Michigan Department of Health and Human Services (MDHHS)

Fatality Management Plan
Annex to the MDHHS-Emergency Operations Plan (EOP)

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Revision Tracking

Revision Date	Person Revising	Overview of Revisions
June 29, 2023	Jessica Gould	Updated contents for consistency and clarity, formatting and grammar, and to reflect lessons learned from the COVID-19 response.

Plan Distribution List

Plan Holders:

- MDHHS Chief Medical Executive
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- MDHHS BEPESoC Division of Emergency Preparedness and Response (DEPR) Director
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- Michigan State Police (MSP) Emergency Management and Homeland Security Division (EMHSD) Director
- Michigan State Emergency Operations Center (SEOC)
- MI-MORT

NOTE: Contact the Bureau of Emergency Preparedness, EMS and Systems of Care at 517-335-8150 for a plain text version of this document if needed.

Preface

The complexities and sensitivities associated with responding to an incident that results in mass fatalities are substantial. An all-hazards preparation approach must consider incidents such as:

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

The fatality management lessons learned from the World Trade Center, mass shootings such as Las Vegas and Dayton, hurricanes, such as Katrina and Maria, and the COVID-19 pandemic point to the daunting challenges that local Medical Examiners (ME), their agencies and the entire response community must overcome.

The social, political and economic consequences of previously unknown diseases such as H1N1 and Severe Acute Respiratory Syndrome Coronavirus 2 (COVID-19) continue to reinforce the need for planning, training, and complex exercises. Globally, from December 2019 to March 10, 2023, Center for Systems Science and Engineering (CSSE) at John Hopkins University have been informed of a total of 676,609,955 laboratory-confirmed cases of infection with COVID-19, including 6,881,955 deaths.[1]

Introduction

Mass fatality incidents resulting from a catastrophic incident in which the number of fatalities exceeds local and/or regional resources for human remains recovery, storage, transportation, and identification and return to loved ones for final disposition requires a planned and coordinated approach. The intent of this plan is to enhance response effectiveness for mass fatality incidents in Michigan by delineating an organizational structure, roles and responsibilities, coordination and communication channels and other criteria specific to this component of a large-scale response.

When mass fatality incidents are at such a catastrophic level that local, regional and state resources are exceeded and a disaster declaration has been made, Federal resources may become available.

The guiding principles upon which this fatality management plan is founded include:

- The provision of honest and accurate information.
- Respect for the deceased and the bereaved.
- Respect for the impacted community(s).
- Maintaining a sensitive and caring approach that includes the values and needs of families and loved ones.[2]
- Following procedures and protocols that facilitate positive identification of decedents.

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[1] Center for Systems Science and Engineering (CSSE) at John Hopkins University, "COVID-19 Dashboard)", https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6 (accessed June 29, 2023).

[2] Santa Clara Public Health Department Advanced Practice Planning Center. (2008). Managing mass fatalities: A toolkit for planning. Retrieved May 5, 2021 from, https://www.nhspi.org/wp-content/uploads/2015/05/Managing-Mass-Fatalities-Toolkit-for-Planning.pdf.

Fatality management is the ability to coordinate with other organizations (e.g., law enforcement, healthcare, emergency management, and medical examiner/coroner) to ensure the proper recovery, handling, identification, transportation, tracking, storage, and disposal of human remains and personal effects; certify cause of death; and facilitate access to mental/behavioral health services to the family members, first responders, and survivors of an incident.[3]

Purpose

The purpose of this support plan is to describe the organizational responsibilities and concept of operations for an in-state response to a mass fatality incident. Further, the provisions of this document are designed to facilitate an effective National Incident Management System (NIMS) compliant response and ensure the integration of multi-jurisdictional, private sector, governmental, and non-governmental organizations' efforts and resources in response to a mass fatality incident. This document will also describe coordination and support capabilities and relationships between the Michigan Department Health and Human Services (MDHHS), local, regional, state, federal, tribal agencies, private sector and other organizations as appropriate.

Scope and Applicability

This plan provides guidance and resources for any incident where the number of fatalities exceeds the capabilities of the local ME. This plan references government and non-governmental organizations that could be directly involved with, or in support, a response to a mass fatality incident in Michigan.

Authorities

State and federal authorities are established in the Michigan Emergency Management Plan (MEMP) for the State of Michigan.

[3] Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal and Territorial Public Health. October 2018, Updated January 2019. Retrieved June 29, 2023, from https://www.cdc.gov/orr/readiness/capabilities/index.htm.

Planning Assumptions and Considerations

Assumptions

1. Should the number of fatalities exceed local and regional mutual aid resources, local emergency management will contact the State Emergency Operations Center (SEOC) which will work closely with the MDHHS Community Health Emergency Coordination Center (CHECC) to process requests for personnel, equipment, supplies, resources and health information as needed.
2. Mass fatality incidents are locally defined. A mass fatality occurs when there are any number of fatalities beyond the capacity and capability of the local jurisdiction(s), including local mutual aid and regional resources. Morgue space for long term storage in the State is limited.
3. Mass fatalities can occur all at once such as in a transportation incident or mass shooting, or there can be a steady buildup of remains that died of natural causes over a period of time that eventually overwhelms the healthcare system such as in a pandemic when hospitals, skilled nursing facilities, and funeral homes exceed capacity for storage.
4. Community recovery will be greatly impacted by the effectiveness of the overall response, including the disposition of remains.
5. A mass fatality scene may be a crime scene and would require specialized handling to maintain chain of evidence.
6. Mass fatality planning should include a jurisdictional risk assessment that includes potential types of fatalities and the impact on jurisdictional resource needs.
7. Comprehensive local or regional mass fatality management plans locally maintained in collaboration with partners, such as healthcare coalitions, local public health, medical examiners, law enforcement, funeral directors, emergency management, and other subject matter experts should be appropriately supported by regular training and exercises.
8. Michigan's federally recognized tribes typically operate in collaboration with the county in which they are located. Accordingly, references to local jurisdictions include tribal nations within the confines of the jurisdictional boundary.
9. Attachment B provides additional General Principles of Fatality Management.
10. Recovery planning should begin during response.
11. Physical, mental, emotional and spiritual demand on first responders to a mass fatality incident is outside the norm of everyday practice.
12. For every decedent, approximately 5-6 potential family or loved ones will report to a victim identification or family assistance center.

> **NOTE**: Subject matter experts for consideration in mass fatality planning include, but are not limited to: behavioral health, CBRNE operational emergency response leads, clergy, community cultural leaders, EMS, epidemiologist, funeral directors, hospitals, laboratory surveillance systems, law enforcement and medical examiners.

Considerations

1. Positive identification of human remains is vital to ensure proper notification of next-of-kin (NOK) for final disposition, aiding in law enforcement investigations and for insurance purposes.
2. In addition to identification, documentation of remains, locations within the scene and traumatic injuries to the remains provides essential information in reconstructing the incident.

3. 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.
4. MDHHS has established the Michigan Mortuary Response Team (MI-MORT) with the Disaster Portable Morgue Unit (DPMU) resources. These State of Michigan resources, or their individual components allow for flexibility in responding to a mass fatality incident. They are available when requested by the ME through local emergency management to the SEOC. Depending on the magnitude of the incident, these resources can manage an incident exclusively on their own or provide a stopgap until additional inter-state or federal resources can be mobilized.

NOTE: **MI-MORT does not have the capability to decontaminate deceased victims**
If the deceased are contaminated or potentially contaminated with a chemical, biological and/or radiological substance, special provisions apply for detecting, decontaminating, identifying, and handling such remains. Each jurisdiction should consult with the local or regional designated Hazmat team to determine response capabilities for decontamination of human remains and to identify the health and safety risks to responders. Mass fatality incidents which result in remains that require decontamination and exceed local capabilities will require state and federal support. Contact the SEOC to request additional resources.

5. Decedents and their families must be cared for in a highly respectful and culturally sensitive manner, respecting all creeds, religions and customs. 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.
6. Generally, if mass fatalities from epidemics occur, the risk of exposure/transmission from deceased depends on the pathogen. All considerations should be given to the safety of workers throughout the epidemic. Recommendations for personal protective equipment (PPE) may change throughout the response.
7. Management of fatalities from an infectious disease outbreak/pandemic with a high mortality rate will pose significant challenges for the 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. Infectious disease outbreaks may cause a rapidly escalating increase in the number of fatalities. Prolonged disaster impact period and geographic scope of the affected area may pose a significant drain on all resources; local jurisdictions should prepare for the likelihood that local, regional, state and federal resources may not be readily available.
9. In addition to the number of fatalities, the following variables affect the type of resources that may be necessary and will affect the rate of recovery:
    a. Condition of the human remains (complete, fragmentary or co-mingled).
    b. The population of the decedents whether closed (known number and names of impacted (plane crash)) or open (name and number impacted unknown (concert)).
    c. Availability of antemortem information.
10. Planning to support emotional and behavioral health needs of responders is an important component of fatality management.

> **NOTE**: Despite 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 is long and arduous and can potentially take its toll on fatality management responders.

11. Decedent operations include:
    a. Human remains recovery.
    b. Morgue services.
    c. Family assistance.
12. Additional consideration should be given to:
    a. Public communication.
    b. Vital records system.
    c. Final disposition of human remains, including unclaimed remains.

Roles and Responsibilities

Medical Examiners

The Medical Examiner (ME) 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, as amended) requires the local ME to investigate the cause and manner of death of any person who dies suddenly, unexpectedly, accidently, violently, or as the result of any suspicious circumstances within their jurisdiction. The ME, in collaboration with community partners will assist in preparation of plans and procedures to provide oversight of, and coordination for, assembling the resources necessary to meet those statutory requirements during a mass fatality incident. Attachment A includes additional information on the role of Medical Examiners.

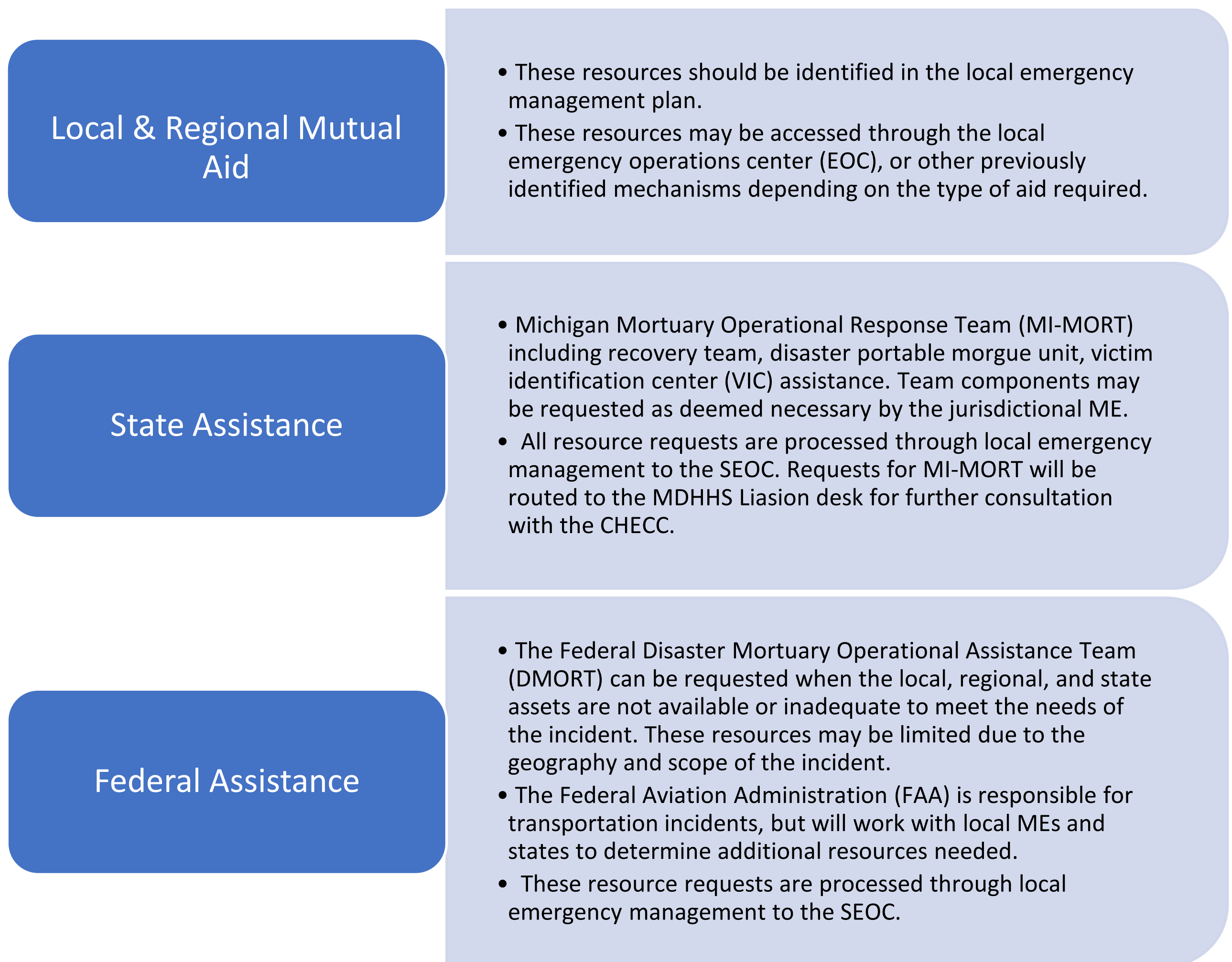
The statutory duty of the ME does not change when there are multiple victims. The ME for the county in which the deaths occur retains jurisdiction over the bodies. However, in the event of a mass fatality incident that exceeds local resources, it will be imperative for the local ME to collaborate with 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 ME is responsible for managing several processes to achieve the ultimate goals of identifying deceased, determining cause and manner of death, and returning human remains to families, if possible.

> **NOTE**: National Association of Medical Examiners Position statement on disaster victim identification (DVI) in mass fatality incidents states.
> It is the position of the National Association of Medical Examiners (NAME) that scientific methods of victim identification (i.e., fingerprint, odontologic, radiologic, molecular), and other equivalent means of identification (i.e., serial numbers on surgical implants) be used in cases of mass fatality incidents. This practice has become a global standard.

ME case management during a mass fatality incident may require additional consideration of:

1. Human Remains Recovery.
2. Tracking Human Remains.
3. Morgue Operations: Processing Remains and Victim Identification.
4. Pre- and Post-Processing Transportation and Storage.
5. Body Release for Final Disposition.
6. Family Assistance Support for Antemortem Information Collection Center.
7. Records Management (Victim Processing, Accounting, Finance and Human Resources).
8. Progress Reports and Public Information[4].
9. Victim Resource Task Force.
10. Communicating medically significant information to the jurisdiction.



[4] National Association of Medical Examiners Position Statement on Disaster Victim Identification in Mass Fatality Incidents (07/2020). Retrieved January 26, 2022, from https://www.thename.org/assets/docs/MF%20Identification%20Position%20Statement%20Final%207%2026%202020.pdf.

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. The local emergency manager(s) for the impacted area serve as a connection between the ME and the SEOC, through the MSP District Coordinator. Once the initial scene assessment is final and the ME determines that the jurisdiction requires additional mortuary support, local and regional mutual aid partners are requested by the local EOC to render assistance, as appropriate and available.

NOTE: Local Logistical Responsibilities for MI-MORT Support
The local jurisdiction or region requiring services will need to assist with arrangements to support a MI-MORT activation including, at a minimum:

1. A facility in which to house the temporary morgue and equipment. (Physical requirements are specified in the MDHHS MI-MORT plan.)
2. Refrigeration to hold human remains, if the number of remains exceeds the capacity of the MI-MORT cold storage capabilities (96 remains).
3. A means to move the equipment into the temporary morgue facility (hi-lo and/or pallet jack), if necessary.
4. Housing or hotel accommodations, meals and transportation for MI-MORT personnel. Team housing should be away from hotel where family assistance center is located.
5. Transportation for MI-MORT personnel to and from the site will need to be provided. Sustained responses will require ongoing logistical resources.

Local Health Departments (LHDs)

Local Health Departments should collaborate, provide guidance and support components of fatality management planning and response. Close partnerships with local Emergency Management, the ME office, healthcare coalition, and other partners is critical to ensure an effective response to a mass fatality incident and stop the spread in an infectious disease outbreak, if applicable. LHDs should participate in local fatality management activities including:

- Family Assistance Center (FAC).
- Public health surveillance activities.

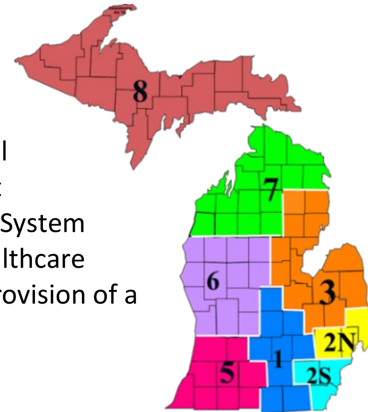
The Family Assistance Center (FAC) requires multiple agencies to provide support to families and friends of potential victims and cannot be handled by the ME's office alone. The local EOC and ME should be prepared to mobilize the appropriate resources for the purpose of interviewing families for information essential for accurate victim identification. Personnel may be recruited from local funeral homes, Community Mental Health Service Programs, local police agencies, Michigan Volunteer Registry, American Red Cross, local health departments, Medical Reserve Corps (MRC) units, etc. All LHD Emergency Preparedness Coordinators (EPC) have administrative access to the MI Volunteer Registry. Personnel working in the FAC should be trained in conducting interviews with grieving individuals. 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 at the FAC. Attachment E outlines key components of a Family Assistance Center. If the mass fatality incident is a result of a transportation accident, the carrier (rail or airline) and the American Red Cross (ARC) will oversee establishing and managing the FAC as established by federal regulation. LHDs and Emergency

Management should have local volunteer organizations pre-identified roles and tasks included in their mass fatality plans.

> **NOTE**: It is critical that the ME manage expectations early and often for family members because the requirement for identification takes a substantial length of time, often requiring weeks to months to complete.

Regional Healthcare Coalitions

Figure 1 Emergency Preparedness



Eight regional Healthcare Coalitions support healthcare organizations to deliver a coordinated and effective response to emergencies that impact medical and public health. Each has identified, equipped, and implemented a 24/7/365 regional Medical Coordination Center (MCC). The regional MCC is a National Incident Management System (NIMS) compliant Multi-Agency Coordination System (MACS) that emphasizes coordination among local and regional healthcare organizations and local EOC(s). The regional MCC assists with the provision of a flexible, coordinated, uninterrupted health response.

Planning

Each HCC has incorporated a mass fatality plan within its regional operational guideline planning documents. The regional mass fatality plans outline the components of fatality management from a regional perspective including resources available to the local ME and/or healthcare organizations.

Hospitals within each region, participating in the Office of the Administration for Strategic Preparedness and Response (ASPR) Hospital Preparedness Program (HPP), have developed and exercised fatality management procedures for their facility. The hospital fatality management plans reflect the critical components necessary to handle a surge of fatalities within the hospital setting due to a pandemic or disaster.

The number of morgue beds in Michigan is limited and should be assessed and maintained periodically.

Regional hospital morgue capacity is indicated in Table 1 below.

Table 1 Morgue Capacity by MI Emergency Preparedness Regions

Preparedness Region	Hospital Morgue Capacity
1	45
2-North	223
2-South	266
3	87
5	32
6	102
7	32
8	32

TOTAL	819

Morgue capacity updated: 06-19-2023, from EMResource[5]

Additional morgue capacity is available at some Medical Examiner morgues and at funeral homes across the state.

Response Support

A primary purpose of the HCC is to support the healthcare system within its region and maintain capability for medical surge. This is coordinated through the Tier 2 regional MCC[6], which is a Multi-Agency Coordination (MAC) Center. 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, MDHHS CHECC, local EOC(s) and the SEOC.

Regional Response Team Network (RRTN) Assets

For Chemical, Biological, Radiological, Nuclear or Explosives (CBRNE) attacks, MSP 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. These actions would be the responsibility of the SEOC, in conjunction with local Emergency Manager and local ME. For any incident resulting from or believed to be the result of a terrorist attack, the FBI will assume the lead role.

State Government

If local and regional mutual aid is inadequate to effectively process mass fatalities, the ME will notify the local EOC that support will be required from the State of Michigan. State assistance will be requested by the local EOC to the SEOC where coordination with the MDHHS CHECC will occur. As with all emergency and disaster situations, the SEOC coordinates state-level assistance at the request of the local jurisdictions. Please note: The state Critical Incident Management System (MICIMS) will be used throughout the incident to communicate and track resource requests.

Activation of 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 MDHHS 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. The MDHHS CHECC ensure senior leadership communication occurs and will contact other agencies as appropriate, i.e., the MI-MORT Go-Team. MDHHS EMC will communicate actions taken and resources to be provided back to the local EOC consistent with SEOC protocol.

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[5] Juvare EMResource. https://emresource.juvare.com/login. Last accessed 03-16-2021.

[6] Medical Surge Capacity and Capability: The Healthcare Coalition in Emergency Response and Recovery 2009, U.S. Department of Health and Human Services. Retrieved, May 6, 2021, from https://www.phe.gov/Preparedness/planning/mscc/healthcarecoalition/Pages/default.aspx.

The list of state resources and the process of accessing those resources is described in Attachment C.

MI-MORT is a multi-disciplinary team that works under the medical authority of the ME of the requesting jurisdiction, providing additional manpower and operational support during a mass fatality incident. Personnel can assist with search and recovery, remains management, 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 who are trained and willing to assist in a mass fatality incident. The Standard Operating Procedure for the MI-MORT Team provides additional details regarding MI-MORT.

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* (electricity, heat, water, restrooms), unoccupied, facility. All MI-MORT equipment and supplies are inventoried and stored in trailers for truck transport.

Other State Agency Support

Key specific support tasks that may be performed by other state agencies in response to a mass fatality incident are included in Attachment D 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 provide 24-hour program representation as necessary when requested. Each support agency is responsible for ensuring that program staff is available to support and carry out the activities tasked to its agency on a continuous basis.

State Request for Intra-State, Inter-State or Federal Mortuary Support

When it is apparent that the effort required to effectively process mass fatalities is beyond the capability of the local resources, the ME will request additional resources through the local EOC to the SEOC. The SEOC, in collaboration with the MDHHS CHECC, will assess the availability of other regional and in-state resources through the Michigan Emergency Management Assistance Compact (MEMAC). If there are no other options, the SEOC may make the request for inter-state fatality management resources (via the Emergency Management Assistance Compact (EMAC), or Northern Emergency Management Assistance Compact (NEMAC).

When inter- or intra-state resources are not available or are inadequate, the SEOC will be advised and the process to request federal assets may be initiated, if possible, depending on the type of disaster and the need. Communications will follow established National Disaster Medical System (NDMS) request protocols for such assets as Disaster Mortuary Operational Response Team (DMORT) or other Federal resource requests.

U.S. Department of Health and Human Services (HHS)

Under the provisions of Emergency Support Function (ESF) #8, HHS coordinates the provision of health and medical assistance to fulfill the needs identified by the affected state, local and tribal authorities. This would be supported by the U.S. HHS ASPR Regional Emergency Coordinator (REC). Relative to mass fatality management,

ESF #8, when requested by State, tribal, or local officials, in coordination with its partner organizations, will assist the jurisdictional medico-legal authority and law enforcement agencies in the tracking and documenting of human remains and associated personal effects; reducing the hazard presented by chemically, biologically, or radiologically contaminated human remains (when indicated and possible); establishing temporary morgue facilities; determining the cause and manner of death; collecting antemortem data in a compassionate and culturally competent fashion from authorized individuals; performing postmortem data collection and documentation; identifying human remains using scientific means (e.g., dental, pathology, anthropology, fingerprints, and, as indicated, DNA samples); and preparing, processing, and returning human remains and personal effects to the authorized person(s) when possible; and providing technical assistance and consultation on fatality management and mortuary affairs. If caskets are displaced, ESF #8 assists in identifying the human remains, re-casketing, and reburial in public cemeteries. ESF #8 may task HHS components and request assistance from other ESF #8 partner organizations, as appropriate, to provide support to families of victims during the victim identification mortuary process.[7]

Also included in ESF #8 Fatality Management Services, "may provide behavioral health support to families of victims during the victim identification mortuary process. May provide for temporary interment when permanent disposition options are not readily available."[8]

Disaster Mortuary Operational Response Team (DMORT)

During an emergency response, DMORT works under the guidance of the local ME by providing technical assistance, personnel and/or a mobile morgue to recover, identify and process deceased victims. The team is comprised of multidisciplinary professionals and may be requested to provide support, under certain circumstances (i.e., a federally declared disaster, in which the Stafford Act is enacted.) It should be noted that, once on scene, DMORT does not assume responsibility for functions State legislation requires of Medical Examiners. This remains the responsibility of the local ME.

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 national impact.
- May not be available if there are concurrent nation-wide disasters.

The local ME, in partnership with MI-MORT, the local EOC, SEOC, and the MDHHS CHECC, may wish to request the DMORT assessment team. The assessment team includes a very limited number of experienced DMORT and Victim Identification Center Team members who evaluate if additional resources should be requested from HHS. Portions of DMORT may be requested, depending on the local and state needs. These include:

- DMORT.

[7] Federal Emergency Management Agency (FEMA). (January 2008). Emergency Support Function #8: Mass Fatality Management. Retrieved May 7, 2021, from https://www.fema.gov/pdf/emergency/nrf/nrf-esf-08.pdf.
[8] Federal Emergency Management Agency. (June 2016). Emergency Support Function #8-Public Health and Medical Services Annex. Retrieved May 7, 2021, from https://www.fema.gov/sites/default/files/2020-07/fema_ESF_8_Public-Health-Medical.pdf,

- Search and Rescue.
- Victim Identification Center.

For more information, see the Disaster Mortuary Operational Response Teams website.

NOTE: DMORT Activation
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 MSP EMHSD is responsible for working with the Governor's office and FEMA to request a federal major disaster or emergency declaration.

1. **Aviation Disaster Family Assistance Act and Rail Passenger Disaster Family Assistance Act**
   Under this Act, the National Transportation Safety Board (NTSB) can request the assistance of DMORT. These Acts covers most passenger aircraft and passenger railway accidents in the U.S. and U.S. territories. The NTSB coordinates with the local ME 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.
2. **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.
3. **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.

Federal Bureau of Investigation (FBI)

For mass fatality situations that result from a man-made disaster, where 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 (NTSB)

The NTSB is an independent federal government agency charged by Congress with investigating civil aviation accidents and significant accidents in other modes of transportation including railroad, highway, marine and pipeline. The NTSB determines the probable cause of accidents investigated and issues safety recommendations aimed at preventing future accidents. In a transportation accident resulting in multiple fatalities, the Transportation Disaster Assistance (TDA) Division of the NTSB will coordinate the local, state, federal, and volunteer agencies in the disaster response. The TDA has significant resources to assist the local medical examiner in communicating to families about the investigative process, in coordinating assets from multiple agencies, and in communicating with the air and rail carriers.

Federal Emergency Management Agency (FEMA)

During a disaster FEMA may be activated to provide support and consultation to state and local partners. FEMA may be able to provide subject matter experts to consult during a mass fatality. There may be funding available for funeral expenses in certain situations such as pandemics. These

resources would be accessed through the SEOC in consult with the local ME, Emergency Management and the MDHHS CHECC.

Non-Governmental and Volunteer Organizations

The roles performed by non-governmental and volunteer organizations during emergency and disaster response are especially valuable in situations involving mass fatalities. For example, the American Red Cross (ARC) maintains the ability to assist family members of the deceased and others affected by or responding to the incident by providing emotional support and helping individuals to cope. Requests for any volunteer organization to respond to an incident are initiated by the effected local jurisdiction. The American Red Cross works with the NTSB and the carrier (airline or rail), as required by federal law, to set-up an FAC for transportation mass fatality incidents.

A potential resource for identifying qualified volunteers in Michigan is the Michigan Volunteer Registry (MVR). The registry is a database that functions as a central location for volunteer information including MI-MORT members. Volunteers in the MVR are background checked, and supply areas of expertise, licensure, certification, and NIMS courses completed. A registry administrator can query information in the registry and contact 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), MDHHS Bureau of EMS, Trauma and Preparedness staff and additional select preparedness partners. ARC volunteers or volunteers from other programs will not use be in the registry. They have their own systems for credentialling and background checks.

Volunteer organizations, to include but not limited ARC, should be included in planning, training and exercises for fatality management and FACs. Post-response behavioral health resources for mass fatality should be included in the organizations plans. Each volunteer organization’s local or regional ability to assist in these disasters varies and should be understood by planners before inclusion in their plans.

Private Sector Organizations

Private sector organizations may potentially support 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, including crematoriums, funeral homes, transportation services, and site recovery of personal effects.

Concept of Operations

General

Mass fatality disasters have the potential to quickly overwhelm local ME capabilities depending on the capacity of the facility, as well as the condition of fatalities. In a mass fatality incident, the procedure for obtaining in-state, out of state, and federal support is through local emergency management communication pathways to the SEOC.

Response to a mass fatality incident consists of four phases:

1. Incident Assessment.
2. Morgue Operations, Morgue Identification and Family Assistance (Antemortem Information Collection Center).
3. Notification and Final Disposition.
4. Remains Recovery.

Phase I – Incident Assessment

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 designee. When appropriate to do so, the ME or 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 of the incident.
- Condition of remains.
- Population involved (closed versus open population).
- Level of difficulty in recovery.
    - accessibility of the incident scene.
    - potential hazards.

If the ME determines that the scope of the incident exceeds local capabilities, the ME, 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 MSP 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 MDHHS CHECC to arrange initial coordination, as specified in Attachment C.

> **NOTE**: MI-MORT can assist the ME with determining the necessary resources for the incident through contact with the MI-MORT Commander, via the MDHHS CHECC. If determined that on scene assessment with the ME is necessary, a Go-Team, which includes the MI-MORT Commander, Logistics (DPMU) and a small group able to assist with determining what resources are necessary, available, and may be deployed as requested by the ME.

Request for Fatality Management Assistance

The initial notification of an emergency normally progresses from the scene to the jurisdiction's emergency manager (EM). Upon assessing the scope of a mass fatality incident, the local EM, in conjunction with the ME, would normally direct the incident and request additional support as needed including:

1. Activation of the EOC, if necessary.
2. Preliminary notification of additional support personnel, as needed, including:
    a. Local public health representation / Regional Medical Coordination Center (MCC).
    b. Local officials in accordance with the local Emergency Operations Plan (EOP).
    c. The public (in the affected area).
    NOTE: If contamination or other threats to the public health exist, the public should be advised as expeditiously as possible regarding evacuation, shelter-in-place, and/or other appropriate protective actions to be taken.

When requesting additional resources, the ME(s) for the involved jurisdiction(s) will provide information to support the request including:

- Local ME name and contact information.
- Estimated number of deaths that occurred or are anticipated (if known).
- Condition of the bodies (if known).
- Hazards on scene (if known).
- Location of the incident.
- If applicable:
    - Staff estimates and type of support required.
    - Centralized location for remains management and morgue operations.

Phase II – Remains Recovery

Scene Processing

Remains and 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. Documentation, such as remains location, is critical to ensure an accurate record is kept for legal purposes, further investigatory processes and proceedings. The approach must be methodical and organized by individuals with forensic and recovery expertise supervising this critical process.

Scene processing involves:

- Development of a grid to identify search and recovery areas that will be methodically covered.
- Locating remains debris, belongings and other potential evidence.
- Flagging and numbering the remains.
- Documenting the entire process including photographing recovery efforts.

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 by local or state law enforcement to assist with human remains recovery, evidence collection, and documentation.

> **NOTE**: MDHHS has pre-deployed fully equipped Push Pack trailers throughout Michigan for immediate use in human remains recovery. These must be requested and approved at the state level before deployment. (Attachment C).

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. Law enforcement will follow standard chain of custody protocols. Triage tags may be used to label each recovered remain with a unique identifier as part of chain of custody.

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

Establishing Mortuary Capabilities

The responsibility for the proper identification of unidentified remains, as well as determining manner and cause of death falls to the local ME. As such, they have the primary role in determining what assistance is needed, where the autopsies will take place, etc. If deemed appropriate by the ME, a MI-MORT team may be deployed to assist in any aspect of the Mass Fatality response. If requested to assist with morgue operations at a site other than the Medical Examiner's office, refer to the Standard Operating Procedures for MI-MORT, which includes a checklist for suitable locations for mortuary services and assembling the resources necessary to initiate operations. Locations in each jurisdiction should be pre-identified for remains storage and management.

The Family Assistance Center

The Family Assistance Center (FAC) is the designated location or 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 E). Additional information on the Victim Information Collection (VIC) Team and FAC requirements can be found in the Standard Operating Procedures for MI-MORT.

Phase IV – Notification and Final Disposition

The responsibility of making formal death notifications is with the ME and/or designee. Once positive identification is accomplished, the ME should make notification in a timely manner and issue a death certificate. The ME will obtain proper signatures from NOK 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.

> **NOTE**: The ME must determine the method for final disposition of co-mingled or unidentified remains.

Sustained Response to an Infectious Disease Outbreak

Annex 3.0, Communicable Disease Annex, of the MDHHS Emergency Operations Plan general response information and disease-specific appendices for any outbreak of a disease or condition that may be considered a public health threat. Specific information regarding remains caused by a Special Pathogen, such as Ebola Virus Disease (EVD), is found in the Special Pathogens Response Network (SPRN) Concept of Operations Appendix 3.6.2 of the Communicable Disease Annex 3.0.

Expanded Surge Capacity

A mass fatality incident caused by a communicable disease does not alter the statutory duty of the ME. 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.

Pandemic Planning Assumptions

1. Unattended deaths must be investigated by the ME, which may result in an increased burden on the ME's office during an epidemic.
2. Delays in cremation approvals and funeral services may occur due to high volume.

Collection Centers

Local jurisdictions may need to establish a central collection center for remains management and arrange for transportation of decedents from the place of death to the collection center(s) for processing, storage, and disposition of human remains. Both local emergency management and the ME will need to include prioritization of removals, location of collection centers and interment sites, transportation of human remains and other resource coordination (Attachment F) in planning for a mass fatality.

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, to respect cultural and religious practices for unknown remains. Cemeteries within the local jurisdiction should be used before implementing the use of temporary interment sites. Identification and burial location information of human remains will be accurately recorded and retained with the ME office for future disinterment to honor family requests for burial elsewhere (Attachment G).

Cremation

Medical examiners need to authorize cremation prior to the cremation occurring. During a pandemic, ME office operations may need to be adjusted-to facilitate continuous cremation of remains. As of January 2022, Michigan has 75 crematoriums throughout the state. Approximately five remains may be cremated per retort over a 24-hour period equating to 375 cremations/day. Some crematoriums have multiple retorts. Generally, the design of the cremation furnace does not allow cremation of more than one body at a time.

> **NOTE**: Before a cremation occurring, authorization is needed from the local ME and the next of kin.

Activation of In-State Fatality Management Resources During a Pandemic

The state has a finite amount of equipment, volunteers, and supplies available for fatality management and these resources may be quickly exhausted during a pandemic. 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. Attachment C includes an overview of state fatality management resources is included.

Death Registration and Surveillance During a Pandemic

Death registration is a process governed by MDHHS Vital Records Division. This department has set policies and procedures reflective of Michigan Public Health Code for registering a death (Public Health Code, Act 368 of 1978, as amended). Death Certificates must be signed no later than 48 hours after death notification[9]. 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, MEs, hospitals and county clerks will expedite the registration process.

Mortuary Supply Requisition

The demand for mortuary supplies will likely increase over the duration of a highly infectious disease outbreak with high mortality rates, resulting in interruptions of supply chain. The task of ordering mortuary supplies and equipment may require assistance from the SEOC and/or the MDHHS CHECC.

> **NOTE**: A cache of body bags is available at the State level and may be available at the regional healthcare coalition level, upon request. Supplies and equipment are maintained for MI-MORT for use in remains identification. The Push Pack trailers maintain supplies and equipment for remains collection. Requests for contents of both will be considered during an infectious disease outbreak as applicable.

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, other healthcare facilities, and alternate care sites to make room for the surge of sick and injured patients. Funeral homes, livery services, and EMS are examples of services that may transport remains.

Federal Government

During an infectious disease outbreak, guidance may be necessary for appropriate Personal Protective Equipment (PPE) requirements for remains management, as well as safe final disposition requirements. Federal guidelines, mandates or policy changes related to worker health and safety

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[9] PA 368 of 1978 as amended. 333.2843(1)(a). Retrieved June 18, 2021, from http://www.legislature.mi.gov/documents/mcl/pdf/mcl-act-368-of-1978.pdf

may be monitored by the MDHHS CHECC and communicated to the SEOC and other remains management personnel through the Michigan Health Alert Network (MIHAN) as appropriate.

Private Sector Organizations

The participation and role of the mortuary industry is a crucial element in fatality management and requires further consideration during an infectious disease outbreak. Examples of considerations would include, but are not limited to:

- Limitations on visitation or participation in funeral rites
- Numbers of burials or cremations that can occur each day
- Technology needs to conduct virtual or remote business
- Changes in statute through executive orders that may affect how business is conducted
- Communications with partners in the funeral industry
- PPE requirements and guidance on safety for mortuary personnel
- Potential Federal reimbursement for final disposition or funeral reimbursement for mortuary services for unclaimed bodies
- Families who cannot afford funeral services

Cultural and Religious Issues

Mass fatalities may present difficulties in acknowledging and complying with religious or cultural rituals. When a victim has been identified, mass fatality response personnel should attempt to discern and if possible, comply with cultural or religious concerns and wishes of the family. All human remains must be treated with respect. Maintaining their identities and showing compassion for the religious and cultural beliefs of the families as much as possible may help deflect concerns. Releasing the remains as efficiently and expeditiously as possible to the families may allow them to perform their rituals soon after death, which is important to many cultures and religions. If temporary interment is necessary, do not embalm the bodies if unaware of wishes.

Fatality Management Plan Management and Maintenance Instructions

The Fatality Management Plan will be reviewed annually by the Fatality Management Planner with the Michigan Department of Health and Human Services – Bureau of Emergency Preparedness, EMS, Systems of Care.

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Mass Fatality Plan Attachments

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Attachment A: Roles and Responsibilities of the Medical Examiner

Roles and responsibilities of County Medical Examiners are delineated in PA 181 of 1953 as amended and include:

1. Investigate deaths within the jurisdiction of the Medical Examiner (ME) as stated in County Medical Examiners Act 181 of 1953, as amended.
2. Establish a cause and manner of death.
3. Establish positive identification of the deceased.
4. Communicate with the public, families, etc., working with local Emergency Management as needed.
5. Issue and certify death certificates.
6. Provide final authorization for cremation permits.
7. Return of remains to legal next of kin (NOK).
8. 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. Documentation of recovery efforts and establishment of chain of custody
    d. Coordinate transportation of remains from the scene to morgue facilities.
    e. Coordinate temporary storage of remains at the scene before transport to morgue facilities.
    f. Establish communications and data management systems.
    g. Establish fiscal and material requirements.
    h. 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
9. Establish a system for the temporary and/or final disposition of the remains.
10. Establish a thorough record management system for the ME office.
11. Any responders, such as Michigan Mortuary Response Team, Disaster Mortuary Response Team are ultimately under the supervision of the local ME authority. The local Emergency Manager is responsible for all necessary logistical support services for the mass fatality response. They may request assistance through the SEOC for state support for logistics and funding.

The legal authority of the local Medical Examiner (ME) is specified in the County Medical Examiners Act 181 of 1953, as amended.

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, as amended and Emergency Management Act, P.A. 390, as amended.

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Attachment B: General Principles of Mass Fatality Management

1. The ME is responsible for establishing the identity of the deceased, determining the cause and manner of death, issuing death certificates, and notifying the next of kind (NOK).

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 remains 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.

    a. Photographic documentation is required before 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.
    b. Videotaping is not a replacement for still photography.

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Attachment C: Michigan Mass Fatality Resources

The State has a limited number of resources available to assist in a mass fatality.

Personnel

The Michigan Mortuary Response Team (MI-MORT) and the Disaster Portable Morgue Unit (DPMU) 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 and regional resources. The MI-MORT team works under the authority of the ME of the requesting jurisdiction, providing additional manpower and operational support during a mass fatality incident. Personnel can assist with remains management and processing and identification of deceased victims in a dignified manner. Depending on the needs of the ME, any component of the team may be deployed. MI-MORT is staffed entirely through volunteers. The volunteers are managed via the Michigan Volunteer Registry (MVR). Types of volunteers identified in the MVR include:

Disaster Assistance Recovery Team

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

Morgue Operations Team

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

Disaster Portable Morgue Unit (DPMU)

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 ME jurisdiction, this group will also be deployed for managing the logistics associated with its use.

Victim Information Center (VIC)

The Victim Information Center (VIC) team works directly with decedent's family, relatives and/or friends to gather antemortem information through interviews, medical/dental record acquisition, DNA sampling, etc. The information obtained is provided to the Morgue Identification Center to assist the ME and forensic specialists in the process of identifying the decedents.

Morgue Identification Center (MIC)

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 ME and case file management.

Equipment

Disaster Portable Morgue Unit (DPMU)

To initiate operations for a fully functional basic morgue or to augment an existing morgue, the DPMU consists of an extensive inventory of 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. This unit, along with the DPMU team, can be deployed independently if a full team activation is not required by the ME. Many of the DPMU team members are funeral directors. Site specifications for the DPMU are referenced in the MI-MORT Standard Operating Procedures.

MI-MORT Push Packs (Emergency Preparedness Regions 1, 5, 6, 7, 8)

Contains equipment and supplies necessary to initiate early site recovery operations. The trailer can be used as a field office for fatality management personnel once equipment and supplies have been off loaded.

Mortuary Enhanced Remains Cooling System (MERC)

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, and one MERC cooling system equipped to accommodate up to 24 human remains. The systems can be rapidly transported to a location, which has been determined to be appropriate and secure, for storage of the human remains.

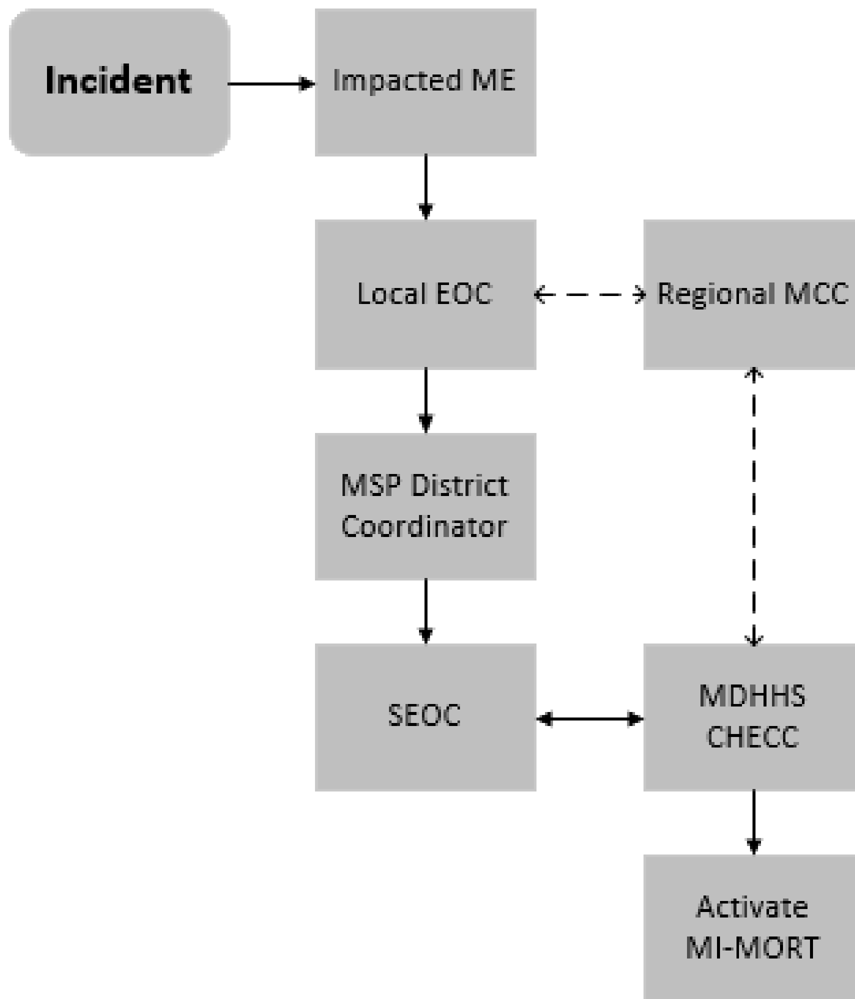
Storage Racking

Storage Racks, on wheels, are available to deploy to enhance storage in refrigerated trailers or a refrigerated building. Each rack can hold up to 4 human remains, and there are a total of 96 racks, available to deploy. Each rack can hold up to six remains, for a total capacity of 576.

53’ Refrigerated Trailers

Six 53’ trailers are available to deploy to enhance the storage of remains at an ME’s office, hospital or central collection location. The 53’ trailers do not have a lift gate; therefore, a loading dock is preferred for the use of trailers.

Requesting Mass Fatality Resources



Acronyms

ME = Medical Examiner

EOC = Emergency Operation Center

Regional MCC = Medical Coordination Center

MSP = Michigan State Police

SEOC = State Emergency Operation Center

MDHHS CHECC = Community Health Emergency Coordination Center

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Attachment D: Possible State Agency Task Assignments

Department of Agriculture and Rural Development

1. Assist 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 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 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 public.

Department of Health and Human Services

1. Maintain knowledge and responsibilities associated with the MI-MORT, DPMU and any other medical surge resources purchased with federal funds.
2. Coordinate the distribution of health/medical equipment and supplies.
3. Assist with identification, coordination and credentialing of volunteers needed for response efforts.
4. Bureau of Labs provides support in performing laboratory analyses.
5. The Division for Vital Records and Health Statistics register, preserve and issue death certificates and will maintain the Electronic Death Registration System (EDRS).
6. Provide resource management/tracking of those resources distributed in collaboration with local and regional partners.
7. Coordinate needs assessment and crisis counseling.
8. 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.
9. Utilize the Michigan Health Alert Network (MIHAN) to communicate with health partners.
10. Coordinate communications with regional MCC(s) to support response.
11. Identify and purchase additional mortuary supplies as directed, may be in collaboration with the SEOC.
12. In collaboration with the American Red Cross provide counseling for responders, staff and family members of the deceased and injured.
13. Acquaint affected families with available health resources and services and make appropriate referrals.
14. The State Emergency Relief program may be used to assist families unable to afford the burial of family members.

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, if needed.

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 and Budget

1. Support morgue operations with technological and communications support as required. Includes all computers, databases within emergency operations centers and the 800 MHz radio communication system.
2. Support mechanisms that expedite the purchase of critical mortuary resources.
3. Provide or obtain transportation vehicles and drivers for the transportation of human remains.
4. Provide or obtain refrigerated trucks in support of mass fatality morgue operations.
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 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).
8. Provide access to other state facilities throughout Michigan in support of mass fatality morgue operations.
9. Traumatic Incident Stress Management (TISM) Teams.
10. Assist with the leasing of space during a disaster for remains management and/or morgue operations.

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.
2. Communicate with licensed funeral directors, crematories and cemeteries directly to gather capacity, or other information for response purposes.

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.
    a. Provide support for security at laboratories and/or morgue facilities or other areas identified to support the incident.
    b. Provide support, advice, and assistance to the Incident Commander on hazardous/WMD.
    c. 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. Provide equipment and staff for survey services to grid and map the mass fatality scene in collaboration with local law enforcement and Michigan State Police (MSP).
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 to grid and map 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 MDHHS on a needs assessment for elderly persons impacted by the mass fatality incident.

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Attachment E: Family Assistance Center

The Family Assistance Center (FAC) is a collaborative effort with partners from the local Health Department, local ME's office, non-government organizations, Community Mental Health Services, faith-based organizations, other community assistance providers and law enforcement. In general, the Local Health Department and/or the Medical Examiner will have plans in place for the Family Assistance Center. The below provides an outline of the physical and staffing requirements for a FAC.

MI-MORT will provide trained victim identification center (VIC) team members to perform antemortem information collection in the Family Assistance Center if requested.

1. Coordination / Set-Up
    a. Representative from the ME's office participate in the initial implementation of the FAC in conjunction with the Local Health Department and other organizations.

    > **NOTE**: Local Health Departments have plans in place for Family Assistance Plans and have a role in the Family Assistance Center planning and operation.

    b. May be established in a local hotel, a college or university, a church, or a number of other comfortable and spacious facilities that provide adequate privacy and space for both large and small meetings
    c. American Red Cross, Salvation Army or other non-governmental organizations should be considered as resources to provide support, including refreshments, childcare, mental health services, etc.

    > **NOTE**: In a legislated transportation accident, the American Red Cross is tasked with setting up and managing the Family Assistance Center.

2. Site selection:
    a. Should be functional for the specific incident,
    b. Easily accessible for families and wheelchair accessible,
    c. Provide adequate parking, and
    d. Should not house family members in the same hotel as MI-MORT or DMORT members

    > **NOTE**: Site Selection and FAC setup should consider access and functional needs. Please see a full list of considerations at: https://emergency.cdc.gov/workbook/pdf/ph_workbookfinal.pdf.

3. Security
    a. Provide as much privacy as possible for families to avoid media intrusion.
    b. Secure the parking facilities (consider use of military personnel or police).

4. Transportation
    a. Transportation services should be secure, sensitive and professional.
    b. Knowledgeable of the area.
    c. Serve family/friends of missing and/or deceased.
    d. Meet FAC staff needs for transportation.

> **NOTE**: Staff and the families served by the FAC should be kept separate as much as possible outside of the FAC. This includes separate housing accommodations (hotels), break areas, and transportation.

5. Staff
    a. Facility Management Team/Family Assistance Center Team Leader/Coordinator Responsibilities
        i. Check volunteer workers in and out.
        ii. Logistics:
            - Arrange food,
            - Maintain facilities.
        iii. Coordinate:
            - FAC transportation and security plans,
            - Roles of Family Assistance Team members, and
            - Communication with outside agencies.
    b. Victim Information Center (VIC) Administration Staff
        i. Overall operation/supervision of the VIC.
        ii. Establish antemortem data acquisition and entry plan.
        iii. Coordinate operation with Registrar/Records Supervisor.
        iv. Establish and supervise death notification procedures with medical, psychological and religious personnel as specified by the ME.
        v. Provides for Critical Incident Stress Management Debriefing Services for VIC staff
    c. Medical Examiner Representatives

> **NOTE**: When at all possible, the ME or their ME's selected designee should personally conduct the daily briefings with the families and media.

        i. Conducts daily briefings with families before media briefings.
        ii. Conducts daily briefings with media (in a secure area away from families).
        iii. Liaison and general inquiries.
    d. Family Interview Personnel (Antemortem data acquisition)
    e. Computer Specialists (Antemortem data entry for transfer to Morgue Examination Center)
    f. Communication Specialists:
        i. Provide/Support communications equipment
        ii. Coordinates media briefings with the Family Assistance Center Team Leader
    g. Additional Community Support Services
        i. Red Cross, Salvation Army or other service organizations
        ii. Translation services should be provided if needed
        iii. Communication companies
        iv. Religious/Clergy services
        v. Behavioral and mental health support
        vi. Physical health support
        vii. Massage therapy/chiropractic
        viii. Therapy animals
    h. Site Support

i. Janitorial
ii. Plumbing
iii. Electrical
iv. Food Services

Death Notification Procedure/Release of Body or Identified Body Parts and Effects

After positive identification has been established and approved by the ME, discussions of family wishes take place at the FAC.

1. Discuss wishes for disposition, including disposition of additional remains if applicable. If possible, the ME may reunite any body parts found/identified later with the decedent usually through cremation and join the cremains together or provide them to the family.
2. Death Certificate will be released to the funeral home electronically.
3. Release authorization form should be completed and placed in the Victim Disaster Packet.
4. Personal effects that are not deemed to be evidence should be documented properly and released with the body.
5. Unassociated personal effects will be handled through a contract with a recovered property company.
6. Unidentified body parts are to be documented and the ME will determine steps for identification and/or storage/disposal.
7. Maintain release log to document overall process.

In the case of a pandemic, the FAC may not be needed, as deaths within hospitals will be communicated to families directly, and identification is generally established before death. If necessary, the FAC should be managed virtually, using websites and telephone hotlines. It is important to keep public gatherings to a minimum to prevent the spread of disease.

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Attachment F: Considerations for Transportation and Storage of Human Remains During a Pandemic

During a pandemic, the increased number of medical care facility deaths and home deaths may stress the capability of funeral homes and other transport services for body removal. If this happens, the responsibility of transportation and storage may fall upon non-traditional resources, such as 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.

Jurisdictions will need to prepare for the possibility that fatalities could overwhelm local morgues and funeral homes. Considerations regarding transportation and storage of remains need to be addressed now to facilitate care for the deceased in a dignified way. If not already pre-established, each jurisdiction should identify local and/or regional capabilities for transportation and storage of remains.

The state has identified current capacity of hospital morgues in Michigan, because it is possible the capacity will be overwhelmed. Michigan has a limited capacity for remains storage which may make it insufficient to support multiple jurisdictions. A significant number of fatalities may require the use of alternate body storage sites. Emergency management in each county should identify local/regional capabilities for storage of victims. State assets include three Mortuary Enhanced Remains Cooling Systems units (2 able to store 48 remains each, one able to store 24 remains) and two refrigerated trailers that may be deployed depending on scope of incident. Additional storage may be possible where livery services or funeral homes are available to provide storage services, depending on the community.

Receipt and Storage

When a surge in deaths overwhelms local morgue and funeral home capabilities, transportation of the deceased may fall on families or non-traditional resources. A central collection site may be necessary to prepare for influx of deceased. Ideally, this has already been established in each jurisdiction. Some considerations for central collection sites include, but are not limited to:

- A documentation system for receipt, storage, and release of human remains.
- A mechanism for remains identification to ensure release of remains is to the legally authorized person(s)/agency responsible for final disposition.
- Hospitals may wish to locate storage trailers on or near them when storage capacity on site or within the community is at capacity.

Public Health Considerations:

Public Health laws establish the health department's specific authority to control certain aspects of operations, personnel, or corpses. Michigan Medical Examiner (ME) legal authorities are described in the Michigan ME Act. Michigan does not currently have mandated death scene investigation (DSI) standards. Many ME offices create their own standards and protocols, or use standards developed for forensic death investigations. Jurisdictional MEs should know specifically how the existing State of MI laws might provide for their jurisdictional health department to take control and dictate the disposition of human remains (burial or cremation).

The local public health department may be consulted on issues related to infection control. In general, those procedures indicate that measures should be taken to reduce the risk of transmission of disease or Hazardous Materials association with handling human remains.

Temporary Storage Requirements

Temporary storage may be utilized if the morgue capacity at a facility is exceeded or near to being exceeded.

Temporary storage site selection

Public perception of the facility may be affected, even after the incident has concluded, due to use of the building for remains storage. Facilities primarily for public use, like schools or ice arenas are to be used only as a last resort.

Infrastructure considerations

1. Remains MUST be treated with dignity.
2. Remains will not be stacked.
3. No weight or significant contact should occur between deceased bodies to prevent marring the features, disturbing the clothing, tissue or other aspect that are important to dignity, identification, and final disposition.
4. Bodies should be placed face-up, head slightly elevated, if possible, arms and hands placed on top of the abdominal cavity.
5. Remains will be offered on-going security. (No media, families, friends, or other onlookers may access collection or temporary storage sites.)
6. The type and size of collection site facilities should be based on the size of the population.

Infrastructure requirements:

1. Temperature and biohazard controlled. Cold storage must be maintained at 35°-41º F (2°- 5°C)
2. Adequate water, lighting, rest facilities (restrooms) for staff.
3. Adequate office space for operations with a separate meeting area for staff.
4. Have non-porous floors.
5. Have 24/7 accessibility.
6. Communication - must have the capability to use communication devices within the facility.
7. Facility should be easily accessible by road, but ideally not visible from the road.

Temporary Storage Options

Temporary Storage Facilities

Types of facilities that may be suitable for alternate body storage sites in a community include:

- Empty large warehouses.
- Empty grocery store buildings.
- Refrigerated rail cars.
- Airplane hangar provided by the National Guard or other entity.
- Temporary internment will be considered as alternative body storage, particularly during a pandemic.

Consider a building/site with a small number of exits and entrances, and possibly a fence to deter individuals from coming close to the building. It is presumed that some of these potential body storage sites would require modifications to provide cooling/refrigeration of bodies. The storage areas and wherever bodies are being moved should be sheltered from public view.

Temporary Storage Options (Non-Facility)

1. Portable cooling and storage system specially designed for temporary storage of human remains.
2. Refrigerated trucks or refrigerated transport containers used by commercial shipping companies. It is recommended mutual aid agreements be pre-established with trucking companies for resources in case of a pandemic. Truck/trailer requirements:
   - No external markings – remove or cover all signage.
   - Flat floor. If slotted, floor can be covered with plywood to allow for use of gurneys.
   - Electric power if the dock has shore power available. (If not diesel)
   - Preferably, truck will have a loading dock with rollup door with a latch to allow locking with a padlock. If it does <u>not</u> have a loading dock, diesel power with swing doors.

   A 53-foot trailer can hold 24 bodies without stacking (8x3 grid).

   To increase storage capacity:
   - Purchased metal shelves or temporary wooden shelves can be constructed to increase the storage capacity of the trailer.
   - Consider safe movement and removal of bodies (storage of bodies above waist height is not recommended but may be required). Ensure enough staffing is available to avoid injuries.
   - 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. Some body bags are not high quality and may rip at the zipper or seams when placing bodies in them or during the transport and shifting.

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Attachment G: Interment Site Specifications

As localities and regions become increasing overwhelmed with deceased victims as a last resort to manage an incident, the EOC may request from the governor the opening of temporary interment sites. When selecting potential interment sites, careful considerations should be given to soil conditions, highest water table level and accessibility. 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. Include the Michigan Funeral Directors Association (MFDA) and Environment, Great Lakes and Energy (EGLE) in determination of and in setting up a temporary interment site. Planning for such a catastrophic incident should occur in each ME jurisdiction in coordination with local governmental agencies.

Burial Requirements

Distance from water sources:

- Burial sites should be clearly marked and surrounded by a buffer zone 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

- When possible, human remains should be buried in clearly marked, individual graves.
- 1 acre of land will entomb approximately 1,000 bodies buried in individual graves.
- 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 will entomb 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 2m 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:
  a. Name of decedent.
  b. Unique Reference Number.
  c. Date, time, county of death.
  d. Exact burial location and marker.
  e. Personal effects inventory.

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.[10]

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

Attachment H: Terms of Reference

Terms of Reference	
Administration Area	This is a clean area where all administrative functions take place; typically out of sight of remains or images.
DMORT Disaster Mortuary Operational Response Team	During an emergency response, DMORT supports local authorities and provides 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 through federal and state agreements. The ME can access DMORT by requesting through the local emergency management agency. A temporary portable morgue is also available.
DPMU Disaster Portable Morgue Unit	The DPMU team manages inventory of equipment and supplies and assembly and disassembly of the DPMU. The team also manages logistics of the DPMU if requested by the ME.
FAC Family Assistance Center	Established to serve as a clearinghouse for information and contacts with next of kin. The specific structure of this center will be determined based on the scope of the disaster. Often, the center is coordinated by the local EOC and ME (in an aviation disaster, airline personnel are responsible for coordination). Depending on the event, the FAC may be operational 24/7.
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.
Long Term Examination Site	Location for processing biological specimens and evidence not originally accessed at the scene or the Morgue Examination Center. Necessary to support response to mass fatality incidents where destruction is extensive.
MERC Mortuary Enhanced Remains Cooling System	Equipment, shelving racks and supplies for temporary storage and cooling of human remains. Two separate cooling systems are maintained in trailers ready to transport to an appropriate location for assembly and operation. MERC systems each accommodate up to 48 remains, or 96 in total.
MI-MORT Michigan Mortuary Operational Response Team	During an emergency response, MI-MORT supports the local ME and EOC providing technical assistance and personnel to recover, identify and process deceased victims. MI-MORT may be activated by the ME and the local EOC through a request through the SEOC working with MDHHS and the CHECC.

MI-MORT Push Packs	Seven trailers containing equipment and supplies necessary to initiate early site recovery operations. The trailers can be used 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.
Morgue	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 human remains should be conducted prior arrival at this location.
Morgue Examination Center	Site used for body identification and processing.
Staging Site	An area close to the actual incident site. In a HAZMAT incident, this area would be out of the Hot Zone, but may be in the Warm Zone requiring Personal Protective Equipment (PPE) and associated procedures.
Temporary Morgue	Site used as a holding area until the morgue examination center is prepared to receive additional bodies. This site should be located as near as possible to the area with the highest concentration of bodies. The site may consist of refrigerated trucks.
VIC Victim Information Center	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 ME in making a positive identification of victims.

Attachment I: References

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