

2021-N-0007 Media Communications Following a Mass Fatality Incident: Best Practice Recommendations for the Medicolegal Authority

*Disaster Victim Identification Task Group
Medicolegal Death Investigation Subcommittee
Medicine Scientific Area Committee
Organization of Scientific Area Committees (OSAC) for Forensic Science*





Draft OSAC Proposed Standard

2021-N-0007 Media Communications Following a Mass Fatality Incident: Best Practice Recommendations for the Medicolegal Authority

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1 **Media Communications Following a Mass Fatality Incident:**
2 **Best Practice Recommendations for the Medicolegal Authority**

3 **Foreword**

4 Media acts as a watchdog to protect public interest and create public awareness. The dramatic nature of
5 mass fatality incidents captivates the public interest and is intertwined with the overwhelming desire for
6 medicolegal authorities to accomplish victim accounting and identification in an efficient, transparent
7 manner. Understanding the role of the media in a mass fatality incident, the medicolegal authority can
8 leverage them to proactively communicate information and public messaging regarding fatality
9 management operations. Utilizing a variety of communications methods, the medicolegal authority can
10 create a comprehensive, efficient strategy for information sharing that respects the families and improves
11 public awareness.

12 **1.0 Scope**

13 The purpose of this document is to provide guidance on the various aspects of communication and data
14 sharing with media in mass fatality incidents. The medicolegal authority should consider their role in the
15 collection, sequestering, and dissemination of information to the survivor families and media. The
16 medicolegal authority should establish relationships with local media to manage expectations and create a
17 foundational basis for communications in a mass fatality incident.

18 **2.0 Normative References**

19 There are no normative references. Informative references are included at the end of this document.

20 **3.0 Terms and Definitions**

21 *Joint Information Center (JIC):* A location where personnel with public information responsibilities
22 coordinate critical emergency information functions, crisis communications, and public affairs functions.

23 *Public Information Officer:* A spokesperson or communications coordinator designated by the medicolegal
24 authority to disseminate information publicly on behalf of the Medicolegal Authority.

25 *Public Information:* Information that may be classified public under state law or deemed newsworthy
26 information that is not legally protected.

27 *Media Representative:* Individuals who are employed or act on behalf of electronic or print media including
28 radio, television, internet and newspaper.

29 *Victim Information Center (VIC):* The VIC is the component of the Family Assistance Center (FAC). The
30 VIC is a controlled area within the FAC where the acquisition of antemortem data occurs to enable the
31 identification of victims of a mass fatality incident (MFI). Establishment of the VIC is the responsibility of
32 the local medicolegal authority.

33 *Family Assistance Center (FAC):* An FAC facilitates the exchange of timely and accurate information with
34 family and friends of injured, missing, or deceased disaster victims, the investigative authorities, including
35 the Medicolegal Authority and service providers (e.g. American Red Cross). The Medicolegal Authority
36 role at the FAC includes gathering antemortem data (via the Victim Information Center) and notifying the
37 legal representative authorized to direct disposition regarding the deceased. Non-medicolegal services
38 provided at the FAC may include grief counseling, childcare, religious support, facilitation of family needs,



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39 antemortem data collection, and notification of death to the legal representative authorized to direct
40 disposition. FACs can be physically or virtually established sites.

41 *Medicolegal Authority*: The Medical Examiner, Coroner, or other office responsible for medicolegal death
42 investigation in a given jurisdiction.

43 *Mass Fatality Incident (MFI)*: Any incident which produces fatalities of a sufficient number or complexity
44 that special operations and organizations are required.

45 *Incident Command System (ICS)*: A management system designed to enable effective and efficient domestic
46 incident management by integrating a combination of facilities, equipment, personnel, procedures and
47 communications operating within a common organizational structure.

48 **4.0 Recommendations**

49 **4.1 Designating a Public Information Officer**

50 In a mass fatality incident, the responsibilities of the medicolegal authority exponentially increase, and
51 implementation of an incident command structure is recommended. Within that structure, the role of the
52 public information officer (PIO) should be designated. This person should report directly to the fatality
53 management incident commander (e.g. medicolegal authority). The PIO should have appropriate
54 communications skills or expertise. The PIO may be selected from within the agency or from another
55 agency within the larger organization (county, state). Irrespective of their agency affiliation, this individual
56 should have a pre-existing relationship with the medicolegal authority and familiarity with both daily and
57 mass fatality management operations. In some jurisdictions, data on decedents or death investigations is
58 protected by specific statutes or laws, and the PIO should have knowledge of the data classifications (public,
59 confidential, private), protections and authority to release information.

60 The PIO should be responsible for receiving media requests for information, dispelling rumors, verifying
61 the accuracy of data, and disseminating or restricting information to the media using platforms agreed to
62 by the medicolegal authority.

63 The PIO may rely on a communications or public relations staff to assist with various aspects of collecting,
64 monitoring and disseminating of information. The PIO should rely on expertise from various subject matter
65 experts to provide messaging regarding their area of expertise. Whenever possible, the medicolegal
66 authority should utilize the same PIO throughout the operation to promote trust and consistency of
67 messaging.

68 **4.1.1. Medicolegal Authority as the Public Information Officer**

69 In some instances, the medicolegal authority may act as the PIO. This is particularly true in jurisdictions
70 with limited personnel, or whenever the medicolegal authority makes the decision to act as the public
71 spokesperson. It is not required that the medicolegal authority act as the PIO. The medicolegal authority
72 should make the decision based on their own comfort level with public speaking, understanding of fatality
73 management concepts, and responsibility to other operational activities. The desire for personal publicity
74 should not be a consideration when making this decision.

75 **4.2 Establishing Relationships with Media**

76 Medicolegal authorities routinely interact with the media on cases that garner public interest (e.g.
77 homicides, motor vehicle accidents) as part of routine daily operations. These interactions may occur via
78 multiple platforms, such as regular press releases with pre-identified releasable information or direct



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79 communication with media outlets and journalists. It is important for medicolegal authorities to consider
80 pre-incident opportunities to establish proactive relationships with media personnel and outlets. These
81 relationships may be fostered through facility tours, public interest stories, public outreach and
82 educational opportunities. It is essential to maintain these relationships professionally and ethically.
83 Caution must be taken to avoid relationships that create an actual or perceived conflict of interest.

84 During pre-incident operations, PIO's can serve as a liaison between the medicolegal authority and media
85 to proactively address operational issues and create opportunities to foster positive relations. The media
86 should be encouraged to attend training and exercises to gain baseline understanding of fatality management
87 operations and obtain stock imagery and video footage of facilities (if permitted).

88 4.3 Medicolegal Authority Coordination with the Joint Information Center

89 The PIO should coordinate with the affected jurisdiction's Joint Information Center (JIC), if established.
90 All disseminated information should be directed from the JIC, including releases and briefings. If a JIC is
91 not established, the medicolegal authority should coordinate release of information with other involved
92 agencies prior to public dissemination. Inconsistent or conflicting messaging coming from multiple
93 agencies will result in confusion and erode public trust, which will then prove very difficult to rebuild.

94 4.4 Legal Aspects of Privacy Practices

95 Privacy laws vary considerably from jurisdiction to jurisdiction. During mass fatality operations personnel
96 from local, regional, national and international media outlets may inquire about fatality management
97 operations and victim information.

98 The PIO should not only be aware of, but prepared to educate the media on, the legal aspects of privacy
99 within their jurisdiction. A balance exists between the public's right to know and the family's right to
100 privacy as well as between transparency of operations and the risk of premature disclosure of information.
101 Private or confidential victim information should not be disclosed without proper legal authorizations or
102 consent.

103 The medicolegal authority should be aware that information disseminated to or received from partnering
104 agencies may be subject to restrictions or public sharing requirements. Whenever information is protected
105 or classified confidential, it should be identified as such to prevent unintentional disclosure.

106 4.5 Communication Platforms

107 Communication with the media can occur in a variety of formats, each serving a specific intended purpose.
108 PIO's should work with the medicolegal authority and public officials to develop a public information
109 dissemination strategy to include communicating the mission and purpose of the medicolegal authority in
110 fatality management operations. The strategy should utilize multiple communications platforms to reach
111 the intended audience.

112 Communications about medicolegal operations should include operational achievements, goals and current
113 victim accounting information. Operational objectives should be discussed in general terms without
114 specificity to responders or victims.

115 **4.5.1 Press Releases** Press releases are a written form of communication typically containing limited
116 information available for immediate release to the public. They are intended to inform the media with
117 specific information regarding an incident. In a mass fatality incident, they can be used to provide contact



118 information for the PIO, directions for obtaining information in the future, or to convey a specific
119 message to the public.

120 Press releases can be useful in the early stages of a mass fatality incident before response agencies have
121 coordinated communications efforts. These should: 1) contain only factual information, 2) refrain from
122 speculation, and 3) offer information relevant only to the medicolegal authority’s responsibilities. It is
123 recommended that medicolegal authority use standardized templates and pre-identified list of media outlets
124 for distribution for this type of communication.

125 **4.5.2 Press Conferences**

126 Press conferences are conducted for the purpose of disseminating information to the media and public
127 through the PIO. Whenever possible, talking points or statements should be prepared in advance and
128 relevant statistics vetted prior to dissemination.

129 To foster a positive and trusting relationship with families, information disseminated during a press
130 conference should already have been communicated and explained to victim families. Family objections
131 and concerns should be recognized and taken into consideration when developing talking points. Whenever
132 possible, reasons should be provided to family members regarding public disclosure of sensitive or difficult
133 information.

134 The PIO should be prepared to address questions from the media regarding the agency’s response to the
135 mass fatality incident (e.g. recovery efforts, fatality counts, decedent identification, personal effects). The
136 PIO should answer questions in a concise manner without speculating or divulging protected information,
137 or information not in the direct purview of the medicolegal authority. Care should be taken when using
138 concepts or terms that could be misinterpreted (e.g. acronyms, scientific terminology). For instance, the
139 term “bodies” might suggest the remains are intact, where some of the human remains are fragments only.
140 No information regarding specific victims should be released or commented on prior to identification and
141 notification of the legal representative authorized to direct disposition. If the answer to a question is not
142 immediately known or the data unavailable, it is recommended the PIO state that they do not have the
143 answer but will attempt to obtain the information.

144 Typically, press conferences are coordinated with the Joint Information Center, if established, or the
145 primary response agencies involved and structured to permit agency specific information sharing.

146 **4.5.3 Media Interviews**

147 Interviews are designed to elicit specific responses to targeted questions, and the interviewee has little to
148 no control over the context in which those responses will be disseminated. The communication strategy
149 should be directed at conveying the agency mission and objectives to a wide audience. Before granting an
150 interview with a specific media outlet, the medicolegal authority should consider perceptions of favoritism
151 and their ability to grant similar requests from other media outlets. Interviews by fatality management
152 personnel are generally discouraged without prior coordination with the PIO.

153 A separate media interview may be used to correct misinformation or misrepresentation of the medicolegal
154 authorities’ operational response. It should not be used as a platform to discuss specific victims or disparage
155 other response agencies.

156 Following the conclusion of mass fatality incident, requests for media interviews may be honored to provide
157 historical or documentary information relevant to the medicolegal response. Careful consideration should
158 be taken to understand the interviewer’s intended purpose before conducting the interview.

159 **4.5.4 Social Media**

160 Social media is a rapid and powerful platform to directly engage with the public following a mass fatality
161 incident. Medicolegal authorities should understand the limitations of the various social media platforms.

162 When using social media, consider the public presence of the online profile being used to disseminate
163 information. Refrain from using personal profiles, or posting information that is graphic, derogatory or
164 perceived as insensitive. Profile photos should be informative and tasteful, preferably identifying the agency
165 (e.g. agency logo). Any photographs should be devoid of identifying information and the background
166 scrutinized for inappropriate content.

167 Consider who will be responsible for posting, monitoring and responding to online content; the PIO, the
168 medicolegal authority, or a designee. If it is anyone other than the PIO, the content should be reviewed and
169 approved by the medicolegal authority prior to posting.

170 Online content offers the public the unique ability to view, comment and share the information. Before
171 posting on social media sites, consider the intended audience, alternative methods to reach that audience
172 and a plan to handle public comments or responses to the information posted.

173 **4.6 Visual Aides and Fact Sheets**

174 PIO's should consider the use of agency specific logos and branding on all media communications to source
175 the information being disseminated to the medicolegal authority. This branding will provide authenticity to
176 the information and establish the medicolegal authority as the subject matter expert.

177 Fact sheets should be developed during pre-incident planning to address frequently asked questions, or
178 explain complex information in a thoughtful, easy to understand manner. Fact sheets provide a reference
179 for media representatives who may not be familiar with the relevant laws, local customs, or procedures
180 governing operations of the medicolegal authority. Collating this information into a fact sheet ensures a
181 consistent response to basic procedural inquires.

182 **4.7 Timing of Communications**

183 The medicolegal authority should take a proactive approach rather than a reactive one to engage with the
184 media following a mass fatality incident. Inform the media and public of your awareness and response to
185 an incident and provide specific PIO contact information.

186 In the immediate aftermath of an MFI the medicolegal authority generally will not have established contact
187 with the family members, yet there is still a responsibility to publicly disseminate information. Once the
188 medicolegal authority has established contact with the families, the priority shifts to providing the families
189 information in advance of the media.

190 As the incident progresses and coordination of the response agencies occurs, communications should be
191 regular and reoccurring with families and media. Establishment of specific times when press conferences
192 will normally occur through the JIC. If a JIC is not established, the medicolegal authority should
193 coordinate the timing of information release with other involved agencies prior to public dissemination.
194 Regularly scheduled press conferences will be suspended when additional information becomes less
195 dynamic and media interest diminishes. The PIO should provide media with directions to continue to
196 receive further updates. The medicolegal authority may elect to hold additional conferences when
197 specific information needs to be conveyed broadly.

198 **4.8 Fatality Management Operations and the Media**



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199 It should be understood and expected that the media will respond to the incident scene, morgue facility and
200 FAC/VIC when mass fatality incident occurs and may occupy public spaces. The medicolegal authority
201 should have awareness of where the media is legally permitted to gather around operational areas (e.g.
202 public sidewalks, land, etc.) and take precautions as needed to mitigate any real or perceived insensitivities.
203 Fatality management personnel should not speak to any media unless specifically permitted by the PIO. If
204 information is requested by media, personnel should instead provide direction for obtaining information
205 such as the agency website or PIO contact.

206 **4.8.1 Incident Scene**

207 Media should not be allowed inside the site perimeter while operations are being conducted. The JIC should
208 establish a logical location to stage the media that is respectful to the victims and families involved in the
209 incident.

210 **4.8.2 Family Assistance Center**

211 The FAC should be a safe place for families to gather. Therefore, media should not be allowed inside the
212 FAC. Family members may wish to communicate with the media, but this should not occur in the FAC.

213 **4.8.3 Morgue**

214 Media should not be allowed inside the morgue during MFI operations. A secure perimeter should be
215 established around the morgue facility, preferably of sufficient distance, opacity and height to discourage
216 unauthorized photography and videography of morgue operations.

217 **4.9 Elected Officials and Dignitaries**

218 Elected officials and dignitaries will often be sought out by the media to proffer statements in response to
219 a mass fatality incident.

220 The medicolegal authority should make efforts to educate elected officials within their jurisdiction on the
221 disaster victim identification process and their MFI response plans. This education should focus on
222 establishing realistic expectations for victim recovery and identification operations, and associated
223 timelines and challenges. Whenever possible, this education should occur during pre-incident planning.
224 Elected officials and dignitaries should be encouraged to attend mass fatality trainings and exercises to gain
225 awareness of the situations encountered and processes employed by the medicolegal authority.

226 During a mass fatality incident, the PIO and the JIC should remain in regular communication with elected
227 officials to ensure they have the necessary situational awareness regarding the fatality management
228 response, and accurate fatality accounting data. This information is critical to ensure a consistent and
229 accurate message is conveyed to the media.

230 **4.10 Media as a Resource**

231 The media performs an essential function in informing the public of the mission and objective of the
232 medicolegal authority during a fatality management response.

233 The media should be leveraged as a resource to solicit information from the public through proactive
234 engagement. Medicolegal authorities may utilize the media to disseminate requests for information and
235 offers for services (e.g. FAC/VIC location). For example, pushing out a request for family and friends to
236 contact the centralized call center to report their loved one as possibly involved in the incident.

237 **4.11 Victim Accounting**

238 The number of victims of a MFI is a point of focus for the public and the media. It is common for the media
239 to report differing numbers of fatalities resulting in confusion. Contradictory fatality counts result from
240 media speculation and variable victim accounting procedures. The medicolegal authority should assert its
241 responsibility to report the confirmed number of fatalities. Those numbers should be conveyed to the PIO
242 for dissemination within the JIC.

243 **4.12 Incident Naming**

244 Incidents are commonly named, or receive a tagline associated with the location and/or type of incident.
245 The medicolegal authority should consider the negative connotation and long term impacts to community
246 and responders when crafting statements using those tag lines. It is recommended that the medicolegal
247 authority refrain from sensationalizing the event by repeating media taglines in communications.

248 **4.13. Monitoring of Media Coverage**

249 The PIO and medicolegal authority should monitor local and national news outlets for stories about fatality
250 management operations. This can be delegated to agency public relations staff and automated to some
251 degree by signing up for internet notifications using keywords.

252 Monitoring of information reported by the media informs the PIO and medicolegal authority of
253 misinformation that should be corrected, rumors to be dispelled and impact of their own communications
254 on public awareness. With an understanding of what has been reported, the PIO can craft a statement to
255 convey the desired message.

256 **4.14. Pitfalls of Media Communications**

257 The disparate nature of medicolegal jurisdictions, laws and local customs further complicates the ability of
258 the media to understand the nuanced complexities of disaster victim identification. Failure of the
259 medicolegal authority to consider this baseline of understanding will inhibit media relations.

260 Other perils and pitfalls exist that the medicolegal authority should be aware of when considering their
261 media communications plan include:

- 262 ● Conflicting or legally protected information being released to the public
- 263 ● Failure to identify the medicolegal authority as the responsible authority for reporting fatality
264 numbers
- 265 ● Failure to inform families of information prior to public release
- 266 ● Failure to maintain a consistent, regular schedule for press conferences
- 267 ● Speculation or promises by the medicolegal authority
- 268 ● Self-promotion as a consideration when designating a PIO
- 269 ● Individuals who self-appoint as a spokesperson, speak anonymously or off the record
- 270 ● Social media should be used with careful attention to the message, visuals and audience



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**Annex A
(informative)**

Foundational Principles

1. The medicolegal authority should engage with the media in a thoughtful and deliberate manner
2. The medicolegal authority should provide information to family members in advance of the media, whenever possible.
3. The medicolegal authority should only provide accurate and factual information within their sphere of responsibility and should refrain from speculation.
4. The medicolegal authority should assert their responsibility to report the confirmed number of fatalities.
5. The medicolegal authority should engage collaboratively with other response agencies and government officials.



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Annex B

284

(informative)

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Disasters