



*OSAC 2022-N-0021 Family Engagement Following a Mass Fatality Incident:
Victim Information Center Best Practice Recommendations for
Medicolegal Death Investigation Authorities*

OSAC 2022-N-0021 Family Engagement Following a Mass Fatality Incident: Victim Information Center Best Practice Recommendations for Medicolegal Death Investigation Authorities

*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

OSAC 2022-N-0021 Family Engagement Following a Mass Fatality Incident: Victim Information Center Best Practice Recommendations for Medicolegal Death Investigation Authorities

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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, possible coroner, medical examiner, medicolegal death investigation, medicolegal death investigation authority.*



46	Table of Contents	
47		
48	1. Scope	6
49	2. Normative References	6
50	3. Terms and Definitions	6
51	4. Recommendations for Family Engagement	9
52	4.1. Progression of Family Assistance following an MFI	9
53	4.2. Family Assistance Center	9
54	4.2.1. Ownership Recommendations	9
55	4.2.2. FAC Service Recommendations	9
56	4.2.3. Family Briefings	10
57	4.2.3.1. General Guidelines for Family Briefings	10
58	4.2.3.2. Recommended Family Briefing Agenda	10
59	4.2.4. Public Release of Information	11
60	4.3. Victim Information Center	11
61	4.3.1. Purpose and Description	11
62	4.3.2. Activation of the VIC	11
63	4.3.2.1. Establishing Realistic Expectations	11
64	4.3.2.2. Staffing Recommendations	12
65	4.3.2.3. VIC Facility Considerations	12
66	4.3.2.4. Self-Care	12
67	4.3.3. VIC Operations	13
68	4.3.3.1. Reception	13
69	4.3.3.2. Antemortem Interviews	13
70	4.3.3.3. Antemortem Records Collection	13
71	4.3.3.4. Antemortem Data Management	13
72	4.3.3.5. Personal Effects as Reference Samples	14
73	4.3.3.6. Death Notifications	14
74	4.3.3.7. Identification Notification Preferences	14
75	4.3.4. VIC Demobilization	14
76	Bibliography	16
77		



78 **1. Scope**

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

87 **2. Normative References**

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

- 91
- 92 1) Assistance to families of passengers involved in aircraft accidents, 49 U.S. Code § 1136 (1996,
93 1997)
- 94 2) Assistance to families of passengers involved in rail passenger accidents, 49 U.S. Code § 1139
95 (2008)
- 96
- 97 3) National Transportation Safety Board, Office of Transportation Disaster Assistance. (2008).
98 Federal Family Assistance Plan for Aviation Disasters.
- 99 4) Plans to address needs of families of passengers involved in aircraft accidents, 49 U.S. Code §
100 41113 (2021)
- 101
- 102 5) Plans to address needs of families of passengers involved in foreign air carrier accidents. 49 U.S.
103 Code § 41113 (1996) and 41313 (1997),
- 104
- 105 6) Plans to address needs of families of passengers involved in rail passenger accidents, 49 U.S. Code
106 § 24316 (2008)

107 **3. Terms and Definitions**

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

109 **3.1.**

110 **Disaster Victim Identification (DVI)**

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

113

114 **3.2.**

115 **Family Assistance**

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

118



119 **3.3.**
120 **Family Assistance Center (FAC)**
121 The Family Assistance Center (FAC) is the focus of services for family members following an
122 incident. FACs are designed to meet the immediate and short-term needs of family members: safety,
123 security, physiological needs (food, sleep), information (about the victim recovery and
124 identification process and the investigation), and crisis/grief counseling. The FAC is designed to
125 provide information to families and friends of victims, decision-makers, the media, and the public,
126 regarding the on-going operations. The role of the medicolegal authority at the FAC includes
127 gathering antemortem data via the Victim Information Center and notifying the legal representative
128 authorized to direct disposition regarding the deceased. FACs can be physically and / or virtually
129 established sites

130 **3.4.**
131 **Family Reception Center**
132 **FRC**
133 The Family Reception Center (FRC), also known as the Friends and Relatives Center, is a temporary
134 location established minutes or hours after incident notification as a location for friends and family
135 members to gather and receive information until a FAC is established and operational. FRCs alleviate
136 an unmanageable congregation of family members at the medicolegal authority's office, or the
137 incident site, and are intended to be open facilities for any individual that suspects their loved one
138 may have been involved in the incident. Reunification of victims and families ideally occurs at the
139 FRC rather than the FAC
140

141 **3.5.**
142 **Joint Information Center (JIC)**
143 A location where personnel with public information responsibilities coordinate critical emergency
144 information functions, crisis communications, and public affairs functions
145

146 **3.6.**
147 **Manifest of unaccounted for persons**
148 Working list of persons potentially involved in an incident which may include deceased, injured,
149 and otherwise unaccounted for persons
150

151 **3.7.**
152 **Mass fatality incident (MFI)**
153 Any incident which produces fatalities of a sufficient number or complexity that special operations
154 and organizations are required
155

156 **3.8.**
157 **Mass fatality management**
158 The overarching operation involving processing a disaster incident. This includes communicating
159 with victim families, search and recovery, processing and identification of the dead, and returning
160 them to their families. Fatality management operations are split into distinct roles including scene
161 operations, morgue operations and family assistance (aka victim information). The protocols for
162 each are held within the individual medicolegal authority's mass fatality plans
163

164
165
166
167 **3.9.**



168 **Medicolegal Death Investigation (MDI) Authority**
169 The medical examiner, coroner or other office responsible for medicolegal death investigation in a
170 given jurisdiction. The term medicolegal authority is an abbreviation for medicolegal death
171 investigation authority, and when used in this document, shall be construed as though it were
172 written out in full
173

174 **3.10.**

175 **Victim Information Center (VIC)**

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

181 **4. Recommendations for Family Engagement**

182 **4.1. Progression of Family Assistance following an MFI**
183

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

192 **4.2. Family Assistance Center**
193

194 **4.2.1. Ownership Recommendations**
195

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

- 205 - Office of Emergency Management
- 206 - Public Health Department
- 207 - Jurisdiction's Chief Official
- 208 - Human Services Department
- 209 - Other local government agencies

210



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

214

215 **4.2.2. FAC Service Recommendations**

216

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

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

234

235 **4.2.3. Family Briefings**

236

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

249

250 **4.2.3.1. General Guidelines for Family Briefings**

251

- 252 1) Always provide information to the families before releasing information to the media.
- 253 2) Provide family briefings as soon as possible and maintain a regular schedule for briefings. The
254 frequency of briefings may change over time depending on need.
- 255 3) The MDI authority should consider providing alternate means of communicating with families
256 for those unable to travel to the FAC for family briefings (e.g. video or phone conference).



- 257 4) The MDI authority, or their designee, should be present at all briefings to report on victim
- 258 recovery and identification processes and progress.
- 259 5) Other responder agency leadership should attend all briefings to answer questions relating to
- 260 their respective areas.
- 261 6) Security should be present to ensure only appropriate people are allowed into the briefing room.
- 262 7) Behavioral health and spiritual care providers should be present at all family briefings.
- 263 8) Translation and interpretation services should be coordinated as needed.
- 264 9) The MDI authority should develop a Family Briefing Agenda and talking points in advance of the
- 265 briefing and present information using plain language (simple and understandable terms).

266 267 **4.2.3.2. Recommended Family Briefing Agenda** 268

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

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

283 **4.2.4. Public Release of Information** 284

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

291 **4.3. Victim Information Center**

292 i)

293 **4.3.1. Purpose and Description** 294

295 The VIC is a secure and centralized location, typically within the FAC, established for the purpose of
296 facilitating the exchange of antemortem information. It is the responsibility of the medicolegal
297 authority to establish the VIC, to oversee the data management process and to make identifications.
298 Law enforcement is responsible for conducting missing person investigations and providing
299 information regarding the status of these investigations to the medicolegal authority. This is an
300 especially critical function in an open population mass fatality incident, where the victim population



301 is not clearly defined. The VIC operation contributes to the development of a reliable list of deceased
302 victims involved in the incident.

303
304 **4.3.2. Activation of the VIC**

305
306 The medicolegal authority should communicate with local partner agencies to identify whether or
307 not a FAC is being activated. If activated, the medicolegal authority should communicate VIC
308 requirements to the partner agency responsible for FAC operations. When a FAC has not been
309 established the medicolegal authority must decide whether or not to establish a VIC as a stand alone
310 operation. This decision should be based upon whether or not it will enhance the ability to collect
311 and disseminate information in a centralized manner.

312

313 **4.3.2.1. Establishing Realistic Expectations**

314
315 A central tenet of MFI management is that the manner in which the families are treated may be the
316 determining factor in the perceived success of the incident response. Establishing realistic
317 expectations about the medicolegal operation and timeline helps build and maintain trust between
318 the medicolegal authority and the friends and family of victims. This can be accomplished through
319 collaboration with other responding organizations, in scheduled daily family briefings that include
320 the following:

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

325
326 **4.3.2.2. Staffing Recommendations**

327 Staff under medicolegal authority supervision should include:

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

343
344
345 It may be necessary to reach out to partners (government, private) in your local jurisdiction to fulfill
346 the staffing needs of this operation. The circumstances of specific incidents may allow for individuals
347 to serve multiple roles. The medicolegal authority should manage these staff.

348



349 **4.3.2.3. VIC Facility Considerations**

350
351 When establishing a VIC operation the medicolegal authority should work collaboratively with the
352 FAC lead agency to ensure that the facility is/has:

- 353 1) Convenient location for the family and friends of victims of the incident
354 2) Secure & private
355 3) Internet and cellular service and hardware to support large amounts of data transmission
356 4) A family waiting room that can accommodate up to 10 family members per victim
357 5) Private rooms to support antemortem interviews
358 6) Large assembly room for family briefings
359 7) Administrative space to support back office operations
360 8) Room for staff respite

361
362 The location selected for a Family Assistance Center should be scalable so that as the incident unfolds
363 and families arrive, the operation can accommodate larger groups than initially anticipated.
364 Consideration should be given to accommodate for establishing virtual VIC operations when the
365 incident warrants.

366
367 **4.3.2.4. Self-Care**

368
369 Effort should be taken by the medicolegal authority to ensure the safety and psychological well being
370 of VIC personnel.

371
372 **4.3.3. VIC Operations**

373
374 **4.3.3.1. Reception**

375
376 The medicolegal authority should coordinate a reception process with FAC leadership to document
377 persons entering the FAC. This would include a formal registration that allows for expedient
378 identification and notification of the legal representatives authorized to direct disposition who are
379 present at the FAC. A family liaison should also be assigned at this time to assist the families
380 throughout the process. Caution should be taken to protect the family and friends from those
381 attempting entry to the FAC to solicit business or information.

382
383 **4.3.3.2. Antemortem Interviews**

384
385 Interviews with families and friends of those who are presumed deceased are a primary source of
386 the antemortem data needed to identify human remains. These interviews may be conducted by a
387 variety of personnel who are trained in conducting antemortem interviews involving in-depth and
388 confidential conversations with family members in a respectful and compassionate manner. This
389 interview may take multiple hours to complete, following which the interviewers should be provided
390 a rest period of no less than 30 minutes. The interview should not resemble an interrogation, and
391 instead should be facilitated as a conversation to gain pertinent victim information, including
392 medical/dental history, employment history, and unique identifying features (such as scars, marks,
393 tattoos, and previously recorded fingerprint records). If there is a concurrent missing persons
394 investigation led by law enforcement, the medicolegal authority should coordinate with law
395 enforcement to conduct a joint family interview as a means to reduce duplication of effort and further
396 trauma on the interviewees.

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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. Consult the OSAC Mass Fatality Incident Data Management: Best Practice Recommendations for the Medicolegal Authority for a description of available systems for DVI data management.

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



444 individual family groups. This may also include facilitation of the death certification process and
445 assistance with the timely release of remains for final disposition.

446

447 **4.3.3.7. Identification Notification Preferences**

448

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

452

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

457

458 **4.3.4. VIC Demobilization**

459

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

467

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

475

476

Annex A

477

(informative)

478

Bibliography

479

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

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