

STATE OF OHIO
EMERGENCY OPERATIONS PLAN



EMERGENCY SUPPORT FUNCTION #8
PUBLIC HEALTH AND MEDICAL SERVICES

TAB D – Acute Mass Fatalities Incident Response Plan

FACILITATING AGENCY

Ohio Department of Health

**Ohio Emergency Operations Plan
Emergency Support Function #8
Public Health and Medical Services**

Tab D: Acute Mass Fatalities Incident Response Plan

Facilitating Agency: Ohio Department of Health (ODH)

Support Agencies: Adjutant General’s Department, Ohio National Guard (OHNG)
American Red Cross (ARC)
Ohio Department of Commerce, Division of Real Estate and
Professional Licensing (ODOC/REPL)
Ohio Emergency Management Agency (Ohio EMA)
Ohio Environmental Protection Agency (OEPA)
Ohio Mortuary Operational Response Team (OMORT)
Ohio Hospital Association (OHA)
Ohio Department of Administrative Services (DAS)
Ohio Department of Mental Health and Addiction Services (ODMH/AS)
Ohio Department of Transportation (ODOT)
Ohio State Coroners Association (OSCA)
Ohio State Highway Patrol (OSHP)
The Salvation Army (TSA)

I. PURPOSE

This plan outlines the organizational and operational concepts, responsibilities, and actions of state Agencies, Boards and Associations to support locally-managed acute mass fatality incidents related to the following operations:

A. Scene Operations

1. Initial evaluation of incident fatalities.
2. Fatality documentation.
3. Human remains, evidence and personal effects recovery.
4. Transportation and storage of remains from scene to morgue operations sites.
5. Decontamination of remains, if needed.
6. Temporary storage of contaminated remains, if needed.
7. Resource request prioritization within area command environment.

8. Psychosocial aid to fatality management workers and families of victims at Victim Identification Centers (VIC) within Family Assistance Centers (FAC) and at the incident site.

B. Morgue Operations

1. Identification of morgue operations sites.
2. Temporary human remains storage.
3. Forensic analysis of human remains to determine cause/manner of death, and identification, if needed.
4. Collection and comparison of ante-mortem and post-mortem for victim identification (e.g., fingerprints, DNA, x-ray, dental, medical records, distinguishing marks/features, etc.).
5. Minimum completion of death certificate.

C. Ante-Mortem Data Management

1. Victim Identification Center operations
 - a. Use of the Victim Identification Profile
 - b. Information collection for victim identification and death certificate completion.
 - c. Other support services.
2. Communication and transfer of data from and between hospitals, physicians, Coroners/Medical Examiners (C/ME), local health commissioners, ODH and other officials.
3. Transportation/carrier incident management.

D. Release of Remains

1. Preparation of death certificates and obtaining required permits.
2. Return of human remains and personal effects to families, or the proper authority (C/ME) if family is not available.

E. Fatality Surge

1. Enhancement of existing resources to respond to a surge in the number of fatalities.
2. Increasing throughput of Ohio's Electronic Death Registration System (EDRS) - suspension of other non-essential activities, increase in number of personnel involved in data entry.

II. SCOPE

- A. This plan is applicable to acute mass fatality operations within Ohio to be carried out by the identified state agencies and non-governmental agencies and organizations in support of locally-managed response operations. Acute incidents are those that are sudden and short-lived. Acute mass fatality incidents do not include deaths due to prolonged, non-acute incidents such as pandemics.
- B. State-level response to non-acute mass fatalities is covered under a separate Plan, Tab E to ESF-8 of the Ohio EOP, the Non-Acute Mass Fatality Incident Response Plan.
- C. County Coroners/Medical Examiners have jurisdiction over acute mass fatalities within their jurisdiction. There is no corresponding authority at the state level. When a C/ME deems that the number of fatalities exceeds local resources and capabilities to effectively handle a mass fatality incident, they may request that the County EMA Director request state-level assistance or request mutual aid from another jurisdiction. When requested, appropriate State-level Emergency Support Functions (ESFs) will be notified of possible activation as early as possible in the incident.
- D. This plan is intended to address incidents that cause no more than 500 mass fatalities.

III. SITUATION & ASSUMPTIONS

A. Situation

1. General Situation
 - a. The Ohio Revised Code assigned responsibility for fatality management to county Coroners/Medical Examiners. There is no corresponding authority for fatality management at the state level.
 - b. ODH is the facilitating agency for Tab D to ESF-8 of the Ohio EOP, the Acute Mass Fatality Incident Response Plan. This plan lays out the support available to C/MEs in the execution of their authority for fatality management. Various sections of this Annex set forth agency responsibilities.
 - c. State agency personnel, the staff of other agencies and non-governmental organizations will work together to manage the safe recovery of the deceased with

dignity and respect but will prioritize providing care to the living in accordance with other ESF-8 plans.

- d. The need, amount and type of specific support services and resources will vary with the type of incident. For example, an explosion can create fragmented remains over a wide area, which may increase the number of personnel needed for a search and recovery team. The incident site may also be a crime scene, requiring incident commanders to balance investigatory needs with remains recovery.
- e. Mass fatality incidents, such as a chemical weapons attack, or plane crash can occur anywhere in the state, without warning, causing multiple casualties and fatalities within a short period of time. Identification procedures will also vary depending on whether there is an open or closed pool of decedents.
- f. In order to qualify for Federal Emergency Management Agency (FEMA) funeral assistance, the decedent's family must be able to provide:
 - i. A signed statement from an authoritative state, local, tribal, or territorial licensed medical official such as the C/ME, stating the deceased's death, underlying injury causing the death, or disinterment was a direct-result of the disaster.
 - ii. Receipts or verifiable estimates for funeral or reinternment expenses. The receipts or verifiable estimates must indicate that the applicant is the individual who paid or will pay the expenses.
 - iii. Documentation of burial insurance and/or any forms of funeral or reinternment assistance from voluntary agencies (e.g., Red Cross) or state, local, tribal, or territorial, or other government agencies (e.g., Social Security Administration, U.S. Department of Veterans Affairs).
 - iv. A death certificate of the deceased.

2. Hazards

- a. Ohio faces a number of hazards which may cause emergency situations.
- b. Hazards that could result in acute mass fatalities include:
 - i. Tornado
 - ii. Flood
 - iii. Earthquake
 - iv. Intentional acts of mass violence (biological, chemical, radiological or incendiary devices, and mass shootings)
 - v. Fire
 - vi. Hazardous Material releases and contaminations
 - vii. Transportation Accidents
 - viii. Nuclear or radiological disasters
 - ix. Toxic release of substance in air or water
 - x. Explosions

- xi. Building collapses
 - xii. Other miscellaneous hazards
3. County Coroners/Medical Examiners
- a. C/MEs have jurisdiction for acute mass fatality events. There is no corresponding authority at the state level
 - b. C/MEs are responsible for decedents in coordination with local law enforcement agencies. C/MEs may appoint deputies and delegate the same authorities to those deputies.
 - c. If a C/ME's Office is incapacitated, then alternate services will be established according to ORC 313.04. Additionally, C/ME services may be accessed via the Intrastate Mutual Assistance Compact (IMAC) or the Emergency Management Assistance Compact (EMAC.)
 - d. County C/MEs and the Incident Commander will determine whether local resources and capabilities, will be, or have been exceeded, and if so, determine what response is necessary.
4. Death Registration
- a. The Victim Identification Center within the FAC will be the locations for collection of ante-mortem information from family members, the preparation of necessary paperwork related to the final distribution of remains, and will be the point of coordination for the return of remains to the family's chosen funeral director.
5. Disaster Mortuary Operational Response Teams (DMORT)
- a. DMORT are teams of forensic specialists who respond to mass fatality events through the National Disaster Medical System (NDMS). DMORT teams are composed of private citizens, with specific expertise. All States recognize team members' licensure and certification. The DMORTs are directed by the NDMS in conjunction with a Regional Coordinator of the ten Federal regions. Region V DMORT covers five states, including Ohio.
 - b. DMORT, like OMORT, can provide a Disaster Portable Morgue Unit (DPMU) to assist the C/ME. DMORT has three DPMUs and OMORT has one.
 - c. DMORTs will be requested by the State EOC. DMORT does not establish command and control over the fatality management operation, but will be integrated into the local ICS structure.
 - d. DMORT, when activated, will be available to assist under the direction of C/MEs.

- e. When activated, DMORT provides the following capabilities:
 - i. Incident morgue facilities operation
 - ii. Victim identification Autopsy and Pathologic examination
 - iii. DNA Specialists
 - iv. VIC specialists
 - v. Fingerprint Specialists
 - vi. Forensic dental pathology
 - vii. Forensic anthropology
 - viii. Human remains processing
 - ix. Disposition of remains in cooperation with local funeral homes

5. Ohio Mortuary Operational Response Team (OMORT)

- a. OMORT is a team of forensic specialists who respond to mass fatality events and is modeled on the Federal DMORT. OMORT teams are composed of private citizens, with specific expertise.
- b. OMORT teams will be requested through the State EOC. OMORT does not establish command and control over the fatality management operation, but will be integrated into the local ICS structure.
- c. OMORT, when activated, will be available to assist under the direction of County C/MEs. OMORT can assist with recovery, victim identification and FAC operations.

B. Assumptions

- 1. Prior to the activation of this plan, a local- or state-level emergency will have been declared or will be anticipated.
- 2. All mass fatality incident responses will be conducted in accordance with the National Incident Management System.
- 3. Any major disaster may result in extensive property damage and the possibility of a large number of deaths, which may require extraordinary procedures.
- 4. Mortuary service resources located throughout the state may be limited for use during emergency situations; as some of these resources may be adversely impacted by the emergency.
- 5. A chemical accident or terrorist attack that results in fatalities will influence the processing of remains.
- 6. Following an event that results in mass fatalities, fear and panic can be expected from the public, casualties, health care providers, and the worried well.
- 7. A terrorist act will require the Federal Bureau of Investigation (FBI) to be in control of

evidence and investigation.

8. Proper and timely completion of death registrations will be accomplished through use of the Electronic Death Registration System (EDRS).
9. EDRS may become overwhelmed or be off-line due to the event. ODH will act to adjust the process when necessary.
10. It is estimated that approximately 500 cremations per day can be performed in Ohio.
11. Local-jurisdiction planning for a mass fatality event will be coordinated between the C/ME, local EMAs, and other local agencies and organizations.. Local plans should be consistent with this Plan.
12. Existing morgue storage capacity within Ohio could be exceeded during mass fatality incidents. DAS will assist in identifying buildings/facilities/resources (e.g. refrigerated trailers and local funeral homes) within Ohio with refrigeration capabilities and other capabilities for use in mass fatalities incidents.

IV. CONCEPT OF OPERATIONS

A. Law Enforcement and Security

1. In an incident involving mass fatalities, many organizations at many levels will be involved. Local law enforcement departments and county Coroners/Medical Examiners are responsible for investigating acute deaths that are not due to natural causes or that do not occur in the presence of an attending physician. Local law enforcement is also responsible for security at the incident scene, the morgue site and at family assistance centers. State-level law enforcement resources may be assigned to assist through ESF-13 (Law Enforcement).

B. Disposition of Human Remains

1. County C/MEs, pursuant to ORC Chapter 313, are responsible for determining cause and manner of deaths that did not occur under natural circumstances, authorizing autopsies to determine the cause of death, authorizing forensic investigations to identify unidentified bodies, and authorizing removal of bodies from incident sites. Information regarding the status of morgue operations will be coordinated by, and through, C/MEs. There is no corresponding authority at the state level.
2. Remains will be recovered and evacuated, while preserving the scene, to the incident morgue for identification and to safeguard personal effects found on and with decedents. When authorized by appropriate officials and the family, the mortuary response team will process and release the remains for final disposition.
3. Once remains have been positively identified, the next of kin or their representative will be

contacted. The C/ME, or at the direction of the C/ME, the mortuary response team, will coordinate the release of the remains and personal effects to the next of kin or their representative. If the remains are unidentified, the Coroner will make the decision and provide direction regarding the disposition of the remains.

4. As a last resort, temporary human remains storage will be performed under the direction of the C/ME.
4. In accordance with ORC 4717.13, mass temporary human remains storage operations will use tags encased in durable and long-lasting material that contains name, date of birth, date of death and social security number durably accompanying the deceased, and the prohibitions of operators of crematory facilities from simultaneously cremating more than one body in the same cremation chamber or cremating human bodies in the same cremation chamber used for animals.
5. In a mass fatality incident, situations may arise where family and others are not available to decide on the disposition of the deceased. C/MEs may coordinate with local funeral homes and others for the temporary storage of the deceased in cases where family/others are not available and where the system cannot keep up with the demand for burial of the deceased.
6. C/MEs will coordinate mortuary service providers to collect bodies of victims from the scene and from hospitals, morgues, and other locations, and will coordinate with next of kin for the disposition of remains.

C. Logistics and Resource Acquisition

1. When a C/ME determines that the number of fatalities exceeds local resources and capabilities to effectively handle the situation, they may request that the County EMA Director request state-level assistance.
2. If a C/ME determines that additional resources are necessary to store human remains in a suitable manner, the coroner can request, through their county EMA Director, the use of the appropriate number of state mobile cold storage trailers.
3. When faced with a fatality surge that stresses the capacity for carrying out burials or cremations in a region or localized area, Ohio Department of Administrative Services (DAS) and Ohio Board of Embalmers and Funeral Directors (OBEFD) will survey crematory facilities to identify the maximum number of cremations that can be performed, and identify cemeteries, crematory facilities, embalming facilities, and funeral homes within or accessible to the region.
4. When faced with a fatality surge that stresses the capacity for carrying out burials and cremations in a region or localized area, DAS and OBEFD will survey crematory facilities, embalming facilities, and funeral homes to identify storage capacity, refrigeration, backup generator, and number of hearses/vehicles available to transport bodies.

D. Family Assistance Centers (FAC)

1. FACs will be set up at locations convenient to mass fatality incidents, but not adjacent to the mass fatality incident site.
2. The purpose of an FAC is to provide a secure location for the collection of information on the deceased to assist in their identification and for the provision of social, mental health and medical services to families of the deceased. .
3. Under direction of the C/ME, FAC staff will ensure that proper victim identification forms and ante-mortem interviews are completed and will ensure the use of current Victim Identification Profile (VIP) interview forms.

E. Behavioral and Mental Health

1. If local resources are unable to adequately respond to need, state agency-level behavioral and mental health support agencies will assist in securing these services through mutual aid in support of local Behavioral and Mental Health Boards and other local entities that provide ongoing and acute services.
2. Select agencies will provide assistance for the acquisition and coordination of mental and behavioral health teams to provide psychological aid to fatality management workers and families of victims at FACs and at the incident site.

F. Public Information

1. The State EOC's Joint Information Center (JIC) may be requested to produce press releases or conduct press conferences in response to needs identified by the Incident Commander or other entities. Authorized JIC supporting agencies and individuals will be limited and will coordinate with other agencies, including the Agency Public Information Officers (PIOs), C/MEs and/or his assistant(s) to provide joint press releases at the JIC, if established.

G. Mutual Aid and External Resources

1. When mass fatalities have occurred, it may be necessary to obtain additional mortuary service assistance either through mutual aid, the deployment of state assets, EMAC requests, or requests to the federal government.
2. The OMORT operates the Disaster Portable Morgue Unit (DPMU) and is available via a formal EMA request if the local coroner determines that additional morgue assets are required.
3. All equipment in the DPMU is compatible with Federal equipment and will help to provide a seamless integration should an event go from state level to federal level. The OPMU contains a complete morgue with designated workstations for each processing element and prepackaged equipment and supplies.

H. Death Registration and Vital Statistics

1. The ODH Bureau of Vital Statistics (VS) will provide administrative support of the EDRS system, and at the direction of the Director of Health will track the number of EDRS reported incident-related fatalities.
2. Other physicians, local Health Commissioner (or Medical Director), Institutional Agency Medical Directors, Emergency Medical Services Medical Directors, as well as the Director of Health or his/her designee and health care facility (acute and long term care) physicians, may be involved, with death registrations and certification in a mass fatality event.
3. Reporting numbers of fatalities during an incident will likely vary due to multiple sources of information. These could include: first responders, media, and the public as well as reporting through local registrars to the ODH VS. Additionally, depending on the incident, there may be some uncertainty as to whether a death was caused by a disaster or from natural causes. There is a strong likelihood that different sources will report different fatality numbers at different speeds. To assist in the response to this situation, ODH could add a choice within EDRS for coroners to select to assist in identifying disaster-related fatalities.
4. Disaster conditions permitting, an estimate of the number of confirmed deaths will be made. This information will be retrieved from the state EDRS system. Although slower than other reporting formats, this method will provide higher quality information. An estimate of the overall number of fatalities will be made by the Incident Commander in consultation with C/MEs and the estimate will be provided to the JIC.

V. ASSIGNMENTS OF RESPONSIBILITY

A. Facilitating Agency

1. Ohio Department of Health (ODH)
 - a. Work with local jurisdictions to ensure that the morgue process facilitates EDRS use. As needed, provide assistance to local registrars and guidance on EDRS use to best support the affected region.
 - b. Through the ODH's Bureau of Vital Statistics (VS), provide administrative support of the EDRS system, and at the direction of the Director of Health will track the number of EDRS reported incident-related fatalities.
 - c. Make available state assets for use during a mass fatality situation.
 - d. As able, provide assistance through the ODH VS to make estimates of the number of confirmed deaths using EDRS and information from the Incident

Commander(s) or Unified Command in consultation with the County Coroner/Medical Examiner, local Health Commissioner or other local authority and provide the estimate to the JIC for proper dissemination.

B. Support Agencies

1. Ohio Mortuary Operations Response Team (OMORT)

- a. When authorized by the C/ME, assist with the recovery, storage, preparation, identification, processing and release of human remains for final disposition.
- b. At the direction of the C/ME, assist in the release of human remains and personal effects to the next of kin or their representative.
- d. When necessary, and when authorized, assist the C/ME's office in determining the cause and manner of death, authorizing autopsies to determine the cause of death, authorizing forensic investigations to identify unidentified bodies, and authorizing removal of bodies from incident sites.
- e. When family and others are not available to decide on the disposition of the deceased, and where the burial system cannot keep up with the demand for burial of the deceased, use temporary storage for the deceased, and assist C/MEs in coordination with local funeral homes on the logistics.
- f. Coordinate with mortuary service providers to collect bodies of victims from the scene, hospitals, morgues, and other locations, and coordinate with next of kin for the disposition of remains.
- f. When faced with a fatality surge that stresses the capacity for carrying out cremations in a region, assist in the surveying of crematory facilities, embalming facilities, and funeral homes within or accessible to the region. Assist in the determination of the maximum number of cremations that can be performed.
- g. When faced with a fatality surge that stresses the capacity for carrying out cremations in a region or localized area, assist in the surveying of crematory facilities, embalming facilities, and funeral homes to identify storage capacity, refrigeration, and number of hearses/vehicles available to transport bodies.
- h. Under the direction of the C/ME, assist in the establishment of FACs at locations convenient to mass fatality incidents, but removed from the mainstream of activities. Assist appropriate agencies in providing services to families of the deceased.

- i. Provide assistance in the coordination of psychosocial teams to provide psychological aid to fatality management workers and families of victims at FACs and at the incident site.
 - j. Assist in providing services to establish FACs as secure, comfortable locations for the collection of information on the deceased to assist in their identification and for the provision of comforting services to families of the deceased.
 - k. Provide assistance to ensure that proper victim identification forms are used and that ante-mortem interviews are completed using the proper VIP forms at FACs.
 - l. Under the direction of the Coroner, provide management in the deployment and operation of the Ohio Portable Morgue Unit (OPMU).
 - m. Disaster conditions permitting, provide assistance to make estimates of the number of confirmed deaths using the EDRS system and information from the Incident Commander in consultation with the Coroner and provide the estimate to the JIC and State of Ohio Emergency Operations Center (State EOC).
2. American Red Cross (ARC)
- a. Assist appropriate agencies in interviewing and otherwise assisting families of the deceased at FACs.
 - b. Provide, as able, psychosocial mental health and spiritual care teams to provide psychological aid to fatality management workers and families of victims at FACs and at the incident site.
 - c. Under the direction of, and in cooperation with the Coroner/ME, assist in efforts to maintain a secure, comfortable location for the collection of information on the deceased to assist in their identification and for the provision of comforting services to families of the deceased at FACs.
 - d. If local resources are unable to adequately respond to need, assist in providing disaster mental health support services to victims' families.
 - e. In the event of an Aviation Disaster, the Federal Family Assistance Plan for Aviation Disasters assigns Victim Support Task 3 (VST-3) - Family Care and Mental Health to the American Red Cross. The family care and mental health components include all support services that could help survivors, family members and response workers deal with trauma and activities that occur following a disaster.

3. Salvation Army (SA)
 - a. Under the direction of the Coroner/ME, assist appropriate agencies in interviewing and otherwise assisting families of the deceased at FACs.
 - b. Under the direction of the Coroner/ME, assist in efforts to maintain a secure, comfortable location for the collection of information on the deceased to assist in their identification and for the provision of comforting services to families of the deceased at FACs.
 - c. If local resources are unable to adequately respond to need, assist in providing disaster mental health support services to victims' families.
4. Ohio Department of Mental Health and Addiction Services (ODMH/AS)
 - a. If local resources are unable to adequately respond to need, assist in securing support services to local mental health and behavioral health boards.
 - b. Provide assistance, as able, for the acquisition and coordination of psychosocial teams to provide psychological aid to fatality management workers and families of victims at FACs and at the incident site.
 - c. If local resources are unable to adequately respond to need, assist in securing support services to local alcohol and drug addiction services agencies.
5. Ohio State Coroners/Medical Examiners Association (OSCA)
 - a. When necessary, assist in arranging for additional resources to assist C/MEs with the investigation of deaths that are not due to natural causes or that do not occur in the presence of an attending physician, performing autopsies to determine the cause of death, performing forensic investigations to identify unidentified bodies, and removing human remains from incident sites.
 - b. In coordination with, and at the direction of the C/ME, assist in arranging for additional resources to coordinate the release of human remains and personal effects to the next of kin or their representative.
 - c. When family and others are not available to decide on the disposition of the deceased, and where the burial system cannot keep up with the demand for burial of the deceased, use temporary storage for the deceased, assist in the identification of resources to assist C/ME with the logistics for temporary storage of human remains.
 - g. As needed, provide assistance to ensure that proper victim identification forms are used and that ante-mortem interviews are completed using the proper VIP forms at FACs.

6. Ohio State Highway Patrol (OSHP)
 - a. When needed and with proper authority, assist local law enforcement with security at the incident scene, the morgue site and at family assistance centers through ESF-13.
 - b. When needed and with proper authority, assist with the evacuation of human remains and preservation of a mass fatality scene, and assist the C/ME in safeguarding personal effects found on and with the dead.
 - c. When needed and with proper authority, provide assistance to ensure that C/MEs and law enforcement work together to provide security at the scene, the morgue site, and at family assistance centers.
7. Adjutant General's Department, Ohio National Guard (OHNG)
 - a. A Governor's declaration allows Ohio National Guard response and/or resources including security support and fatality search and recovery.
 - b. Provide security support to law enforcement operations at incident sites, collection points, morgue sites, family assistance centers and other locations as required.
 - c. Provide the resources of the Fatality Search and Recovery Team (FSRT) to assist with the search for, and recovery and transportation of fatalities to applicable collection points in a CBRNE or non-CBRNE environment.
8. Ohio Department of Administrative Services (DAS)
 - a. When faced with a fatality surge that stresses the capacity for carrying out cremations in a region or localized area, assist in the surveying of crematory facilities, embalming facilities, and funeral homes within or accessible to the region and assist in the determination of the maximum number of cremations that can be performed.
 - b. When faced with a fatality surge that stresses the capacity for carrying out cremations in a region or localized area, assist in the surveying of crematory facilities, embalming facilities, and funeral homes to identify storage capacity, refrigeration, and number of hearses/vehicles available to transport bodies. If, needed, assist in identifying cold storage alternatives such as refrigerated containers.
 - c. Provide assistance to ensure proper credentialing of persons who volunteer to assist at the scene or at an FAC. Work with the Office of Information Technology to determine the availability of existing systems to prepare ID's and to manage a database to sort/arrange registration data by profession, etc.
 - d. If state-level resources and capabilities are exceeded, provide assistance through

the EOC to obtain necessary resources through enacted MOUs, Inter-agency agreements, the EMAC and other agreements.

- e. Provide resources for additional mortuary response units for the transportation of human remains to morgue operations sites.

9. Ohio Environmental Protection Agency (OEPA)

- a. If requested by the Director of the Ohio Department of Health or a county Health Director, assist C/MEs in ensuring the environmental regulations are followed in carrying out temporary storage of human remains under the direction of the Coroner.

10. Ohio Emergency Management Agency (Ohio EMA)

- a. If state-level resources and capabilities are exceeded, provide assistance through the State EOC to obtain necessary resources through enacted MOUs, Inter-agency agreements, the EMAC and other agreements.

11. Ohio Hospital Association (OHA)

- a. Monitor, facilitate, and support communication between hospitals and other mass fatality support operations agencies and sites.
- b. Support the use of the EDRS among local Health Commissioners, Medical Directors hospitals and Institutional Agency Medical Directors.
- c. Monitor and report on hospital morgue space.

12. Ohio Department of Commerce, Division of Real Estate and Professional Licensing (ODOC/REPL)

- a. Assist in the identification and registration of additional burial sites in Ohio in response to mass fatality surge incidents.

13. Ohio Department of Transportation (ODOT)

- a. When faced with a fatality surge that stresses the capacity for carrying out cremations in a region or localized area, assist in the surveying of crematory facilities, embalming facilities, and funeral homes to identify storage capacity, refrigeration, and number of hearses/vehicles available to transport bodies.