Mass Fatality Management Procedures

 **Purpose:**

The purpose of this plan is to have in place a process for creating a Mass Fatality Management Plan that identifies the roles and actions of various response agencies within the City of Torrington. Hopefully, this guide will provide for a coordinated response to such incidents in the Torrington area and possibly the surrounding region.

The goal of this plan is to enhance the ability of the City of Torrington in meeting their emergency management needs in dealing with mass fatalities. The management of the deceased is the most difficult aspect of disaster response and in large natural disasters in particular, can cause large numbers of untimely deaths.

1. The recovery and removal of human remains in order to keep hospitals and other healthcare facilities open and available to accept and assist others that is sick and injured.
2. The process/ procedures for evacuation and transportation of human remains that meet the guidelines established by the State of Connecticut Department of Public health.
3. Guidelines for temporary storage of human remains.
4. Updating and Maintenance of Plan

**Scope:**

This plan proceeds to describe activities that may occur during a mass fatality event in the City of Torrington. These activities will need to closely collaborate with any Federal, State, or Local jurisdictions involved.

 **Command and Control:**

In a Mass Fatality event, Unified Command will be used. Torrington Area Health working in cooperation with Charlotte Hungerford Hospital and the Emergency Services of the City of Torrington shall work in conjunction to mitigate the incident. The Incident Command system would be utilized in accordance with the National Response Plan.

1. **Activation of Mass Fatality response**

In the event of an incident resulting in mass fatalities, the local health district will be assisted by the Ct. Chief Medical Examiner who may request assistance from Ct’s Assistant Medical Examiners and may

Even request a Mortuary Response Team through the State Funeral

Directors Association, the team is qualified and trained to provide support in disaster recovery, evacuation, identification of remains, sanitation and preparation of remains, notification of families of deceased victims, and counseling.

They can assist in the preparation and filing of death certificates and facilitate ways for preparing, processing, and releasing human remains to the next of kin under emergency conditions. This team operates under the direction of the Office of the State Medical Examiner.

1. **Initial Recovery and Staging Operations Guidelines**
* None of the remains shall be moved or touched by workers until direction and approval has been given by the medical Examiner or the appropriate person.
* Operations will be coordinated by the State of Ct Medical Examiner and, where designated, a qualified coordinator from the Mortuary Response Team.
* A survey and assessment of the situation will be make 1st by local incident commander, which will be followed by an assessment by the State of Ct Medical Examiner. It will be noted the approximate number of dead, condition of the remains, environmental conditions, and type of terrain. They will identify the type of equipment, personnel, and supplies needed to implement an effective plan to mitigate the incident.
* Once workers have reported to the staging area, a briefing will be held, assignments will given, and ideally teams should be formed so no one is working alone.
* Photos or a sketch will be made of the disaster site, (maybe in conjunction with local, state, federal law enforcement) If applicable, the scene will be divided into sections, with teams being assigned to particular sections.
* Suitable stakes or markings will be placed at the location of each body, their location will be placed onto sketch of disaster site, along with photo’s and if possible video of site. For each body marked, a number will be assigned to each body and or body part located, and it will correspond with stakes numbering and on sketch.
* All remains should be treated as a contagious disease case.
* Remains, or remain parts will all be tagged and numbered to correspond with all sketches, and records kept as to the location and or surroundings in which the remains were found.
* Unattached personal effects found on or near body will be placed in an evidence bag, tagged with corresponding numbers and data reflecting the location and/or surroundings, and secured.
* When practical, remains and/or remain parts will containerized, most commonly used equipment is a body pouch, each pouch will be tagged with the corresponding number assigned.
* Valuables, such as wallets or jewelry, hat are attached to the body shall not be removed. Such Valuables found on or near the body that could have potential identification value should be placed in a container and charted as to the exact location where they were recovered.
* Remains may then be removed, as authorized, from their initial discovery site to a staging area for transporting to a hospital morgue or a temporary morgue site.
1. **Operational Guidelines for Evacuation to Morgue**
* Evacuation operations from the disaster site or staging area will be coordinated by the State of Ct. Medical Examiner and, where designated by the coordinator from the disaster mortuary response team.
* A survey and assessment of the situation will be made by the incident commander and the State of Ct Medical Examiner.
* Records will be kept at the staging area as to the identification of the vehicles and drivers, as well as the tag numbers of the deceased being transported.
1. **Annex Development and Maintenance**

This Annex will be updated as necessary, based on deficiencies identified through exercises, drills or actual emergencies. It can also

Be updated as new laws or procedures are developed and personnel are trained.