

Ohio Emergency Operations Plan  
Tab E to Emergency Support Function #8  
Public Health and Medical Services

Non-Acute Mass Fatalities Incident Response Plan

**FACILITATING**

**AGENCY:** Ohio Department of Health (ODH)

**SUPPORT AGENCIES:** Adjutant General's Department, Ohio National Guard (ONG)  
American Red Cross (ARC)  
Association of Ohio Health Commissioners (AOHC)  
Ohio Board of Embalmers and Funeral Directors (OBEFD)  
Ohio Department of Administrative Services (DAS)  
Ohio Emergency Management Agency (OEMA)  
Ohio Environmental Protection Agency (OEPA)  
Ohio Funeral Directors' Association – Mortuary Response Team (OFDA-MRT)  
Ohio Hospital Association (OHA)  
Ohio Department of Mental Health (ODMH)  
Ohio Department of Transportation (ODOT)  
Ohio State Coroners Association (OSCA)  
Ohio State Highway Patrol (OSHP)

**I. PURPOSE**

- A. This Plan, the Non-Acute Mass Fatalities Incident Response Plan addresses state-level response to mass fatalities that occur over an extended time period due to disease; or biological, chemical, or radiological contamination.
- B. This Plan is responsive to both temporary and sustained surges in fatalities that are the result of natural or human-caused emergencies or disasters, including pandemics (influenza pandemics and pandemics of other causes, such as smallpox, plague, and others).
- C. The Acute Mass Fatalities Incident Response Plan (Tab D to ESF-8, Public Health and Medical Services) addresses state-level response to mass fatality incidents that are the result of sudden emergencies or disasters, including short-lived accidental and intentional events such as explosions, transportation crashes, building collapses, and chemical releases/contaminations, etc.
- D. Government authorities, emergency managers, the medical community, death care/response professionals, public and private sector health professionals, Coroners, the faith-based community, mental health professionals, and the law enforcement community will work together to manage resources and create systems to address a surge in non-acute deaths

while maintaining a system to address the annual average of nearly 108,000 deaths from all causes that occur in Ohio.

E. This plan identifies issues related to surges in non-acute deaths, command and control of mass fatalities, morgue operations, and body identification due to an emergency or disaster; and provides state agency leadership with a concept of operations in response to non-acute mass fatalities, and assigns roles and responsibilities for the above-defined set of state-level agencies that support this Plan.

F. In general, the purpose of this Plan is to outline the organizational and operational concepts, responsibilities, and actions of state Agencies, Boards and Associations to support non-acute mass fatality incidents that are related to the following operations:

1. Scene Operations

- a. Initial evaluation of incident fatalities
- b. Fatality documentation
- c. Human remains, evidence and personal effects recovery
- d. Transportation of remains from scene to morgue operations, or other location, as appropriate
- e. Decontamination of remains, if needed
- f. Temporary disposition of contaminated remains, if needed.
- g. Resource request prioritization within area command environment.

2. Morgue Operations

- a. Identification of morgue operations sites.
- b. Temporary human remains storage.
- c. Forensic analysis of human remains to determine cause/manner of death, and identification, if needed.
- d. Collection and comparison of ante-mortem and post-mortem for victim identification (fingerprints, DNA, x-ray, dental, medical records, distinguishing features, etc.).
- e. Minimum of completion of certifier section of death certificate.

- f. Release and return of human remains and personal effects to families or the proper authority (County Coroner, the local Health Commissioner, sheriff or other local authority) if family is not available.

### 3. Ante-Mortem Data Management

- a. Family Assistance Center operations (interviewing families, information collection for victim identification and death certificate completion and/or other support services).
- b. Communication and transfer of data from and between hospitals, physicians, County Coroner, local Health Commissioner or other local authority(ies), ODH and other officials.
- c. Transportation/carrier incident management.

### 4. Family Assistance and Behavioral Health

- a. Family Assistance Center operations (interviewing families, facilitation of family care and counseling services, referral services).
- b. Coordination and facilitation of behavioral health service referral and provision.
- c. Select agencies will provide assistance 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.

### 5. Release of Remains

- a. Preparation of Provisional/Certificates of Death and obtaining Burial-Transit Permits
- b. Return of human remains and personal effects to families or the proper authority (County Coroner, local Health Commissioner or other local authority, sheriff) if family is not available.

### 6. Fatality Surge and Natural Death Surge

- a. Enhancement of existing resources to respond to a surge in the number of fatalities.
- b. Activation of volunteer emergency sub-registrars.
- c. ODH will activate its regional network(s) as necessary for the gathering and preparation of death certificates. ODH's Pandemic Influenza Mass Fatalities Aftermath Plan includes information on what measures will be taken to respond to fatality surge that is applicable to all mass fatality incidents.

## II. SCOPE

This Plan is applicable to non-acute mass fatality operations within the State of Ohio to be carried out by the state agencies and non-governmental agencies and organizations listed above. Non-acute incidents are those that are slow to develop and long-lived. Non-acute mass fatality incidents include deaths due to prolonged incidents, including pandemics.

When the authorized local official(s) (County Commissioner(s), local Health Commissioner, County Coroner) determine that the number of fatalities exceeds local resources and capabilities to effectively handle a non-acute 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 early in the incident assessment phase.

## III. SITUATION

### A. General Situation

1. A non-acute mass fatality incident can result in a large number of non-acute deaths over a period of days, weeks or months. Human remains may need to be recovered from multiple sites and processed at central locations until the event subsides to the point that normal operations can accommodate the surge in deaths. An example of such an incident would be Pandemic Influenza or an outbreak of an emerging novel infectious disease.
2. A number of non-acute mass fatalities that may overwhelm the capabilities of one jurisdiction may be manageable for another jurisdiction.
3. Some jurisdictions may attempt to contain the spread of a causal agent by closing their borders. Such actions, though of limited proven containment value, may instead slow and frustrate the delivery and receipt of needed supplies and equipment.
4. The public utility infrastructure may be temporarily shut down or hampered by a non-acute mass fatalities incident, causing shortages of water, food, medicine, and gasoline. Without such items all government personnel may have a difficult time performing their tasks. Agencies may need to decrease their need for gasoline, which is believed to be the most likely item in short supply.
5. The death care/response industry, comprised of public and private agencies, may not be able to process remains in the traditional manner due to the increased number of cases.
6. Mass fatalities due to a naturally-occurring agent will primarily fall into two major categories, attended and unattended. The process of identifying remains from attended deaths will be easier than identifying remains from unattended deaths, which will

require verification of identity and the notification of next-of-kin.

7. Body decomposition slows once remains are placed in cold storage between (37-42 degrees Fahrenheit). Depending on the condition of individual remains, bodies of the deceased may be able to be stored long enough for the death management community to have enough time to process all bodies in accordance with jurisdictional standards and traditional public expectations.
8. Although the public may perceive that an altered level of response to processing and releasing bodies back to the next of kin is protracted, public trust in our government's ability to manage the event will diminish more rapidly if remains identification is compromised or bodies are haphazardly handled.
9. Establishing ad-hoc collection points/morgues at the lowest/most appropriate local level will centralize the storage and processing of decedents and will maintain the death management community's ability to manage a large number of fatalities.
10. The Ohio Revised Code does not discuss or set forth the responsibilities or duties of either local health department Medical Directors or the Director of Health in a mass fatality situation.
11. ODH is the Facilitating Agency for Tab E to ESF-8 of the Ohio EOP, the Non-Acute Mass Fatality Incident Response Plan of the Ohio Emergency Operations Plan. Various sections of this Annex set forth the responsibilities of the Facilitating Agency and Support Agencies to this Tab.
12. State agency personnel, and the staff of other agencies and non-governmental agencies will work together, at the scene, at Family Assistance Center(s), at morgues, and at the State EOC to manage the safe recovery of the deceased with dignity and respect and will provide care to the living.
13. The need for, and the amount and type of specific support services and resources will vary with the type of incident and may vary over time throughout the incident.

## B. Jurisdiction

1. County Coroners do not normally have jurisdiction over non-acute mass fatalities within their jurisdiction for natural disease outbreaks, unless it is suspected that the outbreak is the result of an intentional or accidental human or technological act or occurrence.
2. In the case of a non-acute mass fatality event that is determined to not be the result of an intentional or accidental human or technological act or occurrence, the determination of cause and manner of death as well as the certification of death will be completed by the decedent's treating physician in accordance with ORC 3705.16.

3. In the case of a non-acute mass fatality event that is determined to be the result of an intentional or accidental human or technological act or occurrence, and if adequate resources exist to allow it, the determination of cause and manner of death as well as the certification of death will be completed by the Coroner.
4. When a naturally-occurring agent is the cause of death, authorized local official(s) (County Commissioner(s), local Health Commissioner, County Coroner) will determine jurisdiction of the remains of the deceased.
5. Coroners will work in cooperation with federal authorities and will have a role in addressing non-acute mass fatalities that result from intentional actions (terrorism, intentional poisoning, etc.).

#### C. Request for Mutual Aid and Outside Assistance

1. Local Boards of Health, County and local Health Commissioners, County Coroners , County Commissioners and County EMA Directors will determine whether local resources and capabilities, will be, or have been exceeded, and if so, will determine if mutual aid and/or outside assistance is needed.
2. If it is determined that local resources and capabilities have been exceeded, mutual aid or other outside assistance may be requested by the County EMA Director.
3. A non-acute event will most likely affect more than one jurisdiction. It is possible that assistance from surrounding areas will not be able to be accessed unless pre-planning at the regionally level has been accomplished.
4. State and local agencies may have insufficient personnel, supplies, equipment, and storage capacity to handle the surge created by an extended, non-acute event.
5. Local and regional jurisdictions will need to obtain assistance from existing public and private agencies in their area instead of looking to acquire these resources elsewhere.
6. Every jurisdiction may require the same critical resources, including personnel, equipment and supplies, to manage a surge in the number of decedents. Just-in-time inventories may not be able to respond quickly enough to respond to requests for assistance.

#### D. Death Registration

1. Ohio's centralized death registration system can handle a surge of up to 50% of the current average number of deaths without activation of a regional system. The Electronic State's Death Registration System (EDRS) will be used to collect data for death registrations and to monitor the surge during mass fatality incidents. If registration resources are affected by the incident, or the number of deaths exceeds the surge capacity, a regional system of registration may be used.

2. Unless it is determined that public gathering is unwarranted, Family Assistance Centers (FAC) will be the locations for the preparation of necessary paperwork related to the final distribution of remains, will be a site for the provision of behavioral health services and referrals, and will be a point of coordination for the return of remains to the family's chosen funeral director or law enforcement authorities.
3. If there is contagious disease involved (e.g., pandemic influenza), the use of the traditional model of a family assistance center will not be feasible. The need for social distancing, with the ultimate possibility of quarantine areas, might prohibit the establishment of a central facility where surviving family members would exchange information about missing loved ones while obtaining spiritual and emotional support. Mass fatalities response operations would most likely need to establish "virtual" family assistance centers in order to provide important public information.
4. Attended deaths will have a known identity and may have a signed death certificate. Deaths that were unattended by a physician or family member will require the system to further process remains to determine victim identification, issue the death certificate, track personal effects and also notify the next of kin. Such tasks will greatly task the County Coroner, local County Health Commissioner or other local authority(ies) and may hamper the fatality management process before remains can proceed to the final disposition operational phase.
5. Disaster Mortuary Operational Response Teams (DMORT) are teams of forensic specialists who respond to mass fatality events through the National Disaster Medical System. 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 5 states, including Ohio.
6. In non-acute mass fatality events that are not geographically confined (e.g., a disease incident affecting the whole nation or a large portion of the nation at the same time), federal DMORT teams will most likely not be available because they may be performing their functions in other communities.
7. If DMORT resources are available, their teams may be requested by the State EOC to respond under the direction of County Coroners in addressing incidents that cause deaths over a period of time. For example, DMORT may be asked to assist in addressing deaths due to a Radiological Dispersal Device (dirty bomb) that could cause deaths for months after the incident due to Acute Radiation Sickness.



#### IV. ASSUMPTIONS

- A. Activation of this Plan assumes that a local- or state-level emergency is anticipated or has been declared.
- B. An incident that results in non-acute mass fatalities can be the result of an intentional or unintentional occurrence, or as a result of a natural disaster.
- C. Existing fatality management systems in all communities will require an increased surge capacity and capability to manage the event.
- D. All non-acute mass fatality incident state-level responses will be conducted in accordance with the Incident Command System and the National Incident Management System.
- E. Behavioral health issues will be apparent in mass-fatality incidents, causing increased demand for behavioral health treatment and intervention support services to local Behavioral and Mental Health Boards.
- F. Mortuary service resources located throughout the state will be available for use during emergency situations; however, some of these resources may be adversely impacted by the emergency and may be quickly overwhelmed.
- G. Victims of attacks from some communicable biological agents may serve as carriers of the disease with the capability of infecting others.
- H. A chemical accident or terrorist attack that results in non-acute fatalities may influence the processing of remains.
- I. Following an event that results in non-acute mass fatalities, fear and panic can be expected from the public, casualties, health care providers, and the worried well.
- J. A terrorist act that results in non-acute mass fatalities will require the Federal Bureau of Investigation (FBI) to be in control of evidence and investigation.
- K. All human remains will require proper identification for the issuance of a death certificate.
- L. Some deceased will not have primary care physicians to sign death certificates, requiring County Coroners to assume jurisdiction over these deaths.
- M. Proper and timely completion of death registrations will be accomplished through use of the Electronic Death Registration System.
- N. The Death Registration System may become overwhelmed. ODH will act to streamline the process when necessary. This may be done by evoking the use of Provisional Death Certificates on a short term basis as well as activating the Sub-Registrar pool of available resources.

- O. It is estimated that approximately 500 cremations per day can be performed in Ohio. In the course of a non-acute mass fatality incident, non-standard emergency resources for performing human cremations may be employed and may include pet facilities and facilities that perform multiple-body cremations.
- P. Local-jurisdiction planning for a non-acute mass fatality event will be coordinated with existing jurisdictional authorities, local EMA plans and ODH's regional disaster preparedness planning efforts and activities, and will be consistent with this Tab.
- Q. Existing storage capacity in morgues in Ohio may be exceeded during mass casualty events. DAS will provide assistance in locating facilities/buildings within Ohio with refrigeration capabilities and other capabilities that would make them useful in mass fatality incidents.

## V. CONCEPT OF OPERATIONS

### A. Responding to an Increased Number of Deaths

1. In an emergency or disaster that causes a non-acute mass fatalities event, a large number of people may die in a short period of time and may continue to die at a high rate for an extended period of time. There might not be enough resources to adequately respond to a sustained surge of this type of event, although the public health community, County Coroner, local Health Commissioner or other local authority(ies) and funeral directors will still need to process those that typically die (average annual statewide death rate from all causes of nearly 108,000) during the non-acute mass fatalities event.
2. In response to a non-acute mass fatality incident that affects one-or-more local jurisdictions, state-level resources may be needed to:
  - a. Assist in the response to a surge in fatality processing functions (recovery, abbreviated processing, temporary storage, and tracking) until the death rate slows and normal resources can manage the number of deaths.
  - b. Assist in the performance of fatality management operations tasks related to the recovery of bodies and the securing of decedents' identities.
  - c. Assist in the sorting of remains by cause and manner of death, separating those deaths that are likely due to the non-acute event from other cases, and then by ease of obtaining victim identification during the initial response phase, when remains are recovered or upon their drop off at a collection point/morgue.
  - d. Assist in the establishment of multiple collection points/morgues for the processing and holding of remains.
  - e. Assist in the allocation of resources to minimize public health hazards.

## B. Transportation, Morgue, and Funeral Assets

1. When the number of deaths rises dramatically, normal transportation resources available within a jurisdiction may be unable to meet demand, non-traditional means of transportation, such as buses, trucks, and vans; and non-traditional drivers and handlers may need to be employed.
2. It is also possible that when “official” resources are not available, or are not able to quickly respond to requests for transport of the deceased, individuals may transport the deceased to a known local collection point/morgue. Even if the deceased can be recovered and transported in a timely manner, it is possible that funeral homes and morgues may not be able to process remains for final disposition at a normal rate.
3. In response to a non-acute mass fatality incident that affects one-or-more local jurisdictions, state-level resources may be needed to:
  - a. Assist in the pre-identification and/or acquisition of temporary morgue resources and central collection points/morgues at local and regional levels.
  - b. Assist in the development and maintenance of a system for the identification and training of suitable drivers and handlers to support the recovery and final disposition process when standard decedent transportation processes need to be altered and/or augmented.
  - c. Assist in the identification, acquisition and/or provision of refrigerated storage containers at collection points/morgues.
  - d. Assist in the drafting and distribution of public education messages, using mass media, to inform the public on the location of collection points/morgues, the need for personal protection (if applicable) if they will be handling bodies, and alternate processing methods that might be used to maintain dignity in death.
  - e. Assist in the development, acquisition and/or provision of resources for the movement of remains from recovery through final disposition to conserve fuel consumption.
  - f. Assist in the identification, acquisition and/or provision of training for ad hoc drivers and handlers regarding their transportation and handling duties.
  - g. Assist in the identification, acquisition and/or provision of centralized temporary collection points/morgues in close proximity to dense populations where death rates are highest.
  - h. Assist in the identification, acquisition and/or provision of resources to accept remains arriving by citizens’ private vehicles at collection points and morgues.

### C. Human Remains Storage Capacity

1. County Coroner's morgues, hospitals, and funeral homes do not have storage capacities that could adequately respond to a non-acute mass fatalities event. Most of these entities' storage locations already operate at 90% capacity. Even if bodies can be recovered in a timely manner, it is unlikely that funeral homes will be able to process remains for final disposition at the same rate the bodies can be recovered.
2. It is likely that during a non-acute mass fatalities event, the number of bodies needing to be stored may quickly, and for long periods, exceed local storage capabilities. Those who die during a non-acute mass fatalities event may need to be stored for an extended period until the remains can be identified, the cause and manner of death can be determined, and death certificates can be processed and issued.
3. Temporary refrigerated storage (between 37- 42 degrees Fahrenheit) provides the best temporary storage option; however, bodies can not be held for extended periods and their condition must be continuously monitored.
4. Placing all human remains in refrigerated storage may not be an option due to several factors, including limited gasoline to supply generators, limited maintenance personnel to repair broken units, and limited refrigeration units due to high demand. Because of this, local jurisdictions may need to use non-traditional methods of temporary storage, such as temporary interment of human remains.
5. In response to a non-acute mass fatality incident that affects one-or-more local jurisdictions, state-level resources may be needed to:
  - a. Assist in the identification, acquisition and/or provision of facilities for the short- and long-term storage of remains resulting from a non-acute mass fatality incident.
  - b. Assist in the development of systems to assist in the sorting of remains from non-acute mass fatalities events between attended cases that can be processed quickly (those with a known identify and a signed death certificate or ability to obtain an immediate death certificate) and unattended cases wherein the victim's identification is not known and there may be delays in obtaining a signed death certificate.
  - c. Assist in the identification, acquisition and/or provision of modular, temporary refrigerated morgues (state assets and external), racking systems, temporary interment (burial) supplies and non-traditional holding facilities; including warehouses, refrigerated vans, hangars, and refrigerated rail cars.
  - d. Assist in the development of a resource list of morgue supplies for use in non-acute mass fatalities events, and the identification of local and state-level resources and agencies that can deliver crucial supplies.
  - e. Assist in the drafting and delivery of public information statements regarding

storage solutions, particularly regarding the employment of long-term temporary interment, stressing that remains will be placed in separate storage containers (body bags).

- f. If ordered to be a necessity by the Director of the Ohio Department of Health or a county Health Director, mass burials may be performed as a last resort under the direction of the County Coroner. All human remains subject to mass burials will be individually contained and identified for possible future disinterment and reburial.
- g. In carrying out mass burials and cremations, Sec 4717.13 of the Ohio Revised Code will be complied with regarding the use of tags encased in durable and long-lasting material that contains name, date of birth, date of death and SS# 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.

#### D. Tracking and Identification of Human Remains

1. Although identifying remains during a non-acute mass fatality incident may not initially be problematic, a subset of those who die may not be easily identified, thereby slowing the ability to release remains for final disposition. For this reason, identification and tracking should begin ideally upon body recovery, but at the latest at the time remains are received at the local collection point/morgue. In all, the most important factor is to ensure accurate and complete identification of the dead for tracking purposes.
2. Historically, numbering systems have been unwieldy, disjointed and complicated during mass fatalities events, as each jurisdictional agency has its own method of numbering (ME/C, law enforcement, missing persons cases, Emergency Medical Service (EMS), etc.).
3. Separate call-in dispatch systems may be required for death reporting by private citizens to ensure life safety calls are dispatched by the most expeditious system in existence. Establishing “Family Assistance/Patient Tracking Centers” to manage death calls and patient tracking information from medical treatment facilities and community care centers would establish a centralized data collection and dispatch point.
4. In response to a non-acute mass fatality incident that affects one-or-more local jurisdictions, state-level resources may be needed to:
  - a. Assist in the development of uniform systems for the numbering and tracking of remains.
  - b. Assist in the development and/or provision of systems for the gathering of

identification material from decedents, including: identification photographs, fingerprints, and a DNA sample.

- c. Assist in the identification, acquisition and/or provision of computer resources and networks to link identification databases at all collection points/morgues.
- d. Assist in the identification, acquisition and/or provision of systems to track and store daily death counts during a non-acute mass fatality event that differentiate between “normal” deaths and deaths due to the non-acute mass fatalities event.

#### E. Death Certification and Decedent Identification

1. During a non-acute mass fatalities event, it will be more difficult than normal to identify decedents of unattended deaths. When a death is attended and the identity is known, it still may be difficult to obtain a signed death certificate because personal physicians will be overwhelmed caring for the living.
2. Before a death certificate can be signed; authorities within a jurisdictional will need to make efforts to make positive identification of the remains, and before a body can be released to the family or transition to permanent final disposition, a death certificate is required.
3. In response to a non-acute mass fatality incident that affects one-or-more local jurisdictions, state-level resources may be needed to assist in the identification, acquisition and/or provision of methods for obtaining signed death certificates during non-acute mass fatalities events.

#### F. Workforce Depletion

1. During a non-acute mass fatalities event, many individuals may be sick or taking care of family members who are sick, and may not be available to perform their regular job. Only individuals that are accustomed to processing and handling remains should handle bodies. This requirement, however, limits trained officials’ abilities to assign just anyone to perform most fatality processing related tasks.
2. Officials must be prepared to shift their some of their staff members’ function from ‘worker’ to ‘manager’. Volunteers will need to be managed, trained, informed, directed, and coordinated for expansion of non-acute mass fatality response operations. Officials must incorporate a means to protect employee health and reduce the spread of infection to workers (to include ad-hoc workers i.e., volunteers).
3. In response to a non-acute mass fatality incident that affects one-or-more local jurisdictions, state-level resources may be needed to:
  - a. Assist in the identification and training of volunteer responders before a non-acute mass fatalities incident occurs.

- b. Assist in the identification, acquisition and/or provision of training programs and the training of volunteers on tasks, including training on personal protective equipment.
- c. Assist in the identification, acquisition and/or provision of temporary housing for temporarily-placed emergency staff that respond to non-acute mass fatality events.

#### G. Critical Infrastructure and Supply Chains

1. During a non-acute mass fatalities event, local jurisdictional agencies will need to primarily rely on local resources. A jurisdiction's entire infrastructure may be compromised and only partly operating during certain periods of the non-acute mass fatalities event. Water, supplies, food, and gasoline may be compromised.
2. Manufacturing agencies within the United States employ just-in-time inventory systems and do not stock large inventories, thus there may be a supply shortage nation-wide for critical items. Officials must develop contracts with local agencies to obtain critical supplies. Critical supplies such as water, food, and generators may need to be prioritized and rationed, and temporary storage of bodies may need to be switched to temporary interment if the local infrastructure can not support fatality management tasks.
3. In response to a non-acute mass fatality incident that affects one-or-more local jurisdiction, state-level resources may be needed to:
  - a. Assist in the identification and acquisition of supply distributors from outside the state, and in the identification of how supplies will be distributed to collection points/morgues.
  - b. Assist in the stockpiling of supplies to support response operations for the first 10 days of a non-acute mass fatalities incident.
  - c. Assist in the identification, acquisition and/or provision of supplies in support of response systems that operate in austere environments.

#### H. Mutual Aid Support

1. Because the effects of non-acute mass fatalities may be widespread, surrounding states may not be able to support fatality management outside their own jurisdiction. Additionally, federal Disaster Mortuary Operational Response Teams (DMORT) may not be available, as they are professional volunteers, which support mortuary professions on a daily basis. These individuals will likely support the needs of their local region.
2. In response to a non-acute mass fatality incident that affects one-or-more local jurisdiction, state-level resources may be needed to assist in the development of MOAs between jurisdictions and professional organizations, e.g. pathologists, dentists,

anthropologists, funeral directors, etc, to obtain ad hoc staff with specific skill sets.

3. The OFDA-MRT operates the Ohio Portable Morgue Unit (OPMU) that is insured and maintained by the OFDA-MRT and is available via a formal EMA/Coroner Request.
4. All equipment in the OPMU is compatible with the Federal equipment and will help to provide a seamless integration should an event go from a state level to a federal level during its evolution. The OPMU is a depository of equipment and supplies for deployment to a disaster site required to set up a temporary morgue. It contains a complete morgue with designated workstations for each processing element and prepackaged equipment and supplies.
5. If state-level resources and capabilities are exceeded, the state will, through the EOC, obtain necessary resources through enacted MOUs, Inter-agency agreements, EMAC and other agreements.

#### I. Public Expectations Regarding Fatality Management Operations and Final Disposition

1. Ohio citizens hold strong beliefs and traditions regarding handling decedents with dignity, and often these beliefs are enmeshed with religious beliefs. When the public is told that they cannot proceed with final disposition in the traditional manner, family members may become upset. The result may include negative media coverage, involvement of elected officials, public distrust of the government, or concerns that the government is hindering individual civil liberties.
2. In Ohio, laws dictate that all human remains must be returned to the decedent's next of kin.
3. In response to a non-acute mass fatality incident that affects one-or-more local jurisdictions, state-level resources may be needed to:
  - a. Assist in the preparation and distribution of public information regarding how fatalities will be handled differently during a non-acute mass fatalities event, with a focus on dignity in death and protection of the public's health, working with local or regional JICs.
  - b. Assist in the creation and employment of just-in-time training, public announcements, scenario driven operational response plans, etc.
  - c. Assist in the creation and implementation of policy and authoritative guidance ensuring that local Health Commissioners are given appropriate authority under the Emergency Health Powers Act.

#### J. Leadership During a Non-Acute Mass Fatality Incident

1. Mortuary affairs is normally a local and state function, however, in a mass fatality scenario, which encompasses a large geographical area, no jurisdiction will have the resources necessary to meet demands.



2. With the potential of a non-acute mass fatalities event on the horizon, it is critical that deliberate planning and prior coordination is conducted to affect a synchronized approach to mass fatality operations.
3. In response to a non-acute mass fatality incident that affects one-or-more local jurisdictions, state-level resources may be needed to:
  - a. Assist in the planning between, and the coordination of fatality management stakeholders.
  - b. Assist in the clarification of roles and responsibilities at all levels of government responses.

#### K. Psychosocial and Behavioral Health Assistance

1. The Ohio Department of Health will provide assistance 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.
2. The American Red Cross and the Ohio Department of Health will provide, as able, assistance for the coordination of psychosocial aid to fatality management workers and families of victims at FACs and at the incident site.

## VI. ORGANIZATION and ASSIGNMENT OF RESPONSIBILITIES

### A. Ohio Department of Health (ODH)

The Director of the Ohio Department of Health has the ultimate responsibility for assuring necessary preparation, response, and recovery coordination for non-acute mass fatality management at the state level.

1. When available burial resources and systems can not keep up with demand, the Director of the Ohio Department of Health will issue orders for temporary interment of the deceased, if not already ordered by county Health Directors.
2. Make available state assets for use during a mass fatality situation.
3. Lead efforts to work with local- and state-level support agencies to ensure proper credentialing of persons who volunteer to assist at the scene or at the Family Assistance Center (FAC).
4. Provide assistance to ensure that proper victim identification forms and identification tags are used and that ante-mortem interviews are completed using the proper UVIS/VIP forms at FACs.

5. Through the Ohio Department of Health's Office of Vital Statistics, assist with administrative tracking of the disposition of remains utilizing the Electronic Death Registration System.
6. Through the Ohio Department of Health's Office of Vital Statistics, make available reports generated by the EDRS system to all necessary entities through the Regional Vital Statistics Centers.
7. Through the Ohio Department of Health's Office of Vital Statistics, support the use of the EDRS among local Health Commissioners, Medical Directors and Institutional Agency Medical Directors
8. Disaster conditions permitting, provide assistance through the Ohio Department of Health's Office of Vital Statistics to make estimates of the number of confirmed deaths using the EDRS system and information from the Incident Commander(s) in consultation with the County Coroner, local Health Commissioner or other local authority and provide the estimate to the JIC for proper dissemination.
9. Assist in the sorting of remains by cause and manner of death, separating those deaths that are likely due to the non-acute event from other cases.
10. Assist in the identification, acquisition and/or provision of computer resources and networks to link identification databases at all collection points/morgues.
11. Through the Ohio Department of Health's Data Center, assist in the identification, acquisition and/or provision of systems to track and store daily death counts during a non-acute mass fatality event, and differentiate between "normal" deaths and deaths due to the non-acute mass fatalities event.
12. Through the Ohio Department of Health's Office of Vital Statistics, assist in the identification, acquisition and/or provision of methods for obtaining signed death certificates during non-acute mass fatalities events.
13. Work with local- and state-level support agencies to assist in the development of MOAs between local jurisdictions and professional organizations, e.g. pathologists, dentists, anthropologists, funeral directors, etc, to obtain ad hoc staff with specific skill sets.
14. Provide assistance for the coordination of psychosocial teams to provide psychological aid to fatality management workers and families of victims at FACs and at the incident site.

#### B. American Red Cross (ARC)

1. Assist appropriate agencies in interviewing and otherwise assisting families of the deceased at FACs.

2. Assist in efforts to maintain a secure, comfortable location to provide comforting services to families of the deceased at FACs.
3. If local resources are unable to adequately respond to need, assist in providing disaster mental health support services to victims' families.
4. Provide assistance 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.
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C. Ohio Department of Mental Health (ODMH)

1. If local resources are unable to adequately respond to need, assist in securing support services other mental health and behavioral health assistance providers.
2. Provide assistance 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.

D. Ohio State Coroners Association (OSCA)

1. When necessary, assist County Coroners with the investigation of deaths that are not due to natural causes or that do not occur in the presence of an attending physician.
2. When authorized by officials and the family, assist with the preparation, processing and release of human remains for final disposition.
3. Assist in the sorting of remains by cause and manner of death, separating those deaths that are likely due to the non-acute event from other cases, and then by ease of obtaining victim identification during the initial response phase, when remains are recovered or upon their drop off at a collection point/morgue.
4. In coordination and at the direction of the County Coroner, assist in the release of human remains and personal effects to the next of kin or their representative.
5. If ordered to be a necessity by the Director of the Ohio Department of Health or a local Health Commissioner, assist County Coroners in administration necessary to carry out mass burials under the direction of the Coroner.
6. When necessary, assist the County Coroner, the local Health Commissioner or other local authority'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.

7. When family and others are not available to decide on the disposition of the deceased, and where the burial system can not keep up with the demand for burial of the deceased, under an emergency order from the Director of the Ohio Department of Health that authorizes the temporary interment of the deceased assist the County Coroner, the local Health Commissioner or other local authority in coordination with local funeral homes on the logistics for temporary disposition and temporary individual containment interment of the deceased.
8. Coordinate with mortuary service providers to collect bodies of victims from the scene(s) and from hospitals, morgues, incident morgue facilities and other locations, and coordinate with next of kin for the disposition of remains.
9. 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.
10. Provide assistance to ensure that County Coroner, the local Health Commissioner or other local authorities and law enforcement work together to provide security at the scene, the morgue site, and at family assistance centers.
11. 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 County Coroner, the local Health Commissioner or other local authority and provide the estimate to the JIC for proper dissemination.
12. Assist in the identification, acquisition and/or provision of centralized temporary collection points/morgues in close proximity to dense populations where death rates are highest.
13. Assist in the identification, acquisition and/or provision of resources to accept remains arriving by citizens' private vehicles at collection points/morgues.
14. Assist in the drafting and delivery of public information statements regarding alternate human remains storage solutions that may be used by local jurisdictions, particularly regarding the employment of long-term temporary interment, stressing that remains will be placed in separate storage containers (body bags).
15. Assist in the development of uniform systems for the numbering and tracking of remains.
16. Assist in the development and/or provision of systems for the gathering of identification material from decedents, including: identification photographs, fingerprints, and a DNA sample.

#### E. Ohio State Highway Patrol (OSHP)

1. 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.

2. Assist with the evacuation of human remains and preservation of a mass fatality scene, and assist the County Coroner, the local Health Commissioner or other local authority in safeguarding personal effects found on and with the dead.
3. Provide assistance to ensure that County Coroner, the local Health Commissioner or other local authorities and law enforcement work together to provide security at the scene, the morgue site, and at family assistance centers.

F. F. Adjutant General's Department, Ohio National Guard (ONG)

1. When needed, if available, and with proper authority, assist local law enforcement with security at the incident scene(s), the morgue site(s) and at family assistance centers through ESF-13.

G. Ohio Department of Administrative Services (DAS)

1. 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.
2. When faced with a fatality surge that stresses the capacity for carrying out cremations or other final dispositions 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.
3. Assist in the pre-identification and/or acquisition of temporary morgue resources and central collection points/morgues at local and regional levels.
4. 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.
5. 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.
6. Assist in the identification, acquisition and/or provision of refrigerated storage containers at collection points/morgues.
7. Assist in the identification, acquisition and/or provision of centralized temporary collection points/morgues in close proximity to dense populations where death rates are highest.
8. Assist in the identification, acquisition and/or provision of modular, temporary refrigerated morgues, racking systems, temporary interment (burial) supplies and non-

traditional holding facilities including warehouses, refrigerated vans, hangars, refrigerated rail cars.

9. Assist in the development of a resource list of morgue supplies for use in non-acute mass fatalities events, and the identification of local and state-level resources/agencies that can deliver crucial supplies.
10. Assist in the identification and acquisition of supply distributors from outside the state, and in the identification of how supplies will be distributed to collection points/morgues.
11. Assist in the stockpiling of supplies to support response operations for the first 10 days of a non-acute mass fatalities incident.
12. Assist in the identification, acquisition and/or provision of supplies in support of response systems that operate in austere environments

#### H. Ohio Environmental Protection Agency (OEPA)

1. If requested by the Director of the Ohio Department of Health or a local Health Commissioner, assist County Coroner, the local Health Commissioner or other local authorities in ensuring the environmental regulations are followed in carrying out mass burials under the direction of the County Coroner.

#### I. Ohio Emergency Management Agency (OEMA)

1. Assist in the drafting and distribution of public education messages to inform the public on the location of collection points/morgues, the need for personal protection (if applicable) if they will be handling bodies, and alternate processing methods that might be used to maintain dignity in death.
2. Assist in the drafting and delivery of public information statements regarding storage solutions, particularly regarding the employment of long-term temporary interment, stressing that remains will be placed in separate storage containers (body bags).
3. Assist in the identification, acquisition and/or provision of training programs and the training of volunteers on tasks, including training on the use of personal protective equipment.
4. Assist in the identification, acquisition and/or provision of temporary housing for temporarily-placed emergency staff that respond to non-acute mass fatality events.
5. Assist in the development of MOAs between jurisdictions and professional organizations, e.g. pathologists, dentists, anthropologists, funeral directors, etc, to obtain ad hoc staff with specific skill sets.
6. Assist in the preparation and distribution of public information on how fatalities will be handled differently during a non-acute mass fatalities event, with a focus on dignity in death and protection of the public's health.

7. Assist in the planning between, and the coordination of fatality management stakeholders.

J. Ohio Funeral Directors' Association – Mortuary Response Team (OFDA-MRT)

1. Assist local agencies and service providers with the identification of equipment to be acquired for use during a non-acute mass fatalities incident.
2. Assist with planning and coordination during a non-acute mass fatalities incident regarding the storage of equipment (i.e. body bags) at member funeral homes.
3. Provide on-going and event-based training and education to Funeral Director/Embalmers and other agencies and organizations regarding pandemic influenza preparation and response, including the identification of local and state resources that may be available to them.

K. Association of Ohio Health Commissioners (AOHC)

1. If requested by the Director of the Ohio Department of Health or a local Health Commissioner, assist the County Coroner, the local Health Commissioner or other local authority(ies) in administration necessary to carry out mass burials under the direction of the Coroner.
2. 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, under an emergency order from the Director of the Ohio Department of Health that authorizes the temporary interment of the deceased, assist County Coroners, local Health Commissioners or other local authority(ies) in coordination with local funeral homes on the logistics for temporary disposition and temporary individual containment interment of the deceased.
3. Support the use of the EDRS among local Health Commissioners, Medical Directors and Institutional Agency Medical Directors.
4. Assist in the drafting and distribution of public education messages, using mass media, to inform the public on the location of collection points/morgues, the need for personal protection (if applicable) if they will be handling bodies, and alternate processing methods that might be used to maintain dignity in death.
5. Assist in the creation and implementation of policy and authoritative guidance ensuring that local Health Commissioners are given appropriate authority under the Emergency Health Powers Act.

L. Ohio Hospital Association (OHA)

1. Identify hospitals facilities that can, based on available resources, serve as morgue operations sites to provide forensic examination services.

2. Monitor, facilitate and support communication between hospitals and other mass fatality support operations agencies and sites.
3. Support the use of the EDRS among local Health Commissioners, Medical Directors hospitals and Institutional Agency Medical Directors.

M. Ohio Board of Embalmers and Funeral Directors (OBEFD)

1. If requested by the Director of the Ohio Department of Health or a local Health Commissioner, assist County Coroner, the local Health Commissioner or other local authority(ies) in administration necessary to carry out mass burials under the direction of the Coroner.
2. 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.
3. When faced with a fatality surge that stresses the capacity for carrying out cremations or other permanent dispositions 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.
4. Assist in the identification, acquisition and/or provision of facilities that could serve the purpose of centralized temporary collection points/morgues in close proximity to dense populations where death rates are highest.
5. Assist in the drafting and delivery of public information statements regarding storage solutions, particularly regarding the employment of long-term temporary interment, stressing that remains will be placed in separate storage containers (body bags).

N. Ohio Department of Transportation (ODOT)

1. During fatality surges, provide resources as available for the transport of deceased when standard decedent transportation processes need to be augmented.
2. Provide a list of suitable drivers that would need training to support the recovery and transportation of the deceased.
3. Assist in the mapping and dissemination of information on transportation routes for those involved in the transportation of the deceased from recovery through final disposition.
4. As needed, develop systems to identify suitable persons for temporary employment for the transportation of the deceased.