**Capability 5: Fatality Management**

**Definition:** Fatality management is the ability to coordinate with organizations and agencies to provide fatality management services. The public health agency role in fatality management activities may include supporting

- Recovery and preservation of remains
- Identification of the deceased
- Determination of cause and manner of death
- Release of remains to an authorized individual
- Provision of mental/behavioral health assistance for the grieving

The role may also include supporting activities for the identification, collection, documentation, retrieval, and transportation of human remains, personal effects, and evidence to the examination location or incident morgue.

**Functions:** This capability consists of the ability to perform the functions listed below.

- **Function 1:** Determine the public health agency role in fatality management
- **Function 2:** Identify and facilitate access to public health resources to support fatality management operations
- **Function 3:** Assist in the collection and dissemination of antemortem data
- **Function 4:** Support the provision of survivor mental/behavioral health services
- **Function 5:** Support fatality processing and storage operations

**Summary of Changes:** The updates align content with new national standards, updated science, and current public health priorities and strategies. Listed below are specific changes made to this capability.

- Clarifies importance of identifying the public health agency role in fatality management and describes potential fatality management lead, advisory, and support roles
- Aligns the fatality management definition to the existing federal definition as recommended by the U.S. Department of Health and Human Services’ (HHS) Disaster Mortuary Operational Response Team (DMORT)
- Updates resources to improve coordination, accuracy, and timeliness of electronic mortality reporting

**For the purposes of Capability 5, partners and stakeholders may include the following:**

- Emergency management agencies
- Emergency medical services (EMS)
- Federal authorities
- Funeral homes
- Funeral industry
- Health care coalitions
- Health care organizations
- Hospitals
- Law enforcement agencies
- Medical examiner or coroner offices
- Medicolegal authorities
- Public health agencies
- Subject matter experts (SMEs)
- Vital statistics partners

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1 Including SMEs with expertise in epidemiology, laboratory, surveillance, community cultural or religious beliefs, or burial practices
Function 1: Determine the public health agency role in fatality management

Function Definition: Coordinate with jurisdictional authorities and partners to estimate and characterize potential fatalities and the impact of these fatalities on fatality management needs, resources, and activities to determine the public health agency role in fatality management.

Tasks

Task 1: Estimate fatality management needs based on jurisdictional risks. Characterize potential fatalities based on findings from jurisdictional risk assessment(s) and determine the resources and activities needed to manage potential fatalities based on the normal expected fatality rate and fatalities related to the incident.

Task 2: Clarify, document, and communicate the jurisdictional public health agency role(s) in fatality management. Coordinate with subject matter experts and cross-disciplinary partners and stakeholders to clarify, document, and communicate the public health agency role in fatality management based on jurisdictional risks, incident needs, and partner and stakeholder authorities.

Preparedness Resource Elements

P1: (Priority) Fatality management procedures that are scaled to address potential fatality scenarios based on jurisdictional hazards and risks. Jurisdictional fatality management procedures should be included in relevant jurisdictional emergency operation plans.

(See Capability 1: Community Preparedness)

P2: (Priority) Definition of the jurisdictional public health agency role for fatality management established in coordination with jurisdictional authorities, subject matter experts, and other cross-disciplinary stakeholders. Recommended activities to establish roles may include

- Identification of jurisdictional fatality management lead authority (individual or organization)
- Identification of public health liaison(s) to support fatality management operations and leadership
- Consideration of incident characteristics, existing plans, services, infrastructure, and information sharing needs in coordination with jurisdictional authorities and partners to determine public health support roles
  - Incident characteristics
  - Magnitude of incident, including the estimated number of decedents
  - Condition of human remains (intact or fragmented human remains, meaning comingled, decomposed, charred, or mutilated)
  - Rate of recovery (rapid, moderate, or slow)
  - Recovery area complexity, including the extent of gridding necessary and whether recovery area boundaries are known or unknown
  - Presence of hazards, including chemical, biological, radiological, environmental, or communicable disease hazards
  - Disaster site location characteristics, such as fixed or distributed location and the need for excavation or debris removal
  - Public health or law enforcement community constraints, such as limitations on public gatherings or establishment of curfews
• Event occurrence, such as single event at one location, single event at multiple locations, or recurring event at multiple locations
• Decedent identification needs, including antemortem data collection, postmortem data collection, requirement to issue death certificates, and communication with next of kin
  • Existing plans, services, and infrastructure
  • Medical examiner or coroner services and availability of interoperable case management system(s), mass fatality database(s), and electronic death registration system(s) (EDRS)
  • Procedures to coordinate with other fatality management, funeral industry, and the American Red Cross to support investigations, relieve health care facilities, and support family, cultural, religious, and bereavement needs
  • Death certification procedures to indicate that death is associated with a specific event, if applicable
  • Public health laboratory plans for detection, characterization, confirmation, and reporting of public health threats based on testing of clinical specimens, food, water, and other environmental samples
  • Health and safety plans for facilities and tasks involving hazardous work, such as complex recovery operations
  • Plans to account for recovered remains and materials
  • Family management services, including family assistance centers and long-term family management support
  • Mental/behavioral services and grief or bereavement counseling for survivors, responders, next of kin, and affected communities
  • Plans to coordinate with hospitals, health care facilities, and designated morgue facilities
  • Information sharing needs
  • Public messaging to identify human remains that should not be moved or manipulated
  • Public messaging to communicate expectations for recovery, care, identification, and release of human remains
  • Public messaging to communicate funeral capacity
  • Information sharing with applicable jurisdictional committees, such as maternal mortality review or child fatality review committees
  • Call centers to coordinate the collection of missing persons information and assist in prompt identification of remains
  • Mortality reporting and information sharing requirements
  • Press releases and social media announcements
  • Death certificate record release to families
  • Notification to the Federal Emergency Management Agency (FEMA), Veterans Affairs (VA), or other agencies and organizations to facilitate funeral or other benefits

**P3:** Written agreements, such as contracts or memoranda of understanding (MOUs) or co-signed plans among jurisdictional stakeholders that support coordinated fatality management activities to leverage shared resources, facilities, services, and other support based on identified roles.

**P4:** (Priority) Procedures in place to designate lead authorities to request resources based on ongoing assessments of the incident or event needs for example, public health agency response plans, coordinated with the jurisdictional emergency management agency, to facilitate state requests
for federal resources through HHS Regional Emergency Coordinators (RECs). Procedures for resource requests may include

- County or jurisdictional mass fatality protocols that indicate thresholds for requesting additional resources, including requests from local to state, state to state, and state to federal
- State, regional, and federal resources, including HHS DMORTs, to be requested when anticipated resource needs exceed local capacity
- Mutual aid agreements for resource requests, for example Emergency Management Assistance Compact (EMAC) or MOUs through appropriate channels, such as EMAC coordinator and emergency management

(See Capability 3: Emergency Operations Coordination and Capability 10: Medical Surge)

**P5:** Procedures in place, based on jurisdictional public health agency role(s), to support activities in coordination with partners and stakeholders.

(See Capability 1: Community Preparedness and Capability 13: Public Health Surveillance and Epidemiological Investigation)

**Skills and Training Resource Elements**

**S/T1:** Personnel trained on mass fatality or fatality management through courses offered nationally, by the state’s emergency management agency, the public health agency, or other partners, as applicable. Recommended trainings may include

- Center for Domestic Preparedness: Healthcare Leadership for Mass Casualty Incidents (MGT-901)
- Emergency Management Institute: Mass Fatalities Incident Response Course (G-386)
- FEMA Emergency Support Function #8—Public Health and Medical Services (IS-808)
- Rural Domestic Preparedness Consortium: Mass Fatalities Planning and Response for Rural Communities (AWR-232)

**Equipment and Technology Resource Elements**

**E/T1:** Personal protective equipment (PPE), such as protective clothing and respiratory equipment necessary to support fatality management procedures and activities.

(See Capability 14: Responder Safety and Health)

**E/T2:** Human remains pouches, facilities, and other equipment and locations to store human remains.

**Function 2: Identify and facilitate access to public health resources to support fatality management operations**

**Function Definition:** Develop recommendations to identify and facilitate access to resources, such as personnel and subject matter experts, record keeping, and physical space to address fatality management needs resulting from an incident in accordance with public health agency jurisdictional roles and standards outlined in jurisdictional fatality management procedures.

**Tasks**

**Task 1:** Assess incident data. Assess incident data to develop public health fatality management activity guidance and define resource needs.
Task 2: Develop and share incident-specific public health fatality management recommendations. Coordinate with jurisdictional, regional, private, and federal stakeholders as defined in the jurisdictional fatality management procedures to make incident-specific recommendations regarding the safe and efficient recovery, processing, reporting, storage, and final disposition of human remains.

Task 3: Initiate and coordinate public health support for fatality management operations. Coordinate with identified stakeholders to operationalize strategies as defined in the jurisdictional fatality management procedures and share incident recommendations for managing human remains.

Preparedness Resource Elements

P1: (Priority) Procedures in place to collect and analyze incident data and develop recommendations for safe and efficient fatality management operations.

P2: (Priority) Procedures in place to identify and support public health agency lead or support activities for fatality incident management, including continuity of operations, based on incident data and recommendations. Public health agency activities for fatality incident operations, communication, and community support may include:

- Mass fatality incident operations activities
  - Coordinating with law enforcement and forensics agencies, such as medical examiners or coroners
  - Participating in joint criminal-epidemiological (Crim-Epi) investigations
  - Participating with the search and recovery of human remains
  - Providing human health hazard mitigation and risk prevention and control recommendations
  - Maintaining a roster of additional personnel
  - Providing training on appropriate PPE
  - Supporting security and preserving the mass fatality incident site
  - Identifying multiple sites for interim storage and disposition of human remains
  - Obtaining additional refrigerated space or equipment
  - Managing the security and preservation of remains
  - Implementing a tracking system for the identification of recovered remains
  - Collecting and analyzing mass–fatality, incident-related mortality surveillance data
  - Completing death certificates of decedents

- Communications and guidance activities
  - Using communications systems to rapidly disseminate and receive incident health alerts
  - Disseminating public communications, including the use of social media
  - Providing guidance to the public on health and safety issues involving hazards and potential communicable disease(s)
  - Providing guidance to the public on what to do if they find or know of the location of human remains, such as guidance to not move bodies from the scene
  - Providing guidance on health and safety issues to prevent responder mortality
  - Coordinating public affairs and establishing call centers
• Community resilience and support activities
  • Organizing family assistance center(s)
  • Facilitating the provision of funeral or other benefits for eligible next of kin from FEMA, VA, or other agencies and organizations
  • Providing access to grief or bereavement and spiritual counseling
  • Providing mental/behavioral health services to ease traumatic reactions experienced by responders and the public


P3: Procedures in place to share information with fatality management partners, including fusion centers or comparable centers and agencies, emergency operations centers (EOCs), and epidemiologist(s), in order to provide and receive relevant intelligence information that may impact the response.

(See Capability 6: Information Sharing)

Skills and Training Resource Elements

S/T1: Personnel trained on functional activities based on designated jurisdictional fatality management roles.

Equipment and Technology Resource Elements

E/T1: Materiel to manage fatality operations based on the incident. Materiel may include

• Standard and hazardous materials (HazMat) PPE and clothing, such as gloves, boots, coats, hard hats, rain suits, and respirators
• Human remains pouches (appropriate number and type)
• Refrigerated storage
• Tents
• Equipment, supplies, and human remains storage
• Marking flags or barricade tape
• Barcoded toe tags
• Biohazard bags and boxes
• Photography equipment
• Gridding, laser survey, and global positioning systems
• Communication devices, such as radios and cell phones
• Equipment for scene documentation
• Hazard assessment or monitoring and mitigation unit
• Radiation survey equipment
• X-ray and laboratory equipment

E/T2: Data tracking systems that may be available through the medical examiner’s or coroner’s office to collect and manage data, which may include

• Missing person data
• Antemortem data, including DNA, medical or dental records, reported tattoos, and physical belongings
• Postmortem data, including human remains and scene data

(See Capability 6: Information Sharing)
**E/T3:** Death reporting systems available to ensure initial reporting (line lists) and accurate and timely completion of death certifications. Death reporting systems may include electronic mass fatality case management and incident systems, medical examiner or coroner case management systems, and electronic death registration systems.

### Function 3: Assist in the collection and dissemination of antemortem data

**Function Definition:** Assist the jurisdictional fatality management lead authority and other partners including regional partners, as necessary, to gather and disseminate antemortem data through family assistance centers or other models, as defined in jurisdictional fatality management procedures.

**Tasks**

**Task 1:** Establish and refine antemortem data management processes. Coordinate with partners, such as family assistance centers to establish and refine processes and methods to collect and share antemortem data.

**Task 2:** Assemble necessary resources for antemortem data management. Coordinate with partners to support the identification and assembly of resources to collect and share antemortem data.

**Task 3:** Collect and share antemortem data with partners. Coordinate with partners to assist in the collection and dissemination of antemortem data to law enforcement, other agencies, and families of the deceased.

**Task 4:** Support electronic mortality reporting. Support recording and reporting of antemortem data through electronic systems or other information sharing platforms.

### Preparedness Resource Elements

**P1: (Priority)** Procedures in place to collect and handle antemortem data in a secure and confidential manner, including data collection and dissemination methods, for example the use of call centers, family reception centers, and family assistance centers, and relevant personnel functions, such as interviews with families to acquire antemortem data, data entry, and administrative activities.

*(See Capability 6: Information Sharing)*

**P2:** Procedures in place for family notification, depending upon public health agency fatality management lead or support role(s). Procedures may include

- Contacting and notifying family members
- Releasing information in coordination with the medical examiner’s or coroner’s office
- Managing family expectations for decedent identification, such as fingerprint or DNA identification
- Handling and release of decedents’ personal effects
Skills and Training Resource Elements

S/T1: Personnel trained, as necessary, to assist in the collection and dissemination of antemortem data. Training may include

- Courses covering the following topics
  - Providing relief to families after a mass fatality
  - Supporting roles identified by lead agency
  - Supporting family assistance and reception centers
- Courses offered by the National Transportation Safety Board (NTSB) Training Center, as necessary, which may include
  - Family Assistance (TDA301)
  - Advanced Skills in Disaster Family Assistance (TDA405)
  - Emergency Accounting for Victims Following Transportation Mass Casualty Incidents (TDA406)

Equipment and Technology Resource Elements

E/T1: Central repository or database for the collection, recording, and storage of antemortem and postmortem data.

E/T2: Technology to establish call centers or toll free numbers to collect and disseminate information.

Function 4: Support the provision of survivor mental/behavioral health services

Function Definition: Support the provision of non-intrusive and culturally sensitive mental/behavioral health services to incident survivors, family members of the deceased, and responders according to the jurisdictional public health agency role for fatality management in coordination with the jurisdictional fatality management lead authority and stakeholders.

Tasks

Task 1: Assemble trained mental/behavioral health team(s). Support the assembly of personnel and resources trained to provide mental/behavioral health services that are non-intrusive and culturally appropriate to accommodate the access and functional needs and religious or cultural practices of incident survivors, family members of the deceased, and responders.

Task 2: Support mental/behavioral health outreach services. Coordinate with stakeholders to support the provision of culturally appropriate mental/behavioral health services to incident survivors, family members of the deceased, and responders.

Preparedness Resource Elements

P1: (Priority) Procedures in place to identify, develop, and implement services for survivors, families, and responders in conjunction with jurisdictional mental/behavioral health partners. Procedures should reflect relevant cultural, religious, family, and burial practices.

(See Capability 1: Community Preparedness)
P2: **(Priority)** Pre-identified personnel and resources to provide mental/behavioral health services to survivors and families. Personnel may include

- Public and private agencies including specialized agencies for mental health, children, and aging, as appropriate to assist with the organization and provision of services
- Spiritual care providers
- Translators
- Embassy and consulate representatives, when international victims are involved

**Skills and Training Resource Elements**

S/T1: Personnel trained in mental/behavioral health-related fatality management activities, such as supporting family assistance centers.

S/T2: Personnel with cultural competency training as related to fatality management.

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**Function 5: Support fatality processing and storage operations**

**Function Definition:** Support activities to ensure that human remains, associated personal effects, and official documentation are safely and accurately recovered, processed, transported, tracked, recorded including death certificates, stored, and disposed of or released to authorized person(s) according to the jurisdictional public health agency role and fatality management procedures.

**Tasks**

**Task 1: Support the safe management of human remains.** Provide health protection and safety guidance to incident management or the jurisdictional lead authority to ensure the safe recovery, receipt, identification, transportation, storage, and disposition of human remains.

**Task 2: Support timely and accurate investigations.** Support forensic and other investigations, as requested, to assist with the identification of hazards, risks, and cause and manner of death.

**Task 3: Conduct death reporting.** Coordinate with partners to support near-real time electronic death reporting during the fatality management incident.

**Task 4: Ensure death recording in official documentation.** Coordinate with partners to facilitate accurate and timely collection and recording of mortality information for official death certificates.

**Preparedness Resource Elements**

P1: **(Priority)** Procedures in place for the jurisdictional public health agency to coordinate with partners and stakeholders in fatality processing and storage operations, including procedures to monitor the location of human remains and storage capacity.

P2: Procedures in place for timely electronic death reporting in medical examiner or coroner case management systems or electronic death registration systems for information sharing. Recommended data elements for electronic death reporting may include

- Incident details, including date, time, location, and situation
- Victim identification, including name, date of birth, gender, ethnicity, height, weight, address, social security number, and medical history
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- Victim relationships, such as identified family members and friends
- Location and types of injuries
- Cause of death (presumed, actual, or underlying)
- Death details, including date, time, location, and manner of death
- Circumstances that indicate whether the death was attributable to the event
- Human remains processing details
- Human remains storage location
- Health provider or responder details
- Survivor interview details
- Human remains disposition procedures

(See Capability 6: Information Sharing)

Skills and Training Resource Elements

S/T1: Medical examiners, morticians, and other relevant personnel trained to conduct their identified role.

Equipment and Technology Resource Elements

E/T1: Materiel and equipment to process, store, and release human remains for final disposition. Materiel and equipment may include

- Portable x-ray unit
- Morgue equipment, such as storage trailers
- Medical instruments for autopsies
- Radiation survey equipment
- Portable autoclave
- Gloves, gowns, and other PPE
- Digital cameras
- Specimen containers and preservatives
- Refrigerated storage
- Computers and printers
- Death certificate special embossed paper