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**Family Engagement Following
a Mass Fatality Incident: Victim
Information Center Best
Practice Recommendations for
Medicolegal Death
Investigation Authorities**

Medicolegal Death Investigation Subcommittee
Medicine Scientific Area Committee (SAC)
Organization of Scientific Area Committees (OSAC) for Forensic Science



OSAC Proposed Standard

Family Engagement Following a Mass Fatality Incident: Victim Information Center Best Practice Recommendations for Medicolegal Death Investigation Authorities

Prepared by
Medicolegal Death Investigation Subcommittee
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Foreword

Timely and compassionate family engagement is a foundational principle of Disaster Victim Identification (DVI). Best practices include establishing the Victim Information Center (VIC) as quickly as possible following a disaster incident as a means to offer a location where the medicolegal death investigation authority and law enforcement can collect information from and provide information to the family and friends of victims.

The VIC may be co-located with other responding agencies sometimes as part of a larger Family Assistance Center (FAC) which provides other services to victims and families. The mission of the VIC is to receive notice from families and concerned friends of possible disaster victims. The VIC collects antemortem information through interviews with the NOK and performs data entry so that identification of the deceased can be made. In addition, it transfers necessary information to the NOK and assists the MDI authority with notifications, if requested.

Although identification of decedents may begin in the field, the rate limiting factor influencing the overall success of the victim identification process is the ability to obtain valid antemortem information. The best practice recommendations presented in this document are designed to outline the process for family engagement during a mass fatality incident (MFI) operation which maximizes the information yield while attempting to minimize the secondary trauma to the family and friends of the victims and well as those working the operation. In the absence of specific guidance, the principle, spirit, and intent of this document should be met.

This best practice recommendation is put forth by the Disaster Victim Identification (DVI) Task Group within OSAC Medicolegal Death Investigation (MDI) Subcommittee. This document is intended to be the part of a series of standards and best practices developed by the DVI Task Group. This document originated from the Scientific Working Group on Disaster Victim Identification (SWG DVI).

Keywords: *Victim Information Center (VIC), Family Assistance Center (FAC), Disaster Victim Identification (DVI), Family Reception Center (FRC), Mass Fatality Incident (MFI), Antemortem Interview, Family Briefing, coroner, medical examiner, medicolegal death investigation, medicolegal death investigation authority.*

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Family Engagement Following a Mass Fatality Incident: Victim Information Center Best Practice Recommendations for Medicolegal Death Investigation Authorities

1. Scope

This document provides guidance on, and highlights challenges associated with establishing a Victim Information Center (VIC), formerly known as the Victim Identification Center, to conduct the medicolegal functions in coordination with a Family Assistance Center (FAC) operation. These functions include collecting and sharing information to the disaster victim identification (DVI) process by conducting antemortem interviews. These guidelines were developed to provide medicolegal death investigation authorities a framework for family engagement during a mass fatality incident response. This document defines the purpose and objectives of a VIC, when it should be established, how it is managed, and the role of the medicolegal authority.

2. Normative References

The following normative references are indispensable for the application of this document. For dated references, only the edition cited applies. For undated references, the latest edition of the referenced document (including any amendments) applies.

- 1) Assistance to families of passengers involved in aircraft accidents, 49 U.S. Code § 1136 (1996, 1997)
- 2) Assistance to families of passengers involved in rail passenger accidents, 49 U.S. Code § 1139 (2008)
- 3) National Transportation Safety Board, Office of Transportation Disaster Assistance. (2008). Federal Family Assistance Plan for Aviation Disasters.
- 4) Plans to address needs of families of passengers involved in aircraft accidents, 49 U.S. Code § 41113 (2021)
- 5) Plans to address needs of families of passengers involved in foreign air carrier accidents. 49 U.S. Code § 41113 (1996) and 41313 (1997),
- 6) Plans to address needs of families of passengers involved in rail passenger accidents, 49 U.S. Code § 24316 (2008)

3. Terms and Definitions

For the purpose of this document, the following definitions and acronyms apply.

3.1.

Disaster Victim Identification (DVI)

Processes and procedures for identifying and re-associating human remains via the application of scientific methods, as a component of mass fatality management

3.2.

Family Assistance

The provision of services and information to the family members of those killed and to those injured or otherwise impacted by the incident.

3.3.

Family Assistance Center (FAC)

The Family Assistance Center (FAC) is the focus of services for family members following an incident. FACs are designed to meet the immediate and short-term needs of family members: safety, security, physiological needs (food, sleep), information (about the victim recovery and identification process and the investigation), and crisis/grief counseling. The FAC is designed to provide information to families and friends of victims, decision-makers, the media, and the public, regarding the on-going operations. The role of the medicolegal authority at the FAC includes gathering antemortem data via the Victim Information Center and notifying the legal representative authorized to direct disposition regarding the deceased. FACs can be physically and / or virtually established sites.

3.4.

Family Reception Center

FRC

The Family Reception Center (FRC), also known as the Friends and Relatives Center, is a temporary location established minutes or hours after incident notification as a location for friends and family members to gather and receive information until a FAC is established and operational. FRCs alleviate an unmanageable congregation of family members at the medicolegal authority's office, or the incident site, and are intended to be open facilities for any individual that suspects their loved one may have been involved in the incident. Reunification of victims and families ideally occurs at the FRC rather than the FAC.

3.5.

Joint Information Center (JIC)

A location where personnel with public information responsibilities coordinate critical emergency information functions, crisis communications, and public affairs functions.

3.6.

Manifest of unaccounted for persons

Working list of persons potentially involved in an incident which may include deceased, injured, and otherwise unaccounted for persons.

3.7.

Mass fatality incident (MFI)

Any incident which produces fatalities of a sufficient number or complexity that special operations and organizations are required.

3.8.

Mass fatality management

The overarching operation involving processing a disaster incident. This includes communicating with victim families, search and recovery, processing and identification of the dead, and returning them to their families. Fatality management operations are split into distinct roles including scene operations, morgue operations and family assistance (aka victim information). The protocols for each are held within the individual medicolegal authority's mass fatality plans.

3.9.

Medicolegal Death Investigation (MDI) Authority

The medical examiner, coroner or other office responsible for medicolegal death investigation in a given jurisdiction. The term medicolegal authority is an abbreviation for medicolegal death investigation authority, and when used in this document, shall be construed as though it were written out in full.

3.10.

Victim Information Center (VIC)

The Victim Information Center (VIC), formerly known as the Victim Identification Center, is a component of the Family Assistance Center (FAC) operation. The VIC is a controlled area within the FAC where the acquisition of antemortem data occurs to enable the identification of victims of a mass fatality incident (MFI). Establishment of the VIC is the responsibility of the local medicolegal authority.

4. Recommendations for Family Engagement

4.1. Progression of Family Assistance following an MFI

In the immediate hours following a mass fatality incident the family and friends of disaster victims will gather spontaneously. It is recommended that the Incident Commander designate a community space to be established as a temporary centralized location for families and friends to gather, protect families from the media and curiosity seekers, and facilitate preliminary information sharing to support family reunification. This location is intended to be short-term and should be replaced by a Family Assistance Center (FAC). This space may be referred to as a Family Reception Center (FRC). The local medicolegal authority should be aware that these services are being offered while the FAC is being established.

4.2. Family Assistance Center

4.2.1. Ownership Recommendations

Disaster victim identification requires complex operational decision making and will exhaust the resources of most medicolegal authority jurisdictions. Additionally, many of the services offered to FAC clients are outside of the purview of the medicolegal authority (e.g. mental health, insurance and victim compensation). It is therefore the recommendation of this body that the local medicolegal authority should focus all efforts on DVI operations and rely on local partner agencies to assume responsibility for FAC operations. The role of the medicolegal authority at the FAC is the establishment and management of the VIC, and the medicolegal authority should be involved in the initial decision-making and coordinated actions required to activate the FAC. It is recommended that the FAC is activated and coordinated by one of the following agencies:

- Office of Emergency Management
- Public Health Department
- Jurisdiction's Chief Official
- Human Services Department
- Other local government agencies

While a single agency may choose to activate and provide operational authority for the FAC, the FAC may also become the responsibility of a Unified Command with a combination of the agencies listed above.

4.2.2. FAC Service Recommendations

In addition to the services offered in the Victim Information Center, jurisdictions should consider providing the following services at the FAC:

- 1) Reception services
 - a) Credentialing of FAC clients and employees
 - b) Assigning an escort/liaison to assist FAC clients
- 2) Security
- 3) Mental health/behavioral health services
- 4) First aid/minor medical care
- 5) Child and adult care
- 6) Insurance and victim compensation
- 7) Legal services
- 8) Travel/lodging
- 9) Food/beverages
- 10) Financial planning to victims, family members and first responders
- 11) Family briefings
- 12) Translation and interpretation services
- 13) ADA accommodations

4.2.3. Family Briefings

The purpose of the family briefing is to ensure that families have current and accurate information regarding the recovery and identification of victims, as well as the investigation. Family members should be the first to receive information from responder agencies in a compassionate manner. When selecting personnel to conduct briefings, the individual should be consistently available. While much information is exchanged during the family briefings, it may be appropriate for the medicolegal authority (or designee) to meet privately with the families of victims to share information concerning the status of the recovery and identification process as it relates specifically to their loved one(s). Family briefings at the FAC may be suspended if the identification process is protracted and antemortem data collection processes are complete. An additional consideration to suspend the family briefings is the diminishing number of family members still in regular attendance. Prior to the suspension of family briefings this information should be conveyed to the victims' families along with direction on how they will continue to receive information from the MDI authority.

4.2.3.1. General Guidelines for Family Briefings

- 1) Always provide information to the families before releasing information to the media.
- 2) Provide family briefings as soon as possible and maintain a regular schedule for briefings. The frequency of briefings may change over time depending on need.
- 3) The MDI authority should consider providing alternate means of communicating with families for those unable to travel to the FAC for family briefings (e.g. video or phone conference).
- 4) The MDI authority, or their designee, should be present at all briefings to report on victim recovery and identification processes and progress.
- 5) Other responder agency leadership should attend all briefings to answer questions relating to their respective areas.
- 6) Security should be present to ensure only appropriate people are allowed into the briefing room.
- 7) Behavioral health and spiritual care providers should be present at all family briefings.
- 8) Translation and interpretation services should be coordinated as needed.
- 9) The MDI authority should develop a Family Briefing Agenda and talking points in advance of the briefing and present information using plain language (simple and understandable terms).

4.2.3.2. Recommended Family Briefing Agenda

The MDI authority should participate in a family briefing prior to media conferences. The information to be shared with the media should be provided to the victims' families, and any issues reconciled before it is shared with the media. The medicolegal topics covered during a family briefing may include:

- 1) Status of search and recovery operations
- 2) Explanation of medicolegal authority processes and procedures
- 3) Number of missing, positive identifications, and fatalities
- 4) Process of DNA, medical, dental, and antemortem fingerprint records collection
- 5) Process for returning personal effects
- 6) Information to be shared with the media and data privacy
- 7) Process for issuing death certificates
- 8) Resources available to families
- 9) Disposition and return of remains
- 10) Questions from families

4.2.4. Public Release of Information

As a rule, public release of any information related to the medicolegal investigation and identification process will be made public only after the families and the responders have been briefed on this information. It is important to manage public release of information regarding the medicolegal investigation and identification process; the appropriateness, timeliness and accuracy of this information must be ensured prior to release to the media or the general public.

4.3. Victim Information Center

4.3.1. Purpose and Description

The VIC is a secure and centralized location, typically within the FAC, established for the purpose of facilitating the exchange of antemortem information. It is the responsibility of the medicolegal authority to establish the VIC, to oversee the data management process and to make identifications. Law enforcement is responsible for conducting missing person investigations and providing information regarding the status of these investigations to the medicolegal authority. This is an especially critical function in an open population mass fatality incident, where the victim population is not clearly defined. The VIC operation contributes to the development of a reliable list of deceased victims involved in the incident.

4.3.2. Activation of the VIC

The medicolegal authority should communicate with local partner agencies to identify whether or not a FAC is being activated. If activated, the medicolegal authority should communicate VIC requirements to the partner agency responsible for FAC operations. When a FAC has not been established the medicolegal authority must decide whether or not to establish a VIC as a stand alone operation. This decision should be based upon whether or not it will enhance the ability to collect and disseminate information in a centralized manner.

4.3.2.1. Establishing Realistic Expectations

A central tenet of MFI management is that the manner in which the families are treated may be the determining factor in the perceived success of the incident response. Establishing realistic expectations about the medicolegal operation and timeline helps build and maintain trust between the medicolegal authority and the friends and family of victims. This can be accomplished through collaboration with other responding organizations, in scheduled daily family briefings that include the following:

- 1) Discussion of the medicolegal processes of human remains recovery, identification, and release.
- 2) An opportunity to address questions from attendees regarding the medicolegal investigation and identification processes.
- 3) Addressing any rumors or misconceptions.

4.3.2.2. Staffing Recommendations

Staff under medicolegal authority supervision should include:

- 1) Personnel trained and comfortable briefing family members in a group setting on the medicolegal process and addressing their questions in an open format;
- 2) Personnel trained to conduct antemortem interviews in a compassionate manner (e.g. funeral directors, medicolegal death investigators, forensic nurses, etc.);
- 3) Personnel trained to identify suitable DNA reference sample donors, to collect DNA reference samples, to obtain consent, and to document chain of custody for the collected samples;
- 4) Personnel responsible for requesting medical and dental records from relevant entities, tracking outstanding requests, and evaluating the quality of antemortem records for the identification process;
- 5) Personnel responsible for implementing a quality assurance program for the data collected during the VIC operation;
- 6) Information technology experts;
- 7) Administrative personnel; and
- 8) Personnel designated to manage the overall VIC operations and liaise with other agencies and organizations operating in the FAC to coordinate medicolegal efforts.

It may be necessary to reach out to partners (government, private) in your local jurisdiction to fulfill the staffing needs of this operation. The circumstances of specific incidents may allow for individuals to serve multiple roles. The medicolegal authority should manage these staff.

4.3.2.3. VIC Facility Considerations

When establishing a VIC operation the medicolegal authority should work collaboratively with the FAC lead agency to ensure that the facility is/has:

- 1) Convenient location for the family and friends of victims of the incident
- 2) Secure & private
- 3) Internet and cellular service and hardware to support large amounts of data transmission

- 4) A family waiting room that can accommodate up to 10 family members per victim
- 5) Private rooms to support antemortem interviews
- 6) Large assembly room for family briefings
- 7) Administrative space to support back office operations
- 8) Room for staff respite

The location selected for a Family Assistance Center should be scalable so that as the incident unfolds and families arrive, the operation can accommodate larger groups than initially anticipated. Consideration should be given to accommodate for establishing virtual VIC operations when the incident warrants.

4.3.2.4. Self-Care

Effort should be taken by the medicolegal authority to ensure the safety and psychological well being of VIC personnel.

4.3.3. VIC Operations

4.3.3.1. Reception

The medicolegal authority should coordinate a reception process with FAC leadership to document persons entering the FAC. This would include a formal registration that allows for expedient identification and notification of the legal representatives authorized to direct disposition who are present at the FAC. A family liaison should also be assigned at this time to assist the families throughout the process. Caution should be taken to protect the family and friends from those attempting entry to the FAC to solicit business or information.

4.3.3.2. Antemortem Interviews

Interviews with families and friends of those who are presumed deceased are a primary source of the antemortem data needed to identify human remains. These interviews may be conducted by a variety of personnel who are trained in conducting antemortem interviews involving in-depth and confidential conversations with family members in a respectful and compassionate manner. This interview may take multiple hours to complete, following which the interviewers should be provided a rest period of no less than 30 minutes. The interview should not resemble an interrogation, and instead should be facilitated as a conversation to gain pertinent victim information, including medical/dental history, employment history, and unique identifying features (such as scars, marks, tattoos, and previously recorded fingerprint records). If there is a concurrent missing persons investigation led by law enforcement, the medicolegal authority should coordinate with law enforcement to conduct a joint family interview as a means to reduce duplication of effort and further trauma on the interviewees.

4.3.3.3. Antemortem Records Collection

A limiting factor in the speed of a disaster victim identification operation success is access to antemortem data. Based upon information received in the antemortem interview, antemortem records may need to be collected from physicians, dentists, hospitals, and other healthcare institutions. Family members may also bring additional records such as:

- 1) Antemortem fingerprints
- 2) Dental records
- 3) DNA reference samples
- 4) Radiographs
- 5) Surgical histories (ie. implanted devices and hardware, notable scars)

4.3.3.4. Antemortem Data Management

Information obtained from family members during antemortem interviews, including antemortem records, photographs, and other data must be managed in an effective and efficient manner in order to facilitate comparison with postmortem data for identification purposes, ideally using an electronic system to capture and manage these data.

4.3.3.5. Personal Effects as Reference Samples

Receiving the personal effects of deceased victims is a critical and meaningful act for most families. These items can carry a high significance. The timely and appropriate return of personal effects is required by various federal statutes and should be considered by medicolegal authorities when planning for mass fatality responses.

The medicolegal authority should develop a process to manage personal effects collected from family members during antemortem interviews. The following should be communicated to family members when taking custody of these items:

- 1) Explain the personal effects management process
- 2) Explain how reference samples are going to be used to identify the decedent
- 3) Establish the expectations for the return of personal effects
- 4) Explain that destructive sampling of the item may be necessary
- 5) Care should be taken to appropriately catalog submitted reference samples
- 6) VIC staff should not keep items such as photos which can be scanned and returned to family during the interview

4.3.3.6. Death Notifications

The MDI authority may perform death notifications in coordination with law enforcement and spiritual/behavioral health care providers, either at the VIC, in person at a designated location

(e.g. family member's residence) or over the phone when in person is not feasible. It is the recommendation of this subcommittee that death notifications be conducted in private with individual family groups. This may also include facilitation of the death certification process and assistance with the timely release of remains for final disposition.

4.3.3.7. Identification Notification Preferences

Following an incident resulting in highly fragmented human remains, the MDI authority should discuss with the decedent's designated legal representative their preference for notification of identification of remains. This may include one of the following options:

- 1) Do not notify (families are content without positive confirmation or receiving specific details)
- 2) Notify only at first instance of human remains identification
- 3) Notify each instance of human remains identification
- 4) Notify only once all human remains have been identified

4.3.4. VIC Demobilization

It is critical to identify the demobilization criteria prior to commencing operations. Identifying the criteria early enables the medicolegal authority to effectively and efficiently establish VIC operational schedules and staffing levels. Demobilization of the VIC may be conducted in a phased approach. The demobilization of a VIC may not mean the cessation of VIC operations, but the transition of VIC operations to a normal workplace. For a large-scale open population incident the medicolegal authority should establish a strategy for managing additional missing persons reports coming in at a later date. The medicolegal authority should consider the following potential demobilization criteria:

- 1) The medicolegal authority confirms with law enforcement that no additional missing persons reports have been made.
- 2) Antemortem interviews for all family groups have been completed.
- 3) Antemortem data collection operations have diminished to a level that the local MDI authority can manage.
- 4) All victim recovery and identification activities have been exhausted.
- 5) Diminished attendance at family briefings

Annex A
(informative)

Bibliography

The following bibliography is not intended to be an all-inclusive list, review, or endorsement of literature on this topic. The medicolegal death investigation authority shall develop a list tailored to its specific needs. The goal of the bibliography is to provide examples of publications addressed in the standard.

1. Annexure 1: Principles of Good DVI Governance, Part b. Interpol. 2018.
2. Blakeney, R., Department of Justice, Office of Justice Programs, Office for Victims of Crime. (2002). Providing Relief to Families after a Mass Fatality: Roles of the Medical Examiner's Office and the Family Assistance Center.
3. Byrd, J. 2022. The Victim Information Center and Data Collection. In *Disaster Victim Identification in the 21st Century: A U.S. Perspective*. J.A. Williams & V.W. Weedn, eds. Wiley.
4. Carroll, E., Johnson, A., Mazone, D., and DePaolo, F. 2018. Introduction to Mass Fatality Management. In *Medical Legal Handbook*. (Chapter 6). Hammers J. & Fitzsimmons, R. eds. Juris Publishing, Huntington, NY.
5. Conlon, E. 2014. Mass Fatality Management and the Effects of Commingling. In *Commingled Human Remains: Methods in Recovery, Analysis and Identification*. (pp. 469-490). Adams, B.J. and Byrd, J.E. eds. Elsevier Ltd, Oxford, UK.
6. Disaster Victim Identification Guide, Part A. Interpol. 2018.
7. *Examination of Human Remains by Forensic Pathologists in the Disaster Victim Identification Context*, ANSI/ASB 009, 2019.
8. Family Assistance Center Plan. 2009. New York City Office of Chief Medical Examiner & New York City Office of Emergency Management, New York City, NY.
9. Federal Emergency Management Agency 2018. Fatality management victim information center team: Resource typing definition for fatality management services - medical and public health.

10. *Forensic Anthropology in Disaster Victim Identification: Best Practice Recommendations for the Medicolegal Authority*, ANSI/ASB 010, 2018.
11. *Forensic Odontology in Disaster Victim Identification: Best Practice Recommendations for the Medicolegal Authority*, ANSI/ASB 108, 2021.
12. Hennessey, M. 2008. Data Management and Commingled Remains at Mass Fatality Incidents. In *Recovery, Analysis, and Identification of Commingled Human Remains*. Adams, B.J. and Byrd, J.E. eds. Humana Press, Totowa, NJ.
13. Kontanis, E.J. and Sledzik, P.S. 2008. Resolving Commingling Issues During the Medicolegal Investigation of Mass Fatality Incidents. In *Recovery, Analysis, and Identification of Commingled Human Remains*. Adams, B.J. and Byrd, J.E. eds. Humana Press, Totowa, NJ.
14. Management of Dead Bodies after Disasters: A Field Manual for First Responders. Morgan O, Tidball-Bibnz M, van Alphen D editors. PAHO/WHO/ICRC/IFRCRCS. 2006.
15. *Mass Fatality Scene Processing: Best Practice Recommendations for the Medicolegal Authority*, ANSI/ASB 008, 2021.
16. Mehrabian, A. 1981. Silent Messages: Implicit Communication of Emotions and Attitudes. Belmont, CA: Wadsworth Pub. Co.
17. National Incident Management System, 3rd ed, 2017. FEMA.
18. National Response Framework, 4th ed. FEMA. 2019.
19. *Postmortem Impression Recovery: Guidance and Best Practices for Disaster Victim Identification*, ANSI/ASB 094, 2021.
20. *Postmortem Impression Submission Strategy for Comprehensive Searches of Essential Automated Fingerprint Identification System Databases*, ANSI/ASB 007, 2018.
21. Regional Mass Fatality Management Response System 2015 Victim Information Center Field Operations Guide funded by the Regional Catastrophic Preparedness Grant Program (RCPGP) and the Department of Homeland Security suite of grants (881180, 881293, C881203 and C971810, Office of Chief Medical Examiner, New York City, NY.
22. Schroeder, K.B. 2002. Failing to prevent the tragedy but facing the trauma: The Aviation Disaster Family Assistance Act of 1996 and the Air Transportation: Safety and System Stabilization Act of 2001. *Journal of Air Law and Commerce* 67(1): 189-232.
23. Scientific Working Group for Medicolegal Death Investigation. 2012. Principles for Communicating with Next of Kin during Medicolegal Death Investigations.

24. Sledzik, P. (2002). [Flight 93 Morgue Protocols](#). Disaster Mortuary Operational Response Teams (DMORT).
25. Standard Operating Procedures for Mass Fatality Management. National Association of Medical Examiners. 2021.
26. U.S. Department of Justice, Federal Bureau of Investigation, Office for Victim Assistance. Mass Fatality Incident Family Assistance Operations: Recommended Strategies for Local and State Agencies.
27. US Department of Justice, Transportation Safety Board joint publication, Mass Fatality Incident Family Assistance Operations: Recommended Strategies for Local and State Agencies:

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¹²⁹ www.ncjrs.gov/ovc_archives/bulletins/prfmf_11_2001/welcome.html

³⁰ <https://www.interpol.int/en/How-we-work/Forensics/Disaster-Victim-Identification-DVI>

³¹ <https://rtlt.preptoolkit.fema.gov/Public/Resource/View/12-508-1249?q=12-508-1249>

³² <https://www.who.int/publications/i/item/management-of-dead-bodies-after-disasters>.

³³ https://www.fema.gov/sites/default/files/2020-07/fema_nims_doctrine-2017.pdf.

³⁴ https://www.fema.gov/sites/default/files/2020-04/NRF_FINALApproved_2011028.pdf.

³⁵ <https://scholar.smu.edu/cgi/viewcontent.cgi?article=1617&context=jalchttp://www.swgmdi.org/images/nokguidelinesforcommunicationwithnok6.14.12%202.pdf>

³⁶ <https://name.memberclicks.net/assets/docs/NAME%20Mass%20Fatality%20Plan%202021.pdf>.

³⁷ <http://www.nts.gov/tda/doclib/Mass%20Fatality%20Incident%20Family%20Assistance%20Operations.pdf>

³⁸ https://www.aafs.org/sites/default/files/media/documents/006_BPR_e1.pdf

³⁹ https://www.aafs.org/sites/default/files/media/documents/007_BPR_e1.pdf

⁴⁰ <https://www.aafs.org/asb-standard/mass-fatality-scene-processing-best-practice-recommendations-medicolegal-authority>

⁴¹ <https://www.aafs.org/asb-standard/best-practice-recommendations-examination-human-remains-forensic-pathologists-disaster>

⁴² https://www.aafs.org/sites/default/files/media/documents/010_BPR_e01.pdf

⁴³ <https://www.aafs.org/asb-standard/postmortem-impression-recovery-guidance-and-best-practices-disaster-victim>

⁴⁴ https://www.aafs.org/sites/default/files/media/documents/108_BPR_e1.pdf