

OSAC 2022-N-0020 Standard for Mass Fatality Incident Management

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



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OSAC 2022-N-0020 Standard for Mass Fatality Incident Management

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Medicolegal Death Investigation Subcommittee
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1 **Standard for Mass Fatality Incident Management**

2 **Foreword**

3
4 Mass fatality incidents are complex, which may present commingled biological remains, personal
5 effects, and other probative evidence distributed widely across the scene. The information presented
6 herein is compatible with many of the standard principles used in crime scene and medicolegal death
7 investigation; however, these practices are specifically designed to address the unique challenges
8 faced by the high-volume victim identification operations commonly associated with mass fatality
9 incidents. It is possible that the magnitude of the incident, the high numbers of fatalities, and the size
10 of the scene may exceed local capabilities and resources for conducting an efficient, effective, and
11 timely recovery and identification effort. Such challenges demand a coordinated multidisciplinary
12 response including law enforcement, fire-rescue, medicolegal and forensic practitioners, and other
13 investigative assets.

14
15 Disaster victim identification practitioners are encouraged to develop, implement, exercise, and
16 review their mass fatality incident response operating procedures in light of these standards, and to
17 update their procedures as needed. It is anticipated that these standards will evolve as future
18 technologies emerge.

19
20 This standards is put forth by the Disaster Victim Identification (DVI) Task Group within OSAC
21 Medicolegal Death Investigation (MDI) Subcommittee. This document is intended to be the
22 overarching standard in a series of standards and best practices developed by the DVI Task Group.
23 This document originated from the Scientific Working Group on Disaster Victim Identification
24 (SWG DVI).

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45 **Keywords:** *mass fatality incident, mass fatality management, disaster victim identification*



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56 **1. Scope**

57 This document provides a standard for the elements to address planning for and implementing mass
58 fatality management operations. The standard is intended for the medicolegal authority responsible
59 for the overall management of a mass fatality incident.

60 **2. Normative References**

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

- 64
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98 12) Plans to address needs of families of passengers involved in foreign air carrier accidents. 49 U.S.
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100 13) Plans to address needs of families of passengers involved in rail passenger accidents, 49 U.S. Code
101 § 24316 (2021)

102 3. Terms and Definitions

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

104 3.1.

105 **Body collection point (BCP)**

106 A location providing temporary refrigerated storage of remains (whole or fragmentary) and related
107 evidence while decedent recovery operations are ongoing until transport to a morgue or other
108 facility where the remains and evidence will be processed for identification and disposition.
109

110 3.2.

111 **Disaster Victim Identification (DVI)**

112 Processes and procedures for identifying and re-associating human remains via the application of
113 scientific methods, as a component of mass fatality management.
114

115 3.3.

116 **Family Assistance**

117 The provision of services and information to the family members of those killed and to those
118 injured or otherwise impacted by the incident.
119

120 3.4.

121 **Family Assistance Center (FAC)**

122 The Family Assistance Center (FAC) is the focus of services for family members following an
123 incident. FACs are designed to meet the immediate and short-term needs of family members: safety,
124 security, physiological needs (food, sleep), information (about the victim recovery and
125 identification process and the investigation), and crisis/grief counseling (*normative reference 10*).
126 The FAC is designed to provide information to families and friends of victims, decision-makers, the
127 media, and the public, regarding the on-going operations. The role of the medicolegal authority at
128 the FAC includes gathering antemortem data via the Victim Information Center and notifying the
129 legal representative authorized to direct disposition regarding the deceased. FACs can be
130 physically and / or virtually established sites.
131

132 3.5.

133 **Grouped Remains**

134 Biological tissue that is either not identifiable with current technology, or because of other
135 constraints is not associated with a particular decedent (also referred to as common tissue)
136

137 3.6.

138 **Incident Characterization**

139

140 Provides an initial assessment of the incident, allowing leadership to make appropriate decisions
141 regarding operational decisions.

142

143 **3.7.**

144 **Incident Command System (ICS)**

145 A management system designed to enable effective and efficient domestic incident management by
146 integrating a combination of facilities, equipment, personnel, procedures and communications
147 operating within a common organizational structure (cite).

148

149 **3.8.**

150 **Joint Information Center (JIC)**

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

153

154 **3.9.**

155 **Manifest of unaccounted for persons**

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

158

159 **3.10.**

160 **Mass fatality incident (MFI)**

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

163

164 **3.11.**

165 **Mass fatality management**

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

171

172 **3.12.**

173 **Medicolegal Death Investigation Authority**

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

178

179 **3.13.**

180 **Victim Information Center (VIC)**

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

186 **4. Requirements**

187 Medicolegal jurisdictions shall establish an organizational response framework to include an
188 operational definition of a mass fatality incident and define objectives for successful operations. This
189 should include a plan for operating within and alongside local, state, and federal government entities
190 in addition to non-government organizations (NGO) and private industries.

191

192 **4.1. Operational Definition of Mass Fatality Incidents (MFIs)**

193

194 A mass fatality incident can generally be defined as any incident involving a number of fatalities
195 which exceeds the resource capacity of a medicolegal authority to respond with internal resources,
196 while maintaining day-to-day operations. Local jurisdictions shall develop a definition of a mass
197 fatality incident which serves as an operational trigger, allowing for rapid and effective decision-
198 making when minimal information is available. This definition shall consider incident
199 characterization, analysis of hazards, and assessment of capacities (e.g. human, equipment, structural
200 and financial resources).

201

202 Some factors in determining whether an incident should be classified as an MFI include:

- 203 a) The number of potential fatalities based upon the preliminary incident characterization.
- 204 b) The need for protracted or complex victim recovery operations.
- 205 c) Complicating circumstances:
 - 206 i) Scene hazards such as contamination by chemical, biological, radiological, nuclear or
207 explosive agents or materials;
 - 208 ii) Factors complicating the recovery such as fragmentation of remains, fire damage, land vs.
209 in-water; scene access and other physical / environmental challenges;
 - 210 iii) The need for multi-agency response or cross-border political and diplomatic
211 considerations

212

213 **4.2. Operational Objectives of MFI Management**

214

215 Incident-specific objectives shall be established and allow for adaptation. Operational objectives shall
216 include the following:

- 217 1) Establish medicolegal jurisdiction over the fatality management operation. The legal authority
218 for conducting disaster victim recovery and identifications resides solely with the medicolegal
219 authority in the jurisdiction where the disaster incident occurred.
- 220 2) Articulate roles and responsibilities. Incidents are multi-agency responses requiring a
221 collaborative effort between local, state, and federal agencies, in addition to non-governmental
222 organizations (NGO), tribal entities and private industry.
- 223 3) Establish a system for documentation of operations and accountability of resources.
- 224
- 225 4) Develop a health & safety plan to ensure that operations are conducted in a safe manner. The
226 plan shall include a strategy for responder critical incident stress management, self-care, and
227 situational awareness.
- 228
- 229 5) Establish a strategy for victim accounting which shall include a centralized mechanism for
230 collecting and sharing data on those missing and potentially involved in the incident.
- 231

- 232 6) Document and preserve all remains, personal effects, and other physical evidence germane to
233 disaster victim identification operation.
234
235 7) Recover, transport, and process remains and personal effects in a dignified manner.
236
237 8) Adhere to the standards of disaster victim identification.
238
239 9) Certify cause and manner of death.
240
241 10) Coordinate with local authorities to integrate into Family Assistance Center (FAC) operations.
242 The medicolegal authority is responsible for establishing a Victim Information Center within the
243 FAC.
244
245 11) Exchange factual and timely information with families in a compassionate manner and, where
246 possible, in advance of public release of information.
247
248 12) Coordinate the release of the victims' remains to their legal representative, accounting for
249 fragmentation and protracted identifications.
250
251 13) Demobilize operations and prepare an after action report. Incorporate lessons learned in future
252 responses.
253

254 **4.3. Policy Decisions and Considerations Prior to Commencing Operations**

255

256 Policy decisions may be the sole responsibility of the medicolegal authority, or in part under the
257 authority of the presiding jurisdiction(s) which may include stakeholders with overlapping
258 responsibilities or functions within the incident operation.
259

260 **4.3.1. The medicolegal authority shall develop strategies to address **scene operations**:**

261 **4.3.1.1.** Assert jurisdiction for human remains management in scene operations.

262 **4.3.1.2.** Integrate a representative with decision- making authority in the on-scene command
263 structure to ensure top-down integration is acknowledged, and MFI operational goals are
264 considered in incident planning.

265 **4.3.1.3.** Assess the incident characteristics through early on-scene presence with consideration of:

- 266 i) Site ingress and egress
 - 267 ii) Hazmat and safety concerns
 - 268 iii) Body collection points and transportation of remains
 - 269 iv) Equipment and personnel needs
 - 270 v) Factors complicating remains recovery
- 271

272 **4.3.1.4.** Develop a scene processing and victim recovery plan in coordination with other responding
273 agencies.
274

275 **4.3.2. The medicolegal authority shall develop strategies to address **disaster morgue operations****

276 **4.3.2.1.** Separate day-to-day operations from DVI operation, where necessary.

277 **4.3.2.2.** Establish the location of a disaster morgue.

278 **4.3.2.3.** Establish the workflow for disaster morgue operations.

279 **4.3.2.4.** Establish a morgue reference numbering system that is simple, intuitive and scalable.

280 **4.3.2.5.** Establish morgue protocols for processing and analyzing human remains

281 **4.3.2.6.** Determine criteria for analyzing fragmented human remains

- 282 4.3.2.7. Establish a data management system and document retention plan for all postmortem data
283 collected.
284
- 285 4.3.3. The medicolegal authority shall develop strategies with other local agencies to address
286 **family engagement** and **victim information center (VIC) operations**
- 287 4.3.3.1. Participate in establishing the location of the VIC.
288 i) Consideration should be given to separate staging areas for the media, access points for
289 families, and rest areas for staff.
- 290 4.3.3.2. Initiate family communications via briefings and outreach.
291 4.3.3.3. Coordinate antemortem data collection, including DNA sampling.
292 4.3.3.4. Establish a data management system and document retention plan for all antemortem data
293 collected.
294 4.3.3.5. Coordinate services with other response agencies within the Family Assistance Center.
295
- 296 4.3.4. The medicolegal authority shall develop strategies to address **victim accounting**
- 297 4.3.4.1. Develop a centralized reporting process of unaccounted for persons.
298 4.3.4.2. Develop a manifest of unaccounted for persons potentially involved in the incident.
299 4.3.4.3. Coordinate with the Joint Information Center to provide media with current, accurate
300 information regarding the numbers of missing persons, recovered human remains, and
301 identified decedents.
302
- 303 4.3.5. The medicolegal authority shall develop strategies to address **disaster victim identification.**
- 304 4.3.5.1. Conduct a deliberate process of comparing antemortem data with postmortem data to yield
305 tentative identifications for reconciliation.
306 4.3.5.2. Establish a reconciliation process to determine the criteria for an identification threshold
307 in order to review and confirm or reject tentative identifications presented.
308 4.3.5.3. Establish a policy for re-associating and releasing all fragmentary remains associated with
309 a single individual.
310
- 311 4.3.6. The presiding jurisdiction shall develop strategies to address **storage of remains and**
312 **personal effects**
- 313 4.3.6.1. Establish a transportation plan for movement of remains and personal effects.
314 4.3.6.2. Establish storage of remains.
315 i) A body collection point for on-scene collection of remains and evidence.
316 ii) Temporary storage for all remains undergoing processing at the morgue.
317 iii) Long term temporary storage of unclaimed and unidentified remains.
318 4.3.6.3. Establish policy regarding future access to the remains for additional analysis or release to
319 the legal representative.
320 4.3.6.4. Establish a procedure for preservation, chain of custody, storage and release of personal
321 effects.
322
- 323 4.3.7. The presiding jurisdiction shall develop strategies to address **communication with families**
324 **and release of remains and personal effects.**
- 325 4.3.7.1. Consider applicable state law governing data privacy.
326 4.3.7.2. Consider applicable state law governing the right to control final disposition and release of
327 personnel effects.
328 4.3.7.3. Strategy should balance religious/cultural considerations with the medicolegal
329 responsibility.

- 330 4.3.7.4. Medicolegal jurisdictions should be forthcoming and transparent regarding the condition
331 of remains and the potential for fragmented remains to be identified over an extended
332 period of time.
- 333 4.3.7.5. The medicolegal authority should establish a system to facilitate the wishes of the legal
334 representative authorized to direct disposition regarding subsequent notifications,
335 allowing for future modifications.
- 336 4.3.7.6. Establish a consistent, direct and long-term contact for the legal representative with the
337 medicolegal authority.
- 338 4.3.7.7. Consult with the organized family groups to develop a final disposition strategy for
339 unclaimed and grouped remains.
340
- 341 4.3.8. The presiding jurisdiction shall develop strategies to address **logistics support for all**
342 **operations (scene, morgue and VIC).**
- 343 4.3.8.1. The medicolegal authority has the responsibility to manage the overall fatality
344 management operation regardless of current resource capabilities. Utilization of the
345 incident command structure (ICS) is highly recommended.
- 346 4.3.8.2. Identify the positions and quantities of personnel required to support mass fatality
347 management operations.
- 348 4.3.8.3. Identify the types and quantity of equipment and supplies required to support mass fatality
349 management operations.
- 350 4.3.8.4. Develop site, infrastructure and security requirements for scene, morgue, VIC operations
351 and support staff.
- 352 4.3.8.5. Coordinate with local emergency management to submit and fill resource requests to
353 support mass fatality management operations. Resource requests that cannot be sourced
354 locally should be escalated to partnering jurisdictions, the state and federal governments.
- 355 4.3.8.6. Resource requests should include all support required to operate the equipment (e.g.,
356 personnel, fuel, maintenance)
357
- 358 4.3.9. The medicolegal authority shall develop strategies to address **quality assurance.**
- 359 4.3.9.1. Ensure qualified personnel have been provided the training necessary to perform those
360 tasks assigned to them.
- 361 4.3.9.2. Establish a feedback mechanism between the scene, VIC and morgue operations specific to:
362 i) Packaging, storing, labeling and transporting remains to mitigate damage and
363 commingling.
364 ii) Packaging, storing, labeling and chain of custody for personal effects and evidence
365 collected from antemortem interviews.
- 366 4.3.9.3. Perform an inventory of remains at regular intervals.
- 367 4.3.9.4. Conduct a morgue exit review prior to placing remains in long term storage to ensure all
368 appropriate examinations have been completed and data filed.
- 369 4.3.9.5. Audit case files at regular intervals to ensure completeness, accuracy and legibility.
- 370 4.3.9.6. Establish procedures for regularly documenting, maintaining and calibrating morgue
371 equipment.
- 372 4.3.9.7. Conduct an anthropological review when fragmentary remains are associated with the
373 same individual to ensure anatomical integrity.
- 374 4.3.9.8. Unidentified remains should be re-examined periodically utilizing emerging and enhanced
375 technologies to determine whether additional decedent identifications can be made.
- 376 4.3.9.9. Establish a process for reconciling the manifest of unaccounted for persons against the
377 unidentified remains inventory.
- 378 4.3.9.10. Reconciling paper files against electronic files should be performed as a final quality
379 assurance measure.

- 380
381 **4.3.10.** The presiding jurisdiction shall develop strategies to address **demobilizing operations.**
382 **4.3.10.1.** Develop a demobilization plan to include:
383 iii) Criteria and proposed date for ending the incident specific mass fatality management
384 operations.
385 iv) Communication strategies for notifying the decedent’s legal representatives, local
386 government officials, emergency management, and other response agencies.
387 v) Criteria for re-establishing mass fatality operations.
388 vi) Policy for handling remains recovered after operations have demobilized.
389 **4.3.10.2.** Plans should allow for phased demobilization of operations.
390 **4.3.10.3.** Plans should address inventory, maintenance, and reconstitution of the equipment and
391 supply cache.
392 **4.3.10.4.** Establish procedures for returning acquired resources to the appropriate agency or
393 authorized representative.
394 **4.3.10.5.** Documentation should be finalized and distributed to authorized personnel/agencies.
395 **4.3.10.6.** Personnel should be debriefed to gain lessons learned from the operation.
396 **4.3.10.7.** The medicolegal authority should prepare an after-action report (AAR) for their mass
397 fatality management operations and provide input into the overall incident AAR.
398

399

Annex A

400

(informative)

401

Foundational Principles

402

403 1. The established medicolegal authority is responsible for fatality management operations
404 following a mass fatality incident. Jurisdictional authorities should articulate their roles and
405 responsibilities in a mass fatality incident.

406 2. Identifications should be made through generally accepted scientific modalities.

407 3. Reasonable efforts should be made to identify, or account for, all the persons deceased or
408 unaccounted for in the mass fatality incident.

409 4. Operations and communications must be conducted respectfully and with sensitivity to the
410 victims and their families religious and emotional needs.

411 5. The medicolegal authority is responsible for determining cause and manner of death,
412 documentation, recovery and preservation of all human remains, and associated personal effects.

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Annex B

(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.

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