

NATIONAL ASSOCIATION OF MEDICAL EXAMINERS

STANDARD OPERATING PROCEDURES

for

MASS FATALITY MANAGEMENT

2010



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SECTION I

INTRODUCTION

I. DEFINITION OF MASS FATALITY

Traditionally, a mass fatality has been defined as any incident resulting in more decedents to be recovered and examined than can be managed in the local Medical Examiner/Coroner (ME/C) jurisdiction. The number of fatalities that a jurisdiction can handle should be determined *before* a disaster occurs.

More recently, the definition has been shifting to include any incident that results in or has the potential to result in the death of a certain number of individuals. For example, an explosion at a factory, if the potential for multiple deaths is present, should result in notification of the ME/C. The extent of implementation of the mass fatality response plan will be determined after an assessment of the number of fatalities and/or potential fatalities.

The ME/C is responsible for the medicolegal investigation of the incident, including human factor considerations (e.g., toxicology). A mass fatality incident does not diminish this responsibility. The ME/C is in charge of the documentation, examination, identification, recovery, disposition, and certification of all remains as well as morgue operations. Additional assistance from other organizations and agencies is subject to the discretion and approval of the ME/C.

II. EVALUATION

A. Jurisdictional responsibility should be determined at the onset. The local ME/C has the legal jurisdiction to conduct victim identification, determine cause and manner of death and certify death certificates. In mass fatality incidents no Federal authority can assume these responsibilities.

B. An evaluation team consisting at a minimum of the Chief Medical Examiner (CME)/C should proceed to the disaster site to assess needs to complete victim identification.

The evaluation team should include an Operations Director and a Chief Investigator if they are part of the office. The scene should be secured and the safety issues assessed before clearance is given for the evaluation team to enter the incident site.

C. Evaluate:

1. Number of fatalities
2. Decedent population (open or closed)
3. Condition of remains
4. Accessibility of recovery site
5. Equipment and supplies needed for recovery, including refrigeration trucks
6. Biological, chemical or physical hazards
7. Need for incident morgue or temporary holding site

D. Select a site for temporary morgue if needed with estimate of number of personnel.

E. Select a site for Family Assistance Center with estimate of number of personnel.

F. DMORT or Local Team assistance - The Disaster Mortuary Operational Response Teams and other State and Local Mass Fatality Response Teams can provide a multidisciplinary assistance team to aid in evaluation of the need for additional personnel and equipment. During an emergency response, these teams can work to support the local jurisdiction and provide support personnel and technical assistance to assist in the processing of the decedents.

III. SITES OF OPERATION

- A. Scene—decedent and initial evidence recovery. Also site of a holding area if needed.
- B. Temporary morgue if needed.
- C. Family Assistance Center
 - 1. Care of victims' families
 - 2. Acquisition of antemortem data
 - 3. Briefings for families
 - 4. Notification of positive identifications
- D. ME/Coroner's office

SECTION II
NATIONAL INCIDENT MANAGEMENT SYSTEM

I. DEFINITION

The National Incident Management System (NIMS) is a set of concepts, principles and terminology designed to provide a unified approach for preparing and responding to incidents. The NIMS provides a framework for interoperability between and among federal, state and local governments as well as the private sector and nongovernmental agencies.

II. HOMELAND SECURITY PRESIDENTIAL DIRECTIVE (HSPD-5)

HSPD-5 was issued on February 28, 2003. It requires all Federal departments and agencies to adopt the NIMS. They must use it for domestic incident management and emergency prevention, preparedness, response and recovery. They also must make adoption of the NIMS by State and local organizations a condition for Federal preparedness assistance including, but not limited to, grants and contracts. The NIMS allows effective and efficient incident management by using a core set of concepts, doctrine, principles and terminology. It also provides standardization that improve interoperability among jurisdictions and personnel by using standardized organizational structures, requirements for processes and procedures and effective communication and information management.

III. NIMS COMPONENTS

A. Command and Management

1. Incident Command System
2. Multiagency Coordination Systems

- 3. Public Information Systems
- B. Preparedness
 - 1. Planning
 - 2. Training
 - 3. Exercises
 - 4. Personnel Qualification and Certification
 - 5. Equipment Acquisition and Certification
 - 6. Mutual Aid
 - 7. Publications Management
- C. Resource Management
- D. Communications and Information Management
 - 1. Incident Management Communications
 - 2. Information Management
- E. Support Technologies
- F. Ongoing Management and Maintenance

*Reference:

SECTION III
SCENE RESPONSIBILITIES

I. SEARCH AND RECOVERY OVERVIEW

The search for and recovery of remains and other pertinent materials from disaster sites requires a standardized approach to ensure that the location of materials within the scene is documented. Obviously, the search and recovery of human remains and evidence is secondary to life-saving operations.

The Medical Examiner should develop a plan in conjunction with other emergency response personnel. A unified incident command or management system (ICS) will be instituted. This assures a unified command with a specific individual in charge through which all activities are coordinated.

II. INCIDENT ASSESSMENT: INITIAL EVALUATION OF SCENE and DETERMINATION OF EQUIPMENT and PERSONNEL NEEDS

The approach to recovery, as well as the recovery rate, may vary based on the scene conditions, the condition of the remains (intact bodies vs. extensive fragmentations), and the degree of interest in gathering information. The evaluation team should meet and proceed to the scene, as soon as possible.

Suggested Evaluation Team Members include:

-ME/C

-Deputy Medical Examiner

-Chief Medical Examiner Investigator

Additional members may be added, as appropriate, for a given jurisdiction. For example, some jurisdictions may include representatives from the health department.

III. RESPONSIBILITIES OF EVALUATION TEAM

A number of factors need to be assessed to determine the best course of action regarding management of the mass fatality. Appendix A contains an Initial Incident Assessment and Scene Recovery Checklist. Items to evaluate include:

- Determine location of incident command post and contact the Incident Commander.
- Obtain estimated number of fatalities. As accurate estimate is critical in knowing which steps should be taken next, how many personnel are needed, whether a temporary morgue will be required.
- Determine whether the population is open or closed. An example of a closed population is an aircraft crash with a reliable manifest of individuals who were on the flight. Open population events require development of a list of possible victims based on missing person reports.
- Determine the condition of human remains (charred, fragmented). Extensive fragmentation will require a significant DNA effort.
- Evaluate the recovery rate. Although an event may result in 10s to 100s dead, it is possible the remains may be recovered at a very slow rate based on the event. The slow rate of recovery may minimize the needs for outside assistance.
- Identify scene hazards such as topography, structural collapse, chemical, biological, radiation and/or explosive hazards. Disaster sites are often hazardous. Site workers must understand the hazards and take steps to prevent injury or illness.
- Evaluate accessibility of the scene and equipment necessary to begin recovery operations.
- Determine need for assistance of additional medical Investigators or local mass fatality response teams if available.
- Determine need to contact the local Dental Identification Team, if available.

- Determine need to request assistance of DMORT and request DMORT as appropriate. It is possible to request certain components of DMORT such as only the Family Assistance Center Team or only forensic pathologists.
- Ensure all emergency responders/scene personnel are told to leave the remains of all deceased persons and personal effects undisturbed.
- Requisition needed equipment.

IV. SCENE SECURITY

Security at the scene of a mass fatality incident is critical to the success of the operation. The scene must be clearly delineated and access must be limited to individuals with a clear need to be present. Representatives from the media and individuals who are not officially members of the search and recovery teams must be kept out of the scene.

- A. The scene access must be restricted to authorized personnel.
- B. To establish scene security and control, first responders should:
 1. Set up a security perimeter.
 2. Establish staffed entry and exit points.
- C. Restrict access into and out of the scene and secured areas:
 1. Issue site specific identification.
 2. Maintain and update access logs and databases.
 3. Brief and debrief personnel when they enter or leave the staging areas.
- D. Law enforcement should remove unauthorized personnel from the scene.
- E. Request a no-fly zone over the scene.
- F. Establish on-scene staging areas:
 1. Parking areas for responder's vehicles.
 2. A media staging area for releasing information to the public about the incident.
 3. Locations for remains/evidence recovery personnel to check evidence, package the evidence, and document their findings.

V. EQUIPMENT AND MATERIALS POTENTIALLY REQUIRED AT THE SCENE AND THE ON-SCENE STAGING AREA

Establish an on scene staging area, proximate to the incident scene, and provide maximum security from public and media scrutiny. The remains and evidence processing teams can use the on-scene staging area to check documentation, maintain the chain of custody, and conduct potential triaged functions. It may be necessary to erect a large tent for the staging area. If possible, forensic identification specialist will be placed at the staging area.

EQUIPMENT LIST:

- Protective clothing: gloves, boots, coats, hard hats, rain suits, respirators, etc. as indicated by the situation.
- Body bags or other appropriate storage containers. The degree of dismemberment of the bodies may be so extensive that standard body bags are not appropriate. Heavy duty, thick, 1 to 2 gallon Ziploc type bags may be used.
- Refrigerated trucks with metal floors and walls. Assume 20 bodies per 40 foot trailer at 35 to 38°F.
- Tents and storage facilities.
- Screening materials to create visual barriers.
- Flags and spray paint for marking locations.
- Identification tags (plastic, Tyvek, metal or another waterproof material)
- Pens with Permanent Ink.
- Biohazard bags and boxes.
- Photography equipment.
- Gridding, laser survey, total station GPS systems.
- Communication devices such as radios and cell phones.
- Writing or computer equipment for log maintenance

VI. CONTAINMENT OF REMAINS (DECONTAMINATION EFFORTS)

If the threat of contaminated remains, personal effects, and other items of evidence exist, the Medical Examiner and all supporting agencies must determine the best approach for mitigating the hazardous material agent while preserving all items of interest.

Little scientific data exists regarding whether human remains can be decontaminated. Postmortem changes, fragmentation and burning alters the exposed surfaces.

Consequently, it may be difficult or impossible to know whether contaminated remains are safe for handling with standard personal protective equipment. Deaths due to certain infectious agents, such as smallpox, may result in remains that absolutely cannot be decontaminated and where universal precautions may not be adequate. In summary, the focus in some cases may need to be shifted to containment of the remains should examination be restricted to gathering limited information.

A. Determine the level of personal protective equipment necessary to complete the operations.

B. Determine the size and composition of the containment team, which may include hazardous materials technicians, forensic pathologists, forensic anthropologists, forensic odontologists, forensic photographers, law enforcement, fire service professionals, medical examiner investigators, and medical support staff for the containment team.

C. If removal of personal effects and/or evidence is completed on the cleaning and containment line, all items should be documented in writing and with photography. Items removed from the remains will receive the same number as the remains and be packaged for safe handling.

D. If necessary, the cleaning and containment process can be repeated multiple times until the remains are safe to handle in the morgue. If the remains cannot be cleaned or contained, the ME/C will determine disposition of the remains.

E. The remains placed in the proper receptacle and forwarded to clean refrigerated area or incident morgue.

F. For unusual cases, If necessary, forensic examination of the remains may be completed on the cleaning and containment line.

VII. TEMPORARY HOLDING AT THE SCENE

The use of a temporary holding facility may need to be established depending on the incident. Remains will be held here until transported to the morgue or incident morgue.

A. Assign a unit leader to maintain the inventory of all remains being held at the temporary holding facility.

B. Use a permanent or semi permanent structure or refrigerated trucks for holding.

C. Procedure:

1. Remains removed from the disaster site will be placed into body bags or other appropriate containers.
2. Intact remains must always be placed in the supine position.
3. The bag will be marked with the site recovery number.
4. The bag will be placed into the temporary holding area and logged into the inventory system. The date and time should be included in this log.
5. Remains will not be stacked.
6. The inventory system log will include the time that the bag is removed from the temporary holding facility.

VIII. TRANSPORTATION OF REMAINS FROM THE SCENE TO THE MORGUE

A. Arrange for transfer to the incident morgue.

B. Provide professional and a dignified transportation.

C. Transportation may be provided by a professional funeral vehicle or in a refrigeration trailer. The mechanism for transport will vary with the incident.

D. Transportation logs with chain of custody are required. The log will include.

1. The assigned scene recovery number.
2. The number of remains being transported.
3. The license number of the transporting vehicle.
4. The name of the driver of the vehicle.
5. The signature of the driver accepting responsibility for the remains.
6. The date and time the vehicle leaves the incident site for the incident morgue.

E. Requirements for transfer include personnel to move the bodies into the transport vehicles, appropriately licensed drivers, and appropriate vehicles.

F. Procedures for transport:

1. The vehicle driver will be assigned the route and will proceed directly to the morgue without deviations from the assigned route.
2. Police escort may be arranged if indicated.
3. The transporter will confirm the incident morgue is able to receive the remains before leaving the temporary holding facility.
4. The transporter will transfer the remains to the incident morgue using standard chain of custody documentation.

IX. RECOVERY TEAMS

Recognize that for most transportation incidents, the FBI Evidence Response Teams will provide personnel and management for the search and recovery of human remains, personal effects, and accident related wreckage. The local jurisdiction may be asked to augment the FBI response, based on the details of the event. The Medical Examiner will appoint a representative to work with the FBI in the recovery of the remains.

A. Appoint a body recovery team supervisor.

B. If the FBI is not involved, appoint recovery teams that include:

- Medical Examiner Investigator
- Representatives from law-enforcement
- A scribe
- A photographer
- A forensic anthropologist and/or a forensic odontologist
- An evidence technician.

**NO REMAINS MAY BE MOVED UNTIL DIRECTION AND APPROVAL HAVE BEEN
GIVEN BY THE MEDICAL EXAMINER/CORONER**

X. SEARCH and RECOVERY

The process of recovery of human remains and evidence should be supervised by individuals with experience in the process. It may be of benefit to contact surveyors as consultants. An overview of what should occur is contained in the NIJ Special Report, Mass Fatality Incidents: A Guide for Human Forensic Identification, June 2005.

The process, in summary involves:

- Obtaining overall scene photographs using both videotaping and standard photography.
- Include area landmarks in the overall photographs.
- Identify the borders of the scene and permanent landmarks
- Establish a primary reference point
- The scene should be divided into identifiable sections using a grid
- The measuring devices must be accurate.

- A. Individual items should be photographed in place (with photos that provide an overview of where the item is and close up photographs.) Include scales in all photographs of objects. An arrow indicating north is useful.
- B. All evidence should be marked with a stake, identifying numbers attached.
- C. Be careful to protect the hands if the potential to lose the epidermis and thereby limit the ability of the fingerprinting section to complete their evaluation.
- D. After removing the remains, photograph the areas from which evidence was recovered to document whether anything was under the remains.
- E. Do not remove any personal effects on or with the remains. Transport all personal effects on or with the remains to the morgue.
- F. When necessary, wrap the head before moving it to protect cranial and facial fragments and teeth.
- G. After the remains and evidence processing teams have cleared the area and before releasing the scene for public access, conduct a final shoulder-to-shoulder sweep search to locate any additional items.
- H. Place the recovered body or body part in the temporary holding facility.
- I. The Medical Examiner should **not** process personal effects that are not attached to or on the body or body fragments.

XI. SEQUENTIAL NUMBERING AT THE SCENE

- A. Assign a scene recovery number. This number is different from the number assigned at the incident morgue. The numbering system must be simple and should avoid the use of consecutive letters and hyphens.
- B. For every body or body part recovered, an example of the number assigned is S-1, S-2, S-3, etc.

- C. If the event resulted in extensive dismemberment, anticipate thousands of body parts. A document attached to this number will include information indicating where the remains, personal effects, and evidence were recovered. All transfers of custody, (including the name of the recipient and the date and manner of transfer) are to be recorded.
- D. Be certain to include recovery location information.

XII. RECORDS OF RECOVERY AND DENOTING THE INCIDENT

- A. Record notes that may help with personal identification or scene reconstruction (e.g., generic descriptors, such as foot or shoe).
- B. Include documentation of the evidence collector (e.g., the collector's unique identifier and the date and time of recovery).
- C. Mark the outside of the primary bag or container and with the identifying number, the collector's unique identifier, and the date and time of collection. Use a permanent marker!
- D. Place the same identifying number on the inside of the primary bag or container.

Reference:

National Institute of Justice. (2005). *Mass Fatality Incidents: A Guide for Human Forensic Identification*

SECTION IV
INCIDENT MORGUE

I. SITE SELECTION

A. Should be away from incident site

B. Must be accessible

1. Water/electricity source
2. Space for refrigerated trailers
3. Security concerns

II. STATIONS and PERSONNEL OVERVIEW

A. Workstations may include (based on needs of the ME/C)

- Personal Protective Equipment (PPE)
- Triage
- Admitting
- Personal effects
- Photography
- Pathology
- Anthropology
- Odontology
- Fingerprinting
- DNA sample collection
- Radiology

III. PERSONAL PROTECTIVE EQUIPMENT

A. All personnel involved in handling of human remains must wear the following:

1. Impervious gown or Tyvek-type suit
2. Disposable head covering
3. Disposable mask
4. Eye protection
5. Disposable shoe covers
6. Disposable gloves—double gloving is recommended

- B. Complete PPE must be worn at all times when handling a decedent.
- C. No food, drink or chewing gum allowed in the morgue at any time.
- D. Eye wash stations should be readily accessible.

IV. TRIAGE STATION

- A. Consists of a pathologist, anthropologist and odontologist. May also include a fingerprint specialist.
- B. Separate human tissue from non-associated remains.
- C. Route material evidence to appropriated law enforcement agency.
- D. Identify stations where remains need to processed.
- E. Assigns a Disaster Victim Package (DVP) with all needed forms and routes remains to the admitting Station.

V. ADMITTING

- A. Assign a number to each set of remains. Use a simple system of whole numbers beginning with "1". Following identification, the ME/C can incorporate their office case numbers to account for decedent remains.
- B. Assign an escort, if enough personnel available, to escort the remains through the morgue stations. The escort is responsible for the collection and safe keeping of papers in the DVP. (APPENDIX C)

VI. PATHOLOGY

- A. This station should consist of at least two forensic pathologists and two autopsy technicians. A forensic photographer should be available to assist at the request of the pathologist.
- B. The pathologist should:
 - 1. Review radiographs
 - 2. Document clothing, personal effects and medical intervention if present

3. Document general physical characteristics
4. Document scars, tattoos and other unique identifiers
5. Document trauma
6. Document and recover, when appropriate, implanted medical devices and prostheses
7. Collect appropriate toxicology samples if warranted
8. Conduct a complete autopsy if indicated, based on NAME Standards.
 - a. Virchow or Rokitanski (pathologist's preference)
 - b. Save representative samples of tissues in formalin
 - c. Dictate results immediately after autopsy (preferred) but no later than end of shift.
9. Body diagrams and Pathological Findings forms will be completed and placed in the chart (APPENDIX C)

VII. PHOTOGRAPHY/PERSONAL EFFECTS

No photography other than that related directly to photographing the decedents and personal effects unless permission is given by the ME/C. All photography will be digital.

- A. Full face, laterals of each side, chest and abdomen and back will be taken.
- B. The case number and reference scale must be in each photo.
- C. A photo log will be maintained.
- D. Photographs of all personal effects will be taken before removal in the pathology station.
- E. The digital images will be stored in electronic format with a backup such as a server.
- F. Copies may be printed for assistance in identification when requested by the ME/C.
- G. Personal effects will be cleaned of gross body fluids and placed in clear bags for easy identification.
- H. The bag will be clearly labeled with the case number.
- I. Personnel are not responsible for repair of personal effects.

- J. Personal effects will be documented on Personal Effects form and placed in the chart. (APPENDIX C)

VIII. RADIOLOGY

It is recommended that all remains have full radiographs to insure that physical items are not missed during processing of the remains, that identifying features are noted, and that materials that may be dangerous to the examiners are found before the examination.

A. Radiology should be established in an area of the morgue that is secluded from all other sections. It should contain a portable X-ray unit and portable lead walls.

B. Personnel will consist of a radiology section leader and at least two additional radiology technicians. These may be autopsy technicians if the particular jurisdiction trains them to take radiographs.

C. All personnel in this section will wear a dosimeter badge and appropriate lead protection including an apron and thyroid protector.

D. The procedures are as follows:

1. Radiograph all remains entering the morgue.
 - AP and laterals of head with a clear view of sinuses
 - AP of abdomen and chest
 - Extremities if scars are present, requested by the pathologists or deemed necessary by the ME/C
2. Maintain a log of all radiographs taken to include date and time, case number and number of X-rays taken of each set of remains and initials of radiographer.
3. Document unique identifiers on "Radiographic Findings" and place in chart. (APPENDIX C)

IX. ODONTOLOGY

The odontology section is composed of several processes—antemortem findings, postmortem exam and comparison.

A. The dental section is composed of at least two forensic odontologists with trained support personnel to assist in documentation.

B. ANTEMORTEM

1. Antemortem records may need to be transcribed into standard format and nomenclature.
2. Non-digital images may need to be scanned and entered into standard format

C. POSTMORTEM

1. Craniofacial dissection must be approved in advance by the ME/C. Craniofacial dissection will only be done if adequate information cannot be obtained without it.
2. All dental findings will be recorded in standard format and nomenclature. Charting format will depend on whether computers are being used in the morgue area.
3. A complete radiographic survey should be recorded using digital intraoral sensors. Extraoral photographs may be used of practical and it will assist in identification.

D. COMPARISON

1. A dental comparison software program may be utilized.
2. Comparisons must be done in pairs to prevent errors.
3. Positive identification must be agreed upon by two forensic odontologists.

- X. ANTHROPOLOGY Staffing of this section depends on the nature of the disaster.
 - A. A log will be maintained of all remains examined.
 - B. The remains will be evaluated for condition.
 - C. A biological profile will be completed to include:
 - 1. Age at death
 - 2. Sex
 - 3. Race
 - 4. Stature
 - 5. Antemortem trauma or pathology
 - 6. Anomalies or anatomic variations
 - 8. Document prosthetic devices and remove if necessary to record serial numbers
 - D. Findings are to be documented on the appropriate forms and placed in the chart. (APPENDIX C)

XI. DNA SPECIMEN_COLLECTION

- A. DNA specimens should be collected from all sets of remains, including large fragments; the decision to perform the testing is a later consideration.
- B. DNA specimen collection should be coordinated with the laboratory that will perform the testing.
- C. Cross-contamination must be avoided; sterile disposable instruments should be used; a three-person technique is recommended:
 - 1. Gloved person (pathologist or lab staff) removes the specimen sample from the human remains
 - 2. Gloved person holds receiving container, closes and labels container
 - 3. Ungloved person checks the label and documents specimen collection
- D. Appropriate DNA specimens (two sources) should be taken, preferable from deep non-exposed sites:

1. Fresh bodies
 - i. Oral swabs/buccal scrapings
 - ii. Fresh blood (7 ml liquid blood in red top tube or dried bloodstain)
 2. Moderately decomposed, fragmented, or partially incinerated remains
 - i. Red muscle (10 grams)
 - ii. Rib cuttings (two inches)
 - iii. Brain, if not liquified (20 grams)
 - iv. Bladder lining scrapings, in the case of incinerated remains
 3. Severely decomposed remains
 - i. Long bones (either intact or 6 inches of hemi-shaft)
 - ii. Teeth (roots must be included)
- E. Specimens should be considered biohazardous, double bagged, kept refrigerated, and transported to the lab as soon as possible, with chain-of-custody documentation.

SECTION V
FAMILY ASSISTANCE CENTER

I. INTRODUCTION

In the aftermath of a catastrophic mass fatality, a fundamental and essential component of the care and management of the dead is the expeditious establishment of a Family Assistance Center (FAC). The establishment of a FAC is necessary to facilitate the exchange of information and to address the families' needs. It is recognized that in the some events, i.e. Pandemic Influenza, the establishment of a FAC may not be feasible requiring alternative measures to perform the functions discussed below. These alternatives are considered later.

The traditional FAC is a secure facility established as a centralized location to provide information about missing persons who may be victims of the disaster; a gathering point where information is exchanged in order to facilitate the body identification process and the reunification of next of kin; a location for the collection of DNA; and where spiritual and emotional support is provided for those awaiting information about their loved ones. Also, given the circumstances, additional supportive services such as housing information/referral, insurance, and legal assistance may be provided.

The local Medical Examiner or Coroner may be responsible for the establishment of the FAC. An exception to this responsibility is in a major aviation accident whereby the National Transportation Safety Board (NTSB) has oversight responsibility for the provision of services to the FAC. Air carriers are required to provide the actual FAC and to work with the American Red Cross to provide family support services.

II. FUNCTIONS

- A. Coordinates with the ME/C to implement the appropriate system to facilitate victim identification.
- B. Establish a command structure to manage the FAC staff.
- C. Provide trained interviewers for the family interview process
- D. Establish antemortem data acquisition and an entry plan for this information.
- E. Establish death notification procedures with the ME/C.
- F. Work with Federal partners if they are assigned to the FAC.
- G. Work with the ME/C to establish release of information.

III. SITE SELECTION

The type of mass fatality incident and number of fatalities will affect site selection. The FAC should not be close to the incident scene so as not to cause unnecessary prolonged exposure of the incident site to the family. The FAC should be able to reasonably and comfortably allow the staff to conduct their important and sensitive mission while meeting the multiple needs of the families.

IV. INFRASTRUCTURE

The FAC must be able to accommodate the various needs of the staff and family who are providing services. The structure must offer adequate utilities including electrical power, telephone/cell phone, toilets, controlled heat and air conditioning, water, to be established.

- A. Reception and Registration

Families should be greeted and required to sign in. Family members should be given a badge or other means of identification so they can easily access the FAC through security. They will be required to leave contact information so that they can be contacted for or with additional information. If adequate personnel are available, an escort may be assigned to each family group to take care of their needs throughout their stay.

B. General Assembly Room

A large room with a public address system should be available so that updates on the search and recovery process can be given at least twice daily to family members by the ME/C or his or her designee. Activities in this room may require translator services, including sign language interpretation. In large cities, possible sources for translators include a local consulate, embassy, or the U.S. Department of State. Refreshments should be made available here. Local grocers, restaurants and vendors should be contacted for the possibility of donation of food and drinks. There should also be adequate toys and games for children that may accompany the families.

C. Interview Rooms

1. Personnel at the FAC will be assigned to collect accurate and detailed antemortem information from the families and friends of the victims. This information may be gathered by experienced death investigators or funeral directors who have been well briefed on the information they need to collect from the families. If funeral directors are providing this service, it is critical that they act as representatives of the Medical Examiner/Coroner and not as funeral directors. Funeral directors may be selected to perform this service for many reasons, including their training in collecting antemortem information and their experience in dealing with families in crisis. Two hours should be allowed for each interview, allowing 30 minutes between interviews to input data. Interviews can be

conducted via telephone for those families that cannot come in to the FAC. The DMORT VIP forms (APPENDIX D) are available for all offices to utilize at their discretion.

2. FAMILY REFERENCE SPECIMEN COLLECTIONS

- A. DNA specimens should be collected from all family members as soon as possible, to permit the creation of a database from which all victim remains testing will be compared.
- B. It is preferable to collect DNA specimens from as many family members (particularly parents and siblings) as possible; the lab will test the specimens that they require.
- C. A picture identification of the family member should be checked against the name of the individual presenting himself or herself for DNA specimen collection. A fingerprint may also be obtained.
- D. The true biological relation of the family member should be checked and documented on a pedigree chart (<http://massfatality.dna.gov/sampleforms/>). Stepparents and brothers-in-law and half-sisters should be distinguished from biologic parents and siblings. The possibility on undisclosed non-paternity should be considered.
- E. A form for signature should document the DNA specimen collection. This form should state that the DNA will only be used for human remains identification. The form should also state that any discovered non-paternity will not be revealed, assuming that is the policy.
- F. Oral swabs (buccal scraping) will suffice for the DNA collection, although tubes of blood or bloodstains from fingerpricks can also be used. The inside of the mouth (buccal mucosa) should be vigorously scrubbed (~20 strokes) to ensure an adequate specimen. The swab should then be thoroughly dried (~20 minutes). Alternatively, the DNA may be immediately transferred from the swab to a card. A second swab may be

collected as a backup specimen. Regardless, the oral swab may later be repeated, if necessary.

G. A booklet explaining the DNA collection and testing should be distributed to families (<http://www.ojp.usdoj.gov/nij/pubs-sum/209493.htm>, <http://www.ncjrs.gov/pdffiles1/nij/209493.pdf>).

H. Collections from family members at a distance can be accomplished in several ways:

- a. Oral swabs can be self collected and mailed to the lab.
- b. Local police can collect the DNA reference specimen from the family member.
- c. Private clinical laboratories can collect the DNA reference specimen from the family member.

I. Direct DNA reference specimens should also be collected:

- a. Toothbrushes
- b. Hairbrushes
- c. Biopsy specimens
- d. Hats
- e. Cigarette butts
- f. Chewed gum
- g. Locks of hair

J. Chain-of-custody should be documented.

3. Obtain contact information for the following:

- Physician
- Dentist
- Hospital admissions
- Fingerprints
- Photographs
- Military service

Dissuade family members from bringing in records. Set up an address for receipt of the records. A log will need to be maintained for all records collected.

D. Identification and Notification

1. Several small rooms should be available for families to identify personal effects and view photographs. This is where families will receive information that their loved ones have been identified. Psychological and religious personnel should be available at the family's request.
2. Staff conducting a death notification for a victim whose body is not intact must ask the family at the time of notification if they want to be informed about later identification of additional tissue and/or common tissue. Informing the family later about additional or common tissue without their consent may be upsetting to them once they have buried their loved one. Families may prefer to be notified only about the memorial service and burial of the common tissue. After the family members make their decision, staff should provide them with a written copy of their decision as a reference for what they agreed to at that time.

E. Treatment Room

A room should be set aside for minor medical treatment. An ambulance should be on standby at all times that the FAC is in operation.

V. SECURITY

Access to the FAC must be controlled so families and friends of the victims have privacy and are not overwhelmed by the press, photographers, and the public. Checkpoints may need to be established at entrances to the FAC and its parking lot. A badging or credentialing system must be implemented that gives family members and authorized workers easy access to the FAC.

VI. MEDIA REALTIONS

The Medical Examiner/Coroner should designate a public information officer to release information about the mass-fatality event. The press will have questions that only a representative of the Medical Examiner/Coroner's office can answer properly, including questions about the recovery operation, identifications, and condition of the bodies. Information must be released to the press **only** by the designated public information officer or the Chief Medical Examiner/Coroner.

Family Assistance Center Considerations in the Event of a Pandemic Influenza Incident

The contagious aspect of a pandemic flu outbreak will prohibit many of the mass fatality management operational functions that include frequent human interaction. Social distancing will become the norm in all aspects of daily life. Therefore, a FAC is not feasible in meeting the needs of the surviving family members of the deceased. Furthermore, the fact that most deaths will occur in the home, hospital or other health care type of facility and bodies will have complete integrity, will make positive identification less difficult. Therefore, the in-person need to collect personal information and provide other services may be performed by distributing information out (pushed) to the public rather than needing to bring in people. Public information and education will be critical in this type of environment. "Virtual" family information centers may need to be established to provide information via newspaper, television, and radio media, telephone/call centers, and Internet. Timely and accurate information to the public regarding mortuary affairs, public health issues, and other concerns relative to a pandemic might include:

- General Information
- Financial assistance – resources, application/referral process
- Social security – access to death and disability benefits
- Legal assistance – insurance benefits, death-related concerns

- Health-safety issues regarding food, water, medications
- Individualized Information and Support
- Burial site
- Death certificate information
- Information regarding keeping the dead in home when the potential exists for a prolonged period before removal of the body

SECTION VI
IDENTIFICATION and DEATH CERTIFICATION

I. OVERVIEW

A. Identification of victims in mass disasters is one of the most important tasks when such events occur. Despite demands from survivors that remains be identified and returned to family members quickly, forensic scientists must ensure that strict forensic standards be adhered to in order to prevent errors.

B. In certain disasters, persons reported by family members as missing may actually be alive and well or alive and injured. Misidentification of living individuals can create major problems for those who are attempting to identify the dead. As such, forensic scientists may be called upon to confirm the identity of survivors suspected of being misidentified.

C. There are four (4) major responsibilities related to decedent identification and death certification:

1. Determination of positive identification
2. Notification of next-of-kin
3. Disposition of remains
4. Death certification

II. JURISDICTIONAL RESPONSIBILITY

A. With the exception listed in II.B., the final determination of the positive identification of a body or body part, the notification of the next-of-kin, and the official certification of death are the sole responsibility of the local ME/Coroner in which the disaster occurs.

B. If the disaster occurs in a location that is an area of Exclusive Federal Jurisdiction, then the Federal government, via the Office of the Armed Forces Medical Examiner, maintains jurisdiction and is responsible for the final determination of positive identification, notification of next-of-kin, and certification of death.

C. If a Federal agency, such as the National Transportation Safety Board, is involved in the investigation of a mass disaster, or if the DMORT is asked by local authorities to assist in the management of a mass disaster, the legal jurisdictional responsibilities *do not* transfer to DMORT or any other Federal agency. **The legal responsibilities regarding positive identification, notification of next-of-kin, and death certification remain with the local ME/Coroner.**

III. IDENTIFICATION PROCESS

A. General Considerations

1. The positive identification of remains requires comparing postmortem information and antemortem data, with the goal of scientifically establishing the positive identity of every decedent, to the exclusion of all others.
2. The postmortem information is obtained via the cooperative efforts of members of the identification team (see below), typically in the morgue setting, where anatomic and other features are documented and scientific data/samples are collected. Examples of anatomic and other features include height, weight, other bodily features (eye color, hair color, surgical scars, tattoos, etc...), clothing, and jewelry. Examples of scientific data/samples include detailed dental examination and charting with X-rays, other X-rays, fingerprint collection, and blood/tissue collection for potential DNA testing.

3. The gathering of antemortem data can be very time-consuming. Collection of current and accurate data can be challenging. This is outlined in the section entitled "Family Assistance Center".

B. Four factors impact the processing of remains and identification of decedents:

1. The number of fatalities – The more fatalities, the greater the amount of time required and the more potential for error
2. Decedent population – "Open" (unknown number and presumed identity) or "closed" (relatively well-known presumptive number and identity)
3. Availability and quality of antemortem information –
 - a. Depends on decedent population and, in some cases, the survivors' willingness/ability to assist in obtaining such information
 - b. Condition of remains (complete or fragmentary; fresh or decomposed; burned or unburned)

C. Positive Identification

1. Definition of "Positive Identification"

- a. The term "positive identification" may mean different things to different persons or agencies. As such, it is wise to ensure that everyone involved in the process understands the meaning of the term as it is being used.
- b. In the most strict use of the term, "positive identification" implies that a scientific method of identification has been utilized. Examples include DNA, fingerprints, dental comparison, and x-ray comparison. It should be recognized that, depending on the specific circumstances of the case, certain of these "scientific" methods, most notably dental comparison and x-ray comparison, may involve a certain degree of subjectivity.
- c. Certain identifying features, such as unique tattoos and/or scars, the absence of limbs or digits, and/or the presence of implanted medical

devices with unique serial numbers, may be considered "non-scientific," yet, in reality, be so specific as to be comparable to or better than some of the scientific methods described above in establishing the identity of a decedent.

d. Other non-scientific identifying features, such as visual recognition and/or personal effects found on the body (jewelry, drivers license, clothing) should not be the sole criteria on which a positive identification is rendered. Having recognized this fact, occasional cases may occur in which no other means of identification are possible. The identification team (see C.3. below) may choose to render a "positive identification based on circumstance" in these cases.

e. Whenever the term "positive identification" is utilized, it should be followed by a description of the method(s) utilized to ensure identification (see C.2. below).

2. Designation of positive identification

a. Based on the number of fatalities, the condition of the remains, and the decedent population (open or closed), bodies (and parts) may be initially placed into one of two categories:

1) unidentified

2) presumptively (tentatively) identified based on non-scientific means

b. As antemortem information and postmortem findings are gathered, the goal is to ensure scientifically-proven positive identification (or as close to it as possible) for every decedent (and part).

c. When finalizing a positive identification, the identification team (see C.3. below) should note the method by which positive identification was made. Examples include:

1) Positive identification by fingerprint analysis

2) Positive identification by DNA comparison to living parents

3) Positive identification by dental x-ray comparison

4) Positive identification by multiple scientific means (x-ray comparison, fingerprints)

5) Positive identification by distinctive physical characteristics (amputation and tattoos)

6) Positive identification by visual recognition by family members (this is only on a case by case basis as determined by the forensic pathologist and only in conjunction with another method of identification)

7) Positive identification by circumstance (jewelry, driver's license)

IV. NOTIFICATION OF NEXT-OF-KIN

A. The legal responsibility regarding next-of-kin notification rests with the Medical Examiner/Coroner.

B. Notification should not occur until positive identification has been made.

C. Positive identification should be relayed to the FAC so that notification can be made to the next-of-kin.

V. DISPOSITION OF REMAINS

A. Depends, to an extent, on the condition of the body / parts. If a body is intact, release of the body to a funeral home may occur soon after notification of death.

B. In cases of fragmentation or commingling, several options exist regarding notification and final disposition of these parts.

1. Some families wish to be notified each time additional remains are identified.

2. Some prefer to wait until all remains have been identified.

3. Some families choose to have all currently-identified remains to be released to the funeral home at the time of official death notification.

4. Others choose to wait until all remains have been identified.

C. When fragments must be identified by DNA testing, secure, long-term cold storage is required for the tissue. Maintaining proper documentation and a "chain of custody" must occur.

D. Reassociation of remains refers to the process in which all fragments from a given individual are reassociated before release to the family. Certain guidelines must be followed when reassociating remains:

1. Remains should be reassociated one decedent at a time.
2. Remains from a particular decedent to be reassociated should be removed from the storage area and taken to a separate area for re-association
3. The appropriate documentation (Identification Summary Report, DNA lab reports, data forms, postmortem photographs) will be used to select the appropriately labeled remains for that decedent.
4. Remains should be examined to ensure that the physical characteristics are identical to those on the associated documentation
5. After review, all remains associated with the decedent should be placed in the appropriate container (casket, body bag, etc...)
6. The reassociated remains may then be returned to storage or embalmed (if the incident morgue provides embalming).
7. Before release, the remains should be sent to the identification documentation team.
8. The identification documentation team should conduct a final review of the identification before release. This shall include a review of identification methods, physical examination of reassociated remains, ensuring that the identification numbers associated with each remain are accounted for, and completion of signed and dated final identification form.

E. In closed population disaster scenes, it may be appropriate to collect and retain "common remains," a collection of all of the small, unidentifiable (except via DNA testing) remains (size to be determined after assessment of extent of fragmentation is made). Surviving family members may choose to cremate the

common remains with each family receiving an equal share of the cremains. Alternatively, they may choose, with approval of local authorities and if allowed by law, to bury the remains at a memorial site. In certain incidents, embalming may be provided at the incident morgue.

F. Casketing may be performed at certain sites.

G. If chosen by the family, cremation is an acceptable form of final disposition. This is typically performed by a local funeral home.

H. Funeral Home information should be obtained from the NOK when death notification occurs. Long-distance shipping of decedents can be arranged via the funeral home.

I. Transport of decedents from the morgue should be under the direction of licensed funeral directors. The burial-transit-cremation permit and other documentation must accompany the body. Documentation of body release is essential. Security/police escorts may be necessary, depending on the incident.

VI. DEATH CERTIFICATION

A. Death certificates are issued according to procedures normally in place and as directed by the local ME/Coroner jurisdiction.

B. Death certification will include identification of decedent, cause of death, and manner of death.

C. The administrative or judicial issuance of death certificates in situations in which there is an absence of positive physical forensic scientific identification is a responsibility of the local ME/Coroner in conjunction with local legal and public health authorities.

D. If no human remains are recovered, or scientific efforts for identification prove insufficient, a court-ordered certification of death may be sought.

SECTION VII
TRAINING & EXERCISES

- A. Exercise your plan; plan your exercise
 - 1. Consider contracting consultant
 - 2. Interface with local emergency management agency and exercise support team
 - 3. Is funding necessary?
 - i. Consider grant funding, state funding, piggy-back onto another exercise, etc.
- B. Determine scope and objectives of the exercise
 - 1. Generally limit the objectives to one, two, or three
 - i. Design measurables and indicators
 - ii. Include non-participant observers
 - 2. Overarching goals:
 - i. Train staff on roles and responsibilities
 - ii. Identify gaps in plan
 - iii. Maintain safety
- C. Determine participants, location, and schedule
 - 1. Participants
 - i. Within house
 - ii. Outside agencies
 - iii. Non-participant observers
 - iv. Guests
 - v. Exclusion of those covering routine (non-exercise) casework
 - 2. Location
 - i. On-site v off-site
 - ii. Consider disruption of activities at site
 - iii. Consider spectator issues
 - 3. Schedule
 - i. Deployment and set-up

- ii. Training and rehearsal
- iii. Live exercise
- iv. Hot wash, take-down, and clean-up

D. Types of exercises

- 1. Communication drills
 - i. Notification tree
 - ii. Interoperability of radio and computer systems
 - iii. Tests: Speed, Completeness, Backups
 - 2. Tabletop exercises
 - i. Scenario-based
 - ii. Verbal run-through of operation
 - iii. Familiarization of faces
 - iv. Understandings of roles
 - v. Identification of gaps and issues
 - 3. Limited training/exercise
 - i. Targeted focus: exercise one or few components of overall response
 - 4. Full-scale exercise
 - i. Multi-site
 - ii. Multi-agency
 - iii. Multi-day
- E. "Hot Wash" debriefing: discussion immediately following exercise focusing on what went wrong and what went right
- F. After Action Report (AAR): formal report focusing on lessons learned
- 1. Should include assessment of achievement of objectives as quantified by measurables and indicators

APPENDIX A
INITIAL INCIDENT ASSESSMENT AND SCENE RECOVERY
CHECKLIST

Location of Incident: County: City/Twp:	Best Access Route:	Incident Command Post Identified: <input type="checkbox"/> Y <input type="checkbox"/> N If yes, location:
Type of Incident: <input type="checkbox"/> Transportation <input type="checkbox"/> Natural <input type="checkbox"/> Criminal <input type="checkbox"/> Work site <input type="checkbox"/> Other:	Type of Transportation Incident: <input type="checkbox"/> Aircraft <input type="checkbox"/> Train <input type="checkbox"/> Bus <input type="checkbox"/> Other: Capacity: Number of Passengers: Carrier/Company: Aircraft Model:	

Incident Commander: Name: Agency:	Presiding Law Enforcement Agency: Name: Agency:
--	--

Contact #:	Contact #:
Identify County Emergency Management Director: Name: Agency: Contact #:	Identify County Emergency Planning Coordinator: Name: Agency: Contact #:
Identify Public Health Director: Name: Agency: Contact #:	Emergency Operations Center: Location: Contact numbers:

Scene Hazards	<input type="checkbox"/> Scene Declared Safe				
	Chemical Specify:	Biological Specify:	Radioactive Specify:	Incendiary Specify:	By: Time:

Field Safety	<input type="checkbox"/> Establish daily scene safety briefings
	<input type="checkbox"/> Request establishment of rest stations and food stations for scene workers.

	<input type="checkbox"/> Ascertain all scene workers are appropriately immunized (Tetanus, Hepatitis B, other immunizations, as deemed appropriate by Public Health)
--	---

Scene Access	<input type="checkbox"/> Paved <input type="checkbox"/> No special equipment needed	<input type="checkbox"/> Paved access nearby <input type="checkbox"/> Access by regular vehicles <input type="checkbox"/> 4WD needed	<input type="checkbox"/> Difficult terrain <input type="checkbox"/> Special access vehicles required	<input type="checkbox"/> Excavation equipment required <input type="checkbox"/> Road Commission assistance required
Estimated Fatalities	<input type="checkbox"/> >5, <25	<input type="checkbox"/> >25, <50	<input type="checkbox"/> >50, <100	Specify Estimate:
Estimated Survivors	<input type="checkbox"/> >5, <25	<input type="checkbox"/> >25, <50	<input type="checkbox"/> >50, <100	Specify Estimate:
Hospitals Where Survivors Taken	<u>Hospital #1:</u>		Hospital #2:	
	<u>Hospital #3:</u>		Hospital #4:	

Condition of Remains	<input type="checkbox"/> Intact bodies	<input type="checkbox"/> <50% dismembered	<input type="checkbox"/> >50% dismembered
	<input type="checkbox"/> Charred	<input type="checkbox"/> Significant decomposition	<input type="checkbox"/> Facial trauma

Scene Security	<input type="checkbox"/> Request law enforcement to maintain scene security.
	<input type="checkbox"/> Consider requesting the air space be secured.
	<input type="checkbox"/> Establish an Identification System to limit individuals allowed into and out of the scene.
	<input type="checkbox"/> Establish a log to record the number of workers at the scene
	<input type="checkbox"/> Inform all workers that personal cameras may not be brought into or used at the scene.

Temporary Holding	Is a temporary holding site needed: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Location of Temporary Holding Site:

	<input type="checkbox"/> Assign Temporary Holding Site Leader:
	<input type="checkbox"/> Record contact information for Temporary Holding Site Leader
	<input type="checkbox"/> Ascertain use of Log for all remains placed into temporary holding site
	<input type="checkbox"/> Ascertain remains will not be stacked during holding or transport
	<input type="checkbox"/> Ascertain the Temporary Storage will remain locked at all times when not in use.

Transport to Incident Morgue	Is transport to incident morgue needed: <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Assign Transportation Leader:
	<input type="checkbox"/> Record contact information for Transportation Leader
	Transporters to be used:
	<input type="checkbox"/> Funeral Directors
	<input type="checkbox"/> Other (Describe):
<input type="checkbox"/> Ascertain use of Chain of Custody for all remains being transported	
<input type="checkbox"/> Ascertain remains will not be stacked during holding or transport	
<input type="checkbox"/> Consider use of police escort for transports	

Equipment and Supplies	<input type="checkbox"/> Request scene recovery equipment be delivered to the scene Record to whom request is made: Date/time:
	<input type="checkbox"/> Assign Equipment/Supply Officer <input type="checkbox"/> Record contact information for Equipment/Supply Officer:
	<input type="checkbox"/> Assign Scene Registrar to: <input type="checkbox"/> Track used supplies <input type="checkbox"/> Assure replenishment of supplies <input type="checkbox"/> Record use of supplies for BILLING <input type="checkbox"/> Contact NDMS/DMORT for acquisition and recording mechanisms

Search and Body Recovery	<input type="checkbox"/> Assign Body Recovery Team Supervisor:
	<input type="checkbox"/> Record contact information for Recovery Team Supervisor:
	<input type="checkbox"/> Meet with Recovery Team and Morgue Operations Supervisor to establish numbering system for remains recovered from the scene.

APPENDIX B

COMING SOON

APPENDIX C



VIP/DMORT Program Tracking Form

Incident _____

To be attached to the front of each Disaster Victim Packet

PM Case #

Body Bag # _____

Open Field # _____

RFID # _____

Presumptive

SSN _____ **DOB** _____

Last Name First Name

Person performing station function must check and sign below when completed.
"No" represents that this station function **could not be performed**.

Processing Station:	Rep Initial	Section Rep.	Signature
Admitting	<input type="radio"/> Yes <input type="radio"/> No	_____	_____
Personal Effects	<input type="radio"/> Yes <input type="radio"/> No	_____	_____
Photography	<input type="radio"/> Yes <input type="radio"/> No	_____	_____
Body Radiography	<input type="radio"/> Yes <input type="radio"/> No	_____	_____
Fingerprints	<input type="radio"/> Yes <input type="radio"/> No	_____	_____
Anthropology	<input type="radio"/> Yes <input type="radio"/> No	_____	_____
Pathology	<input type="radio"/> Yes <input type="radio"/> No	_____	_____
Embalming	<input type="radio"/> Yes <input type="radio"/> No	_____	_____
DNA	<input type="radio"/> Yes <input type="radio"/> No	_____	_____
Dental Examination	<input type="radio"/> Yes <input type="radio"/> No	_____	_____
Dental Photography	<input type="radio"/> Yes <input type="radio"/> No	_____	_____
Dental Radiology	<input type="radio"/> Yes <input type="radio"/> No	_____	_____
Exit Morgue	<input type="radio"/> Yes <input type="radio"/> No	_____	_____

Date of Pathology Exam _____

Trackers Name _____

After Processing Location _____

Identification Method

- Anthropology
- Radiographic
- Dental Records
- Fingerprints
- Pathology
- Personal Effects
- Photography
- DNA
- Field Case Notes

Comments

This bag produced bag #'s:

Photo's

Also included in this file:

_____	Number of Dental Photos	<input style="width: 40px;" type="text"/>	_____
_____	Number of Personal Effects Photos	<input style="width: 40px;" type="text"/>	_____
_____	Number of Specimen Photos	<input style="width: 40px;" type="text"/>	_____
_____			_____

Created
VIP Program Provided thru the DMORT System

PM Info #



VIP/DMORT Program

Examining Pathologist _____

Pathology

Pg 1 of 3

Incident _____

PM Case # _____

Date of Exam _____

Bag # _____ Sex Male Female Unknown Condition of Remains _____

Est Race Caucasoid Asian Hispanic Negroid American Indian Unknown Est Race Other: _____ Import Pictures

Build Gracile Robust Intermediate Indeterminate Height cm _____ Inches _____ Weight kg _____ Pounds _____

H a i r

Hair Auburn Black Salt & Pepper Short Long Bald
 Color Blonde Gray White Medium Shaved N/A
 Brown Red Other

Hair Extension Hair Transplant Curly Straight Other
 Accessory Hair Piece Wig Description Wavy N/A

Facial Hair Beard Beard & Moustache Moustache Clean Shaven Goatee
 Facial Hair Color Blonde Brown Black Gray Red Salt & Pepper White
 Facial Clean Shaven Beard & Moustache Goatee Sideburns N/A
 Hair Type Moustache Beard Stubble Lower Lip

E y e

Eyes Blue Green Grey Missing R Glass R Cataract Optical Glasses
 Brown Hazel Blind Missing L Glass L Contacts

N a i l s

Finger Nail Type Natural Artificial Unknown
 Length Extra Long Long Medium Short
 Fingernail Color _____ Fingernails Bitten Decorated Mishapen N/A
 Toenail Color _____ Toenails Decorated Mishapen Yellow/Fungus N/A

List manufacturer, serial numbers, and other identifying features:

Prosthetics _____

Teeth Present? Yes No Dentures Present: Yes No

S c a r s

Scars (other than surgical) Birthmarks Deformities (non peri-mortem) Cardiac

Description _____
 Scars _____
 Birthmarks _____
 Deformities _____
 Cardiac _____

S u r g e r y

Gall Bladder Laparotomy Reconstructive Other Surgery _____
 Appendectomy Caesarean Open Heart _____
 Tracheotomy Mastectomy Other _____

Description _____



VIP/DMORT Program

Examining Pathologist _____

Pathology _____

Incident _____

Pg 2 of 3

Date of Exam _____

Bag # _____ Sex Male Female Unknown

Tattoo(s) Yes No Unknown Photos? Yes No

#	Location	Side	Tattoo Description

Body Piercing(s)? Yes No Unknown

#	Body Bag #	Location	Side	Quantity	Piercing Description

Objects In Body

Other Object In Body

- Pacemaker Prosthetic Devices Other
 Bullets Orthopedic devices

Wallet

Description _____

 Contents _____

Purse

Description _____

 Contents _____

Currency

Misc Items Found

Other Personal Effects



VIP/DMORT Program

Examining Pathologist _____

Pathology
Pg 3 of 3

Incident _____

Date of Exam _____

Bag # _____ Sex Male Female Unknown Specimen Wt

Dimensions

Path Narrative:

Additional head and neck exam remarks:

Torso Viscera Identifiable

Torso Remarks

External Genitalia

- Male Uncircumcised
- Female
- Indeterminate
- Circumcised

Internal Genitalia

- Testis Left Tubes Right
- Testis Right Ovaries Left
- Uterus Ovaries Right
- Tubes Left

Extremity Remarks

Expanded Condition of Remains:

- Fresh Burned Cremains Specific Trauma Submerged (Grid #)
- Decomposing Charred Distinct Marks Floating (GPS) Scavenger Activity



VIP/DMORT Program

Person Making Inventory _____

Jewelry Inventory

Incident _____

PM Case # _____

Date of Exam _____

Body Bag # _____

WATCH	#	Type	Band Material	Description	Inscription	A= Data not available B= Photo C=Other Info
		Make	Face Color			

JEWELRY	#	Jewelry/Type	Material Color	Description	Inscription	A= Data not available B= Photo C= Other Info
		Style	Stone Color Size			

Use this Space for More Info Regarding Jewelry:



Person Making Inventory _____

VIP/DMORT Program Clothing

Incident _____
PM Case # _____
Date of Exam _____

Body Bag # _____ Sex _____

CLOTHING INVENTORY:

A= Data not available
B= Photo
C= Further information available

#	Clothing Items	Color	Description	Size

Dry Cleaning Marks Description	Laundry Marks Description

Wallet:
 Description _____

 Contents _____

Purse:
 Description _____
 Contents _____

Currency _____

**Misc
 Items
 Found** _____

**Other
 Personal
 Effects** _____

VIP Program Provided thru the DMORT System



Examining Radiologist _____

VIP/DMORT Program Radiology

Incident _____

PM Case # _____

Date of Exam _____

Bag # _____

Number of Images Taken: _____

Radiology Technician: _____

Radiologist Findings: Sex Male Unknown Female possible Est Age _____
 Female Male possible

- Fractures:
- | | | | |
|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Cranium | <input type="checkbox"/> R Forearm | <input type="checkbox"/> L Hand | <input type="checkbox"/> L Upper Leg |
| <input type="checkbox"/> Mandible | <input type="checkbox"/> R Hand | <input type="checkbox"/> R Upper Leg | <input type="checkbox"/> L Lower Leg |
| <input type="checkbox"/> Torso | <input type="checkbox"/> L Upper Arm | <input type="checkbox"/> R Lower Leg | <input type="checkbox"/> L Foot |
| <input type="checkbox"/> R Upper Arm | <input type="checkbox"/> L Forearm | <input type="checkbox"/> R Foot | |

Detailed Description of Fractures

Other Radiology Findings (Prosthesis, surgery, etc.)

Reviewed by: _____



Fingerprint Specialist _____

VIP/DMORT Program Fingerprinting

Incident _____

PM Case # _____

Date of Exam _____

Body # _____

Examiner 1 _____

Examiner 2 _____

Condition of Hands _____

*(Burned,
mutilated, etc)*

Fingers Printed _____

*(List Fingers
Printed)*

If not printed
why? _____

Fingerprint
Exam Notes _____

Footprint available ? Footprint Location

Yes No



VIP/DMORT Program

Examining Anthropologist

Anthropology

Incident

PM Case #

Pg 1 of 2

Date of Exam

Bag #

Anthropology Condition of Remains:

Anthropology estimated information in this area.

Estimate age

Age narrow lower

Age narrow upper

95% Lower limits:

95% Upper limits:

Anthro Sex

Male

Unknown

Female possible

Female

Male possible

Race / Skeletal

Skeletal Robusticity

Stature (in Cm)

Caucasoid

Asian

Hispanic

Other

Gracile

Robust

Negroid

American Indian

Unknown

Intermediate

Indeterminate

Missing Parts

Unique Skeletal Features (Pathology, Healed Trauma, Non-metric Traits, Etc.)

Intact Body

Cranium

Partial Cranium

Mandible

Partial Mandible

Torso

Partial Torso

R Upper Arm

Partial R Upper Arm

R Forearm

Partial R Forearm

R Hand

Partial R Hand

L Upper Arm

Partial L Upper Arm

L Forearm

Partial L Forearm

L Hand

Partial L Hand

R Upper Leg

Partial R Upper Leg

R Lower Leg

Partial R Lower Leg

R Foot

Partial R Foot

L Upper Leg

Partial L Upper Leg

L Lower Leg

Partial L Lower Leg

L Foot

Partial L Foot

Intact Body

Cranium

Partial Cranium

Mandible

Partial Mandible

Torso

Partial Torso

R Upper Arm

Partial R Upper Arm

R Forearm

Partial R Forearm

R Hand

Partial R Hand

L Upper Arm

Partial L Upper Arm

L Forearm

Partial L Forearm

L Hand

Partial L Hand

R Upper Leg

Partial R Upper Leg

R Lower Leg

Partial R Lower Leg

R Foot

Partial R Foot

L Upper Leg

Partial L Upper Leg

L Lower Leg

Partial L Lower Leg

L Foot

Partial L Foot

Anthro Sex

Based On

Anthro Age

Based On

Ancestry

based on

Stature

based on

Unique

Skeletal

Features

APPENDIX D

VIP FAC Interview Form

 VIP Personal Information Page 1 of 8								
Last Name	/	/	First	/	Initial	Sex	If Female/Maiden Name	Age
DOB	Race	Social Security # / Other		Birth City	State/Country	Birth Hospital		
Address		Apt #	City		State	Zip		
County	Country	Inside City Limits		Religious Preference				
Education: level completed.			Elem/Second (0-12):	College	Degree Earned:			
Alias 1			Alias 2					
Phone (H)			Phone (W)		Phone (Cell)			
Marital Status								
<input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Unknown						Wedding Date		
						(MM / DD / YYYY)		
Spouse								
						<input type="checkbox"/> Living <input type="checkbox"/> Deceased <input type="checkbox"/> Unknown		
Father								
						<input type="checkbox"/> Living <input type="checkbox"/> Deceased <input type="checkbox"/> Unknown		
Mother								
						<input type="checkbox"/> Living <input type="checkbox"/> Deceased <input type="checkbox"/> Unknown		
Legal Next of Kin								
						Home		
Address						Work		
City			State	Zip		On Site/Cell Phone		
Relationship: <input type="checkbox"/> Wife <input type="checkbox"/> Husband <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Employer <input type="checkbox"/> Friend <input type="checkbox"/> Other								
Permanent Contact								
<small>Please place name and contact info here.</small>				<small>Please place other here.</small>				
Contact 1	Last / First		Middle / Suffix		Relationship			
	Address		City		State		Zip	
	Home Phone		Work Phone		Cell Phone		email	
	Date of Initial Contact			Type of Initial Contact				
Contact 2	Last / First		Middle / Suffix		Relationship			
	Address		City		State		Zip	
	Home Phone		Work Phone		Cell Phone		email	
	Date of Initial Contact			Type of Initial Contact				
Contact 3	Last / First		Middle / Suffix		Relationship			
	Address		City		State		Zip	
	Home Phone		Work Phone		Cell Phone		email	
	Date of Initial Contact			Type of Initial Contact				



VIP Personal Information

Page 2 of 8

Name _____ / _____ / _____ / _____
Last Suffix First Initial Age

Height: _____ Approx. Weight (Pounds): _____

Hair Color Auburn Brown Gray Salt & Pepper Other
 Blonde Black Red White Please place other here

Hair Information

Hair Length Bald Shaved Short < 3" Medium Male Patern Baldness: Long

Hair Accessory Extensions Hair Piece Hair Transplant Wig I

Hair Description Curly Wavy Straight N/A Other:

Facial Hair Type Clean Shaven Beard & Moustache Goatee Sideburns N/A
 Moustache Beard Stubble Lower Lip

Facial Hair Color Blonde Black Red White Facial Hair Notes
 Brown Gray Salt & Pepper NA

Eye Info

Eye Color Blue Green Gray Other Color/Descrip: _____
 Brown Hazel Black

Optical Lens Contacts Glasses Implants None Desc. _____

Eye Status Missing R Missing L Glass R Glass L Cataract N/A

NAIL Info

Fingernail Type Natural Artificial Unknown Length Extremely Long Long Medium Short

Fingernail Color _____ Description _____

Characteristics Bitten Decorated Misshapen Yellowed/Fungus N/A

Toenail Color _____ Toenail description _____

Characteristics Bitten Decorated Misshapen Yellowed/Fungus N/A

Body Piercing(s)? Yes No Photos? Yes No Photo Location _____

#	Location	Side	Quantity	Description (include evidence of old piercings)	Photo
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____

Tattoo(s) Yes No Photos? Yes No Photo Location _____

#	Location	Side	AM_Tat_Description
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____



VIP Personal Information

Page 3 of 8

Dental Info

Name _____ / _____ / _____
 Last / Suffix / First / Initial / Age

Dentist _____
 Info Listed Unknown Dental Work Partial
 Dentures Tooth Jewelry

Address _____ Phone 1 _____
 Both Braces

City _____ State _____ Zip _____

Additional Dental Information/2nd Dentist: _____

Physician Info

Physician _____ Practice Name _____
 Address _____ Physician Type _____
 Address 2 _____ Seen for _____
 City _____ State _____ Zip _____ Records Requested Yes No
 Phone 1 _____ Phone 2 _____ Records Obtained Yes No
 Email _____

Medical Radiographs? Physician(s) _____
 Yes No Unknown Address _____

Medical Radiographs Location	Potential Type of Radiographs - and dates taken if known
_____	_____
_____	_____

Old Yes No _____
 Fractures: Description: _____

Objects in Body: Pacemaker Bullets Implants Needles Shrapnel Other _____
Please place other objects here

Surgery Gall Bladder Tracheotomy Caesarean Reconstructive Other _____
 Appendectomy Laparotomy Mastectomy Open heart
Please place other surgery here

Diabetic? Yes No Unknown If Female / pregnancy in the past 12 months? Yes No Unknown

Unique Characteristics _____
 Description of: Scars, Operations, birthmarks, burns, missing organs, amputations, other special characteristics
 Yes No _____

Prosthetic Location/Description

Prosthetic(s) _____
 Yes No _____

Additional Information



VIP Personal Information

Page 4 of 8

Name _____ / _____ / _____ / _____
Last Suffix First Initial Age

Group Status: Alone Group Group Type: _____ Fam/Grp Name: _____
Family, Church Group, Sports, Military If Family Group, list names here

Last seen with _____

Last location victim was seen _____

Military Service Yes No Unknown Military DNA Taken: Yes No Unknown

Country _____ Service #: _____

Approximate Service Date _____ Military Branch _____

Ever Finger Printed: Yes No Immigration Status _____ Resident Alien Card (Green Card) Yes No

Fingerprints Footprints Ever been Arrested _____ Arrested By: _____

Print located _____

Usual Occupation: _____ Type of Business _____

Employer _____ Phone _____

Employer Address _____

Please list last employer if retired. Additional employers enter in additional data section

List memberships: Clubs, Fraternities, etc.

Additional Data



VIP Personal Information

Page 5 of 8

Name _____ / _____ / _____ / _____
Last Suffix First Initial Age

WATCH:

#	Type/ Make	Band Material/ Color	Description	Inscription Photo Available
1	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Gold color is denoted by yellow, silver color is denoted by white

JEWELRY:

#	Jewelry/ Type/style	Material Color/ Stone Color	Size / Where Worn/ Frequently Worn?	Description	Inscription Photo Available
1	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Other Commonly Carried
Personal Effects**

Cell phone Yes No Unknown Cell phone type: _____ Service provider: _____
Cell phone number _____ Cell phone description _____



VIP Personal Information

Page 6 of 8

Name _____ / _____ / _____					
Last		Suffix	First	Initial	Age
#	Clothing Items	Color	Description	Size	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

CLOTHING:

Wallet: Description _____
Contents _____

Purse: Description _____
Contents _____

Pockets: _____
Contents Left _____

Contents Right _____



VIP Personal Information

Page 7 of 8

Name _____ / _____ / _____ / _____
Last Suffix First Initial Sex

Potential Living Biological Donors

All Biological Relatives of Missing Individual—Mother/Father/Spouse/Sister/Brother/Children/Uncle/Aunt/Cousin

1	Last Name	First Name	Middle Name	Email	DOB	Sex			
	Relationship	Address		City	State	Zip	Phone 1	Phone 2	Phone 3
2	Last Name	First Name	Middle Name	Email	DOB	Sex			
	Relationship	Address		City	State	Zip	Phone 1	Phone 2	Phone 3
3	Last Name	First Name	Middle Name	Email	DOB	Sex			
	Relationship	Address		City	State	Zip	Phone 1	Phone 2	Phone 3
4	Last Name	First Name	Middle Name	Email	DOB	Sex			
	Relationship	Address		City	State	Zip	Phone 1	Phone 2	Phone 3
5	Last Name	First Name	Middle Name	Email	DOB	Sex			
	Relationship	Address		City	State	Zip	Phone 1	Phone 2	Phone 3
6	Last Name	First Name	Middle Name	Email	DOB	Sex			
	Relationship	Address		City	State	Zip	Phone 1	Phone 2	Phone 3
7	Last Name	First Name	Middle Name	Email	DOB	Sex			
	Relationship	Address		City	State	Zip	Phone 1	Phone 2	Phone 3
8	Last Name	First Name	Middle Name	Email	DOB	Sex			
	Relationship	Address		City	State	Zip	Phone 1	Phone 2	Phone 3

Primary donor for Nuclear DNA Analysis

An "appropriate family member" for **nuclear DNA Analysis** is someone that is biologically related to and only one generation removed from the deceased. The following are the family members who are appropriate donors to provide reference specimens, and in the order of preference (family members highlighted in bold print are the most desirable):

1. Natural (Biological) **Mother and Father**, AND 2. **Spouse and Natural (Biological) Children**, AND
3. A Natural (Biological) Mother or Father and victim's biological children, OR
4. Multiple Full Siblings of the Victim (i.e., children from the same Mother and Father)



VIP Personal Information

Page 8 of 8

Name _____ / _____ / _____
Last First Middle

Interview_Location _____ Interview_Date _____ Interview_Time _____
(MM/DD/YYYY)

Interviewer Info:

Interviewer Name _____
First Last

Interviewing_Organization _____

Interviewer Home Information

Interviewer Address: _____
Street, City State, Zip

Interviewer home phone: _____

Interviewer cell phone: _____

Interviewer work phone: _____

Interviewer On-Site Information

Interviewer on-site address _____
Street, Hotel, Room #

Interviewer on-site phone: _____

Interviewer on-site cell: _____

Reviewer Info:

Reviewer Name _____

Reviewer Signature _____

Reviewing agency _____

APPENDIX E

Family and/or Donor Reference Collection Form				
(Each donor needs to fill in a separate form and submit a separate sample for each missing person.)				
Missing Individual Information				
Last Name	Suffix (Jr., Sr.)	First Name	Middle Name	Sex (circle) M F
The missing person has been known by the following additional names (include maiden name)		Date of Birth Year ____ Month ____ Day ____		Social Security Number or citizenship (if not a U.S. citizen) _____
Donor Information				
Last Name	Suffix (Jr., Sr.)	First Name	Middle Name	
Telephone numbers (in order of preference)				
1st: ()		2nd: ()		3rd: ()
Home Street Address				
City	State	ZIP	Country	
Date of Birth Year ____ Month ____ Day ____		Sex (circle) M F	E-mail address (please print)	
I am providing a family reference sample, as I am the missing individual's _____ (e.g., mother, father, sister, son)				
Please circle your relationship to the missing individual:				
Other: (please specify) _____ (e.g., grandchild, friend, roommate)				

Name of Missing Individual: _____
(Last, First, Middle, Suffix)

Please note:

- **If there is a possibility that there may be someone else's DNA on a personal item, it is helpful to submit a biological sample from the person(s) who might have also used the item (reference sample). Please refer to the **Sample Family and/or Donor Reference Collection Form**.**
- **Items submitted should be directly attributable to the missing individual.**
 - **Biological samples suitable for testing include:**
 - Bloodstain cards (e.g., newborn screening cards [Guthrie cards] or cards obtained from other repositories).
 - Oral swabs (e.g., from home DNA identification kits).
 - Blood stored for elective surgery.
 - Pathology samples (e.g., biopsy samples, PAP smears).
 - Extracted teeth (baby/wisdom).
 - Hair samples.
 - **Personal items that might contain the missing individual's DNA include:**
 - Used toothbrushes.
 - Used shavers/razors.
 - Unwashed undergarments and other suitable clothing items.
 - Used personal hygiene items (e.g., feminine sanitary napkins).
 - Other personally handled or used items (consult the testing laboratory for specific criteria).

I, _____ hereby grant permission to
(Please print or type name of submitter)

extract and type DNA from the items listed on page 1 for the purpose of assisting in the identification of a missing person. I understand that in the testing process the item may become damaged or destroyed and may not be returned.

(Signature of submitter) (Date)

The items were received on _____ at _____
(Date) (Collection location)

(Collection address)

Sample(s) received by _____
(For testing agency use only)

Name of Missing Individual: _____
(Last, First, Middle, Suffix)

Please note:

- If personal items of the missing individual are being submitted for analysis, a biological reference sample from the spouse, domestic partner, or full-time roommate is useful even if no biological relationship exists. Please refer to the **Personal Items Submission Form** when submitting personal items.
- The biological parents and biological children are the best comparison samples for identification through kinship. If these samples are unavailable, samples from other biological relatives may be submitted.
- If a child provides a sample for parental identification, the child's other biological parent should also provide a sample.
- For identification through kinship analysis:
 - Full siblings are preferable over half siblings.
 - Grandparents should provide a sample only if the mother or father cannot provide a sample.
 - Grandchildren should provide a sample only if their parent, who is related to the missing individual (as a son or daughter), is unavailable.
- The laboratory will assess the samples provided. The most appropriate sample(s) will be used to identify the missing individual. The family may be contacted if additional samples are needed.

I am also a relative of the following other missing individuals: _____

I, _____ hereby grant permission to extract and type
(Please print or type name of donor)

my DNA for the purpose of assisting in the identification of a missing person.

(Signature of donor or guardian if donor is a minor)

(Date)

The sample was collected on _____ at _____
(Date) (Collection location)

(Collection address)

Sample was collected by (if self-collected indicate "self") _____

APPENDIX F
IDENTIFICATION SUMMARY REPORT

Date: _____

Case Reference Number(s): _____

has been identified as

Name: _____ D.O.B. _____

Positive identification results from scientific analysis and comparison of antemortem and postmortem data. The specific forensic science discipline(s) involved certify the identification by signing below. Supporting identification documents accompany this form.

	Print Name	Signature
Pathology	_____	_____
Odontology	_____	_____
Anthropology	_____	_____
Fingerprints	_____	_____
DNA	_____	_____

Was a DNA analysis requested? ___ YES ___ NO

Has DNA analysis been completed? ___ YES ___ NO

Does DNA result concur with this identification? ___ YES ___ NO

For Medical Examiner/Coroner only:

To the best of my knowledge and after careful review of all evidence presented, I certify the above identification.

Signed _____ Date _____ Time _____

Print Name _____

Jurisdiction _____

APPENDIX G
JOB DESCRIPTIONS

COMMAND STAFF

Commander

Description of Duties

- Establishes and maintains liaison with District Medical Examiner, DOH/ESF-8, and ICS Commander to identify needs and services.

- Assigns and supervises:
 - o Deputy Commander

 - o Operations Section Chief

 - o Planning Section Chief

 - o Logistics Section Chief

 - o Administration and Finance Section Chief

 - o Safety Officer

 - o Official Photographer

 - o Behavioral Health Officer

 - o Chaplain

- Develops and implements the Incident Action Plan (IAC).

- Ensures proper and timely setup and activation of the Administrative Command Post (ACP),
 - o Search and Recovery Transport Staging Area,

 - o Morgue Operations Center (MOC),

- o Victim Antemortem Data Center (VAMDC),
 - o Identification Center (IDC),
 - o Information Resources Center (IRC), and
 - o other areas of operation as applicable.
- Ensures that supplies and support necessary to accomplish mission objectives and activities are available.
 - Assigns Branch and Unit Leaders and provides direction and control.
 - Interacts with the DOH/ESF-8 for the coordination of Team staffing rotation and resupply requirements.
 - Attends briefings with Medical Examiner and ensures all Team personnel are kept informed of mission objectives and status changes.
 - Ensures the completion of all required reports and maintenance of records for DOH/ESF-8.
 - Prepares the deployment After Action Review.

Upon Activation

Collect as much data as can be obtained about the type, location, and timeframe of the mission and communicate to the DOH/ESF-8.

Coordinate potential activation.

Activate Team readiness notification system to identify personnel ready for deployment.

Ensure information on site conditions, prevailing environmental issues, and necessary resource requirements is obtained for DOH/ESF-8.

Determine the specific personal gear required for incident area climate and location.

Brief Regional Team leaders on:

- Current situation status,
- Schedule for events if full activation occurs,
- Mobilization timetable, if full activation occurs,
- Types of assistance likely to be needed, and
- Appropriate personal gear and equipment required for the specific disaster area climate and location.

Receive formal activation notice from DOH/ESF-8.

Ensure that assigned Unit Leaders are adequately briefed on and understand the following:

- Staging area,
- Individual, Unit, and Team performance expectations, and
- Methods for establishing and changing Team priorities.

Ensure all personnel review applicable position descriptions.

Discuss and coordinate anticipated logistical requirements with the Unit Leaders.

Maintain ongoing communications with DOH/ESF-8.

On-site Operations

Contact District Medical Examiner and ICS Commander and receive an initial briefing to include:

- Incident Situation Report (SITREP).
- Team objectives and assignment (scope of mission)
- Operational work periods.
- Team support layout and requirements (e.g., ACP, MOC, VAMDC, IDC, IRC),
- Communications procedures,

- Procedures for requesting supplies and equipment if through local EOC.
- Team member medical treatment resources and evacuation procedures, and
- Site hazards and personal safety precautions.

With Planning Section Chief, develop and implement the Incident Action Plan (IAC).

Ensure an initial full Team briefing for all arriving personnel is conducted to include:

- Team organizational structure,
- Chain of command,
- Centers layout and requirements,
- Latest event information,
- Environmental conditions,
- Media issues and procedures,
- Communications procedures,
- Disaster Team Code of Conduct,
- Operational work periods,
- Team medical treatment and evacuation procedures,
- Process for requesting supplies and equipment,
- Site hazards and personal safety precautions, and
- Other information provided by the Unit Leaders or Team specialists.

Identify local and DOH/ESF-8 reporting requirements:

- To whom.

- Type of information to be reported.
- Reporting schedule.
- Means of reporting.

Ensure that Section Chiefs develop a process to determine an overall operational assessment process

that includes:

- Functional requirements and immediate needs,
- Work schedules for extended operations,
- Rest and rotation periods for personnel, and
- Adequacy of support facilities.

Evaluate the capability of resources to complete the assignment. Order additional resources if needed.

Monitor on-site coordination between the functions within the Team, other responders, local officials, and the DOH/ESF-8.

Conduct regular Team meetings and daily briefings.

Evaluate on-going Team operational performance in meeting established objectives to include:

- Effectiveness of overall Team operations,
- Assessment of equipment shortages and needs,
- Assurance of health and welfare needs of personnel
- Assessment of fatigue in personnel,
- Assessment of signs of EISS in personnel, and

- Adherence to established procedures.

Ensure demobilizing Section/Unit Leaders are debriefed.

Review the status of the current Team assignment and advise the local official(s) and DOH/ESF-8 whether continued effort is necessary and advisable.

Ensure the development of a Demobilization Plan to include transition of Team duties to Medical Examiner

procured local assistance.

Before the receipt of the demobilization order, provide an estimate to the DOH/ESF-8 of the personnel hours necessary for equipment cleanup/rehab of DPMU.

Deputy Commander

Description of Duties

- May be assigned any of the duties of the Commander and may serve as Acting Commander during operational periods.

On-site Operations

Contact Commander and receive an initial briefing to include:

- Incident Action Plan (IAC).
- Areas of responsibility.
- Incident Situation Report (SITREP).
- Team objectives and assignment.
- Operational work periods.
- Team support layout and requirements (e.g., ACP, MOC, VAMDC, IDC, IRC),

- Communications procedures,
- Procedures for requesting supplies and equipment
- Team member medical treatment resources and evacuation procedures, and
- Site hazards and personal safety precautions

Liaison Officer

Description of Duties

- Serves as a contact point for Agency Representatives.
- Assists in establishing and coordinating interagency contacts.
- Monitors incident operations to identify current or potential inter-organizational problems.
- Coordinates activities of visiting dignitaries.

On-site Operations

Participate in planning meetings, providing current resource status, including limitations and capability

of assisting agency resources.

Maintain a list of assisting and cooperating agencies and Agency Representatives.

Monitor check-in sheets daily to ensure that all Agency Representatives are identified.

Information Officer

Description of Duties

- Develop material for use in media briefings.
- Informs media and conducts media briefings if requested by Medical Examiner.
- Arranges for tours and other interviews or briefings that may be required.

On-site Operations

Participate in planning meetings, providing media information that may be useful to incident planning.

Obtain Medical Examiner approval of media releases.

Maintain current information summaries and/or displays on the incident and provide information on the status of the incident to assigned personnel.

Safety Officer

Description of Duties

- Develops measures for ensuring personnel health and safety.
- Coordinates with Command Staff regarding emergency response personnel health and safety issues.
- Investigates and reports injuries and treatments in accordance with Worker Compensation guidelines.
- Monitors safety procedures in all working environments
- Stops and/or prevents unsafe acts.

On-site Operations

Assist Command staff with daily briefings regarding safety issues.

Assist in developing the Medical Plan for the IAP

Monitor safety procedures at the disaster site environment including:

- Proper usage of personal protective equipment (PPE).
- Hydration and fatigue conditions
- Sunburn protection
- Insect activity (mosquito)

Monitor safety procedures in the morgue environment including:

- Proper usage of personal protective equipment (PPE),
- Control and disposal of contaminated biomedical waste,
- Shielding procedures and monitoring of radiation in the X-Ray and Odontology Sections, and
- Proper use and disposal of hazardous chemicals.

Monitor safety procedures in the VAMDC DNA Team environment including:

- Proper usage of personal protective equipment (PPE),
- Proper handling of biological specimens collected from families, and
- Control and disposal of contaminated biomedical waste.

Coordinate members' medical assistance with medical provider designated by ESF-8 or ICS.

Investigate and report injuries, illnesses, and treatments in accordance with Worker Compensation

guidelines.

Maintain a log of all injuries, illnesses, and treatments of members.

GENERAL STAFF

Operations Section Chief

Description of Duties

- Supervises Branch Directors for:
 - o Search and Recovery Center
 - o Morgue Operations Center
 - o Victim Antemortem Data Center
 - o Identification Center
- Identifies members available for Branch and Unit Leader positions.
- Coordinates assignment of Branch and Unit Leaders with Commander.
- Establishes and maintains liaison with Commander in the ACP and with DOH/ESF-8 for procurement of resources.
- Serves as principle liaison with Medical Examiner for operational strategies.

On-site Operations

Identify Command Staff reporting requirements:

- To whom.

- Type of information to be reported.
- Reporting schedule.
- Method of reporting

Coordinate with Commander and Planning Section Chief to identify Team support rotation requirements and re-supply process:

- Provisions (e.g., food, water, lodging, etc.),
- Personnel deployment and travel schedules, and

Coordinate with Commander and Logistics Section Chief to identify equipment requirements and resupply

process:

- Search and Recovery victim transportation staging,
- Body storage (refrigerated trailers, etc.),
- Temporary morgue staging (tent, warehouse, etc.) and equipment (X-rays units, freezers, etc.)
- VAMDC staging,
- Service needs (power, water, etc.)
- Communications and office equipment (radios, copiers, faxes, etc.)
- Staff transportation.
- Local medical assistance.

Planning Section Chief

Description of Duties

- Supervises Branch Directors for:
 - o Search and Recovery Center
 - o Morgue Operations Center
 - o Victim Antemortem Data Center
 - o Identification Center
- Identifies members available for Branch and Unit Leader positions.
- Coordinates assignment of Branch and Unit Leaders with Commander.
- Establishes and maintains liaison with Commander in the ACP and with DOH/ESF-8 for procurement of resources.
- Serves as principle liaison with Medical Examiner for operational strategies.

On-site Operations

Identify Command Staff reporting requirements:

- To whom.
- Type of information to be reported.
- Reporting schedule.
- Method of reporting

Coordinate with Commander and Planning Section Chief to identify Team support rotation requirements and re-supply process:

- Provisions (e.g., food, water, lodging, etc.),
- Personnel deployment and travel schedules, and

Coordinate with Commander and Logistics Section Chief to identify equipment requirements and resupply process:

- Search and Recovery victim transportation staging,
- Body storage (refrigerated trailers, etc.),
- Temporary morgue staging (tent, warehouse, etc.) and equipment (X-rays units, freezers, etc.)
- VAMDC staging,
- Service needs (power, water, etc.)
- Communications and office equipment (radios, copiers, faxes, etc.)
- Staff transportation.
- Local medical assistance.

Logistics Section Chief

Description of Duties

- Supervises Leaders for:
 - o Disaster Portable Morgue Unit (DPMU)
 - o Supply Unit
 - o Communications Unit
 - o Information Resources (IR) Unit
- Establishes and maintains liaison with Commander in the ACP and with DOH/ESF-8 for logistical support.

- Coordinates the Disaster Portable Morgue Unit Team (DPMU) that erects and deploys the equipment cache as needed for the Administrative Command Post, Information Resources Unit, Morgue Operation

Center, Identification Center, and Victim Antemortem Data Center.

- Develops the Supply Unit which provides the locations and the personnel needed to receive, process, store, and distribute all supply orders.
- Develops the Communications Unit to make the most effective use of the communications equipment and facilities assigned to the incident.
- Develops the Information Resources (IR) Unit that establishes and maintains the computer networks.

Notify and coordinate DPMU team activities as needed

On-site Operations

Identify Command Staff reporting requirements:

- To whom.
- Type of information to be reported.
- Reporting schedule.
- Method of reporting

Identify local and DOH/ESF-8 equipment and supply request procedures:

- Requests submitted to whom
- Type of information to be provided, and
- Method of requesting goods.

Coordinate with Commander and Operations Section Chief to

- Ensure that incident facilities are adequate.
- Ensure that the resource ordering procedure is made known to appropriate Team Leaders.
- Develop transportation system to support operations needs.
- Place orders for resources as needed.

Coordinate with Commander to implement the Incident Action Plan and demobilization plan including time required to clean, decontaminate, inventory, repack and transport DPMU back to warehouse.

Ensure that all supplies and equipment are inventoried, returned to the cache, and prepared for transport.

Administration/Finance Section Chief

Description of Duties

- Creates and maintains Ready List of members available for activation.
- Coordinates activation of members with DOH/ESF-8 for deployment orders.
- Establishes and maintains liaison with Commander, Planning Section, Logistics Section, and with DOH/ESF-8 so that operational records can be reconciled with financial documents.
- Processes arriving members for identification cards, travel expense vouchers, and administrative documentation of time worked.
- Coordinates Worker Compensation reporting of injuries and treatments.

Coordinate potential activation needs.

Assess Team readiness, including identifying personnel ready for deployment by initiation of a call or e-mail request for availability to develop a Ready List.

Receive formal activation notice from DOH/ESF-8.

Provide names of activated Team members to DOH/ESF-8. Periodically forward updated rosters to DOH/ESF-8.

Respond to ACP to establish administrative offices.

Maintain ongoing communications with DOH/ESF-8.

On-site Operations

Identify local and DOH/ESF-8 reporting requirements:

- To whom.
- Type of information to be reported.
- Reporting schedule.
- Method of reporting

Ensure all deploying personnel have completed all DOH administrative requirements and received

identification cards, if applicable.

Ensure that all personnel time records are accurately completed and transmitted according to policy.

Ensure all deploying personnel report injuries and receive treatment.

Ensure all expendable supplies used are documented for reimbursement.

Ensure all deactivating personnel have completed out-processing documentation and received instructions on submission of travel expenses.

SEARCH AND RECOVERY BRANCH

Search and Recovery Branch Director

Description of Duties

- Oversees, conducts, and directs recovery efforts for human remains at the disaster site.
- Investigates the circumstances of the disaster to determine the most effective method of search and recovery operations.
- Coordinates and plans for adequate personnel and equipment to perform search and recovery operations at the disaster site.
- Ensures security and control over remains during recovery, processing at transport assembly location and transport release to morgue operations.
- Identifies and ensures that proper protective gear (e.g., steel toed and steel shank boots, waders, etc.) is worn at the disaster site by all personnel in hazardous areas.
- Provides daily safety briefing to recovery personnel.
- Provides direction and guidance to photographer and documentation specialist for disaster site processing
(e.g., sketches, video, and photographs, etc.).
- Monitors EISS levels of responder personnel and implements stress reduction measures as necessary.
- Notifies the Morgue Operations Branch Director of the status and pace of the recovery operation at site.
- Maintains standard practices of evidence preservation.

- Maintains Unit/Activity Log

On-site Operations

In conjunction with the Commander, Operations Section Chief and Medical Examiner, determine the most appropriate disaster site staging area for transport assembly.

In conjunction with the ICS, and local search and rescue teams, develop coordinated search and recovery plans.

Brief site personnel on operational plans.

Ensure victim remains are not moved until approval has been given by the Medical Examiner.

Ensure that all recovered remains are documented and assigned a unique field or site number.

Follow all Universal Precautions against exposure to communicable disease and biohazards.

Ensure that any associated personal effects that were with the body upon recovery remain with the body when it leaves the disaster site for morgue processing.

Monitor the site for safety hazards. Mitigate hazards.

Maintain documentation of remains recovered and transported to morgue operations center

Monitor use of supplies and notify Logistics Supply Unit of anticipated replenishment needs.

Anthropology Team Leader (scene)

Description of Duties

- Oversees the Anthropology function at the disaster site.
- Assists disaster site personnel with identification and screening of human versus non-human remains and questionable material.

On-site Operations

Brief anthropology personnel if applicable to ensure all understand the overall processing flow and their specific duties and responsibilities.

Assist with removal, preliminary examination, documentation, and photography of human remains and all personal effects found on or with the remains.

Ensure that any associated personal effects that were with the body upon discovery remain with the body when it leaves the disaster site for morgue processing.

Ensure that all recovered remains are documented and assigned a unique field or site number.

Maintain standard practices of evidence preservation.

Assist with segregation of unassociated or commingled human remains for purposes of tracking number assignment.

Follow all Universal Precautions against exposure to communicable disease and biohazards.

Monitor use of supplies and notify Logistics Supply Unit of anticipated replenishment needs.

Transport Staging Team Leader

Description of Duties

- Oversees the remains staging and transport functions at the disaster site.
- Assists disaster site personnel with tracking recovered remains.

On-site Operations

Brief transport staging personnel to ensure all understand the overall processing flow and their specific duties and responsibilities.

Log in all remains brought to the transport staging area

Maintain standard practices of evidence preservation.

Ensure that any associated personal effects that were with the body upon receipt remain with the body when it leaves the disaster site for morgue processing.

Follow all Universal Precautions against exposure to communicable disease and biohazards.

Monitor use of supplies and notify Logistics Supply Unit of anticipated replenishment needs

Search and Recovery Team Member

Description of Duties

- Assists with the remains search and recovery operation at the disaster site.
- May be assigned to search, collection or transportation teams.

On-site Operations

Maintain standard practices of evidence preservation.

Ensure that any associated personal effects that were with the body upon discovery remain with the body when it leaves the disaster site for morgue processing.

Assist with segregation of unassociated or commingled human remains for purposes of tracking number assignment.

Follow all Universal Precautions against exposure to communicable disease and biohazards

Search and Recovery Team Photographer

Description of Duties

- Oversees the photography function at the disaster site.
- Coordinates with the team leader to determine photographic requirements and the equipment (digital/film) and lighting required to capture the desired images.
- Uses subject-matter knowledge to anticipate the various stages in the recovery procedure to recognize points of interest and to apply discretion in documenting elements such as overall and mid range photographs.
- Carries out precision processing operations to generate high quality digital images or photographs.
- Ensures the field assigned number appears in every photograph taken whenever possible.
- Maintains an accurate numbering system for each set of digital images or roll of film.
- Provides security of each set of digital images or roll of exposed film.

On-site Operations

Take appropriate photographs of remains as they are recovered and placed into transport containers ensuring that any field assigned number appears in every photograph taken whenever possible.

Follow all Universal Precautions against exposure to communicable disease and biohazards

MORGUE OPERATIONS BRANCH

Morgue Operations Branch Director

Description of Duties

- Maintains Communication with the Search and Recovery Branch Director (if any) to monitor the rate of recovery of remains to be processed.
- Monitors security and control over remains received from the site, while being processed through each morgue Team, and upon placement into refrigerated remains storage.
- Notifies Logistics Supply Unit of anticipated supply needs and processes equipment and supply requisitions for morgue teams (Equipment or Supply Requisition Form)
- Provides orientation of newly arriving morgue personnel.
- Monitors access of unauthorized personnel in the Morgue areas.
- Monitors morgue personnel for effects of EISS and coordinates staff rotations to assure adequate rest breaks.

On-site Operations

Set up at the Admitting Team location for morgue base of operations.

Assist with the coordination and placement of refrigerated storage trailers, rest areas, portable toilets, and DPMU equipment.

Provide briefing of morgue personnel to ensure all understand the overall processing flow and their specific duties and responsibilities.

Coordinate with Forensic Group Supervisor and Admitting/Processing Group supervisor to manage scheduling, rest period rotation, and Team assignment adjustments as needed to ensure processing efficiency and daily station clean up.

Monitor use of supplies and notify Logistics Supply Unit of anticipated replenishment needs.

Forensic Group Supervisor

Description of Duties

- In conjunction with the local Medical Examiner and Morgue Operations Branch Director, establishes guidelines for assigning a Morgue Reference Number (MRN) and processing procedures for the disaster.
- Oversees needs and procedures of the
 - o Radiology,
 - o Pathology,
 - o Anthropology,
 - o Fingerprint,
 - o DNA Collection, and
 - o Odontology Teams.
- Communicates supply and equipment needs of forensic sections up the chain for Logistics Supply Unit
- Maintains Unit/Activity Log

On-site Operations

Ensure that unassociated human remains are separated from other unassociated remains during processing by Pathology Team, returned to Admitting, and, assigned a unique MRN, DVP, and escort.

Maintain constant communications with Team leaders on issues related to changes to or deviations from established disaster specific processing procedures.

Follow all Universal Precautions against exposure to communicable disease and biohazards.

Monitor use of supplies and notify Morgue Operations Branch Director of anticipated replenishment needs.

Radiology (Body X-ray) Team Leader

Description of Duties

- Oversees the Radiology (Body X-Ray) morgue function.
- Coordinates with the Forensic Group Supervisor to determine radiographic requirements and the appropriate methods for printing and displaying captured digital images.
- Coordinates the printing of images and duplication onto CD media for each DVP.

On-site Operations

Set up digital body X-rays equipment from DPMU.

Brief Radiology (Body X-Ray) Team morgue personnel to ensure all understand the overall processing flow and their specific duties and responsibilities.

Provide training as necessary in using the computerized digital X-rays system to include:

- Radiation safety basics,
- basic exposure settings on the X-rays portable imager for typical bodies and parts,
- use and care of the X-ray equipment,
- encoding the MRN onto the X-ray image,
- use of the scanner for digitizing antemortem X-rays provided by families for comparison, if applicable,
- computer program use for on-screen viewing comparisons, storage, printing, and duplication of digital images to CD for the DVP.

Follow all radiological precautions (use of lead shielding) to prevent radiation exposure to operators and personnel in the morgue area.

Take radiographs of remains as required.

Record the MRN on each postmortem X-rays image captured.

Enclose printed copies of postmortem X-rays images in DVP for each set of remains.

Maintain a log of cases processed.

Use an assigned scribe, or remove gloves before handling, to minimize the potential for contaminating the DVP or forms used.

Complete radiology report documentation in DVP.

Ensure that any associated personal effects that were with the body upon receipt remain with the body when it leaves the Team.

Notify Pathology and Personal Effects Teams of personal effects newly discovered during X-rays processing.

Have captured images reviewed by an anthropologist or pathologist for adequacy.

Follow all Universal Precautions against exposure to communicable disease and biohazards.

Monitor use of supplies and notify Forensic Group Supervisor of anticipated replenishment needs.

Pathology Team Leader/Pathologist

Description of Duties

- Oversees the forensic pathology function and may assist in the admitting process with the identification of human remains and fragmented human remains.

- In conjunction with the Forensic Group Supervisor establishes guidelines for pathology procedures.
- Coordinates documentation, photography, and removal of personal effects from remains.
- Documents the extent of injuries and anatomic findings to assist in establishing the victim's cause of death and identification by close examination of remains.
- Performs triage function by determining which morgue processing Teams shall be used for the remains.
- Completes processing documentation forms in DVP.

On-site Operations

Assist in the set up of the pathology station.

Brief Pathology Team personnel to ensure all understand the overall processing flow and their specific duties and responsibilities.

Ensure all personnel follow pathology protocols.

Ensure that unassociated human remains are:

- separated from other unassociated remains during processing,
- returned to Admitting, and
- assigned a unique MRN, DVP, and escort.

Coordinate with Photography and Personal Effects Team personnel the documentation and collection of

personal effects.

Collect body fluids/tissue specimens for toxicology where appropriate.

Perform detailed examinations as required to aid in determining cause of death and positive identification, including autopsies if appropriate.

Use an assigned scribe to complete the DVP or forms used, or remove gloves before handling, to minimize the potential for contaminating.

Document thoroughly all examinations, autopsies, anatomic specimens, and articles associated with the

victim in DVP and return to the assigned body escort.

Maintain a log of cases processed.

If appropriate, complete Autopsy Report.

Follow all Universal Precautions against exposure to communicable disease and biohazards.

Monitor use of supplies and notify Forensic Group Supervisor of anticipated replenishment needs.

Pathology Team Autopsy Technician

Description of Duties

- Receives instructions from Pathology Team Leader about duties and procedures to be followed.
- Ensures all support functions for processed remains are completed.

On-site Operations

Partake in briefing of Pathology Team morgue personnel to ensure all understand the overall processing flow and their specific duties and responsibilities.

Strive to prevent biohazard contamination of the DVP or other documentation by avoiding placement near contaminated surfaces or handling it with contaminated gloves.

Clean instruments and station areas as needed.

Follow all Universal Precautions against exposure to communicable disease and biohazards.

Anthropology Team Leader (Morgue)

Description of Duties

- Oversees the Anthropology function at the morgue.
- Coordinates with the Forensic Group Supervisor to determine anthropological requirements and the appropriate methods for examining and documenting findings.
- Determines whether remains are human.
- Assesses to the extent possible sex, chronological age, ancestry affiliation, stature, and other conditions of each team of remains.
- Assesses unique features, pathological conditions, antemortem bone trauma, and medical interventions that may be used for positive identification.
- Conducts radiographic comparisons for positive identification or turns over information to forensic radiologists, analyzes trauma to skeletal remains.
- Correlates investigative evidence with laboratory findings to assist with the identification process.

On-site Operations

Brief Anthropology Team morgue personnel to ensure all understand the overall processing flow and their specific duties and responsibilities.

Provide training as necessary to ensure personnel follow processing protocols.

Supervise members of the Anthropology Team.

Assist in the setup of the anthropology station.

Assist with preliminary examination and documentation of remains.

Establish number of victims by segregation of commingled remains recovered.

Ensure that unassociated human remains are:

- separated from other unassociated remains during processing,
- returned to Admitting, and
- assigned a unique MRN, DVP, and escort.

Establish ancestry, sex, approximate age, stature, ante or postmortem trauma, and skeletal pathology, if necessary.

Direct photography of unique features to document the biological profile.

Provide consultation and input on identifications, as appropriate.

Use an assigned scribe, or remove gloves before handling, to minimize the potential for contaminating the DVP or forms used.

Document all examinations thoroughly.

Maintain a log of cases processed.

Complete the anthropological report documentation in DVP.

Maintain a log of all MRN cases processed.

Ensure that any associated personal effects that were with the body upon receipt remain with the body when it leaves the Team.

Follow all Universal Precautions against exposure to communicable disease and bio-hazards.

Monitor use of supplies and notify Forensic Group Supervisor of anticipated replenishment needs.

Anthropology Team Assistant

Description of Duties

- Receives instructions from Anthropology Team Leader about duties and procedures to be followed.
- Ensures all support functions for processed remains are completed.

On-site Operations

Partake in briefing of Anthropology Team morgue personnel to ensure all understand the overall processing flow and their specific duties and responsibilities.

Strive to prevent biohazard contamination of the DVP or other documentation by avoiding placement near contaminated surfaces or handling it with contaminated gloves.

Clean instruments and station areas as needed.

Follow all Universal Precautions against exposure to communicable disease and biohazards.

Fingerprint (Postmortem) Team Leader

Description of Duties

- Oversees the postmortem fingerprinting function.

- Coordinates with the Forensic Group Supervisor to determine fingerprint requirements and the appropriate methods for recording, storing and duplicating ridge detail impressions obtained.
- Obtains all available ridge detail impressions, or other comparable material, for comparative purposes.
- Maintains log of prints obtained for each MRN.
- Provides guidance and instruction to fingerprint personnel from local departments involved in field investigations, as necessary.
- Coordinates information obtained with Fingerprint Antemortem Team.

On-site Operations

Assist in the set up of the fingerprint station.

Brief Fingerprint Team morgue personnel to ensure all understand the overall processing flow and their specific duties and responsibilities.

Label each set of prints collected with MRN.

Process remains to obtain all available ridge detail impressions, or other comparable material, for comparative purposes.

Provide guidance and instruction as necessary to fingerprint personnel from local jurisdictions involved in the investigation.

Confer as necessary with officials of law enforcement and others who are directly concerned with facts of the disaster.

Ensure that any associated personal effects that were with the body upon receipt remain with the body when it leaves the Team.

Use an assigned scribe, or remove gloves before handling, to minimize the potential for contaminating the DVP or forms used.

Complete fingerprint report documentation in DVP.

Place original print cards into manila envelopes (for protection) and label with the MRN.

Ensure all DVP documentation is completed and returned to the assigned body escort.

Maintain a log of all MRN cases processed.

If appropriate, provide copies of print impressions obtained to the designated AFIS fingerprint analysis team established by ICS Command for the incident.

Follow all Universal Precautions against exposure to communicable disease and biohazards.

Monitor use of supplies and notify Forensic Group Supervisor of anticipated replenishment needs.

DNA Team Leader (Morgue)

Description of Duties

- Oversees the DNA collection function at the morgue.
- Coordinates with the Morgue Operations Branch

Director and/or Medical Examiner to determine biological material sampling requirements and the appropriate methods for collecting and transferring specimens to the DNA lab.

- Selects best appropriate specimen from remains and fragmentary human remains.
- Transfers biological specimens to DNA lab.

On-site Operations

Brief DNA Team morgue personnel to ensure all understand the overall processing flow and their specific duties and responsibilities.

Provide training as necessary to ensure personnel follow processing protocols.

Assist in the setup of the DNA station.

Ensure that specimen collection procedures avoid cross contamination of specimens by training Team personnel on:

- Using new gloves for each set of remains,
- Using new, disposable scalpel blades for each set of remains,
- Using appropriate agents and methods to clean autopsy saw blades, scissors, or other non-disposable instruments used between specimens being processed, and
- Using new collection containers for each specimen collected.

If multiple specimens are collected from a single case label each specimen taken with MRN followed by specific ID.

Ensure proper storage and control of DNA specimens from collection through transfer to DNA lab.

Ensure maintenance of chain of custody of medical and legal evidence for body parts and remains.

Document all examinations thoroughly.

Enclose DNA report documentation in DVP.

Maintain a log of all MRN cases processed.

Ensure that any associated personal effects that were with the body upon receipt remain with the body when it leaves the Team.

Follow all Universal Precautions against exposure to communicable disease and bio-hazards.

Monitor use of supplies and notify Forensic Group Supervisor of anticipated replenishment needs.

DNA Team Assistant

Description of Duties

- Receives instructions from DNA Team Leader about duties and procedures to be followed.
- Ensures all support functions for processed remains are completed.

On-site Operations

Partake in briefing of DNA Team morgue personnel to ensure all understand the overall processing flow and their specific duties and responsibilities.

Strive to prevent biohazard contamination of the DVP or other documentation by avoiding placement near contaminated surfaces or handling it with contaminated gloves.

Clean instruments and station areas as needed.

Follow all Universal Precautions against exposure to communicable disease and biohazards.

Odontology (Postmortem) Team Leader/Odontologist

Description of Duties

- Oversees the forensic dentistry function.

- Coordinates with the Forensic Group Supervisor to determine dental radiographic requirements and the appropriate methods for printing and displaying captured digital images.
- Performs postmortem dental examinations.
- Digitizes radiographs and other images for computer graphical comparison.
- Maintains and examines dental records, charts, and radiographs during morgue operations.
- Computerizes postmortem dental information using the WinID program.

On-site Operations

Assist in the set up of the odontology station.

Set up and maintain odontology computer WinID program.

Brief Odontology Postmortem Team morgue personnel to ensure all understand the overall processing flow and their specific duties and responsibilities.

Label each set of digital dental X-rays taken with MRN.

Provide training as necessary in using the computerized digital X-rays system to include:

- basic exposure settings on the X-rays portable imager for dental materials,
- use and care of the digitizing/imaging plate, and
- use of computer program for on-screen viewing comparisons, storage, printing, and duplication of digital images to CD for the DVP, if applicable.

Take digital dental X-rays when necessary.

Ensure Odontology Protocol Guide procedures are followed.

Follow all radiological precautions (use of lead shielding) to prevent radiation exposure to operators and personnel in the morgue area.

Use an assigned scribe, or remove gloves before handling, to minimize the potential for contaminating the DVP or forms used.

Document thoroughly all dental anatomic specimens and prostheses associated the victim.

Ensure concurrence by at least two forensic odontologists to complete dental charting of unidentified remains.

Enter postmortem dental charting information into WinID.

Enclose original dental report documentation in DVP.

Maintain a log of all MRN cases processed.

Ensure that any associated personal effects that were with the body upon receipt remain with the body when it leaves the Team.

Follow all Universal Precautions against exposure to communicable diseases and bio-hazards.

Monitor use of supplies and notify Forensic Group Supervisor of anticipated replenishment needs.

Odontology (Postmortem) Team Assistant

Description of Duties

- Receives instructions from Odontology Postmortem Team Leader about duties and procedures to be followed.
- Ensures all support functions for processed remains are completed.

On-site Operations

Partake in briefing of Odontology Postmortem Team morgue personnel to ensure all understand the overall processing flow and their specific duties and responsibilities.

Strive to prevent biohazard contamination of the DVP or other documentation by avoiding placement near contaminated surfaces or handling it with contaminated gloves.

Clean instruments and station areas as needed.

Follow all Universal Precautions against exposure to communicable disease and biohazards.

Admitting/Processing Group Supervisor

Description of Duties

- In conjunction with the local Medical Examiner and Morgue Operations Branch Director, establishes guidelines for assigning a Morgue Reference Number (MRN) and processing procedures for the disaster.
- Oversees needs and procedures of the
 - o Admitting,
 - o Escort,
 - o Photography,
 - o Personal Effects,
 - o Embalming
 - o Casketing, and
 - o Remains Storage Teams.

- Oversees case number assignment and issuance of the Disaster Victim Package (DVP-case file folder).
- Ensures all forms for assigned remains are completed after each morgue Team has completed processing.
- Submits completed DVP folders to the IDC when remains processing is complete.
- Maintains Unit/Activity Log

On-site Operations

Brief team personnel to ensure all understand the overall processing flow and their specific duties and responsibilities.

Coordinate retrieval of remains with Remains Holding Team Leader.

Maintain log of MRN assignment and cross-reference to any field assigned numbers on remains delivered from the disaster site.

Ensure that unassociated human remains separated from other unassociated remains during processing by Pathology Team are returned to Admitting, and assigned a unique MRN, DVP, and escort.

Review completed DVP to ensure it contains

- Each applicable morgue Team's completed DVP form,
- Personal effects inventory (copy)
- Fingerprint impressions card (copy),
- Original dental charting, digitized X-rays printouts, and CD (of originals), if applicable,
- Body X-rays printouts and CD, and
- Digital photo(s), if applicable.

Transmit completed DVP by courier to the IDC.

Update Admitting log to reflect

- Remains classification
- Teams involved in processing, and
- Transmittal of DVP and fingerprint cards to IDC.

Follow all Universal Precautions against exposure to communicable disease and biohazards.

Monitor use of supplies and notify Morgue Operations Branch Director of anticipated replenishment needs.

Admitting Team Assistant

Description of Duties

- Receives instructions from Admitting/Processing Group Supervisor about duties and procedures to be followed.
- Maintains security and control over log books and/or DVP as directed.

On-site Operations

Partake in briefing of morgue personnel to ensure all understand the overall processing flow and their specific duties and responsibilities.

Assist the Admitting/Processing Group Supervisor upon receipt of a single set of remains from Remains Holding Team as directed.

Prevent biohazard contamination of the DVP or other documentation by avoiding placement near contaminated surfaces or handing it to any person with contaminated gloves.

Follow all Universal Precautions against exposure to communicable disease and biohazards.

Admitting Team Body Escort/Tracker

Description of Duties

- Maintains security and control over remains and DVP from time of receipt until placement in Remains Storage/Release Team.
- Receives instructions from Pathology Team about morgue Teams to which the remains must be escorted for processing.
- Ensures all logs and DVP forms for processed remains are completed.
- Submits tracking information and DVP to the Admitting/Processing Group Supervisor when processing is complete.
- Delivers processed remains to Remains Storage.

On-site Operations

Partake in briefing of morgue personnel to ensure all understand the overall processing flow and their specific duties and responsibilities.

Receive assignment of a single set of remains from the Admitting/Processing Group Supervisor along with a DVP.

Physically escort the remains to each station as determined by triage.

Prevent biohazard contamination of the DVP or other documentation by avoiding placement near contaminated surfaces or handing it to any person with contaminated gloves.

Ensure that each Team leader has signed off on the appropriate forms of the DVP upon completion of processing.

Deliver tracking information and DVP to the Admitting/Processing Group Supervisor when processing is complete.

Ensure that the remains stay in the escort's presence at all times until transfer to Remains Storage/Release Team.

Follow all Universal Precautions against exposure to communicable disease and biohazards.

Photography Team Leader

Description of Duties

- Oversees the photography function.
- Coordinates with the Admitting/Processing Group Supervisor to determine photographic requirements and the equipment (digital/film) and lighting required to capture the desired images.
- Uses subject-matter knowledge to anticipate the various stages in the procedure to recognize points of interest and to apply discretion in documenting elements beyond the scope of explicit instructions.
- Carries out precision processing operations to generate high quality digital images or photographs.
- Ensures the MRN appears in every photograph taken.
- Maintains an accurate numbering system for each set of digital images and roll of film.
- Provides security of each set of digital images and exposed film.
- Notifies the Morgue Operations Branch Director of apparently unauthorized individuals taking photographs in the morgue area.

On-site Operations

Brief team personnel to ensure all understand the overall processing flow and their specific duties and responsibilities.

Station at least one photographer to remain available at the Pathology Team at all times.

Station at least one photographer to remain available at all times to float among other Teams as needed.

Maintain a log of cases processed.

Take appropriate photographs of remains as they enter morgue documenting the MRN in every photograph.

Maintain a chronological log of photographs taken for each MRN.

For digital photography storage, use PC and/or CD ROM storage as directed.

Maintain a security system for exposed film rolls.

Submit exposed film rolls to the Admitting/Processing Group Supervisor at the end of each operational period, or effect the development, as directed.

Follow all Universal Precautions against exposure to communicable disease and biohazards.

Monitor use of supplies and notify Logistics Supply Unit of anticipated replenishment needs.

Photography Team Assistant

Description of Duties

- Receives instructions from Photography Team Leader about duties and procedures to be followed.
- Ensures all support functions for processed remains are completed.

On-site Operations

Partake in briefing of morgue personnel to ensure all understand the overall processing flow and their specific duties and responsibilities.

Strive to prevent biohazard contamination of the DVP or other documentation by avoiding placement near contaminated surfaces or handling it with contaminated gloves.

Clean equipment and station areas as needed.

Follow all Universal Precautions against exposure to communicable disease and biohazards.

Personal Effects Team Leader

Description of Duties

- Serves as the personal effects custodian.
- Coordinates with the Admitting/Processing Group Supervisor to determine documentation, packaging, and transfer to storage requirements for personal effects recovered from human remains during morgue processing.
- Ensures collection of all personal effects found on deceased victims in conjunction with Pathology Team processing or elsewhere.
- Maintains log of items collected for each MRN.
- Ensures that maintenance of chain of custody for items is maintained.
- Ensures the personal effects are secured for eventual disposition to NOK or law enforcement if deemed to be evidence.
- Cleans and sanitizes effects as appropriate.

On-site Operations

In conjunction with the Admitting/Processing Group Supervisor, establish disaster-specific guidelines and protocols for personal effects numbering, transfer documentation, secured storage facilities, cleaning and repackaging, and release to NOK.

Brief Personal Effects Team morgue personnel to ensure all understand the overall processing flow and their specific duties and responsibilities.

Ensure Personal Effects Policy is followed.

Label multiple items collected from an individual case with MRN.

Tag and have photographed all personal effects obtained from remains during morgue processing with MRN visible.

Maintain chain of custody of collected items.

Use an assigned scribe, or remove gloves before handling, to minimize the potential for contaminating the DVP or forms used.

Complete examination report documentation in DVP (as appropriate).

Inventory pockets, wallets, purses listing individual documents or items on the Personal Effects/Evidence

Release (Chain of Custody) Form.

- In preparing the form, leave the release information blank. Place the original in the MRN file and attach a copy to the bagged item(s).

Do NOT clean items if they represent the only source of potential biological material for DNA testing.

- For example, a MRN that consists only of a blood stained watch should not be cleaned. It should be submitted to DNA as received.

Secure personal effects in lockable storage.

Obtain signatures for proper release of personal items on the appropriate form.

Follow all Universal Precautions against exposure to communicable disease and biohazards.

Monitor use of supplies and notify Admitting/Processing Group Supervisor of anticipated replenishment needs.

Personal Effects Team Assistant

Description of Duties

- Receives instructions from Personal Effects Team Leader about duties and procedures to be followed.
- Ensures all support functions for processed remains are completed.

On-site Operations

Partake in briefing of morgue personnel to ensure all understand the overall processing flow and their specific duties and responsibilities.

Strive to prevent biohazard contamination of the DVP or other documentation by avoiding placement near contaminated surfaces or handling it with contaminated gloves.

Ensures the personal effects are secured for eventual disposition to NOK or law enforcement if deemed to be evidence.

Clean instruments and station areas as needed.

Follow all Universal Precautions against exposure to communicable disease and biohazards.

Remains Storage/Release Team Leader

Description of Duties

- Oversees receipt and storage of remains received from the disaster site and upon completion of morgue processing.
- Coordinates with the Morgue Operations Branch Director, Admitting/Processing Group Supervisor, and/or Medical Examiner to determine remains storage requirements and the appropriate methods for documentation and storage of remains.
- Ensures all logs and forms for received and released remains are maintained.
- Maintains security and control over remains from time of receipt until release to designated funeral home.
- Ensures a sufficient supply of refrigerated trailers through liaison with Logistics Supply Unit.
- Ensures release of remains is done systematically and with proper records in accordance with the procedures of Medical Examiner.

On-site Operations

Staff the Remains Storage station for assignment and log in procedures at the beginning of each shift.

Brief Remains Storage morgue personnel to ensure all understand the overall processing flow and their specific duties and responsibilities.

Log remains received from disaster site (Remains In (Receipt) Log).

Coordinate and log transfer of assigned remains to and from Admitting Team (Remains Transfer Log).

Establish a storage system to segregate unidentified, identified but unclaimed, and identified and ready for release human remains.

Develop spreadsheets for inventory control of remains, relocation, or release. This is necessary, for example, when several MRN cases are associated by Dental or DNA identification as one individual. Such cases are grouped and moved to an Identified Remains trailer for release.

Establish and maintain a remains inventory (Remains Inventory of Trailer) to expedite locating and retrieving remains when required for release or reexamination.

Log remains released after identification (Remains Out (Release) Log,).

If personal effects are released along with remains, log out

- Items released by MRN numbers, and
- Complete Personal Effects/Evidence Release (Chain of Custody) Form.

Monitor and ensure proper maintenance of refrigerated trailers at recommended temperature of 35-38 degrees Fahrenheit.

Ensure that records and trailers are secured at the end of each operational period.

Follow all Universal Precautions against exposure to communicable disease and biohazards.

Monitor use of supplies and notify Admitting/ Processing Group Supervisor of anticipated replenishment needs.

Remains Storage/Release Team Assistant

Description of Duties

- Receives instructions from Remains Storage/Release Team Leader about duties and procedures to be followed.
- Ensures all support functions for processed remains are completed.

On-site Operations

Partake in briefing of morgue personnel to ensure all understand the overall processing flow and their specific duties and responsibilities.

Strive to prevent biohazard contamination of the DVP or other documentation by avoiding placement near contaminated surfaces or handling it with contaminated gloves.

Clean instruments and station areas as needed.

Follow all Universal Precautions against exposure to communicable disease and biohazards

VICTIM ANTEMORTEM DATA BRANCH

Victim Antemortem Data Center Branch Director

Description of Duties

- Coordinates with the Operations Section Chief and local authorities in determining the location of the VAMDC and call center if activated.
- Liaisons with the IRC on form modifications, data collection techniques, and identifications made by the Identification Team.
- Monitors call volume surges and staffing levels (coordinated with Logistics Resource Unit) needed, especially during the first few days of the event.
- Establishes a call prioritization and referral system to optimize use of available staff levels.
- Directs initial focus and resources to collecting missing person data while the Data Center capabilities are being installed.
- Assists the Medical Examiner in providing current information of the deceased to the NOK.
- Provides discretion and confidentiality of all verbal and written documentation concerning the deceased, NOK, and family members. Coordinate with Administration and Finance Section Chief on availability and readiness of VAMDC Core Team.

On-Site Operations

In conjunction with the Commander, Operations Section Chief and Medical Examiner, determine the most appropriate area for the VAMDC to be set up and to publish telephone contact numbers through Information Officer channels.

Request necessary supplies, equipment, telephone, fax, and data lines, copiers, etc., from Logistics Supply Unit.

Set up VAMDC stations. Provide systematic approach to operations.

Work with the IRC Technical Specialist to set up and ensure proper functioning of computer equipment assigned to the VAMDC.

Brief interviewers and data entry personnel to ensure all understand the overall information management system and their specific duties and responsibilities.

Provide training as necessary.

Assist with set up of DNA Team.

Coordinate delivery of completed antemortem folders to Records Management.

Maintain accountability and security of any documentation with the family.

Coordinate family support options with other appropriate agencies.

Monitor use of supplies and notify Logistics Supply Unit of anticipated replenishment needs.

Information Management Group Supervisor

Description of Duties

- Works closely with Information Resource Center (IRC) to ensure computer linkages among the VAMDC, IRC, morgue operations and internet are maintained.
- Manages family interview protocols to collect antemortem data.

- Coordinates use of volunteer groups, if applicable.
- Coordinates and disseminates IRC data management protocols with affected personnel.
- Ensures newly arriving VAMDC personnel are trained and assisted on proper data collection and computer entry procedures.
- Assigns interviewers and ensures VAMDC staff is trained on proper data collection and computer entry.
- Ensures the collection and timely transfer of antemortem data.
- Ensures the collection, security, and timely transfer of antemortem medical and dental records to the Records Management Team.
- Oversees the collection, security, and timely transfer of antemortem medical and dental records to the Records Management Team.
- Provides discretion and confidentiality of all verbal and written documentation concerning the deceased, NOK, and family members.
- Maintains Unit/Activity Log

On-Site Operations

Review interview protocols to be followed.

Take part in briefing of personnel to ensure all understand the overall information management system and their specific duties and responsibilities.

Liaison with the IRC Leader to incorporate any modifications to the data collection forms for use in the identification process.

Assign interviewers and provide interview sheets to be completed.

Assign call takers and provide script options to address how to prioritize calls for referral.

Coordinate family support options with other appropriate agencies.

Missing Person Information Collection Team Leader

Description of Duties

- Ensures newly arriving VAMDC personnel and volunteers are trained and assisted on proper call taking and interview procedures.
- Oversees the collection, security, and timely transfer of interview forms to the Data Entry Team.
- Provides discretion and confidentiality of all verbal and written documentation concerning the deceased, NOK, and family members.

On-Site Operations

Review interview protocols to be followed.

Take part in briefing of interviewers and data entry personnel to ensure all understand the overall information management system and their specific duties and responsibilities.

Develop call taker greeting scripts to aid in prioritizing reports of missing persons.

Revise call taker scripts as situations and needs evolve.

Coordinate family support options with other appropriate agencies.

Coordinate replacement supplies or equipment with Supplies/Facilities Unit Leader

Interview Team Leader/Specialist

Description of Duties

- Receives incoming calls reporting missing persons.
- Coordinates and conducts interviews of families and acquaintances of victims to obtain antemortem data.
- Ensures newly arriving VAMDC personnel are assisted on proper call taking and interview procedures.
- Assists with the collection, security, and timely transfer of antemortem medical and dental records to the Records Management Team.
- Provides discretion and confidentiality of all verbal and written documentation concerning the deceased, NOK, and family members.

On-Site Operations

Review call taker scripts for missing person reports.

Review interview sheets to be completed.

Take part in briefing of interviewers and data entry personnel to ensure all understand the overall information management system and their specific duties and responsibilities.

Interview families in person or by telephone with care and dignity for the victims to obtain data.

Receive requests for additional antemortem information and contact NOK as necessary.

Collect and document incoming additional medical and dental records; transfer to Records Management.

Maintain accountability and security of any documentation with the family.

Coordinate family support options with other appropriate agencies.

VAMDC Data Entry Team Leader/Specialist

Description of Duties

- Receives direction from the Victim Antemortem Data Center Branch Director, Information Management Group Supervisor, and/or Medical Examiner on data entry requirements and the appropriate methods for documentation and verifying entered data.
- Assigns personnel as needed for data entry and auditing of previously entered data.
- Liaisons with the IRC Leader on form modifications, data input techniques, and identifications made.
- Ensures all antemortem processing data is entered
- Ensures all antemortem digitized (scanned) photographs from families are stored on the computer server and images printed for inclusion in the information packet.
- Provides copies of the interview forms and daily logs to appropriate agencies as approved.
- Oversees edits of computer entries to ensure accuracy and completeness of records.

On-site Operations

Partake in briefing of VAMDC personnel to ensure all understand the overall processing flow and their specific duties and responsibilities.

Monitor use of supplies and notify Supplies/Facilities Unit Leader of anticipated replenishment needs.

Liaison with the Information Management Group Supervisor to incorporate any modifications to procedures used in the data entry process.

Begin data entry immediately upon receiving completed forms from interviewers.

Perform double check verification of other VAMDC personnel data entry.

Ensure all antemortem digital photography is stored on the computer server and images are printed for inclusion in the antemortem folder

Dental Records Acquisition Team Leader

Description of Duties

- Receives notice of potential family dentists of victims reported missing from Interview or Data Entry Teams.
- Initiates telephonic contact with potential dentists in order to obtain copies of antemortem dental charts, records, and dental X-rays for comparison by the Odontology Teams.
- Assists in transfer of collected dental records to Records Management Team for use by the Ante-Mortem Odontology Team.

On-site Operations

Partake in briefing of VAMDC personnel to ensure all understand the overall processing flow and their specific duties and responsibilities.

Monitor use of supplies and notify Supplies/Facilities Unit Leader of anticipated replenishment needs.

Liaison with the Antemortem Odontology Team to incorporate any modifications to procedures.

Family History (DNA) Team Leader

Description of Duties

- Participates in the antemortem information and DNA materials gathering function.
- Coordinates with the Victim Antemortem Data Center Branch Director, Information Management Group Supervisor, and/or Medical Examiner on data and DNA materials collection requirements and the appropriate methods for documentation and delivery of materials to the DNA lab selected for testing.
- Liaisons with the IRC Leader on form modifications and data input techniques required for the Team.
- Ensures all antemortem family tree information from families is collected and included in the packet.
- Provides copies of the family tree information to appropriate DNA labs as approved.
- Ensures all antemortem buccal swabs from families and victim reference specimens collected are properly documented as to provenance and delivered to appropriate DNA labs as approved.

On-site Operations

Partake in briefing of VAMDC and DNA Team personnel to ensure all understand the overall processing flow and their specific duties and responsibilities.

Monitor use of supplies and notify Supplies/Facilities Unit Leader of anticipated replenishment needs.

Liaison with the Information Management Group Supervisor to incorporate any modifications to the procedures used in DNA materials collection and the information collection and data entry processes.

Coordinate and log incoming additional DNA specimen materials (toothbrush, razor, etc.); transfer to the VAMDC Records Management Team for DNA lab.

Establish a system for

- families visiting the VAMDC to provide family tree lineage information and to provide Buccal swab samples for DNA testing.
- families visiting the VAMDC to provide victim reference specimens, i.e., toothbrush, razor, etc.
- families unable to visit the VAMDC to provide family tree lineage information by telephone interview with a DNA Specialist.
- families unable to visit the VAMDC to provide Buccal swab samples for DNA testing by mailing the collection kit with instructions for use and return of the kit.
- families unable to visit the VAMDC to provide victim reference specimens i.e., toothbrush, razor, etc. by mail or other delivery mode with instructions on handling, packaging and shipment.
- delivery of collected DNA materials to the designated storage or laboratory facility.

Family Affairs (Remains Release) Team Leader

Description of Duties

- Coordinates with the Victim Antemortem Data Center Branch Director, Information Management

Group Supervisor, and/or Medical Examiner on procedures to be followed to effect release of identified remains.

- Ensures all documentation is completed to verify release of remains.
- Ensures personal effects of the victim are released as directed.
- Updates for release status of identified remains and personal effects as directed.

On-site Operations

Partake in briefing of VAMDC personnel to ensure all understand the overall processing flow and specific duties and responsibilities.

Notify funeral home of release status following death certificate completion.

Notify Remains Storage of identification and potential release.

Coordinate release with funeral home and delivery of death certificate.

Direct driver to Remains Release trailers with necessary authorizing paperwork.

VAMDC Records Management Team Leader/Assistant

Description of Duties

- Oversees VAMDC records management functions.
- Coordinates with the Identification Center Branch Director, Victim Antemortem Data Center Branch

Director, and/or Medical Examiner to determine records management requirements and the appropriate methods for storing, retrieving, and merging documentation.

- Ensures that file tracking procedures account for every file folder.
- Ensure compliance with Records Management Policy.

On-site Operations

Partake in briefing of VAMDC personnel to ensure all understand the overall processing flow and specific duties and responsibilities.

Supervise Records Management Team personnel.

Provide detailed briefing to review the Records Management Policy with staff.

Coordinate with the Information Management Group Supervisor and/or Medical Examiner to determine file cabinet equipment, space, and security requirements for records being stored.

Request necessary supplies equipment, telephone, fax, and data lines, copiers, etc., from Supplies/Facilities Unit Leader.

Establish file log locator systems to expedite locating and retrieving files when required for release or reexamination.

Establish a storage system to segregate case files by

- reported missing,
- found alive,

- identified but unclaimed, and
- identified and ready for release.

Log and file materials as received (alphabetically in Last Name order):

- antemortem reports
- Medical records or DNA specimen authorization forms.

Ensure notification of the appropriate IDC Team when new antemortem records (e.g., dental, fingerprints, etc.) have been received for transfer.

Establish record log-out procedures to include file release to IDC Records File Room for:

- Antemortem file transfer
- Medical, dental and X-ray records transfer

Coordinate release of files systematically and with proper accounting for person receiving file in accordance with the procedures of the Medical Examiner.

VAMDC Documentation Unit Leader

Description of Duties

- Receives direction from the Victim Antemortem Data Branch Director on types of documentation required by the Planning Chief for daily IAPs.

- Coordinates requests for personnel scheduling and rotations to the Planning Chief.
- Creates specialized reports as directed. • Maintains Unit/Activity Log

On-site Operations

Partake in briefing of VAMDC personnel to ensure all understand the overall processing flow and specific duties and responsibilities.

Maintain personnel scheduling of FEMORS staff and coordinate requests for replacements through the Planning Chief.

Provide special reports as directed.

VAMDC Administrative Unit Leader

Description of Duties

- Receives direction from the Victim Antemortem Data Branch Director on types of documentation required by the Administrative Chief for time and travel.
- Works closely with the VAMDC Documentation Unit Leader on scheduling and time and travel documentation.
- Assists personnel with completion of forms required for time and travel.
- Coordinates Branch Director requests for personnel to the Logistics Resource Unit.

On-site Operations

Partake in briefing of VAMDC personnel to ensure all understand the overall processing flow and specific duties and responsibilities.

Maintain personnel time and travel documentation for coordination with the Administrative Chief.

IDENTIFICATION BRANCH

Identification Center Branch Director

Description of Duties

- Oversees identification functions:
 - o DVP data entry and analysis,
 - o Medical Records review,
 - o ID report verification, and
 - o Records Management.
- Coordinates with the Operations Section Chief and/or Medical Examiner to determine post processing identification requirements and the appropriate methods for documentation and storage of file materials.
- Coordinates set up of the IDC consisting of the Verification Unit, Fingerprint Antemortem, Ante-Mortem Odontology, and Records Management Teams
- Liaisons with the IRC on form modifications, data input techniques, and identifications made.
- Ensures information management system equipment in the IDC is installed and functioning properly.

On-site Operations

In conjunction with the Operations Section Chief and Medical Examiner, determine the most appropriate area for the IDC Teams.

Request necessary supplies, office equipment, telephone, fax, and data lines, copiers, etc., from Logistics Supply Unit.

Request Internet web access to perform searches related to victims and NOK contacts.

Brief IDC Team Leaders and personnel to ensure all understand the overall information management system, their specific duties and responsibilities, and procedural changes as they occur.

Establish release authorization, death certificate preparation and delivery procedures for Family Affairs (Remains Release) Team in VAMDC.

Coordinate with Medical Examiner on how identified victim case files will be finalized and numbered.

Provide daily reports to the Medical Examiner, Team Leaders, and DOH/ESF-8 regarding number of:

- Missing persons reported,
- Victims identified and methods used, and
- Unidentified remains to be identified.

Data Entry Team Leader/Specialist

Description of Duties

- Participates in the identification function.
- Receives direction from the Identification Center Branch Director and/or Medical Examiner on data entry requirements and the appropriate methods for documentation and verifying entered data.
- Supervises Data Entry staff.
- Edits computer entries to ensure accuracy and completeness of records
- Ensures all postmortem processing data is entered
- Edits computer entries to ensure accuracy and completeness of records.
- Maintains Unit/Activity Log

On-site Operations

Partake in briefing of IDC personnel to ensure all understand the overall processing flow and their specific duties and responsibilities.

Ensure immediate data entry upon receiving completed DVP folders from morgue.

Perform double check verification of other IDC personnel data entry.

Ensure all postmortem digital photography is stored on the computer server and images are printed for inclusion in the DVP.

Retrieve files as necessary from Records Management and follow all file tracking and log-out procedures.

Return files not being actively reviewed to Records Management whenever possible.

Data Entry Auditing Specialist

Description of Duties

- Participates in the identification function.
- Receives direction from the Data Entry Team Leader and/or Medical Examiner on data entry requirements and the appropriate methods for documentation and verifying entered data.
- Ensures all postmortem processing data entered is audited against the original handwritten processing forms.
- Ensures all postmortem digital photography is stored on the computer server and images printed for inclusion in the DVP.
- Audits computer entries to ensure accuracy and completeness of records.

On-site Operations

Partake in briefing of IDC personnel to ensure all understand the overall processing flow and their specific duties and responsibilities.

Perform double check verification of other IDC personnel data entry.

Ensure all postmortem digital photography is stored on the computer server and images are printed for inclusion in the DVP.

Retrieve files as necessary from Records Management and follow all file tracking and log-out procedures.

Return files not being actively reviewed to Records Management whenever possible.

Verification Unit Leader

Description of Duties

- Participates in the identification function.
- Receives direction from the Identification Center Branch Director and/or Medical Examiner on post processing identification requirements and the appropriate methods for documentation and storage of file materials.
- Assists with set up of the IDC office.
- Liaisons with the IRC on form modifications, data input techniques, and identifications made.
- Orders and tracks additional records (e.g., dental X-rays and charts, medical, and fingerprint records, and other data) deemed necessary.
- Coordinates receipt and storage of antemortem records and materials with Records Management Team.
- Coordinates reports of positive identification with file materials for presentation to the Medical Examiner for approval.
- Assists the Medical Examiner with notifications of positive identification to NOK, if appropriate.
- Coordinates issuance of death certificates upon establishment of positive identification or court ordered presumptive death declaration.
- Initiates release procedure notification to Family Affairs (Remains Release) Team in VAMDC.
- Maintains Unit/Activity Log

On-site Operations

Partake in briefing of IDC personnel to ensure all understand the overall processing flow and their specific duties and responsibilities.

Monitor use of supplies and notify IDC Director of anticipated replenishment needs.

Use Internet web access to perform searches related to victims and NOK contacts.

Liaison with the IRC Leader to incorporate any modifications to the data entry procedures used in the identification process.

Ensure coordination of incoming additional antemortem materials and records for distribution.

- Antemortem body X-rays are delivered to Records Management with notification made to Radiology (Body X-Ray) Team for digitizing and comparison with appropriate MRN cases.

- Antemortem dental records and X-rays are delivered to Records Management with notification made to Antemortem Odontology Team for digitizing and input to WinID System for comparison.

- Antemortem fingerprint records are delivered to Records Management with notification made to

Fingerprint Antemortem Team for comparison.

- Antemortem medical records are delivered to Records Management with notification made to IT/Review Release Specialist team.

- Coordinate incoming DNA Buccal swab collection specimens for distribution to DNA lab.

- Coordinate incoming additional DNA specimen materials (toothbrush, razor, etc.) for transfer to DNA lab for testing.

Maintain accountability and security of any additional materials provided by the family or other sources.

Retrieve files as necessary from Records Management and follow all file tracking and log-out procedures.

Return files not being actively reviewed to Records Management whenever possible.

Receive identification match data for presentation to Medical Examiner from

- Antemortem Odontology,
- Fingerprints Antemortem,
- Body X-ray,
- Anatomic features (Pathology or Anthropology), or
- DNA lab.

Assemble all related files of a potential identification case (FRED antemortem folder, MRN files, and medical records) and examine for logical inconsistencies (e.g., history of amputation but body part is present). Review before presentment to Medical Examiner for decision.

Once approved by the Medical Examiner, perform data entry to assign positive victim identifications to postmortem records (MRNs), including how identification was made, by whom, time and date.

Assign staff to a Notification Team, if appropriate.

Notify families (procedures to be determined by Medical Examiner) of positive identification and obtain:

- signed authorization from next-of-kin identifying funeral home of choice
- funeral home name, and
- if body part or less than complete remains, written family directive on preferred method of notification and handling of additional parts identified later

Coordinate release authorization and death certificate delivery to VAMDC Remains Release Team.

Assemble all related files of an identification case (there may be several fragmentary remains MRNs linked by dental or DNA matching to one individual) and merge into the antemortem file.

- Medical Examiner will determine the final numbering system for identified remains cases.

Return all identified persons files to Records Management with notation of merged MRN file numbers and presumptive death certificate files, if applicable.

Verification Unit ID/Release Review Specialist

Description of Duties

- Participates in the identification function.
- Receives direction from the Verification Unit Leader and/or Medical Examiner on post processing identification requirements and the appropriate methods for documentation and storage of file materials.
- Reviews all postmortem processing data entered.
- Orders and tracks additional records (e.g., dental X-rays and charts, medical, and fingerprint records, and other data) deemed necessary.
- Coordinates receipt and storage of antemortem records and materials with Records Management Team.
- Coordinates reports of positive identification with file materials for presentation to the Medical Examiner for approval.
- Assists the Medical Examiner with notifications of positive identification to NOK, if appropriate.
- Coordinates issuance of death certificates upon establishment of positive identification or court ordered presumptive death declaration.
- Initiates release procedure notification to Family Affairs (Remains Release) Team in VAMDC.

On-site Operations

Partake in briefing of IDC personnel to ensure all understand the overall processing flow and their specific duties and responsibilities.

Conduct a daily, morning inventory of all files being actively worked on in the section for Records Management accounting.

Use Internet web access to perform searches related to victims and NOK contacts.

Perform data analysis to locate potentially identifiable features and possible matches.

Begin cross references on all personal effects.

Continue cross references to all fields as time allows.

Receive and track requests for additional antemortem information and forward to NOK.

Order and track all additional records (e.g., dental X-rays and charts, medical, dental, and fingerprint records, DNA Buccal swab kits, and other data) deemed necessary.

Coordinate incoming additional antemortem materials and records for distribution.

- Antemortem body X-rays are delivered to Records Management with notification made to Radiology (Body X-Ray) Team for digitizing and comparison with appropriate MRN cases.
- Antemortem dental records and X-rays are delivered to Records Management with notification made to Antemortem Odontology Team for digitizing and input to WinID System for comparison.
- Antemortem fingerprint records are delivered to Records Management with notification made to Fingerprint Antemortem Team for comparison.
- Antemortem medical records are reviewed for unique anatomic features (e.g., surgical implants, surgical history, amputations, etc.) and incorporated as deemed appropriate.
- Coordinate incoming DNA Buccal swab collection specimens for distribution to DNA lab.

- Coordinate incoming additional DNA specimen materials (toothbrush, razor, etc.) for transfer to DNA lab for testing.

Maintain accountability and security of any additional materials provided by the family or other sources.

Retrieve files as necessary from Records Management and follow all file tracking and log-out procedures.

Conduct a daily, morning inventory of all files being actively worked on in the section for Records Management accounting.

Return files not being actively reviewed to Records Management whenever possible.

Receive identification match data for presentation to Medical Examiner from

- Antemortem Odontology,
- Fingerprints Antemortem,
- Body X-ray,
- Anatomic features (Pathology or Anthropology), or
- DNA lab.

Assemble all related files of an identification case (antemortem folder, MRN files, and medical records) and examine for logical inconsistencies (e.g., history of amputation but body part is present).

Present files to Verification Unit Leader for review before presentment to Medical Examiner for decision.

Once approved by the Medical Examiner, perform FRED data entry to assign potential positive victim

identifications to postmortem records (MRNs), including how identification was made, by whom, time and date.

Input identification match data from reports provided by:

- Odontology,
- Fingerprints,
- Body X-ray,
- Anatomic features (Pathology or Anthropology), or
- DNA.

Prepare death certificate as directed for Medical Examiner signature.

Notify families (procedures to be determined by Medical Examiner) of positive identification and obtain:

- signed authorization from next-of-kin identifying funeral home of choice
- funeral home name, and
- if body part or less than complete remains, written family directive on preferred method of notification and handling of additional parts identified later.

Coordinate release authorization and death certificate delivery to Remains Release Team.

Assemble all related files of an identification case (there may be several fragmentary remains MRNs linked by dental or DNA matching to one individual) and merge into the antemortem file.

Return all identified persons files to Records Management with notation of merged MRN file numbers and presumptive death certificate files, if applicable.

Fingerprint Antemortem Team Leader/Specialist

Description of Duties

- Coordinates with the Verification Unit Leader to determine fingerprint requirements and the appropriate methods for comparing antemortem records with ridge detail impressions obtained from victims.
- Correlates all antemortem data with postmortem fingerprint data for identification purposes.
- Provides positive identification reports to Verification Unit Leader.
- Coordinates with local agencies for access to AFIS or similar fingerprint databases.

On-site Operations

Assist in the set up of the Fingerprint Antemortem Team.

Brief Fingerprint Antemortem Team personnel to ensure all understand the overall processing flow and

their specific duties and responsibilities.

Receive notification that antemortem fingerprint records have been received and filed with the antemortem folder in Records Management.

Retrieve original antemortem fingerprint records from Records Management and follow all file tracking and log-out procedures.

Ensure that a copy of original antemortem records is made and placed in the antemortem file before removing the original set to the Team.

Use antemortem file numbering, if available, and record the number on each antemortem fingerprint record followed by “-FP01”, “-FP02”, etc.

Maintain a log of all antemortem fingerprint records received from families or other sources.

Conduct a daily, morning inventory of all files being actively worked on in the section for Records Management accounting.

For antemortem fingerprint records received from sources other than Records Management:

- Use originals for day to day work, and
- Deliver copies of original fingerprint records to Records Management for inclusion in the antemortem folder whenever possible.

Log in postmortem MRN prints couriered from morgue.

Affect identification based on comparisons between ante and postmortem prints as required.

Provide guidance and instruction as necessary to fingerprint personnel from local jurisdictions involved in the investigation.

Confer as necessary with officials of law enforcement and other agencies on locating sources of antemortem fingerprint records.

Ensure concurrence by at least two fingerprint examiners to declare a match between ante and post mortem records.

Provide reports of positive identification by fingerprint comparison, with MRN and antemortem files attached, to Verification Unit Leader.

Follow all Universal Precautions against exposure to communicable disease and biohazards.

Monitor use of supplies and notify Verification Unit Leader of anticipated replenishment needs

Antemortem Odontology Team Leader/Odontologist

Description of Duties

- Coordinates with the Verification Unit Leader and/or Medical Examiner to determine dental requirements

and the appropriate methods for comparing antemortem records with records obtained from victims.

- Computerizes antemortem dental information and generates best matches using the WinID program.
- Correlates all antemortem data with postmortem data for identification purposes.
- Provides positive identification reports to Verification Unit Leader.

On-site Operations

Assist in the set up of the Antemortem Odontology Team.

Brief Antemortem Odontology Team personnel to ensure all understand the overall processing flow and their specific duties and responsibilities.

Conduct a daily, morning inventory of all files being actively worked on in the section for Records Management accounting.

Provide training as necessary in using the computerized digital X-rays system to include:

- scanner for digitizing antemortem X-rays, and
- transfer of images to WinID.

Receive notification that antemortem dental records have been received and filed with the antemortem folder in Records Management.

Retrieve original antemortem dental records from Records Management and follow all file tracking and log-out procedures.

Scan antemortem dental X-rays and enter charting information using the WinID program.

For antemortem dental records received from sources other than Records Management:

- Prepare copies for day to day work,
- Deliver original dental records to Records Management for inclusion in the antemortem folder whenever possible.

Affect identification based on comparisons between ante and postmortem records as required.

Ensure maintenance of chain of custody of antemortem dental records received.

Return files not being actively reviewed to Records Management whenever possible.

Provide guidance and instruction as necessary to dental personnel from local jurisdictions involved in the investigation.

Confer as necessary with officials of law enforcement and other agencies on locating sources of antemortem dental records.

Ensure concurrence by at least two forensic odontologists to declare a match between ante and postmortem records.

Provide reports of positive identification by dental comparison, with MRN and antemortem files attached, to Verification Unit Leader.

Monitor use of supplies and notify Verification Unit Leader of anticipated replenishment needs.

Follow all Universal Precautions against exposure to communicable disease and biohazards.

IDC Records Management Team Leader

Description of Duties

- Oversees records management functions.

- Coordinates with the Identification Center Branch Director, Victim Antemortem Data Center Branch

Director, and/or Medical Examiner to determine records management requirements and the appropriate methods for storing, retrieving, and merging documentation.

- Sets up the Records Management Team in conjunction with the IDC office.
- Ensures that file tracking procedures account for every file folder.
- Ensures compliance with Records Management Policy.

On-site Operations

Request necessary supplies equipment, telephone, fax, and data lines, copiers, etc., from Logistics

Supply Unit.

Coordinate with the Identification Center Branch Director, Verification Unit Leader and/or Medical Examiner to determine permanent file cabinet equipment, space, and security requirements for records being stored.

Brief Records Management Team personnel to ensure all understand the overall processing flow and their specific duties and responsibilities.

Provide detailed briefing to review the Records Management Policy with file room staff.

Supervise Records Management Team personnel.

Establish file log location systems to expedite locating and retrieving files when required for release or reexamination.

Establish a storage system to segregate case files by

- Unidentified, numerically in MRN order (postmortem DVP folders from morgue),

- Identified and released,
- Identified and ready for release,
- Identified but unclaimed, and
- Presumptive death certificate (if applicable).

Log and file materials as received:

- antemortem reports from VAMDC together with related medical records or DNA specimen authorization forms (alphabetically in Last Name order),
- Court ordered presumptive death certificate files (alphabetically in Last Name order).

Ensure notification of the appropriate IDC Team when new antemortem records have been received for filing.

Establish record log-out procedures to include partial file release for:

- Dental ante and postmortem comparison,
- Fingerprint ante and postmortem comparison, and
- Body X-rays ante and postmortem comparison.

Coordinate release of files systematically and with proper accounting for person receiving file in accordance with the procedures of the Medical Examiner.

Conduct a daily, morning inventory of all files being actively worked on in the IDC for Records Management accounting.

Monitor use of supplies and notify Supplies/Facilities Unit Leader of anticipated replenishment needs

IDC Records Management Team Assistant

Receives direction from the Records Management Team Leader on tracking and delivery requirements

and the appropriate methods for documentation and verifying received materials.

- Ensures all received file materials are properly documented.

On-site Operations

Partake in briefing of IDC personnel to ensure all understand the overall processing flow and their specific duties and responsibilities.

Maintain chain of custody documentation for all materials received and distributed.

Log and file materials as received:

- antemortem reports from VAMDC together with related medical records or DNA specimen authorization forms (alphabetically in Last Name order),
- postmortem DVP folders from morgue (numerically in MRN order), and
- Court ordered presumptive death certificate files (alphabetically in Last Name order).

Establish file log-out procedures to include partial file release for:

- Dental ante and postmortem comparison,
- Fingerprint ante and postmortem comparison, and
- Body X-rays ante and postmortem comparison.

Coordinate release of files systematically and with proper accounting for person receiving file in accordance with the wishes of Medical Examiner.

Serve as central receiving and distribution center with logging procedures for incoming known victim:

- Dental records,

- Medical records and body X-rays,
- DNA samples for testing (other than those processed by DNA Team-VAMDC),
- Fingerprint records, however,
 - o Fingerprint Antemortem Team may obtain known prints directly from law enforcement agencies for comparison.

File known victim received materials in the appropriate antemortem folder.

Notify the appropriate Team (Odontology or Radiology) of X-rays received for which digitizing will be required so that they may retrieve the materials from Records Management.

Notify the Verification Unit of medical records received for which review will be required so that they may retrieve the materials from Records Management.

Notify the Fingerprint Antemortem Team of fingerprint records received for which review will be required so that they may retrieve the materials from Records Management.

Notify the DNA Team at VAMDC of received DNA samples for testing (other than those processed by

DNA Team-FAC) for which processing will be required so that they may retrieve the materials from Records Management if necessary