all funeral directors, physicians, medical examiners, hospitals and county clerks will expedite the registration process.

MORTUARY SUPPLY REQUISITION

The demand for mortuary supplies will increase over the duration of the outbreak and the ability for supply orders to be completed and distributed in a timely manner will decrease. The task of ordering mortuary supplies and equipment may fall to the SEOC and CHECC. Mortuary supply company listings are included (Attachment O).

TRANSPORTATION

Local jurisdictions may require assistance with transportation of deceased to and from collection sites and final disposition sites. Priority removals will be from hospitals and alternate care sites, to make room for the influx of sick and injured patients.

FEDERAL GOVERNMENT

During an infectious disease outbreak, guidance may be necessary for appropriate Personal Protective Equipment (PPE) requirements for mass fatality management personnel, as well as adequate final disposition requirements. Federal guidelines, mandates or policy changes related to worker health and safety will be communicated to the SEOC and CHECC for dissemination, as appropriate.

PRIVATE SECTOR ORGANIZATIONS

The participation and role of the mortuary industry is a crucial element in fatality management and requires further contribution during an infectious disease outbreak.

MICHIGAN FUNERAL DIRECTORS ASSOCIATION

Michigan Funeral Directors Association (MFDA) represents member funeral homes statewide including during an infectious disease outbreak. A representative from MFDA will conduct a statewide funeral home needs assessment, monitor and facilitate communication between local funeral homes, local and district Emergency Managers, and the CHECC regarding the operational status of funeral homes. A representative from MFDA may be requested to sit in the CHECC as a subject matter expert. It may be necessary to gather funeral resources, personnel, supplies and equipment in a centralized location in each jurisdiction to better serve the needs of the community.

MASS FATALITY PLAN MANAGEMENT AND MAINTENANCE INSTRUCTIONS

The Mass Fatality Support Plan will be reviewed annually by the Mass Fatality Planner with the Michigan Department of Community Health - Office of Public Health Preparedness.

ATTACHMENT A - MEDICAL EXAMINER LEGAL AUTHORITIES

AN ACT relative to investigations in certain instances of the causes of death within this state due to violence, negligence or other act or omission of a criminal nature or to protect public health; to provide for the taking of statements from injured persons under certain circumstances; to abolish the office of coroner and to create the office of county medical examiner in certain counties; to prescribe the powers and duties of county medical examiners; to prescribe penalties for violations of the provisions of this act; and to prescribe a referendum thereon.

History: 1953, Act 181, Eff. Jan. 1, 1954;--Am. 1969, Act 92, Imd. Eff. July 24, 1969. The People of the State of Michigan enact:

52.201 Coroner; abolition of office; county medical examiner; appointment; terms; vacancies; civil service; qualifications; agreement among counties.

Sec. 1. (1) The board of commissioners of each county of this state shall by resolution abolish the office of coroner and appoint a county medical examiner to hold office for a period of 4 years. If the office of county medical examiner becomes vacant before the expiration of the term of office, the board of commissioners may appoint a successor to complete the term of office. In counties with a civil service system, the appointment and tenure of the medical examiner shall be made in accordance with the provisions of that civil service system.

(2) County medical examiners shall be physicians licensed to practice within this state or, if the county does not have an accredited hospital, licensed in another state that borders the county.

(3) Two or more counties, by resolution of the respective boards of commissioners, may enter into an agreement to employ the same person to act as medical examiner for all of the counties.

History: 1953, Act 181, Eff. Jan. 1, 1954;--Am. 1959, Act 49, Eff. Mar. 19, 1960;--Am. 1969, Act 92, Imd. Eff. July 24, 1969;-- Am. 2002, Act 22, Imd. Eff. Mar. 4, 2002;--Am. 2006, Act 3, Imd. Eff. Feb. 3, 2006.

52.201a Deputy county medical examiner and medical examiner investigators; appointment; qualifications; approval; duties of investigator.

Sec. 1a. (1) The county board of commissioners may appoint as a deputy county medical examiner any person meeting the qualifications as required by this section and approved by the county medical examiner. Deputy county medical examiners shall be physicians licensed to practice within this state.

(2) The county medical examiner may appoint medical examiner investigators to assist the county medical examiner in carrying out the duties required by this act. The county medical examiner shall determine the qualifications of the medical examiner investigators, taking into consideration the person's education, training, or experience, and shall be solely responsible for determining the duties assigned to the medical examiner investigator. History: Add. 1969, Act 92, Imd. Eff. July 24, 1969;--Am. 1980, Act 401, Imd. Eff. Jan. 8, 1981.

52.201b Repealed. 2002, Act 22, Imd. Eff. Mar. 4, 2002.

Compiler's note: The repealed section pertained to residency requirements for deputy county medical examiners.

52.201c County medical examiner; powers and duties.

Sec. 1c. The county medical examiner shall be in charge of the office of the county medical examiner and may promulgate rules relative to the conduct of his office. The county medical examiner may delegate any functions of his office to a duly appointed deputy county medical examiner if the deputy county medical examiner is a licensed physician. If the deputy county medical examiner is not a licensed physician, his functions shall be limited as provided by law. History: Add. 1969, Act 92, Imd. Eff. July 24, 1969.

52.201d Deputy county medical examiners; appointment in counties under civil service.

Sec. 1d. In counties having a civil service system, the county medical examiner shall appoint the deputy medical examiners. History: Add. 1969, Act 92, Imd. Eff. July 24, 1969.

52.201e County medical examiner and deputies; compensation and expenses.

Sec. 1e. The compensation of the county medical examiners and deputy county medical examiners shall be such as is appropriated by the county board of supervisors. The county medical examiner and deputy county medical examiners shall receive, in addition to compensation, their actual and necessary traveling and other expenses, within the appropriation made therefore by the county board of supervisors. History: Add. 1969, Act 92, Imd. Eff. July 24, 1969.

52.201f County medical examiner and deputies; removal.

Sec. 1f. The county board of supervisors shall remove from office any county medical examiner or upon request of the county medical examiner any deputy county medical examiner, after hearing, who fails to discharge properly the duties of his office. In counties having a civil service system, the removal of the county medical examiner shall be made in accordance with the provisions of the civil service system. History: Add. 1969, Act 92, Imd. Eff. July 24, 1969.

52.202 Investigation by county medical examiner as to cause and manner of death; prisoners; medical records, papers, or documents; exemption from disclosure; definitions.

Sec. 2. (1) A county medical examiner or deputy county medical examiner shall investigate the cause and manner of death of an individual under each of the following circumstances:

(a) The individual dies by violence.

(b) The individual's death is unexpected.

(c) The individual dies without medical attendance by a physician, or the individual dies while under home hospice care without medical attendance by a physician or a registered nurse, during the 48 hours immediately preceding the time of death, unless the attending physician, if any, is able to determine accurately the cause of death.

(d) The individual dies as the result of an abortion, whether self-induced or otherwise.

(2) If a prisoner in a county or city jail dies while imprisoned, the county medical examiner or deputy county medical examiner, upon being notified of the death of the prisoner, shall examine the body of the deceased prisoner.

(3) In conducting an investigation under subsection (1) or (2), a county medical examiner or deputy county medical examiner may request the circuit court to issue a subpoena to produce medical records, books, papers, documents, or other items related to the death being investigated. The circuit court may punish failure to obey a subpoena issued under this section as contempt of court.

(4) Medical records, books, papers, documents, or other items that a county medical examiner or deputy county medical examiner obtains in conducting an investigation under this act, whether in response to a subpoena or otherwise, are exempt from disclosure under the freedom of information act, 1976 PA 442, MCL 15.231 to 15.246.

(5) As used in this section:

(a) "Home hospice care" means a program of planned and continuous hospice care provided by a hospice or a hospice residence that consists of a coordinated set of services rendered to an individual at his or her home on a continuous basis for a disease or condition with a terminal prognosis.

(b) "Physician" means a person licensed as a physician under part 170 or part 175 of the public health code, 1978 PA 368, MCL 333.17001 to 333.17084 and 333.17501 to 333.17556.

(c) "Registered nurse" means a person licensed as a registered professional nurse under part 172 of the public health code, 1978 PA 368, MCL 333.17201 to 333.17242.

History: 1953, Act 181, Eff. Jan. 1, 1954;--Am. 1969, Act 92, Imd. Eff. July 24, 1969;--Am. 2001, Act 26, Imd. Eff. June 22, 2001; ;--Am. 2004, Act 153, Imd. Eff. June 15, 2004.

52.203 Sudden, unexpected, accidental, violent, or medically unattended deaths; notice to county medical examiner; knowledge that 2 or more individuals involved were same age, sex, height, weight,

hair color, eye color, and race.

Sec. 3. (1) Any physician and any person in charge of any hospital or institution, or any person who shall have first knowledge of the death of any person who shall have died suddenly, unexpectedly, accidentally, violently, or as the result of any suspicious circumstances, or without medical attendance during the 48 hours prior to the hour of death unless the attending physician, if any, is able to determine accurately the cause of death, or in any case of death due to what is commonly known as an abortion, whether self- induced or otherwise, shall notify the county medical examiner or his or her deputy immediately of the death.

(2) If the physician, person in charge of any hospital or institution, or other person who has first knowledge of the death of a person as described under subsection (1) has knowledge that there were 2 or more individuals involved in the same accident who were approximately the same age, sex, height, weight, hair color, eye color, and race, then he or she shall make the county medical examiner or his or her deputy aware of that fact and whether or not any of those individuals survived that accident when notifying the examiner or deputy of the death as required under subsection (1). If any of those individuals survived, the county medical examiner or his or her deputy shall also be informed which hospital or institution those individuals were taken to and the hospital or institution shall also be made aware that the accident involved 2 or more individuals with similar attributes.

History: 1953, Act 181, Eff. Jan. 1, 1954;--Am. 1969, Act 92, Imd. Eff. July 24, 1969;--Am. 2006, Act 569, Imd. Eff. Jan. 3, 2007.

52.204 Violent, unexpected or medically unattended deaths; removal of body, notice; violation of section, penalty.

Sec. 4. It shall be unlawful for any funeral director, embalmer or other person to remove the body from the place where death occurred, or to prepare the body for burial or shipment, when such funeral director, embalmer or other person knows or upon reasonable investigation should know that death may have occurred in a manner as indicated in section 3, without first notifying the county medical examiner or his deputy and receiving permission to remove, prepare for burial or ship such body. Any person who violates the provisions of this section is guilty of a misdemeanor and may be imprisoned not exceeding 1 year, or fined not exceeding \$500.00, or both. History: 1953, Act 181, Eff. Jan. 1, 1954;--Am. 1969, Act 92, Imd. Eff. July 24, 1969.

52.205 Notice of body; manner of death; removal of body to morgue; investigation; designation and duties of medical examiner investigator; list of investigators and qualifications; autopsy; ascertaining identity of deceased and notifying next of kin; impossible identification or knowledge that 2 individuals share same attributes; records; disposition of body.

Sec. 5. (1) When a county medical examiner has notice that there has been found within his or her county or district the body of a person who is supposed to have come to his or her death in a manner as indicated in section 3, the medical examiner shall take charge of the body, and if, on view of the body and personal inquiry into the cause and manner of the death, the medical examiner considers a further examination necessary, the county medical examiner or a deputy may cause the dead body to be removed to the public morgue. If the investigation is for the reason only that the dead person had no medical attendance during 48 hours before the hour of death, and if the dead person had chosen not to have medical attendance because of his or her bona fide held religious convictions, removal shall not be required unless there is evidence of other conditions stipulated in section 3. If there is no public morgue, then the body may be removed to a private morgue as the county medical examiner has designated.

(2) The medical examiner may designate a person appointed pursuant to section 1a(2) to take charge of the body, make pertinent inquiry, note the circumstances surrounding the death, and, if considered necessary, cause the body to be transported to the morgue for examination by the medical examiner. The examiner shall maintain a list of persons appointed pursuant to section 1a(2) and their qualifications which shall be filed with the local law enforcement agencies. The person appointed pursuant to section 1a(2) shall not be an agent or employee of any person or funeral establishment licensed under article 18 of the occupational code, 1980 PA 299, MCL 339.1801 to 339.1812, receive, directly or indirectly, any

remuneration in connection with the disposition of the body or make any funeral or burial arrangements without approval of the next of kin, if they are found, or the person responsible for the funeral expenses.

(3) The county medical examiner may perform or direct to be performed an autopsy and shall carefully reduce or cause to be reduced to writing every fact and circumstance tending to show the condition of the body and the cause and manner of death, together with the names and addresses of any persons present at the autopsy, which record he or she shall subscribe.

(4) The medical examiner shall ascertain the identity of the deceased and notify immediately as compassionately as possible the next of kin of the death and the location of the body except that such notification is not required if a person from the state police, a county sheriff department, a township police department, or a municipal police department states to the medical examiner that the notification has already occurred. If visual identification of an individual is impossible as a result of burns, decomposition, or other disfiguring injuries or if the county medical examiner is aware that the death is the result of an accident that involved 2 or more individuals who were approximately the same age, sex, height, weight, hair color, eye color, and race, then the county medical examiner shall verify the identity of the deceased through fingerprints, dental records, DNA, or other definitive identification procedures and, if the accident resulted in the survival of any individuals with the same attributes, shall notify the respective hospital or institution of his or her findings. The county medical examiner may conduct an autopsy if he or she determines that an autopsy reasonably appears to be required pursuant to law. After the county medical examiner, a deputy, a person from the state police, a county sheriff department, a township police department, or a municipal police department has made diligent effort to locate and notify the next of kin, he or she may order and conduct the autopsy with or without the consent of the next of kin of the deceased.

(5) The county medical examiner or a deputy shall keep a written record of the efforts to locate and notify the next of kin for a period of 1 year from the date of the autopsy. The county medical examiner shall, after any required examination or autopsy, promptly deliver or return the body to relatives or representatives of the deceased or, if there are no relatives or representatives known to the examiner, he or she may cause the body to be decently buried, except that the medical examiner may retain, as long as may be necessary, any portion of the body believed by the medical examiner to be necessary for the detection of any crime. History: 1953, Act 181, Eff. Jan. 1, 1954;--Am. 1969, Act 92, Imd. Eff. July 24, 1969;--Am. 1972, Act 200, Imd. Eff. June 30, 1972;--Am. 1980, Act 401, Imd. Eff. Jan. 8, 1981;--Am. 2006, Act 569, Imd. Eff. Jan. 3, 2007.

52.205a Sudden death, cause unknown, of child under age of 2 years; report; request for autopsy; notice of results; costs; rules.

Sec. 5a. (1) When a child under the age of 2 years dies within this state under circumstances of sudden death, cause unknown, or found dead, cause unknown, that death shall be immediately reported to the county medical examiner or deputy county medical examiner of the county where the body is located. The county medical examiner or deputy county medical examiner shall inform the parents or legal guardians of the child that they may request an autopsy to be performed on the child. The state shall cover the costs of an autopsy requested under this section. The county medical examiner or the deputy county medical examiner shall arrange the autopsy requested under this section and shall promptly notify the parents or legal guardians of the results of that autopsy. The county medical examiner or the deputy county medical examiner shall report the costs of the autopsy performed under this section to the director of the department of community health. If the director determines the claim to be reasonable and proper, he or she shall reimburse the person for the costs incurred under this section out of funds appropriated for this purpose by the legislature. Nothing in this section shall be construed to interfere with the duties and responsibilities of the county medical examiner or deputy county medical examiner as provided in this act. (2) The department of community health shall promulgate rules and regulations under this act to promote consistency and accuracy among county medical examiners and deputy county medical examiners in determining the cause of death under this section. The department may adopt, by reference in its rules, all or any part of the "State of Michigan Protocols to Determine Cause and Manner of Sudden and Unexplained Child Deaths" published by the

Michigan child death review program.

History: Add. 1974, Act 350, Imd. Eff. Dec. 21, 1974;--Am. 2004, Act 179, Imd. Eff. July 1, 2004.

52.206 Private morgue; compensation.

Sec. 6. If the body of a deceased person has been removed to a private morgue for examination upon the order of the medical examiner, the keeper of such morgue shall be allowed compensation for his services as the county medical examiner deems reasonable. Compensation is to be paid out of the county treasury on the order of the examiner. Any expense incurred under the provisions of this act shall be within the appropriations made therefore by the county board of supervisors.

History: 1953, Act 181, Eff. Jan. 1, 1954;--Am. 1969, Act 92, Imd. Eff. July 24, 1969.

52.207 Violent, unexpected or medically unattended deaths; investigation by county medical examiner; inquest.

Sec. 7. Upon the written order of the prosecuting attorney or the attorney general or upon the filing of a petition signed by 6 electors of a county, the county medical examiner or deputy shall conduct an investigation, as provided in section 5, of the circumstances surrounding any death believed to have occurred in the county. Upon determination of the prosecuting attorney or upon the determination of the examiner an inquest shall be held by a district court judge or a municipal court judge.

History: 1953, Act 181, Eff. Jan. 1, 1954;--Am. 1959, Act 222, Eff. Mar. 19, 1960;--Am. 1968, Act 274, Eff. Nov. 15, 1968;--Am. 1969, Act 92, Imd. Eff. July 24, 1969.

52.208 Violent, unexpected or medically unattended deaths; personalty found on deceased's person, possession, inventory, disposition, use as evidence.

Sec. 8. In all cases arising under the provisions of this act, in the absence of next of kin of the deceased person, the senior police officer being concerned with the matter, and in the absence of police, the county medical examiner or his deputy, shall take possession of all property of value found upon the person of the deceased, make an exact inventory report thereof and shall deliver the property, unless required as evidence, to the person entitled to the custody or possession of the body. If the personal property of value is not claimed by the person entitled to the custody or possession of the body of the decedent within 60 days, the property shall be turned over to an administrator or other personal representatives of the decedent's estate to be disposed of according to law; or, if required as evidence, the property within 60 days after the termination of any proceeding or appeal period therefrom permitted by law shall be turned over to the person entitled to the custody or possession of the body, or to an administrator or other personal representative of the decedent's estate. Nothing in this section shall affect the powers and duties of a public administrator. History: 1953, Act 181, Eff. Jan. 1, 1954;--Am. 1969, Act 92, Imd. Eff. July 24, 1969.

52.209 Body determined suitable for donation; agreement; release of information; conduct of examination within certain time period; section to be known as "Kyle Ray Horning's law."

Sec. 9. (1) If a county medical examiner or his or her designee receives notification from a person other than a representative of a hospital of a death that requires an investigation by the county medical examiner's office pursuant to this act, the county medical examiner or his or her designee shall take charge of the body. If, upon viewing the body and personally inquiring into the cause and manner of the death, the county medical examiner or his or her designee determines that the body, subject to part 101 of the public health code, 1978 PA 368, MCL 333.10101 to 333.10123, and according to criteria established by Michigan's federally designated organ procurement organization, may be suitable for donation or for the donation of body parts, the county medical examiner or his or her designee shall, in a timely manner as prescribed under subsection (2), contact Michigan's federally designated organ procurement organization or its successor organization as defined in section 10102 of the public health code, 1978 PA 368, MCL 333.10102. If contacted by the federally designated organ procurement organization or other procurement organization, or both, the county medical examiner shall enter into an agreement with the federally designated organ procurement organization and other procurement

organization that coordinates the recovery and allocation of anatomical donations in that county. The agreement shall outline the procedures and protocols of each party to assure that transplantable organs, tissues, and eyes are obtained from potential donors and shall meet the requirements of part 101 of the public health code, 1978 PA 368, MCL 333.10101 to 333.10123. The agreement shall provide that if any extraordinary medical examinations are necessary prior to the removal of organs, tissues, or eyes, the procurement organization shall cover those costs. The county medical examiner or his or her designee may release any information to the federally designated organ procurement organization or other procurement organization that is necessary to identify potential organ, tissue, or eye donors and seek consent for such donations in accordance with part 101 of the public health code, 1978 PA 368, MCL 333.10101 to 333.10123. A county medical examiner or his or her designee shall not discuss the option of organ donation with any individual with the authority to make a gift under part 101 of the public health code, 1978 PA 368, MCL 333.10101 to 333.10123.

(2) If an investigation of the cause and manner of death, regardless of whether the death occurred in a hospital or not, is required under this act and the county medical examiner or his or her designee has notice that the individual is a donor or that a gift of all or a part of that individual's body has been made pursuant to part 101 of the public health code, 1978 PA 368, MCL 333.10101 to 333.10123, the county medical examiner or his or her designee shall conduct the examination of the dead body within a time period that permits organs, tissues, and eyes to remain viable for transplant. If the county medical examiner or his or her designee is unable to conduct the investigation within that period of time, a health professional or technician who is authorized to remove an anatomical gift from a donor under part 101 of the public health code, 1978 PA 368, MCL 333.10101 to 333.10123, may remove the donated tissues or organs, or both, in order to preserve the viability of the donated tissues or organs for transplant upon notifying the county medical examiner or his or her designee. If the county medical examiner or his or her designee determines that an organ may be related to the cause of death, the county medical examiner or his or her designee may do 1 or more of the following:

(a) Request to be present during the removal of the donated organs.

(b) Request a biopsy of the donated organs.

(3) This section shall be known and may be cited as "Kyle Ray Horning's law".

History: Add. 2005, Act 176, Imd. Eff. Oct. 19, 2005;--Am. 2008, Act 38, Imd. Eff. Mar. 17, 2008.

Compiler's note: Former MCL 52.509, which pertained to penalty for failure by medical examiner to deliver personal property of deceased person, was repealed by Act 92 of 1969, Imd. Eff. July 24, 1969.

52.210 Removal of body to crematory; permit from county medical examiner; violation of section, penalty.

Sec. 10. No funeral director, embalmer or any other person shall remove the body of any deceased person to a crematory or remove for the purpose of cremation such dead body from the county in which death occurred without the signed permit of the medical examiner for such county or his deputy. Any person who violates the provisions of this section is guilty of a misdemeanor and shall be imprisoned not more than 1 year, or fined not more than \$500.00, or both. History: 1953, Act 181, Eff. Jan. 1, 1954;--Am. 1969, Act 92, Imd. Eff. July 24, 1969.

52.211 County medical examiner; records.

Sec. 11. Medical examiners shall keep a record of all views of bodies found dead, together with their view and autopsy reports. History: 1953, Act 181, Eff. Jan. 1, 1954.

52.212 County medical examiner and deputies; testimony, expenses.

Sec. 12. Any and all medical examiners or their deputies may be required to testify in behalf of the state in any matter arising as the result of any investigation required under this act, and shall testify in behalf of the state and shall receive such actual and necessary expenses as the court shall allow.

History: 1953, Act 181, Eff. Jan. 1, 1954;--Am. 1969, Act 92, Imd. Eff. July 24, 1969.

52.213 Coroner; transfer of powers and duties to county medical examiner, abolition of

office; transfer of proceedings and records.

Sec. 13. In counties having a medical examiner under the provisions of this act, the powers and duties vested by law in the office of coroner are hereby transferred to and vested in the county medical examiners and their deputies. In such counties immediately upon the taking effect of this act, the office of coroner shall be abolished, and whenever reference thereto is made in any law of this state, reference shall be deemed to be intended to be made to the medical examiners created by this act, insofar as consistent with the provisions of this act. Any hearing or other proceeding pending before any coroner shall not be abated but shall be deemed to be transferred to the medical examiner of the proper county and shall be conducted and determined by such examiner in accordance with the provisions of law. All records, files and other papers belonging to any coroner in any such county shall be turned over to the county medical examiner of the proper county and shall be continued as a part of the records and files of said county medical examiner. History: 1953, Act 181, Eff. Jan. 1, 1954.

52.213a Coroner; transfer of powers and duties to county medical examiner, abolition of office; transfer of proceedings.

Sec. 13a. The powers and duties vested by law in the office of coroner are transferred to and vested in the county medical examiners and their deputies as provided herein. The office of coroner, as provided for in sections 86 and 87 of chapter 14 of the revised statutes of 1846, as amended, being sections 52.86 and 52.87 of the Compiled Laws of 1948, shall be abolished, and whenever reference thereto is made in any law of this state, reference shall be deemed to be intended to be made to the medical examiners created by this act, insofar as consistent with the provisions of this act. Any hearing or other proceeding pending before any coroner shall not be abated but shall be deemed to be transferred to the medical examiner of the proper county and shall be conducted and determined by such examiner in accordance with the provisions of law. History: Add. 1959, Act 225, Eff. Mar. 19, 1960;--Am. 1969, Act 92, Imd. Eff. July 24, 1969.

52.213b Coroner; transfer of records.

Sec. 13b. All records, files and other papers belonging to any coroner in any such county shall be turned over to the county medical examiner of the proper county and shall be continued as a part of the records and files of the county medical examiner. History: Add. 1969, Act 92, Imd. Eff. July 24, 1969.

52.213c County health officer; designation as county medical examiner.

Sec. 13c. Any county having a county health officer appointed under the provisions of Act No. 306 of the Public Acts of 1927, as amended, being sections 327.201 to 327.208a of the Compiled Laws of 1948, may designate the county health officer as medical examiner. History: Add. 1969, Act 92, Imd. Eff. July 24, 1969.

52.214, 52.215 Repealed. 1969, Act 92, Imd. Eff. July 24, 1969.

Compiler's note: The repealed sections fixed effective date and referendum for abolition of office of coroner and creation of office of medical examiner.

52.216 Coroners; completion of term after effective date of act.

Sec. 16. In all counties a coroner upon the effective date of this amendatory act, the coroner may complete the term for which he was elected. History: Add. 1969, Act 92, Imd. Eff. July 24, 1969.

Michigan Compiled Laws Complete Through PA 302 of 2008 Ó Legislative Council, State of Michigan. Courtesy of www.legislature.mi.gov

ATTACHMENT B - ROLES AND RESPONSIBILITIES OF THE MEDICAL EXAMINER

1. Investigate deaths within the jurisdiction of the medical examiner as stated in County Medical Examiners Act 181 of 1953.
2. Establish a cause and manner of death.
3. Establish positive identification of the deceased.
4. Issue and certify death certificates.
5. Provide final authorization for cremation permits.
6. Return of remains to legal next of kin (NOK).
7. Provide oversight and coordination of resources to accomplish the recovery and identification process during a mass fatality incident including:
 - a. Establish security and credentialing systems.
 - b. Coordinate with law enforcement for recovery of human remains from site.
 - c. Coordinate transportation of remains from the scene to morgue facilities.
 - d. Establish communications and data management systems.
 - e. Establish fiscal and material requirements.
 - f. Establish morgue/autopsy facilities, including:
 - i. Temporary Morgue Site
 - ii. Morgue Examination Center, Morgue Identification Center
 - iii. Family Assistance Center Site for Victim Information Collection
 - iv. Long-Term Examination Site
8. Establish a system for the temporary and/or final disposition of the remains.
9. Establish a thorough record management system for the medical examiner office.
10. Any responders, such as Michigan Mortuary Response Team, Disaster Mortuary Response Team are ultimately under the supervision of the local medical examiner authority. That authority must see that all necessary logistical support services for them are in place.

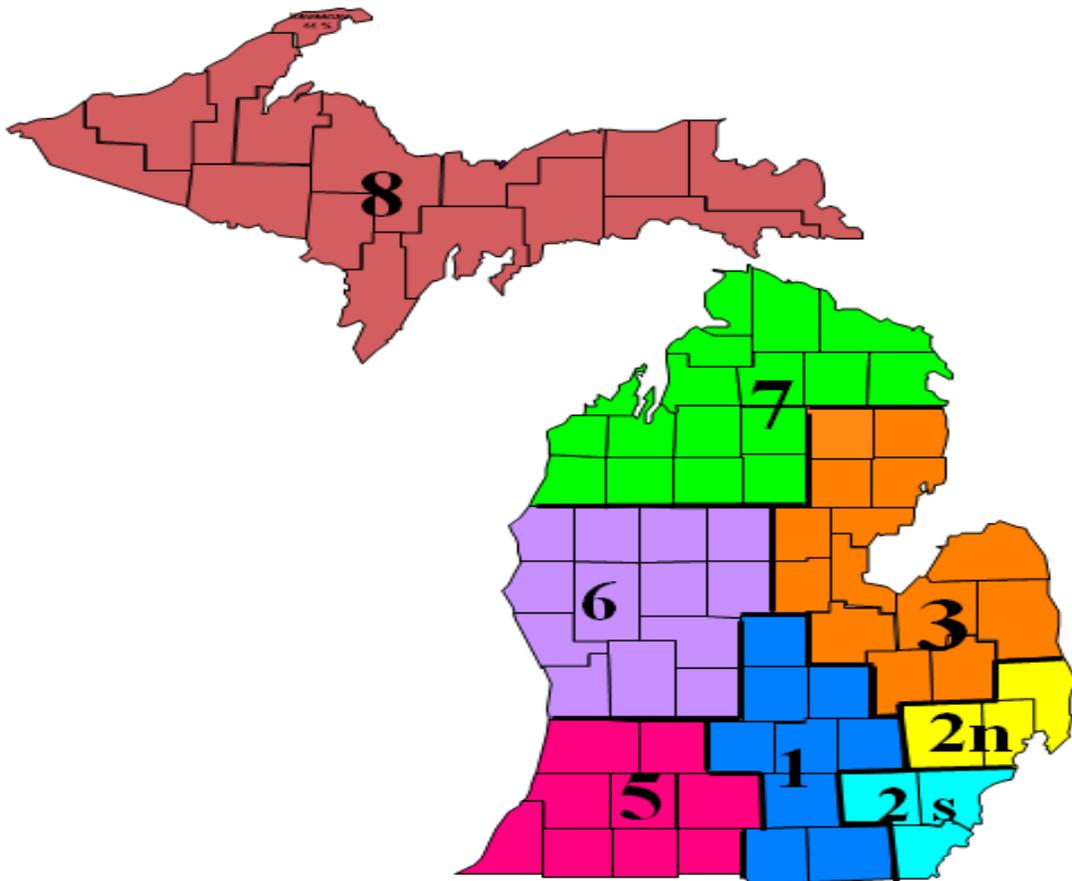
ATTACHMENT C - GENERAL PRINCIPLES OF MASS FATALITY MANAGEMENT

1. The medical examiner is responsible for establishing the identity of the deceased, determining the cause and manner of death and issuing death certificates.
2. The initial response to a mass fatality incident establishes the incident management framework for the preservation of life, property and the thorough documentation and collection of all remains, personal effects and evidence. Evidence and human remains processing is secondary to emergency services and safety considerations.
3. The recovery and collection process should be systematic and methodical to minimize evidence loss and contamination.
4. Emergency responders are responsible for establishing initial control and restricting scene access to authorized personnel.
5. The shift from search and rescue to search and recovery operations represents a major operating transition. The Incident Command will coordinate search and recovery efforts with the remains/evidence processing teams.
6. The complete and accurate identification of remains and evidentiary processing begins at the scene of the mass fatality incident.
7. Any mass fatality scene is a potential crime scene and must be processed methodically as such; including documentation of every piece of physical evidence recovered.
8. At the scene, recovery of human remains and evidence should proceed from the least destructive to the more intrusive.
9. Documentation of every aspect of the remains/evidence processing operation helps to ensure the preservation of information.
10. Photographic documentation of the scene supplements the written records.
11. Photographic documentation is required prior to removal or disturbance of any remains or items. The precise location(s) of the found items are to be included in the documentation as well.
12. Videotaping is not a replacement for still photography.

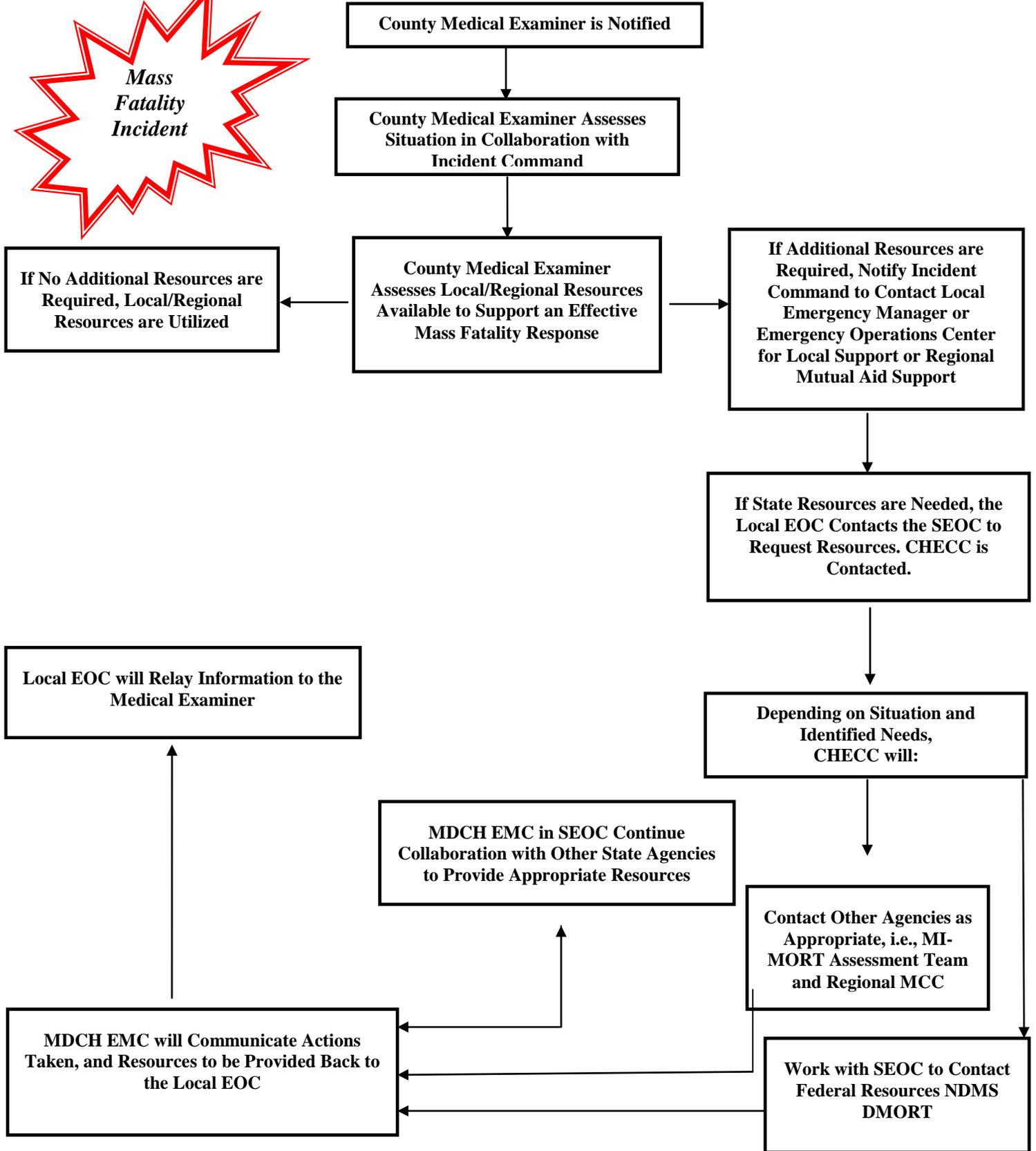
ATTACHMENT D –MICHIGAN HOSPITAL MORGUE CAPACITIES

The number of morgue beds in Michigan is limited, and should be assessed periodically. The current estimate of hospital morgue beds is shown below:

PREPAREDNESS REGION	HOSPITAL MORGUE BEDS
1	46
2-North	81
2-South	236
3	72
5	37
6	50
7	26
8	30
TOTAL	578



ATTACHMENT E – ACCESSING STATE RESOURCES



ATTACHMENT F – MICHIGAN MASS FATALITY RESOURCES

OVERVIEW

The Michigan Mortuary Response Team (MI-MORT) and the Disaster Portable Morgue Unit (DPMU) were established to provide the State of Michigan with a mass fatality resource that can be readily deployed to any location within the state in response to an incident in which the number of fatalities has exceeded local or regional resources. To facilitate a timely response in rural locations, push pack trailers containing supplies to initiate site recovery operations, have been pre-deployed to designated regions across the state. In addition, two Mortuary Enhanced Remains Cooling Systems (MERCs) have been purchased consisting of cadaver storage racks and cooling systems for up to 96 human remains.

Requests for mass fatality resources will proceed from the local to state level following pre-established guidelines prior to any activation.

MI-MORT follows the National Incident Management System (NIMS). Incident Command Structure (ICS) is utilized for command and control. FEMA independent study courses (IS) 100, 200, 700 & 800 are required of all team members. In addition, ICS 300 & 400 is required of the command staff.

MI-MORT operations are consistent with National Disaster Medical System (NDMS) Disaster Mortuary Operational Response (DMORT) operational policies and guidelines, providing seamless integration of services should a federal response be required. If the incident necessitates decontamination of human remains and personal effects needed for identification purposes, additional resources from a Hazardous Materials Response Team (HAZ-MAT) will be required, MI-MORT does not have this capability.

PERSONNEL

MICHIGAN MORTUARY RESPONSE TEAM

This is a multi-disciplinary team that works under the medical authority of the medical examiner of the requesting jurisdiction, providing additional manpower and operational support during a mass fatality incident. Personnel can provide assistance with recovery, processing and identification of deceased victims in a dignified manner. The MI-MORT staff is comprised of forensic professionals, funeral directors, search and recovery personnel and many others willing to assist in a mass fatality incident. Depending on the needs of the medical examiner, any component of the team can be deployed. The Assessment Team, comprised of MI-MORT command staff, will establish a liaison with the medical examiner to discuss resource requirements and deployment.

TEAM COMPONENTS

DISASTER ASSISTANCE RECOVERY TEAM

The Disaster Assistance Recovery Team (DART) focuses on the discovery, documentation and subsequent recovery of all artifacts involving human remains and contains personnel from law enforcement, medical examiners offices, forensic professionals and other specialists trained in preserving chain of custody. *This is not a search and rescue unit.*

VICTIM INFORMATION CENTER TEAM

The Victim Information Center (VIC) team is responsible for working directly with decedent's family, relatives and/or friends to gather antemortem information, through interviews, medical/dental record acquisition, DNA sampling, etc. The data information obtained is provided to the Morgue Identification Center to assist the medical examiner and forensic specialists in making a positive identification of victims.

DISASTER PORTABLE MORGUE UNIT TEAM

The Disaster Portable Morgue Unit (DPMU) team is responsible for inventory management of equipment and supplies, as well as the assembly and disassembly of the DPMU. If a

request for the portable morgue (DPMU) is made by the local medical examiner jurisdiction, this group will also be deployed for managing the logistics associated with its use.

MORGUE OPERATIONS TEAM

The Morgue Operations Team (MOT) is responsible for assisting the medical examiner in processing disaster victim's remains for eventual positive identification. This group contains the morgue forensic specialist teams that gather the postmortem information and the morgue admitting/processing teams that handle morgue documentation, remains management, personal effects, etc.

MORGUE IDENTIFICATION CENTER TEAM

The Morgue Identification Center (MIC) coordinates the functions and processing of the identification of remains including: postmortem Victim Information Packet (VIP) data entry, VIP data analysis of ante and postmortem indicators, antemortem fingerprint and odontology teams, coordination of body radiological comparisons, channeling positive identification reports to the medical examiner and case file management.

EQUIPMENT

DISASTER PORTABLE MORGUE UNIT

In order to initiate operations for a fully functional basic morgue or to augment an existing morgue, the DPMU consists of an extensive inventory of necessary morgue equipment and supplies. These supplies and equipment are stored within trailers according to a computerized master load plan. The DPMU is designed to be erected inside of a functional, not currently occupied facility and has its own DPMU team. This team is responsible for assembly/disassembly of the infrastructure and inventory management of equipment and supplies. This unit, along with the DPMU team, can be deployed independently if a full team activation is not required by the medical examiner. Many of the DPMU team members are funeral directors. Site specifications for the DPMU are referenced in the State of Michigan Mass Fatality Plan.

MI-MORT PUSH PACKS (EMERGENCY PREPAREDNESS REGIONS 3, 5, 6, 7, 8)

Contains equipment and supplies necessary to initiate early site recovery operations. The trailer can be utilized as a field office for fatality management personnel once equipment and supplies have been off loaded. All materials are inventoried and stored according to a master load plan. This ensures consistency between each of the deployed push pack trailers in the event more than one trailer is needed for an incident.

MORTUARY ENHANCED REMAINS COOLING SYSTEM

The Mortuary Enhanced Remains Cooling System (MERC) is a State of Michigan resource composed of equipment, supplies and storage racks intended for the temporary storage and cooling of human remains. This resource is composed of two MERC cooling systems each equipped to accommodate up to 48 human remains. The systems can be rapidly transportation to a location, which has been determined to be appropriate and secured for assembly cooling system and storage of the human remains.

ATTACHMENT G – MICHIGAN MORTUARY RESPONSE TEAM DEPLOYMENTS & SUPPORT CAPABILITIES

MISSION

The Michigan Mortuary Response Team (MI-MORT) mission is to provide dignified and respectful fatality management services during disaster incidents. Requested through the Michigan Department of Community Health (MDCH) Office of Public Health Preparedness (OPHP), MI-MORT will assist and support county medical examiners and local emergency management with the recovery efforts, identification of the dead, preservation of evidence, and return of human remains to families.

OPERATIONS

Duties of MI-MORT may include:

- Initial scene response and evaluation
- Processing the scene for recovery of human remains and forensic evidence
- Assisting the medical examiner with temporary morgue operations and administration
- Staffing of various forensic teams within the morgue (i.e., pathology, personal effects, evidence collection, radiology, fingerprint, odontology, anthropology, DNA collection, embalming)
- Conduct family interviews for the collection of antemortem victim information
- Victim identification
- Records management
- Final disposition of human remains (i.e., embalming, casketing or release to funeral home)

The MI-MORT team and the Disaster Portable Morgue Unit (DPMU) were established to provide the State of Michigan with a mass fatality resource that can be readily deployed to any location within the State in response to an incident in which the number of fatalities has exceeded local or regional resources. Requests for mass fatality resources will proceed from the local to state level prior to any activation. To effectively respond to a mass fatality incident in rural locations, mass fatality push pack trailers containing supplies for early initiation of site recovery operations, have been pre-deployed to five designated regions across the state. In addition, two mortuary Enhanced Remains Cooling Systems (MERC) have been purchased for storage and cooling of up to 96 human remains.

MI-MORT utilizes the Incident Command Structure (ICS) and IS 100, 200, 700 & 800 are required of team members. In addition, ICS 300 and ICS 400 courses are required of the command team. MI-MORT operations are consistent with National Disaster Medical System (NDMS) Disaster Mortuary Operational Response (DMORT) operational policies and guidelines, providing seamless integration of services should a federal response be required. Should the incident necessitate the decontamination of human remains and personal effects needed for identification purposes, additional resources from a Hazardous Materials Response Team (HAZ-MAT) will be required; MI-MORT does not have this capability.

STRUCTURE

MI-MORT is a volunteer organization developed through MDCH as a state asset for the Mass Fatality Support Plan in the Michigan Emergency Management Plan (MEMP). This is a multi-disciplinary team that works under the medical authority of the medical examiner of the requesting jurisdiction, providing additional manpower and operational support during a mass fatality incident. Personnel can provide assistance with recovery, processing and identifying of deceased victims in a dignified manner. The MI-MORT staff is comprised of forensic professionals, funeral directors, search and recovery personnel and many others willing to assist in a mass fatality incident. Depending on the needs of the medical examiner, any component of the team can be deployed. The Assessment Team, comprised of MI-MORT command staff, will establish a liaison with the medical examiner to discuss resource requirements and deployment after approval by the SEOC.

TEAM COMPONENTS

DISASTER ASSISTANCE RECOVERY TEAM

The Disaster Assistance Recovery Team (DART) is responsible for the discovery, documentation and subsequent recovery of all artifacts involving human remains. The team consists of personnel from law enforcement, medical examiners offices, forensic professionals and other specialists trained in preserving chain of custody. **This is not a search and rescue unit, it is a search and recovery unit.**

VICTIM INFORMATION CENTER TEAM

The Victim Information Center (VIC) team works directly with decedents' family, relatives and/or friends to gather antemortem information, through interviews, medical/dental record acquisition, DNA sampling, etc. This data is then entered into the Victim Identification Profile (VIP) and cross referenced with post mortem data that has been entered in the morgue by the Morgue Identification Center team to assist the medical examiner in making positive identifications.

DISASTER PORTABLE MORGUE UNIT TEAM

The Disaster Portable Morgue Unit (DPMU) team provides inventory management of equipment and supplies, as well as the assembly and disassembly of the DPMU. If a request for the DPMU is made by the local medical examiner jurisdiction, this group will also be deployed for managing the logistics associated with its use.

MORGUE OPERATIONS TEAM

The Morgue Operations Team (MOT) is responsible for assisting the medical examiner in processing disaster victim's remains for eventual identification. This group contains the morgue forensic specialist teams that gather the postmortem information and morgue admitting/processing teams that handle morgue documentation, remains management, personal effects, etc.

MORGUE IDENTIFICATION CENTER TEAM

The Morgue Identification Center (MIC) team is responsible for the remains identification processing functions including: postmortem Victim Identification Profile (VIP) data entry, VIP data analysis of ante and postmortem indicators, antemortem fingerprint and odontology teams, coordination of body x-ray comparisons, channeling positive identification reports to the medical examiner and case file management.

DPMU

The DPMU, maintained by OPHP and MI-MORT, contains equipment and supplies necessary to initiate operations with the assumption that replenishment and/or any equipment not yet part of the DPMU must be procured by the medical examiner and/or the appropriate state agency as identified by the SEOC at the time of the incident. The DPMU will be deployed with the DPMU Team, who will maintain and control the inventory and use of equipment.

ACTIVATION

The local medical examiner and local emergency manager determines the need for additional assistance during a mass fatality incident. Decisions are based on the ability of the jurisdiction to manage the number of human remains. The request for MI-MORT personnel and/or equipment will flow from the Local Emergency Management through the Emergency Management District Coordinator who would assess the need and then communicating through the State Emergency Operations Center (SEOC) to the Community Health Emergency Coordination Center (CHECC), as appropriate. State agencies will maintain responsibilities for further communications.

Contact information:
SEOC: 517-241-8000
MDCH-OPHP CHECC Duty Officer:
Phone: 517-819-0391
Fax: 517-335-8732
Email: checcdeptcoor@michigan.gov

Information requested from the jurisdiction includes:

1. Caller name and contact information
2. Local medical examiner name and contact information
3. Location and type of incident
4. Potential number of victims if known or an estimation

Once approved by the State, a MI-MORT command staff representative will make contact with the requesting medical examiner in the effected jurisdiction to gather further information. The MI-MORT Assessment Team will be assembled and in coordination with Michigan Department of Community Health-Office of Public Health Preparedness (MDCH-OPHP), arrange an initial meeting with the medical examiner. Further team activation will be made through SEOC, CHECC and MI-MORT command staff.

LOCAL SUPPORT FOR MI-MORT PERSONNEL

The county or region requiring services will need to assume responsibility to make arrangements for housing/hotel accommodations and meals for MI-MORT staff. Attempts should be made to house them in close proximity to the site but in a facility separate from the Family Assistance Center. A means of transportation for MI-MORT staff to and from the site must be provided. This could be a sustained response, and logistic resources will be ongoing.

INFRASTRUCTURE NECESSARY TO SUPPORT A TEMPORARY MORGUE

The DPMU is a packaged system containing all forensic equipment, instrumentation, and administrative supplies required to operate an incident morgue facility under field conditions or to support an existing morgue facility. The DPMU carries computers and related equipment to support the VIC, at the FAC, and MIC in the management of postmortem and antemortem information.

SITE SELECTION

The incident morgue facility must meet specific requirements for size, layout, and support infrastructure. Locations such as airplane hangars and empty warehouses generally meet the requirements. Facilities such as school gymnasiums, public auditorium or similar structures, which will be used by the general public after the incident, will not be utilized. The facility chosen should not have adjacent office or work space conducting business while being used for morgue operations. In the event it is not possible to locate a functional structure, a large portable tent or shelter may be used, but it will require configuration for sufficient flooring, HVAC, electrical, and water requirements.

SITE REQUIREMENTS

Structure Type	<ul style="list-style-type: none"> • Hard, weather-tight roofed structure • Separate accessible office space for MIC • Separate space for administrative needs/personnel • DPMU re-supply and staging area, minimum of 5,000 square feet • Non-porous floors, preferably concrete • Floors capable of being decontaminated (hardwood and tile floors are porous and not usable)
Size	<ul style="list-style-type: none"> • Ideal size of 10,000 - 12,000 square feet • More square footage may be necessary for casket storage or other mission-specific needs
Accessibility	<ul style="list-style-type: none"> • Tractor trailer accessible • 10-foot by 10-foot door (ground level or loading dock access) • Air intake vents must not be located in the area where refrigerated trucks/generators will be running.
Electrical	<ul style="list-style-type: none"> • Electrical equipment utilizes standard household current (110-120 volts) • Power obtained from accessible on site distribution panel (200-amp draw) • Electrical connections to distribution panels made by local licensed electricians • Diesel generators carried in DPMU cache • DPMU may need 125K generator and a separate 70K generator for Administrative and MIC Sections, if the facility does not have electrical connections.
Water	<ul style="list-style-type: none"> • Single source of cold water with standard hose bib connection • Water hoses, hot water heaters, sinks, and connectors in the DPMU
Communications Access	<ul style="list-style-type: none"> • Existing telephone lines for telephone/fax capabilities • Broadband Internet connectivity • Expansion of telephone lines may be needed as the mission dictates • If needed, only authorized personnel will complete any expansion and/or connections

SANITATION/DRAINAGE

Facilities with pre-existing rest rooms within the facility are preferred. In lieu of pre-existing restrooms, port-a-lets may be used. The number of port-a-lets needed will be determined by the number of personnel involved with the operation.

Gray water will be disposed of utilizing existing drainage. If the facility does not have sanitary sewer drainage, containment tanks should be used for holding gray water until proper disposal may be made. Biological hazardous waste, liquid or solid, produced as a result of morgue operations, will be contained, packaged and located in a manner that protects and prevents its release prior to removal for disposal Public Act 368 of 1978 (MCL 333.13809) and (MCL 333.13811). Local jurisdiction will be responsible for disposal of all waste.

SPECIAL EQUIPMENT NEEDS

A small forklift (2,000 to 4000 lb. capability) may be required to move heavy equipment around the morgue facility or for the possibility of moving casketed remains between refrigerated trailers and morgue.

MISCELLANEOUS REQUIREMENTS

- Location and placement of refrigerated trailers should be a consideration for morgue personnel accessibility during morgue operations.
- Number of decedents will dictate the number of refrigerated trailers needed for the operation. Separate refrigerated trailers maybe designated for processed *versus* unprocessed remains.
- A truck driver should be available during all operational hours for moving the refrigerated trailers.
- Refrigerated trailer maintenance and refueling plans should be prepared as soon as trailers are requested.

ATTACHMENT H - POSSIBLE STATE AGENCY TASK ASSIGNMENTS

DEPARTMENT OF AGRICULTURE AND RURAL DEVELOPMENT

1. Provide assistance in obtaining refrigerated trucks and other cold storage facilities in support of mortuary services.
2. Assist local government animal agencies and non-profit organizations with medical care for animals whose owners were impacted by the incident.
3. Assist with arranging disposal of animals also killed during the incident.
4. Assist in access to refrigerated trucks and cold storage facilities in support of mass food production services.

OFFICE OF THE ATTORNEY GENERAL

1. Provide legal assistance and advice to the Governor and state agencies responding to the mass fatality incident.
2. As the state's chief law enforcement officer, coordinate and direct any state criminal investigation and prosecution of criminal activity relating to the incident.
3. Enforce state laws to protect disaster victims and the general public.

DEPARTMENT OF COMMUNITY HEALTH

1. Coordinate the distribution of health/medical equipment and supplies.
2. Maintain knowledge and responsibilities associated with the MI-MORT, DPMU and any other medical surge resources purchased with federal funds.
3. Assist with identification, coordination and credentialing of volunteers needed for the response effort.
4. Bureau of Labs provides support in performing laboratory analyses.
5. Provide resource management/tracking of those resources distributed in collaboration with local and regional partners.
6. Coordinate needs assessment and crisis counseling.
7. Coordinate with local health departments for clinics to provide support, which may include prophylaxis to the public and tracking of adverse reactions to the pharmaceuticals, if the mass fatalities result from a biological agent.
8. Utilize the Michigan Health Alert Network (MIHAN) to maintain communications with health partners.
9. Work with regional MCC(s) to coordinate communications for support or the mobilization of medical surge resources.
10. Work to identify and purchase additional mortuary supplies as directed.

DEPARTMENT OF CORRECTIONS

1. Provide vehicles and drivers (through the Michigan State Industries (MSI)) for transportation needs affiliated with the mass fatality incident.
2. Provide personnel to support security at morgue facilities.

DEPARTMENT OF ENVIRONMENTAL QUALITY

1. Provide analytical laboratory support to identify released chemical materials.
2. Provide expertise in environmental cleanup.
3. Provide the SME possible locations for temporary interment sites, if needed.

DEPARTMENT OF TECHNOLOGY, MANAGEMENT & BUDGET

1. Provide communication support for morgue operations.
2. Provide technological and communication support as required including all computers and data bases within all emergency operation centers as well as the 800 MHz radio communication systems.
3. Support mechanisms that expedite the purchase of critical mortuary resources needed.
4. Provide or obtain transportation vehicles and drivers for the transportation of human remains (climate controlled trucks will be required).
5. Provide portable ID machines for development of temporary ID badges for response personnel in support of mortuary operations and family assistance centers.
6. Provide facilities, equipment, supplies, and other logistical support for the Mass Fatality Plan.
7. Provide or obtain refrigerated trucks in support of mass fatality morgue operations.
8. Provide access to approved State vendors for re-supply of materials necessary for mass fatality operations (e.g. port-a-johns, portable hand wash facilities and showers, body bags, gloves, and other personal protective equipment).
9. Provide access to other state facilities throughout Michigan in support of mass fatality morgue operations.
10. Traumatic Incident Stress Management (TISM) Teams.

DEPARTMENT OF HUMAN SERVICES

1. In collaboration with the American Red Cross and MDCH, provide counseling for responders, staff and family members of the deceased and injured.
2. Acquaint affected families with available health resources and services, and make appropriate referrals. This may be very beneficial at the Family Assistance Center.

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

1. Provide listing of licensed crematories and funeral homes throughout Michigan, if necessary, in support of mass fatality operations.

DEPARTMENT OF MILITARY AND VETERANS AFFAIRS

(Availability of resources will be dependent on the situation/incident)

1. Provide personnel, facilities, communications equipment, and transportation vehicles and drivers to support the Mass Fatality Plan.
 - Provide support for security at laboratories and/or morgue facilities or other areas identified to support the incident.
 - Provide support, advice, and assistance to the Incident Commander on hazardous/WMD.
 - Provide transportation assets with drivers.
2. Support with communications through mobile classified Command Site for communication support using (UHF, VHF, 800 MHZ, SIPRNET, and NIPRNET) reach back capability to Defense Threat Reduction Agency (DTRA) and CDC.

DEPARTMENT OF TRANSPORTATION

1. Assist with traffic flow, perimeter establishment and maintenance in collaboration with law enforcement (i.e. through provision of barrels, barricades, signs etc. as needed).
2. Equipment and staff expertise to provide survey services for gridding and mapping the mass fatality scene in collaboration with local law enforcement and MSP (i.e. Total Station System and Global Positioning System (GPS). The Department maintains a statewide network of Continuously Operating Reference Stations, GPS receivers that may prove valuable in this aspect of mass fatality scene management.
3. Assist in aerial photography for overall scene documentation if needed.

MICHIGAN STATE POLICE

1. Escort transport vehicles, if necessary, to the morgue sites.
2. In conjunction with local resources, provide security for the morgue and/or temporary morgue site and family assistance center until local resources can be identified and mobilized.
3. Assist in development and retrieval of information and documentation to support daily situation and after-action reports of the disaster condition (EMHSD).
4. Provide equipment for gridding and mapping of the mass fatality scene in collaboration with local law enforcement and DOT.
5. Provide critical incident aftermath services for disaster responders.
6. Assist in victim identification activities.

OFFICE OF SERVICES TO THE AGING

1. Coordinate with area agencies on aging and other contracted service providers to facilitate services to the elderly who have been impacted by a mass fatality incident.
2. Coordinate with MDCH on a needs assessment for elderly persons impacted by the mass fatality incident.

AMERICAN RED CROSS

1. Provide first aid at Red Cross facilities, mental health support counseling, and food, shelter and related logistical support for public distribution sites. When the state activates the American Red Cross, the Red Cross will ensure that all available Red Cross resources are brought to bear on the relief effort.
2. In legislated disasters that have a major loss of life and possible significant damage to residential or other highly populated areas, the Red Cross, through coordination of the disaster human resource system, will provide feeding, sheltering, health and mental health services.
3. Collaborate with appropriate entities to set up and staff a family assistance center.

**ATTACHMENT I – DISASTER MORTUARY OPERATIONAL RESPONSE TEAM DEPLOYMENTS
AND SUPPORT CAPABILITIES**

DMORT ACTIVATION

Michigan Department of Community Health (MDCH), under ESF #8 and consistent with the Michigan Emergency Management Plan is responsible for coordination of National Disaster Medical System (NDMS) resources, which includes the Disaster Mortuary Operational Response Team (DMORT). The Michigan State Police (MSP) Emergency Management Homeland Security Division (EMHSD) will provide assistance in the activation process. DMORT can be activated by four methods:

1. Federal Major Disaster or Emergency Declaration—A request for DMORT assistance must be made by a local official through the State Emergency Operations Center (SEOC) who will then work with the MDCH Community Health Emergency Coordination Center (CHECC) and EMHSD to contact the regional office of Federal Emergency Management Agency (FEMA). Based on the severity of the disaster, the State of Michigan can request an Emergency Declaration or Major Disaster Declaration, thus allowing the DMORT team to be activated. This activation process may take 24-48 hours. The EMHSD is responsible for working with the Governor’s office and FEMA to request a federal major disaster or emergency declaration.
2. Aviation Disaster Family Assistance Act—Under this Act, the National Transportation Safety Board (NTSB) can request the assistance of DMORT. This Act covers the majority of passenger aircraft accidents in the U.S. and U.S. territories. The NTSB coordinates with the local medical examiner authority to assess local resources and capabilities and can activate DMORT upon the request of the local authority. The SEOC may not be involved in this requesting process, however close collaboration should occur.
3. U.S. Public Health Service Act—Under this Act, the U.S. Public Health Service can provide support to a state or locality that cannot provide the necessary response. Under this act, the state or locality must financially compensate for the services of a DMORT, including salary, expenses and other costs.
4. Memorandum of Understanding with Federal Agency—The DMORT may be requested by a federal agency to provide disaster victim identification. Under this mechanism, the requesting agency must financially compensate for all costs of the DMORT deployment.

DMORT STRUCTURE

The DMORT teams are composed of private citizens, each with a particular field of expertise, who are activated in the event of a disaster. DMORT members are required to maintain appropriate certifications and licensure within their discipline. When members are activated, licensure and certification is recognized by all states.

PRE-POSITIONING OF DMORT

A situation may occur in which the SEOC pre-identifies a potential need for DMORT activation. If this is the case, the SEOC may communicate with the NDMS prior to the actual request for a DMORT. In this situation, the NDMS may opt to pre-position a DMORT Emergency Response Team at a designated federal location within the state.

Information needed for the DMORT request includes:

- An estimate of how many deaths occurred (if known) or anticipated
- Condition of the bodies (if known)
- Location of the incident

DMORT DEPLOYMENT

After a request for DMORT assistance has been made, federal Disaster Portable Morgue Unit (DPMU) and DMORT staff members are sent to the disaster site for assessment of extent of resources needed. The DPMU contains specialized equipment and supplies, pre-staged for deployment within hours to a disaster site. A DPMU includes all of the equipment required for a functional basic morgue with designated workstations and prepackaged equipment and supplies. A DPMU can operate at Biosafety Level 2, but does not have the ventilatory capacity necessary to protect personnel or other nearby persons from airborne pathogens. A DPMU also contains equipment for:

- Pathology
- Dental
- Anthropology
- Radiology
- Photography, DNA, Fingerprinting resources
- Office and communication equipment
- Wheeled examination tables
- Water heaters
- Plumbing equipment
- Electrical distribution equipment
- Personal protective gear
- Temporary partitions and supports
- Circulation fans, freezers and refrigerators for specimens

A DPMU does not have the materials required to support microbiologic sampling. When the DPMU is deployed, members of the DPMU team, a subset of DMORT, are sent to the destination to unload the DPMU equipment, establish and maintain the temporary morgue. Additional equipment is required locally after DMORT activation. Minimum requirements for DPMU equipment includes:

- A facility in which to house the morgue equipment,
- A forklift to move the DPMU equipment into the temporary morgue facility,
- Refrigerated trucks to hold human remains

DMORT-WMD TEAM

The DMORT-WMD team is a stand-alone team that incorporates all disciplines pertaining to DMORT. The objective of this specialized team is decontamination of human remains from a chemical, biological, or nuclear incident. Team members undergo rigorous training and continuing education for readiness. Being that DMORT-WMD is a stand-alone team, this resource may have difficulty responding to deaths occurring in multiple locations. The equipment DMORT-WMD utilizes are separate from that of the DPMU, including PPE up to and including Level-A suits, decontamination tents, and equipment to contain contaminated water. The requesting process for deployment of the DMORT-WMD is the same as a general DMORT.

LOCAL SUPPORT FOR DMORT

The county requiring services will need to assist with arrangements for housing/hotel accommodations and meals for DMORT staff. Housing arrangements for DMORT staff are a high priority and should be located away from accommodations where family members of the deceased may be staying. Attempts should be made to house them in close proximity to the site. In addition, consideration should be given to securing a means of transportation for DMORT staff to and from the site. It should be noted that this could be a sustained response and logistic resources will be ongoing.

FEDERAL SUPPORT FOR DMORT

In addition to local support for DMORT, the NDMS has an Area Coordinator stationed out of the John D. Dingell Veterans Administration Medical Center in Detroit, Michigan. This position is available to provide management support and strategic integration between local and state emergency efforts and federal emergency response assets. This individual also serves as the Area Emergency Manager for the Department

of Veterans Affairs in Michigan. In this capacity, the position can provide management support under the National Response Framework during a mass fatality per ESF #8 (Health and Medical).

RESOURCE AVAILABILITY

DMORT teams have pre-established procedures for replenishment of supplies and will ensure orders are placed in a timely manner. State resources may be required to augment those needed by DMORT.

RECORD KEEPING

All medicolegal death investigation records created by DMORT are given to the ME's office at the end of the deployment. The county ME is ultimately responsible for all of the identifications made and documents created pertaining to the incident.

ATTACHMENT J - MORGUE EXAMINATION CENTER

ESTABLISHMENT OF MORGUE FACILITIES

Morgue facilities will be designated based on the location of the incident and the findings of the initial evaluation team. Considerations for sites may include buildings such as large county/municipal garages, fair grounds or federal installations or airports. School grounds will be avoided if possible. Following is a brief summary of considerations for temporary morgue selection.

- Convenient to the scene
- Adequate capacity
- Completely secure
- Easy access for vehicles
- Adequate ventilation
- Availability of hot and cold water
- Adequate drainage
- Non-porous floors
- Sufficient electrical capacity
- Capability to handle refrigerated trucks
 - Trucks must be able to be parked far enough away from buildings so as not to present diesel fume problems for occupants
 - There should be sufficient dock space
 - Asphalt, dock must be able to support the truck weight empty and full
 - Will the power drain compromise existing generators
- Availability of forklift(s)
- Availability of fuel: diesel, propane, etc.
- Communications equipment available
- Adequate office space
- Adequate rest/debriefing areas
- Refreshment area
- Restrooms

SECURITY/ID BADGES

Suggest incident-specific badges to identify individuals, roles, and functions.

CASE NUMBERING SYSTEM

Suggest a numbering system to differentiate the mass fatality cases from cases not associated with the incident.

REFRIGERATED TRUCKS

- Refer to State of Michigan agencies identified (Attachment K)
- Ramps necessary to allow easy access and egress
- Should allow for approximately 20 bodies per 40 foot trailer
- Temperature control 35-38 degrees Fahrenheit
- Metal floor to allow for decontamination if necessary

PROTECTIVE CLOTHING

Gloves, scrubs, aprons, steel-toed shoes, shoe covers, masks, coveralls, headwear, respirators

COMMUNICATIONS

Ensure appropriate means of communications:

Telephones, radios, fax, paging system, Michigan Public Safety Communications System, consider possibly having local cell operators designate a specific reserved airwave.

COMPUTERS & OFFICE SUPPLIES

- All electronic files should be backed up daily
- Log books
- Typewriters
- Copier(s)

RECORD KEEPING

- Assign a morgue examination center registrar to coordinate all data entry and formats and forms (Note: Disaster Victim Packets should contain all forms and paperwork necessary for every examination station)
- Personnel log: name, agency, in/out time log
- Data entry operators and analysts are needed

STATION PROCESSING PLAN

This should be developed and flexible depending on needs of the incident.

WORKER SAFETY & COMFORT CONSIDERATIONS

- a. Healthcare provisions should be in place
- b. Immunization, tuberculosis, and flu vaccines records or waivers on file
- c. Rest areas provided including toilet facilities
- d. Nutritional needs provided
- e. Critical incident stress management debriefing provided

STATION PERSONNEL

Each station will require appropriately trained personnel:

1. Body receiving area
2. Screening station
3. Personal effects and clothing documentation
4. Anatomic charting
5. Further evidence collection print station
6. Radiology/x-ray station – full body x-rays are mandatory
7. Dental station
8. Autopsy station – decision to do partial versus full autopsy is the responsibility of the medical examiner. Consider full autopsy for:
 - a. Homicides-terrorism
 - b. Indeterminate manner of death
 - c. Flight Crews (Note: the same pathologist should work on all crew members)
 - d. Unidentified remains
 - e. Federal request
 - f. Local medical examiner request
9. Anthropology/morphology station
10. Body storage
11. Records management

ATTACHMENT K – MORGUE IDENTIFICATION CENTER

1. Final determination of body or other human remains positive identification is the sole responsibility of the local medical examiner for the jurisdiction in which the disaster occurs.
2. All death notification procedures are the responsibility of the medical examiner or his/her designee.
3. The Morgue Identification Center (MIC) team includes:
 - a. Pathologist
 - b. Dentist
 - c. Anthropologist
 - d. Fingerprint specialists
 - e. Investigative staff
4. The MIC meets at the end of each day to:
 - a. Review all proposed positive identifications
 - b. Make positive identification recommendations to the medical examiner
5. Possible identification methods may include:
 - a. DNA
 - b. Prints
 - c. Dental
 - d. Medical radiography
 - e. Distinctive physical characteristics
 - f. Serial numbers on permanently installed medical devices such as pacemakers
 - g. Visual in some cases (*Personal effects do not constitute a true means of identification*)
6. Death Certificates
 - a. Issued according to procedures normally in place and as directed by the local medical examiner
 - b. Administrative or Judicial issuance of death certificates in situations in which there is an absence of positive physical forensic scientific identification is a responsibility of the local medical examiner in conjunction with local legal and public health authorities

ATTACHMENT L - FAMILY ASSISTANCE CENTER

The Family Assistance Center is a collaborative effort with partners from the local medical examiner, American Red Cross, Community Mental Health Services, local funeral professionals, faith based organizations, other community assistance providers and law enforcement.

Michigan Mortuary Response Team will provide trained victim identification center (VIC) team members to perform antemortem information collection in the Family Assistance Center if needed.

1. Coordination / Set-Up
 - Representative of the ME's office should be in charge during the initial implementation of the Family Assistance Center
 - May be established in a local hotel
 - American Red Cross, Salvation Army or other non-governmental organizations should be considered as resources to provide refreshments
 - In a legislated transportation accident, the American Red Cross is tasked with setting up and managing the Family Assistance Center
2. Site Selection
 - Should be functional for the specific incident
 - Easily accessible for families
 - Adequate parking
 - Should not house family members in the same hotel as MI-MORT or DMORT members
3. Security
 - Provide as much privacy as possible for families to avoid media intrusion
 - Secure the parking facilities (consider use of military personnel or police)
4. Transportation
 - Transportation services should be secure, sensitive, and professional
 - Knowledgeable of the area
 - Serve family/friends
 - Meet staff needs
5. Administrative Staff
 - Facility Management Team:
 - Family Assistance Center Team Leader/Coordinator Responsibilities
 - Check volunteer workers in and out
 - Maintain facilities
 - Arrange food
 - Logistics
 - Coordinates:
 - Center transportation and security plans
 - Roles of Family Assistance Team members
 - Communication with outside agencies
 - Victim Information Center Administration Staff
 - Overall operation/supervision
 - Establish antemortem data acquisition and entry plan
 - Coordinates operation with Registrar/Records Supervisor
 - Establishes and supervises death notification procedures with medical, psychological and religious personnel if requested to do so by the medical examiner
 - Serves as a member of the Death Notification Team under the direction of the Medical Examiner if requested
 - Provides for Critical Incident Stress Management Debriefing Services for VIC staff
 - Medical Examiner Representatives
 - Conducts daily briefings with families before media briefings

- Conducts daily briefings with media (in a secure area away from families)
- Liaison and general inquiries
- Mortuary staff/funeral directors familiar with medical examiner operations are desirable
- Family Interview Personnel (Antemortem data acquisition)
- Computer Specialists (Antemortem data entry for transfer to Morgue Examination Center)
- Communication Specialists:
 - Provide/Support communications equipment
 - Coordinates media briefings with the Family Assistance Center Team Leader
- Additional Community Support Services
 - Red Cross/Salvation Army or other service organizations
 - Communication companies
 - Religious/Clergy services
 - Mental health support
 - Physical health support
 - Massage therapy/chiropractic
 - Therapy animals
- Site Support
 - Janitorial
 - Plumbing
 - Electrical
 - Food Services
- Special Needs Populations
 - Translators
 - Interpreters
 - Consulate representatives when international victims are involved
- Death Notification Procedure/Release of Body or Identified Body Parts and Effects
 - Discuss family wishes for disposal (include wishes for disposal of additional body parts if applicable)
 - Discussions should occur after positive identification has been established and approved by the ME
 - Release authorization form should be completed and placed in the Victim Disaster Packet
 - Personal effects that are not deemed to be evidence should be released with the body and documented appropriately
 - Death Certificate should be released to the funeral home with any remains
 - Unassociated personal effects will be handled through a contract with a recovered property company
 - Unidentified body parts are to be documented and stored as “common tissue.”
 - Disposal will be responsibility of the Medical Examiner
 - Suggest consultation with victims groups
 - Establish a group consensus consistent with local regulations and resources
 - Maintain release log to document overall process

ATTACHMENT M - CENTRAL COLLECTION FACILITIES

Increased death surges will overwhelm local morgues and funeral homes throughout Michigan. The increased number of medical care facility deaths and home deaths will soon stress the capability of funeral homes and other transport services for body removal. When this happens, the responsibility of removals may fall upon the families or non-traditional resources. Consequently, those impacted would be directed to transport decedents to a central collection site. In preparation for the influx of the deceased, it is necessary for central collection location(s) be pre-established. Accurate documentation is essential of human remains received, stored and released along with their personnel effects, to the legally authorized person(s)/agency for final disposition.

<p align="center">INFRASTRUCTURE CONSIDERATIONS:</p>	<ul style="list-style-type: none"> • The type and size of collection site facilities should be based on the size of the population • The potential duration of storage of human remains could last the length of the pandemic wave which is approximately 6-8 weeks
<p align="center">INFRASTRUCTURE REQUIREMENTS:</p>	<ul style="list-style-type: none"> • Temperature and biohazard controlled • Have adequate water, lighting, rest facilities for staff • Have adequate office space for operations • Have a meeting area for staff and families • In an environment with adequate security so that no media, families, friends, or other onlookers are permitted free access on the collection or temporary storage sites • Cold storage facility must be maintained at 34°-37°F (2°- 4°C) <i>Note:</i> Human remains not embalmed will begin to decompose in a few days when stored at this temperature. • Have Non-porous floors • Have 24/7 accessibility
<p align="center">TEMPORARY STORAGE OPTIONS:</p>	<p>Types of temporary cold storage to be considered may include:</p> <ul style="list-style-type: none"> • Refrigerated trucks or refrigerated transport containers used by commercial shipping companies <ul style="list-style-type: none"> ○ Refrigerated trucks can generally hold 20-22 bodies without additional shelving ○ To increase storage capacity, temporary wooden shelves can be constructed to sufficient strength to hold the bodies. Shelves should be constructed conducive for safe movement and removal of bodies (i.e., storage of bodies above waist height is not recommended but may be required). ○ Ensure enough staffing is available to avoid injuries ○ These shelves will be contaminated with biological material and will require decontamination and disinfection after the incident ○ Preferably, bodies should be double bagged to prevent spillage ○ All signage on trucks should be removed which may result in negative implications for businesses ○ It is recommended mutual agreements be established with trucking companies for resources in case of a pandemic ○ Refrigerated warehouses or tents. It is recommended mutual agreements be established with the facility • Portable cooling and storage system specially designed for temporary storage of human remains

ATTACHMENT N - INTERMENT SITE SPECIFICATIONS

As localities and regions become increasing overwhelmed with the dead, the EOC will request from the governor the opening of temporary interment sites. When selecting potential interment sites, careful considerations to the location site such as the soil conditions, highest water table level and the accessibility should well thought out. The site should be acceptable to communities living near the burial site and accessible for the affected community to visit. Plans for future land developments on these sites may be consequently abandoned. Although deemed temporary, these sites may in fact become permanent burial grounds with future memorials erected. Recommend Michigan Funeral Directors Association (MFDA) and DEQ be included in determination of and in setting up a temporary interment site.

BURIAL REQUIREMENTS:

Distance from Water Sources:

- Burial sites should be clearly marked and surrounded by a buffer zone that is at least 10-11 yards wide to allow planting of deep-rooted vegetation and to separate the site from inhabited areas
- Burial sites should be at least 200m (218 yards) from water sources such as streams, lakes, springs, waterfalls, beaches, and the shoreline
- Suggested burial distance from drinking water wells are provided in the following table. Distances may have to be increased based on local topography and soil conditions:

Number of Bodies	Distance from Drinking Water Well
4 or less	200 m (218.7 yd.)
5 to 6	250 m (273.4 yd.)
60 or more	350 m (385.7 yd.)
120 bodies or more per 100m ²	350 m (385.7 yd.)

- Temporary interment sites potentially could result in long-term interment or a permanent memorial. If this should transpire, any future development plans for site would be affected.
- Suggested possible sites are:
 - State, county, local-owned land
 - National and state forests and parks
 - Military bases
 - Land between railroad tracks and privately-owned land
 - Undeveloped land for sale

GRAVE CONSTRUCTION:

- If possible, human remains should be buried in clearly marked, individual graves
- Individual graves dug on 1 acre of land will entomb approximately 1000 bodies
- Prevailing religious practices may indicate preference for the orientation of the bodies (i.e., heads facing east or toward Mecca, etc.)
- For large numbers of deaths, such as in a disaster or a pandemic, communal graves may be unavoidable. Excavating a trench should be 4' 6" deep x 300' long x 8' wide = 100 human remains placed side-by-side.
- Communal graves should consist of a trench holding a single row of bodies each placed parallel to the other, 0.4m (15 inches) apart, supine, and orientation of the head in the same direction.
- Although there are no standard recommendations for grave depth, it is suggested that:
 - Graves should be between 1.5m (59 inches) and 3m (118 inches) deep.
 - Graves with fewer than five people should allow for at least 1.2 m (1.5 m if the burials are in sand) between the bottom of the grave and the water table, or any level to which ground water rises.

- For communal graves, there should be at least 2 m between the bottom of the grave and water table, or any level to which ground water rises.
- These distances may have to be increased depending on soil conditions.
- Each body must be buried with name and unique reference number on a waterproof biodegradable label or metal ID tag. Tags should be attached to human remains (wrist or ankle) and body pouch. This reference number also must be clearly marked at ground level and mapped for future reference.
- It is mandatory for all burial sites to accurately record burial information of the human remains for possible future disinterment or final disposition:
 - Name of decedent
 - Unique Reference Number
 - Date, time, county of death
 - Exact burial location and marker
 - Personal effects inventory

Planning for such a catastrophic incident should occur in each medical examiner jurisdiction in coordination with local governmental agencies.

Morgues, central collection and temporary interment sites must maintain strong communication with regions and state to monitor resource needs and share final or temporary storage information of the dead.³

³ Oliver Morgan –ed, *Management of Dead Bodies After Disasters: A Field Manual for First Responders* (Washington, D.C.: Pan American Health Organization; 2006)

ATTACHMENT O - MORTUARY SUPPLY COMPANIES

International Cemetery, Cremation and Funeral Association:

www.iccfasupplylink.com

This site provides a listing of mortuary and embalming supply companies throughout the United States with direct links to website of each company.

Lynch Supply Co.

www.lynchsupply.com

455 N. Cherokee St., Muskogee, OK 74403

Phone: 1-800-777-3151; fax: 800-688-0337

The Dodge Company

www.dodgeco.com

16 Cambridge Park Dr., Cambridge, MA 02140

(617) 661-0500 / Toll-free (800) 443-6343

(617) 661-1428 fax / Toll-free fax (800) 443-4034

custserv@dodgeco.com

Grainger Supply

www.grainger.com

1-888-361-8649

Has supplies categorized by various disasters (Communicable Disease, Earthquake, Extreme Heat, Fire, Flooding, Power Outages, Tornados, Winter Storms, etc.). Within each categorized hazard are common products of use to help customers. Turnaround and delivery of products vary.

USA Body Bags

www.usabodybag.com

1-888-551-1277

Centennial Products

www.centennialproducts.com

6900 Phillips Highway, Suite 45, Jacksonville, FL 32216

Office: 904-332-0404

Fax: 904-332-0406

ATTACHMENT P – ACRONYMS

Acronyms	
ACC	Alternative Care Centers
ARC	American Red Cross
BT	Bioterrorism
CBNE	Chemical, Biological, Nuclear and Explosive
CBRNE	Chemical, Biological, Radiological, Nuclear and Explosives
CERT	Community Emergency Response Team
CHECC	Community Health Emergency Coordination Center
CME	County Medical Examiner
DART	Disaster Assistance Recovery Team
DEQ	Department of Environmental Quality
DHHS	Department of Health & Human Services
DHS	Department of Homeland Security
DIT	Department of Information Technology
DMB	Department of Management and Budget
DMORT	Disaster Mortuary Operational Response Team
DMVA	Department of Military and Veteran's Affairs
DOC	Department of Corrections
DOD	Department of Defense
DPMU	Disaster Portable Morgue Unit
DTRA	Defense Threat Reduction Agency
DWI	Disaster Welfare Information
EAG	Emergency Action Guidelines
EM	Emergency Management
EMC	Emergency Management Coordinator
EMHSD	Emergency Management Homeland Security Division
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
ERT	Evidence Response Team
ESF	Emergency Support Function
FAC	Family Assistance Center
FBI	Federal Bureau of Investigation
FEMA	Federal Emergency Management Agency
GPS	Global Positioning System
HAN	Health Alert Network
HEPA	High-Efficiency Particulate Air
ICS	Incident Command System
IET	Initial Evaluation Team
MBQ	Megabecquerel
MACC	Multi-Agency Coordination Center
MCC	Medical Coordination Center
MDA	Michigan Department of Agriculture
MDCH	Michigan Department of Community Health
MDOT	Michigan Department of Transportation
ME	Medical Examiner

Acronyms	
MEPPP	Michigan Emergency Preparedness Pharmaceutical Plan
MEMP	Michigan Emergency Management Plan
MFDA	Michigan Funeral Directors Association
MIC	Morgue Identification Center Team
MIHAN	Michigan Health Alert Network
MI-MORT	Michigan Mortuary Response Team
MRC	Medical Reserve Corp
MOT	Morgue Operations Team
MSI	Michigan State Industries
MSP	Michigan State Police
mSv	Millisievert
NDMS	National Disaster Medical System
NFDA	National Funeral Directors Association
NIMS	National Incident Management System
NOK	Next of Kin
NTSB	National Transportation Safety Board
OPHP	Office of Public Health Preparedness
PAPR	Powered Air Purifying Respirator
PPE	Personal Protection Equipment
RRTN	Regional Response Team Network
SEOC	State Emergency Operations Center
VIP	Victim Identification Profile
VIC	Victim Identification Center
WMD	Weapons of Mass Destruction

ATTACHMENT Q – TERMS OF REFERENCE

Terms of Reference	
ADMINISTRATION AREA	This is a clean area where all administrative functions take place and usually not in proximity to where remains or images can be viewed.
DMORT	Disaster Mortuary Operational Response Team: During an emergency response, DMORT works to support local authorities and provide technical assistance and personnel to recover, identify and process deceased victims. A DMORT evaluation team may precede the main unit. DMORT may be activated under several legal authorities including the Federal Response plan, the Public Health Services Act, the Aviation Disaster Family Assistance Act, Presidential Mandate and Federal and State existing agreements. DMORT is accessed by the local medical examiner through a request to their Emergency Management Agency. They also have temporary portable morgue facilities available.
DMORT-WMD	This team is a stand-alone team that incorporates all disciplines pertaining to DMORT. This team’s purpose is to decontaminate human remains from a chemical, biological, or nuclear incident prior to transferring remains to the DMORT mortuary team for evaluation. All team members are highly trained in hazmat. There is only one DMORT-WMD team for emergency response the United States.
DPMU	The Disaster Portable Morgue Unit team is responsible for inventory management of equipment and supplies, as well as assembly and disassembly of the DPMU. If the portable morgue (DPMU) is requested by the local medical examiner, this group will also be deployed for managing the logistics associated with its use.
INCIDENT SITE	Where the incident took place.
INTERMENT SITE	Pre-established location(s) used for burial of human remains, i.e., cemetery. These sites may be temporary or permanent.
MERC COOLING SYSTEM	The Mortuary Enhanced Remains Cooling System (MERC) is a State of Michigan resource composed of equipment, supplies and shelving racks intended for temporary storage and cooling of human remains. There are two cooling systems each accommodating up to 48 human remains or 96 in total. The systems, maintained in trailers, are ready for transport to an appropriate location for assembly and operation.
MI-MORT	Michigan Mortuary Operational Response Team: During an emergency response, MI-MORT works to support local ME and EOC by providing technical assistance and personnel to recover, identify and process human remains. MI-MORT may be activated by a request from local ME and local EOC through SEOC working with MDCH/CHECC.

<p style="text-align: center;">FAMILY ASSISTANCE CENTER</p>	<p>Established to serve as a clearinghouse for information and contacts with the next of kin. The specific structure of this center will be determined soon after the scope of the disaster has been determined. Often, the center is coordinated by the local EOC and local ME with the exception of an aviation disaster where airline personnel perform in this capacity. Depending on the incident, the FAC could be operational 24/7.</p>
<p style="text-align: center;">LONG TERM EXAMINATION SITE</p>	<p>Used for processing biological specimens and evidence not originally accessed at the scene or Morgue Examination Center. In any mass fatality incident in which there is extensive destruction, a long-term off-site examination center will be needed.</p>
<p style="text-align: center;">MORGUE</p>	<p>The site for storage and postmortem examinations of recovered human remains until positive identification is made. This site may be an existing facility or temporary cold storage units. Decontamination of the human remains should be conducted prior arrival at this location.</p>
<p style="text-align: center;">MORGUE EXAMINATION</p>	<p>Site used for body identification and processing.</p>
<p style="text-align: center;">MI-MORT PUSH PACKS</p>	<p>Seven trailers containing equipment and supplies necessary to initiate early site recovery operations. The trailers can be utilized as a field office for fatality management personnel once equipment and supplies have been off loaded. All materials are inventoried and stored according to a master load plan. This ensures consistency between each of the deployed push pack trailers in the event more than one trailer is needed for an incident. Each push pack is protected and sheltered in designated locations across the state.</p>
<p style="text-align: center;">STAGING SITE</p>	<p>An area close to the actual incident site. In a HAZMAT situation, this area would be out of the Hot Zone, but may be in the Warm Zone requiring Personal Protective Equipment (PPE) and associated procedures.</p>
<p style="text-align: center;">TEMPORARY MORGUE</p>	<p>The site used as a holding area until the examination center is prepared to receive human remains. This site should be located as near as possible to the area with the highest concentration of bodies. It may consist of refrigerated trucks.</p>
<p style="text-align: center;">VICTIM INFORMATION CENTER TEAM</p>	<p>The VIC is responsible for working directly with decedent's family, relatives and/or friends to gather antemortem information, through interviews, medical/dental record acquisition, DNA sampling, etc. This data is then transferred to the Morgue Identification Center to assist the medical examiner in making a positive identification of victims.</p>

ATTACHMENT R - REFERENCES

Public Act 181 of 1953 County Medical Examiners Act. www.legislature.mi.gov

Public Act 343 of 1925 Transportation and Disposition of Dead Bodies, Michigan Department of Community Health.

Michigan Emergency Management Plan, Disaster Specific Procedures 7/03

Pan American Health Organization, 2006

National Disaster Medical Services, Disaster Mortuary Operational Response Team
<http://www.dmort.org/DNPages/DMORTPeople.htm>

National Disaster Medical Services, Disaster Mortuary Operational Response Team
<http://www.dmort.org/DNPages/DMORTDPMU.htm>

National Association of Medical Examiners, Mass Fatality Plan <http://www.thename.org>

National Center for Forensic Science; National Institute of Justice, Mass Fatality Incidents: A Guide for Human Forensic Identification. Final draft document 5/1/02

U.S. Department of Justice, Office of Justice Programs, Office for Victims of Crime, OVC Bulletin, Ray L. Blakeney. Providing Relief to Families after a Mass Fatality, Roles of the Medical Examiner's Office and the Family Assistance Center. Also available at:
http://www.ojp.usdoj.gov/ovc/publications/bulletins/prfmf_11_2001/pg1.html. 11/02

Summary of Site Selection Considerations for the Family Assistance Center,
http://www.ojp.usdoj.gov/ovc/publications/bulletins/prfmf_11_2001/summary_sc.html 11/02

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