



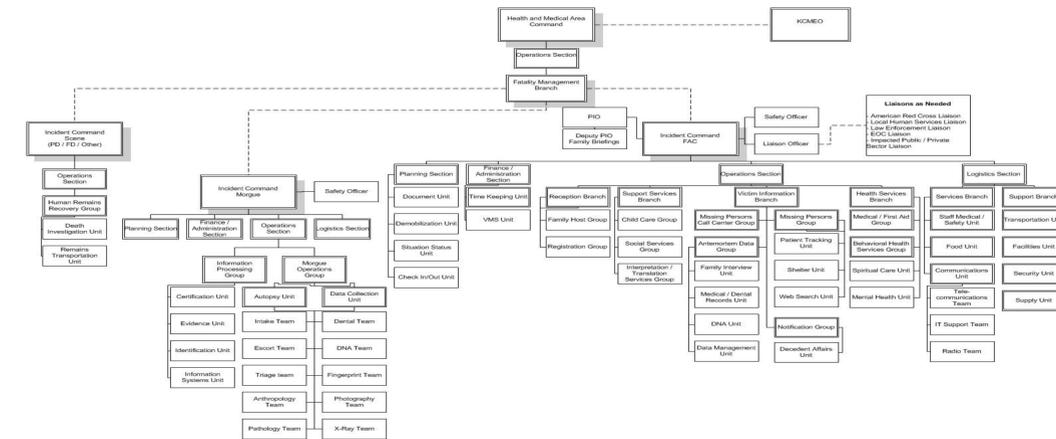
Mass Fatality in King County Defined

Small	<20 fatalities with intact remains
Medium	20-100 fatalities with intact remains OR fewer fatalities that are fragmented and / or highly dispersed
Large	101-500 fatalities with intact remains OR fewer fatalities that are highly fragmented and / or highly dispersed
Catastrophic	>500 fatalities

Organization Chart and Staffing Numbers and Roles

Staff numbers for each level of activation are listed below. They are based on the roles to be filled, with the understanding that someone may be able to fill multiple roles at once, or may serve in one role at the scene and latter assist in the morgue or FAC.

	Small	Medium	Large	Catastrophic (+ DMORT Staff)
Scene	21-23 roles	31-55 roles	63-105 roles	105+ roles
Morgue / Vital Statistics	38-44	56-73	80-109	38
FAC	67	110-160	170-300	350-500
Total (Includes IC)	155-169	246-341	385-596	582-749



Mass Fatality Planning in King County

Background

The King County Medical Examiner's Office (KCMEO) is located within Public Health – Seattle and King County. The Preparedness Section and the Medical Examiner's Office worked together to prepare a plan that combined the expertise of Medical Examiner staff with the support that Health and Medical Area Command (Public Health's emergency response structure) can be expected to provide during a mass fatality incident.

The Mass Fatality plan covers the response to a mass fatality incident (MFI), primarily focused on the work of Public Health in identifying decedents. The Family Assistance Center (FAC) plan focuses on creating an environment that allows family members and friends to provide the information needed to identify decedents. Although Mass Fatality and FAC planning go hand in hand, Public Health split them into two plans in order to focus on the unique components of each.

Mass Fatality planning

- Planning Group and Partners:
 - Medical Examiner's Office (subject matter expert)
 - Public Health (lead planner / facilitator)
 - Northwest Healthcare Response Network (planners)
- Time needed
 - Meeting weekly for six months, ten to twenty hours of work weekly
- Outcome
 - Forty page concept of operations covering activation, scene response, morgue operations, guidance for healthcare facilities and cities, public communications and information
 - 80 attachments, including templates, instructions and protocols
 - Public Health and Medical Examiner Office trained on major components

Family Assistance Center planning

- Planning Group and Partners:
 - Medical Examiner's Office (subject matter expert)
 - Public Health (lead planner / facilitator)
 - Northwest Healthcare Response Network (subject matter expert)
 - Law Enforcement – City and County (subject matter expert)
 - Dispatch, Missing Persons, Victim Advocate representatives
 - American Red Cross (subject matter expert)
 - Community and Human Services (subject matter expert)
 - Emergency Management – City and County (subject matter expert)
- Time needed
 - Monthly work group meetings over eight months
- Expected outcome
 - Concept of operations covering in-person and virtual FAC, contact center, public communications and information
 - Necessary templates, protocols and instructions

Plan Components

General

Lines of Succession
Medical Examiner Questions
Organizational Charts
PPE for MFI Response

Scene

Physical Security Assessment
MFI Kit List
Photo Log
Scene Assessment
Death Investigation Action Plan
Human Remains Recovery Equipment
Human Remains Recovery Strategy
Transportation Guidelines
Vehicle Log

Morgue Operations

Autopsy Station Set-Up
Communications and Technology Requirements
DMORT Morgue Protocols
Forms for Examination Group
Mass Fatality Morgue Services Flow Chart

Morgue Operations

Morgue Cover Sheet
Morgue Operations Action Plan
Morgue Operations Strategy Details
Morgue Services Equipment
Morgue Site Assessment
Morgue Staffing Guidelines
Viewing Guidelines
Methods of Identification
MFI Number Tracking

Community Responsibilities and Opportunities to Assist

Decedent Information Form and Tag
Healthcare Fatality Management
Patient Identification Form
Personal Effects Tracking Form
City Catastrophic Fatality Management

Religious and Cultural Considerations

Religious/Cultural Considerations

Logistics
Human Remains Recovery Logistics
Morgue and Disposition Logistics
KCMEO Request Process

Planning Section

Conference Call Agenda
Rumored Fatalities Grid

Finance and Administration Section

Confidentiality Agreement
Death Investigation Staffing Chart
Job Action Sheets
Morgue Staffing Chart
Overall Staffing Plan
Staff Request Form

Public Communications

Communications Template / Cheat Sheet
Initial Press Release Components
JIC Reporting Template and Cheat Sheet
Media FAQ Sheet
Messaging Tips

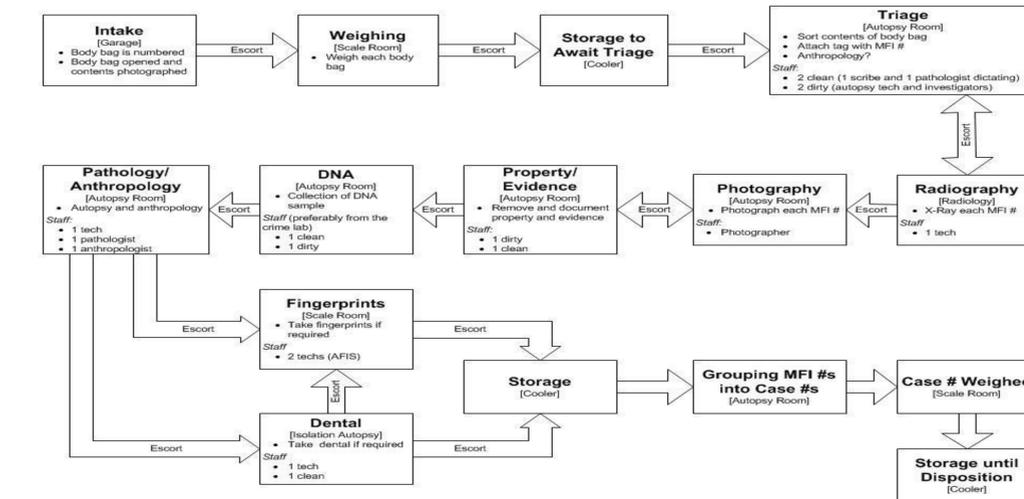
Training and Exercises

KCMEO and Public Health Mass Fatality Training
Mandatory Trainings for HMAC Staff

Decedent Remains Processing

On a regular basis, one or two staff from the KCMEO work with each decedent. In a mass fatality incident that process will need to change. Public Health devised this flow to allow for a more efficient processing of remains for identification.

Mass Fatality – Medical Examiner's Office Facility Flow Chart



*Escorts may be combined. Consider having 2 escorts designated to the autopsy room

Key Findings

- Staff will be scarce.** Public Health response capability will be overwhelmed with a large or catastrophic incident, requiring supplemental staff from other local governments as well as state and federal partners.
- It helps – but is not necessary – to have the ME in Public Health.** This allows for ease of planning coordination and delineation of responsibilities. However, a modular plan such as Public Health's allows for flexible response.
- Don't forget about your healthcare facilities and cities.** Provide direction to them so they know what to do if the Medical Examiner or Coroner will be delayed in retrieving remains.
- Get a database.** A robust database with matching capability is needed to manage the input of antemortem and postmortem data.
- Public concerns must be addressed.** Whether it is a call center, a website, a recorded message or some other system, there must be a way to provide information to and collect information from the public
- Train on the overall plan and specific roles.**
- Partners matter.** The knowledge subject matter experts bring to this process is invaluable.

Next Steps for King County Planning

- May 2013: Mass Fatality Data Matching Drill**
 - Testing length of time to enter antemortem and postmortem data into database and ability to use database to aid in identifying decedents
- June 2013: Draft FAC Plan Available**
 - Share with stakeholders for review; available publicly in fall 2013
- Coming Years: Revising plans to address catastrophic incidents**
 - Pandemic issues such as temporary interment
 - Large-scale fragmented and dispersed remains (e.g. ferry explosion)