New York State

Mass Fatality Management Resource Guide

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NEW YORK STATE | Homeland Security and Emergency Services

NYSEMA
New York State Emergency Management Association

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- American Red Cross
- Federal Bureau of Investigations
- Federal Emergency Management Agency
- National Transportation Safety Board
- New York City Office of the Chief Medical Examiner
- New York Department of State
- New York State Association of County Coroners and Medical Examiners
- New York State County Emergency Management and Public Health Departments
- New York State Department of Health
- New York State Division of Military and Naval Affairs
- New York State Funeral Directors Association
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- New York State Office of Victim Services
- New York State Police
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OVERVIEW

The United States has experienced an increased frequency of incidents resulting in large numbers of fatalities, to include active shooter events, terrorism, natural disasters, and major transportation accidents. Mass fatality incidents (MFIs) pose significant challenges due to the complex nature of the response and recovery efforts, the tremendous amount of human suffering they impose, and the intense media attention and scrutiny they generate.

The September 11th terrorist attack represents the largest MFI in New York. However, the State has endured several other notable MFIs, such as the American Civic Association shooting in Binghamton (2009) that resulted in fourteen deaths and numerous injuries, and more recently, the limousine crash in Schoharie County (2018) that resulted in twenty fatalities. These are just a few of many incidents New York State has faced, but they serve as important reminders that the next incident can happen anywhere and at any time.

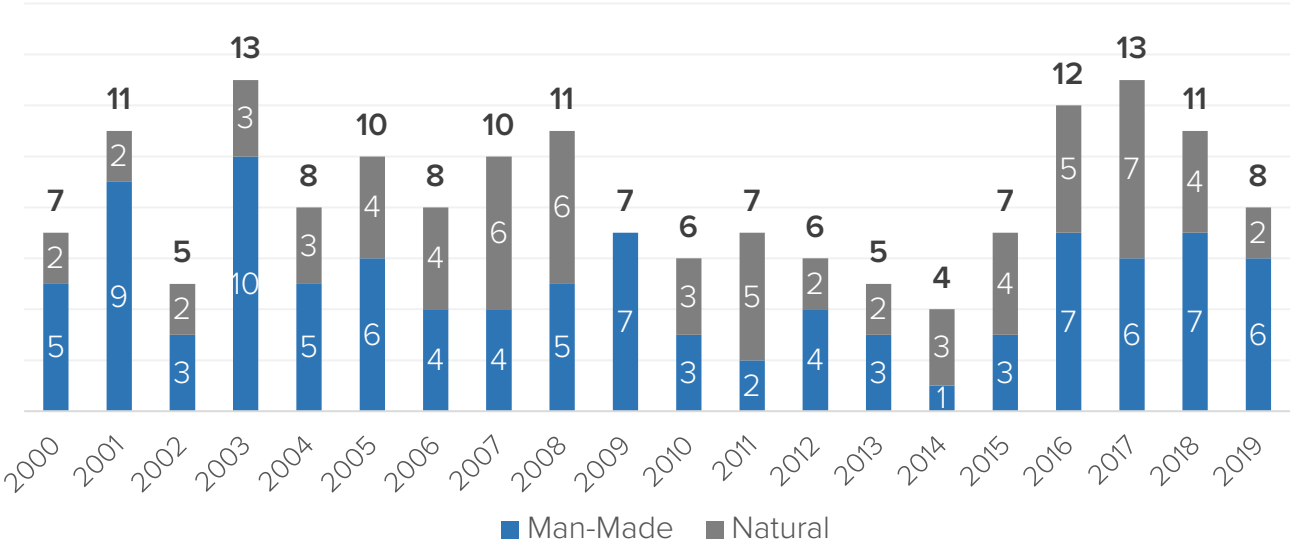
MFIs are single or prolonged events involving more decedents (in number or complexity) than available local response resources can handle. Across the State, jurisdictions' capacities and capabilities differ, so their characterization and threshold for MFIs will also vary. Additionally, counties may have a Medical Examiner's office, Coroner's office, or both; understanding the capabilities and differences between these resources will assist planners in assessing local capacities.

Regardless of the jurisdiction, it is likely that MFIs will result in emergency management coordinating a multi-agency and/or multi-jurisdictional response involving mutual aid from neighboring regions, the state, or even the federal government. It is imperative that a broad group of stakeholders – county and community partners from numerous disciplines, as well as the private sector – are part of the mass fatality management (MFM) planning process. For example, working closely with hospitals during the planning effort is important to determine their capacity to hold decedents and understand their capabilities (e.g., whether they conduct autopsies). Additionally, planning and collaborating with law enforcement is important as they will likely have the investigative lead once all viable patients are removed from the incident scene. Planning creates an opportunity to develop or reinforce relationships and trust among stakeholders which is critical during the response and recovery phases.

Purpose and Scope: The purpose of this guide is to offer emergency managers and their planning partners considerations for preparing, responding, and recovering from MFIs. It is also important to recognize that most MFIs will likely result in mass casualties as well; this guide will focus on MFIs, although we acknowledge there is overlap between MFIs and mass casualty incidents. The guide is intended to serve as a framework to help inform planning and operational decisions. It is not a step by step list of instructions. The information in this guide is derived from best practices, federal and state guidance, and other relevant resources.

Threat Overview: New York State is categorized as high risk due to its elevated threshold of threats and hazards, many of which can lead to MFIs. The evolving threat of terrorism (both domestic and international), aging infrastructure, public health concerns, and the growing threat of extreme weather are just a few examples of the many threats and hazards that have the potential to result in significant numbers of fatalities. Transportation accidents, to include plane crashes, train derailments, boat capsizes, and motor vehicle accidents also have the potential to result in many fatalities.

Research conducted by the NYC Office of the Chief Medical Examiner (NYC OCME) found that there have been 169 MFIs in the U.S. since 2000, an average of eight (8) per year. However, there has been a marked increase in the number of mass shootings recently, to include some of the deadliest shootings in the nation's history. Additionally, the vast majority (83%) of incidents involve "open" populations, meaning that the exact number of victims is unknown at the time of the incident, unlike a "closed" population incident (e.g., airline crash) where a manifest exists to help identity the victims. The recognition or characterization of an event as an MFI may also be delayed due to initial reports of the incident focusing on the number of victims, not necessarily the state of the victims.



Note: NYC OCME's criteria for an MFI is 10 or more fatalities.

Source: NYC Office of the Chief Medical Examiner

In MFIs, the nature of the response may be dependent on the hazard itself, as some incidents (e.g., accidents, shootings, etc.) may unfold very quickly while others (e.g., pandemics) may play out over a long duration. However, regardless of the incident, a premium must be placed on treating victims and their loved ones with dignity and respect. The emotional and mental health of the community and the first responders involved in any MFI must also be a key consideration.

Guide Structure: The New York State Mass Fatality Management Resource Guide is organized to address **Preparedness**, **Response**, and **Recovery**. As it relates to response and recovery, many actions happen simultaneously so it is difficult to draw a definitive line between response and recovery operations. The Guide also includes appendices with additional resources.

Note: The guide will be reviewed and updated as necessary based on feedback, lessons learned, and other factors. Feedback, comments, or questions can be directed to: terry.hastings@dhses.ny.gov.

The acronym "ME/C" will be used throughout the document as an umbrella term for all medicolegal organizational structures/models. Across New York State, Counties have a mix of Medical Examiner's Offices, Coroner's Offices, or both. Additionally, some jurisdictions have shared medicolegal service agreements with other counties.

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PREPAREDNESS

Identify and Coordinate with Key Planning Partners

- ❑ Create a core planning team to oversee major decision-making and planning efforts. At a minimum, counties should include representatives from the following disciplines on the MFI planning team:
    - ❑ Medical Examiner/Coroner's (ME/C) Office, Local Health Department, Office of Emergency Management, Hospitals/Healthcare Facilities, Funeral Homes, Law Enforcement, Social Services, and Mental Health.
    - ❑ *Note*: Jurisdictions that have shared medicolegal service agreements with other Counties (including autopsy, toxicology, morgue, and cold body storage) should coordinate with the jurisdiction's ME/C as well as the shared services provider.
- ❑ Identify and involve other key partners (e.g., state, private sector, nonprofit, and community faith-based/cultural organizations) that can contribute to the planning process. The federal government may be able to provide technical assistance on an ad hoc basis.
- ❑ Invite representatives from outside jurisdictions to attend planning meetings (and vice versa).
- ❑ Engage the local community, to the extent appropriate, by sharing plans and procedures for handling an MFI. Encourage participation in Citizen Preparedness Corps; Run, Hide, Fight; Stop the Bleed; and other community training programs.
    - ❑ Identify local faith-based and cultural leaders and inform them of plans. Research shows that during a critical event, communications from faith-based and cultural leaders serve to reduce social/community disruption and individual psychological trauma.
- ❑ Set an annual timeframe for key partners to review and ensure plans are current. Operationalize lessons learned from After Action Reviews, including those from other jurisdictions.

Conduct a Comprehensive Risk and Capabilities Assessment

- ❑ Develop a list of potential threats/hazards (natural, man-made, technological/accidental) based on historical precedence or credible intelligence that could result in an MFI. Planned events (concerts, fairs, etc.) may also become the location of MFIs due to acts of violence or structural failure.
- ❑ Identify potential vulnerabilities associated with the threat profile. Consider listing and ranking vulnerabilities (e.g., aging infrastructure, geographic factors, population density, etc.) that could cause or exacerbate MFIs and/or hinder response efforts.
- ❑ Consider potential cascading events that could impact the incident (internally and externally). Plan for contingencies.
- ❑ Assess capabilities to carry out critical functions during an MFI. Update Comprehensive Emergency Management Plan (CEMP), Continuity of Operations Plan (COOP), annexes and other jurisdiction plans with COOP functions.
- ❑ Ensure that fatality management plans and associated plans are informed by risk and capability assessments.

Develop/Update Mass Fatality Management (MFM) Plan

- ❑ Identify and create linkages between other jurisdictional plans (e.g., Mass Care, Family Assistance, Missing Persons Management, COOP, Volunteer and Donations Management, and Long-Term Recovery, etc.) and the MFM plan.
- ❑ Develop and update MFM plans (and related plans) as necessary.
- ❑ Consider organizing operational aspects of the MFM plan into 4 main components:
    - ❑ Incident Scene Response Operations – to include jurisdictional authority, scene preservation, evidence collection and medicolegal investigation.
    - ❑ Remains Storage and Transport – to include remains tracking, storage, transport and security.
    - ❑ Postmortem Operations – to include disaster morgue operations, case triage, documentation and examination, case review/quality assurance and release of remains.
    - ❑ Antemortem Operations – to include the Family Assistance Center (FAC), family briefings, antemortem interviews, reconciliation of identification data and notification of families.
- ❑ Review current policies and legislation and amend/update to improve coordinated response to MFIs.
- ❑ Refer to the NYS CEMP Mass Fatality Annex for guidance on developing a plan.
    - ❑ *Note*: The CEMP Mass Fatality Annex contains guidelines and recommendations relating to: Recovery Teams, Handling Decedents Contaminated with Radioactive Material, Temporary Morgue Storage, Morgue Surge Equipment/Supplies, Human Remains Storage, Decontamination of Refrigerated Vehicles, Temporary Internment, Death Registration, Decedent Information/Tracking/Identification, Site Selection Considerations for the FAC, etc.

Other Mass Fatality Plan Considerations

- ❑ Outline roles and responsibilities for Unified Incident Command. Determine who has authority for each aspect of the plan and set thresholds/trigger points for activation.
- ❑ Ensure updated plenary documents are shared and accessible by all relevant entities, including neighboring jurisdictions.
- ❑ Plans should be scalable to contend with numerous fatalities in a variety of environments.
- ❑ Consider religious and/or cultural requirements in the aftercare processing of decedents, particularly the impact on access, timing, and release of remains when developing plans. See Appendix B for additional information.
    - ❑ *Note*: A Family Assistance plan should set out processes for addressing family member concerns by engaging the assistance of faith-based representatives from affected communities.
- ❑ Consider that MFI's may involve individuals from outside the jurisdiction, including non-US citizens and/or foreign travelers. Planners should be prepared to address the coordination and transport of decedents to a variety of outside jurisdictions. The Governor's Office and U.S. Department of State may be able to assist in gathering antemortem data to identify foreign national decedents and coordinate their return to the home country.

- ❑ Understand the risk of CBRNE events. Consider the need/availability of personal protective equipment (PPE) and decontamination procedures for responders and decedents.
    - ❑ *Note*: The nature of CBRNE events may put response personnel at an increased level of risk. In addition, because of the nature of the materials, the processing of remains may be more complicated, possibly warranting different interment sites, handling procedures, and additional decontamination/storage safeguards.
    - ❑ Mental health support for those directly impacted by CBRNE events as well as the community may be needed; many may fear they've been impacted.
- ❑ Understand the risk of a pandemic influenza scenario and how this type of event would be managed. The nature of a pandemic influenza event will likely require counties to be self-sufficient because typical outside resources will not likely be available.
- ❑ Evaluate how the costs of an MFI will be allocated (e.g., autopsy, storage, embalming, transportation, etc.). In many instances, the county where the deaths occurred is responsible for the autopsy bill.
- ❑ Use of the federal Disaster Mortuary Operational Response Team (DMORT) would theoretically expedite identification of decedents and notifications to their families. Understand the jurisdiction's threshold for dealing with decedents and when DMORT assistance may become necessary. Requests for DMORT are made through NYS DHSES/OEM.
    - ❑ *Note*: Utilization of DMORT comes at a cost. MFIs may not always result in a federal disaster declaration to help offset those costs.

Identify Personnel, Equipment, and other Resources

- ❑ Inventory equipment and supplies, specifically critical items that are immediately needed for remains recovery (e.g., body bags, personal effects storage, refrigerated transportation, etc.). In the immediate aftermath, tarps to cover or seclude the incident site prior to the removal of decedents, may be equally as important.
- ❑ For plenary purposes and to aid in developing/understanding capability thresholds, ME/C offices should consider the capacity of their jurisdiction's office, including the number of staff, examination space, storage capacity, daily caseload, etc.
- ❑ Determine local surge capacity of EMS providers, regional hospitals, and mortuaries/funeral homes. Emergency Managers should be as clear as possible when communicating with partners to avoid confusion and the unintentional activation of unassociated plans.
    - ❑ EMS Surge: refers to activation of mutual aid plans, up to and including national contracts, to provide increased coverage to the impacted area and/or backfill out of service stations to continue daily care operations within the impacted jurisdiction.
        - ❑ *Note*: EMS should not and likely will not transport decedents due to the need to remain in service for residual incident needs as well as daily service calls. The assumption should not be made that EMS will accommodate this type of transport.

- ❑ Medical Surge/Hospital Surge: refers to the expansion of hospital capacity to provide care for the sick and injured beyond daily operations. Unless a large number of living patients are being transported to the initial or secondary receiving facilities, enacting medical or hospital surge plans would not be appropriate for MFIs.
- ❑ Morgue/Mortuary Surge: refers to the expansion of morgue capacity to hold additional decedents. This may include the release of existing occupancy, and requesting additional resources to augment traditional morgue capacity, including temporary and/or portable remains storage in refrigerated trailers, conex units, etc.
    - ❑ *Note*: Morgue space will likely be near capacity at the time of the incident. Hospital and funeral home morgue availability is likely temporary; understand potential limitations and plan for contingencies. Moreover, funeral homes in New York aren't required to have refrigerated storage, so their capacity to house decedents who have not been embalmed may be limited.
    - ❑ NYS DOH operates a refrigerated trailer that could potentially be utilized.

- ❑ Understand, and if necessary, develop mutual aid agreements with neighboring jurisdictions. Consider putting standby and emergency contracts in place for equipment or services that may be needed. Review procedures on an annual basis.
- ❑ Understand the process for requesting resources from the State. When requesting resources, identify the mission that needs to be completed, not specific resources. Articulating the mission allows Logistics to triage requests and deploy the most appropriate and available resources.
- ❑ Share key points of contact (e.g., phone lists, email addresses) of key staff and responding agencies. Update contact lists as necessary.
- ❑ Determine the jurisdiction's response capacity and identify individuals/resources within or outside the jurisdiction (neighboring counties, non-profit agencies) that can assist with filling gaps. Relevant resources may include cadaver dogs, recovery teams, or specialized teams like HAZMAT. Consider how the jurisdiction will backfill operations, as the County's systems will continue to experience a 'normal' case load on top of the case load from the MFI.

Communications and Information Management Processes

- ❑ Ensure that the Public Information Officer (PIO) and other communication specialists are involved in the development of a Strategic Communications Plan (exactly like an operations plan for an incident).
    - ❑ A Strategic Communications Plan allows agencies to make communications decisions quickly and decisively (i.e., through pre-approved messaging). It also provides for a coordinated response to avoid confusion.
- ❑ Coordinate a process for standing up and staffing a Joint Information Center (JIC).
- ❑ Establish processes for coordinating and releasing official statements.
    - ❑ Identify message amplifiers that can help get messages out (e.g., other response agencies, faith-based/community leaders, elected officials, etc.).
    - ❑ Remember to communicate rapidly; if the media and public is forced to fill in the blanks, they will lose confidence in the organization's ability to manage the incident.

- ❑ Consider formulating mental health messaging (predictable reactions, etc.) and pre-identify who is appropriate to deliver those messages.
- ❑ In addition to traditional media, leverage social media to keep the public updated. Monitor social media for misinformation and rumors and provide corrections/clarifications as necessary.
- ❑ Define the roles, responsibilities and procedures for releasing victim information.
    - ❑ *Note*: When it comes to fatality management operations, families MUST receive information prior to public release.

Conduct Training and Exercises

- ❑ Develop and leverage existing training/exercises to test MFI response and recovery capabilities (awareness level, tabletop, and full-scale exercises).
- ❑ Ensure cross-training among first responders, medical disciplines, and social services (e.g., Fire/EMS, law enforcement, ME/C, hospitals, and mental health providers). Training should include triage – particularly the sorting and determination of expectant, viable, and deceased on arrival patients.
- ❑ Train first responders in psychological first aid (PFA). Consider participating in pre-trauma training or stress inoculation.
- ❑ Ensure that PIOs are testing crisis communication skills in training and exercise settings.
- ❑ Consider developing After Action Reviews upon completing exercises to identify areas for improvement. Revise plans and policies based on After Action Reviews.

RESPONSE & RECOVERY

Incident Scene Response Operations

Initiate Life-Safety Response and Incident Command Structure

- ❑ Upon establishing scene security, treat, triage, and transport non-decedent victims. When possible, initiate fatality management operations concurrently to life safety operations.
- ❑ Size up the scene, determine appropriate personnel beyond law enforcement needed for response and establish Unified Incident Command. Coordinate law enforcement/EMS response, if required.
- ❑ Developing good working relationships with law enforcement is essential as they will have primacy in scene security and investigations in the absence of a federal entity.
- ❑ Enact security plans as appropriate e.g., establish a perimeter, credentialing system and traffic management.
    - ❑ *Note*: A "hard perimeter" is recommended to ensure that essential personnel operating under the direction of the scene commander are the only persons on-site. In developing a perimeter, be sure to consider ingress/egress points for the evacuation of victims, emergency response vehicles and heavy equipment. It is easier to contract a perimeter than to expand it.
    - ❑ Consider where to direct media so they can establish a base of operations. It is imperative that media staging areas, as well as press conferences and media availabilities, are located away from the FRC or FAC to ensure sufficient privacy for survivors and family members traveling to and from these facilities.
- ❑ It is important to preserve and regard the incident site like a crime scene until it has been formally determined otherwise.
- ❑ If the roles and responsibilities of responding agencies have not been predetermined, the on-scene commander will need to define them at the earliest possible moment.

Inform Partners of Incident and Maintain Situational Awareness

- ❑ Establish a process for providing notification to appropriate local partners and elected officials.
- ❑ Consider how the 911 System/PSAP fits into the response structure. The 911 System will likely be fielding many calls not only pertaining to the initial incident, but also those seeking information. Consider how support will be allocated to the PSAP for psychological first aid, shift relief, and additional staff to accommodate the increased call volume.
    - ❑ Determine whether the PSAP will maintain primary communications of the incident, or if they will be offset into a mobile command unit with a dedicated channel/frequency. EMs should be mindful of the ability for the media and others to livestream emergency radio frequencies. If the PSAP is to remain the primary communications for the incident, there is a high likelihood that they will be conducting partner agency notifications.
- ❑ Notify the ME/C Office of a potential MFI. Understand what additional resources, personnel or equipment they may need.

- ❑ Determine who will notify hospitals, medical facilities, and mortuaries of potential surge, including facilities not within local jurisdiction. Refer to section on surge nomenclature to better articulate needs.
- ❑ Notify NYS Division of Homeland Security and Emergency Services' (DHSES) State Watch Center (SWC). State assistance is supplemental to local efforts; all non-local MFI assistance should be requested through NYSOEM via NY Responds (NYR).
    - ❑ Notify Disaster Mental Health so they can inform service providers and stage resources.
    - ❑ Involve the NYS Office of Victim Services (OVS) early-on if the incident seems to be criminal or may later deemed to be criminal in nature (e.g., the Schoharie limousine crash, or the Valhalla train crash) so OVS can position itself/staff/local programs for recovery services.
- ❑ Activate mutual aid support as appropriate. Counties may call on other counties through mutual aid agreements or through the Intrastate Mutual Aid Program (IMAP). Memorandums of Understanding (MOUs) may also be put in place in advance of events.

Postmortem Operations

Incident Characterization

- ❑ Develop criteria/thresholds for activation of the MFM plan. In many MFM plans, the ME/C and/or a multi-disciplinary team will perform an initial assessment of the scene to determine whether to activate the plan – whether fully or partially – and to better understand the operational requirements and challenges.
- ❑ Initiate scene evaluation to determine jurisdictional authorities and begin development of a field action plan. Agencies participating in a walk-through should discuss how the scene will be processed, investigative priorities, authorities/jurisdictions, and potential timelines.

Health and Safety/CBRNE Considerations

- ❑ Understand the spectrum of hazards (especially CBRNE) that may exist while responders conduct operations.
- ❑ Health and safety considerations can affect all facets of MFI operations, including the requirements associated with personnel skill level, PPE, prioritization of tasks, and the amount of time needed for performing tasks.
- ❑ Consider developing health and safety plans for all response activities (e.g., recovering decedents in a contaminated environment).
- ❑ Understand the request process for appropriate PPE for extended on-scene operations and handling of decedents.

Joint Agency Death Investigation and Decedent Recovery/Transport

- ❑ Multiple investigative agencies may be conducting separate investigations concurrently. Ensure good working relationships among involved parties.
- ❑ Develop shared practices for locating and documenting the decedent.
- ❑ Ensure processes are in place for properly caring for and tracking the body/remains and associated personal effects from the point of recovery to postmortem processing/storage.
- ❑ Consider how bodies/remains will be moved from the MFI site to an alternate site (e.g., field storage site, transport asset, or field mortuary). Where possible, begin search and recovery operations and transporting decedents for appropriate processing under the direct supervision of the ME/C from the involved jurisdiction.
- ❑ When practical, decedent recovery and transport may happen at the same time as the death investigation. Established forensic protocols must be adhered to during investigatory and remains recovery processes.

Morgue Operations and Remains Storage

- ❑ Develop protocols for the processing, sorting, storing, and tracking of decedents. Processing can refer to any number of activities including a forensic internal and/or external examination of the decedent as well as gathering evidence, associated personal effects, and postmortem specimens. Consider timeframes for burials when determining the order of processing bodies.
- ❑ Consider where analysis (e.g., fingerprint/dental comparison or DNA testing) of collected specimens will occur. Define thresholds for needing to augment in-house morgue capabilities.
- ❑ When determining the scope and scale of morgue operations, consider the number of morgues needed, the type(s) of morgue, workflow, location(s), and remains storage capacity.
    - ❑ DMORT maintains three Disaster Portable Morgue Units (DPMU) stationed across the U.S. DMPUs are packaged systems containing all forensic equipment, instrumentation, support equipment, and administrative supplies required to operate an incident morgue facility under field conditions or support an existing morgue facility. If the number of decedents is too great for the jurisdiction's morgue to handle, a DPMU can be requested even if DMORT staffing assistance is not needed.
    - ❑ *Note*: Utilization of the DPMU comes at a cost. MFIs may not always result in a federal disaster declaration to help offset those costs.
- ❑ Existing remains storage capacity and the ability to keep daily caseload separate from MFI caseload will impact remains storage decision-making. Recognize that the storage of decedents can be either above or below ground.
- ❑ If temporary internment is conducted, an internment tracking system needs to be utilized.

Information/Data Management and Tracking

- ❑ Identification is a complex process that necessitates the management of multiple layers of data. Interconnectivity among all fatality management components (postmortem and antemortem) is recommended to ensure the development of comprehensive and efficient decedent case files.
- ❑ There is considerable overlap between MFI data components and routine decedent case management data. Consider managing MFI data components in a way that allows for communication with decedent case management systems.
- ❑ An effective data management system for MFIs will include: postmortem considerations (scene and morgue data management); antemortem considerations (disaster missing persons reporting, victim list development, and FAC/VIC data management); victim identification data reconciliation; and a surveillance/reporting component that acquires and consolidates death reports from a variety of sources (i.e., hospitals, healthcare facilities, and law enforcement).
- ❑ Recognize that the local medicolegal authority will have data formats and collection protocols that may need to be augmented to maximize the efficient and effective use of data.
- ❑ Data can be collected in paper or digital formats. Preference may be given to digital data collection, especially in incidents of a greater size and complexity, to allow for better interconnectivity and scalability.

Family Assistance and Antemortem Operations

In an MFI, family assistance should be a comprehensive effort to provide support to the friends and families of victims. The establishment of a FAC is only one component of a much larger operation. Many of the actions outlined below will need to occur regardless of whether or not a physical FAC is established.

Missing Persons Call Center (MPCC)

- ❑ Call centers are a centralized mechanism for gathering missing persons reports, next of kin (NOK) reports, a decedent manifest, or other information databases. They may also be used as part of a jurisdiction-wide messaging strategy to direct callers to specific websites or other phone numbers to obtain information.
- ❑ Consider which agency is responsible for establishing, managing, and funding the MPCC. The responsible agency(ies) will also need to consider when to activate the MPCC, how to publicize the contact information, what information should be collected, how that data will be synthesized and quality controlled, and who should have access to the data once it is collected.
- ❑ Collect information about the person reported missing, contact information for the reporter, and information to assess the likelihood of involvement allowing for investigative prioritization. Consider triaging/screening calls upfront to prioritize the most relevant calls.
- ❑ Call takers must be trained in responding to victim calls and crisis intervention. They should follow approved scripts for providing specific information regarding the incident response.
- ❑ Those managing the hotline should make every effort to accommodate the specific language needs of the affected victim population.
- ❑ The MPCC may evolve into a hotline to provide mental health support, logistic support, emergency assistance services, legal services, and information about scheduled briefings, including to families who are not physically present at a FAC.

Family Notification/Reunification and Friends & Family Reception Center (FRC)

- ❑ Family members must be notified of their loved one's involvement in an MFI in a timely fashion. Families deserve immediate factual information. The entity responsible for making notification of involvement may depend on the incident (e.g., the air carrier in an airline accident).
- ❑ Consider standing up a short-term, transitional friends and family reception center (FRC) within two hours of the incident to give families a place to convene until a FAC is established.
- ❑ If the MFI potentially warrants friends/family reunification, those operations can be supported through the establishment of the FRC. Outline processes for information sharing among hospitals and other agencies to support family reunification with the injured/involved. Ensure that reunification happens in private areas, separate from other grieving people.
- ❑ Allocate a limited (but reasonable) number of staff and services to the FRC; the primary focus should be on establishing the FAC.
- ❑ Ensure that families and friends at the FRC are aware that a FAC is being established at a more permanent location, and direct them to the FAC once it is stood up.
- ❑ Media should not be allowed into the FRC.

Establishing the FAC and Unified Command of FAC Operations

- ❑ The decision to establish a FAC is based on several factors, including the number of fatalities, the impact to the community, the proximity of victims' families to the incident site, and the complexity of recovering and identifying victims. Ensure FAC plans are adaptable to a broad range of situations, scalable, and needs focused.
- ❑ Providing survivor and family assistance after an MFI will require leadership, coordination and collaboration among key partner agencies. The FAC should use a unified command structure to include representatives from agencies identified during MFM planning.
- ❑ In many cases, local government has the lead in establishing a FAC. However, plan for different entities being involved in the coordination and management of a family assistance operation depending on the incident (e.g., the National Transportation Safety Board (NTSB) and the transportation provider in legislated commercial air or Amtrak/high-speed passenger rail incidents, the Federal Bureau of Investigations (FBI) in federal crimes, or others as designated by local/regional agreements).
    - ❑ *Note*: The NTSB's role in coordinating a FAC does NOT apply to all commuter rail incidents (e.g., the 2015 MTA derailment in Valhalla). While NTSB had an investigative role in the incident, FAC activities were coordinated by local government.
- ❑ Consider meeting (virtually or in person) with agencies involved in FAC operations to decide whether to activate a FAC. During this initial plenary conversation, agencies should determine: the number of FACs, size, location(s), services that will be provided, and an operational schedule.

- ❑ Organize agencies with a role at the FAC into a Joint Family Support Operations Center (JFSOC) to ensure effective communication across agencies. The management team should include senior agency representatives. The JFSOC should not include decedent's family members. The JFSOC can:
    - ❑ Monitor the needs of families and establish a process for receiving, acting on, and disseminating information;
    - ❑ Liaise with Incident Command, create daily status reports, vet other organizations' participation at the FAC, and set agendas for Family Briefings; and
    - ❑ Plan for the transition from the FAC to long-term victim/family services.

FAC – Planning Considerations

- ❑ It is possible that the ratio of family members seeking services or information from the FAC to survivors/decedents may be as high as 10 to 1.
- ❑ FAC sites should be separate and physically removed from mortuary operations, the incident site and where the media is located. Jurisdictions should predetermine potential FAC locations before an incident. Large hotels or conference centers are preferred for hosting the FAC due to the range of services, ample parking and onsite amenities (e.g., kitchens, restrooms/showers, break-out rooms, etc.) but other facilities may be considered if these are unavailable.
    - ❑ *Note*: The media may jockey for lodging accommodations; it is best to act proactively and rapidly to find a site after the decision to stand up a FAC has been made. See Appendix B for additional resources that include FAC site considerations.
- ❑ The FAC should be stood up as soon as possible, but a decision whether to do so should be made no later than 12-24 hours after the incident. Generally, a FAC may take anywhere between 48-72 hours to become fully operational due to coordination complexities.
- ❑ A plan should recognize that multiple FACs may be required as a single FAC may not meet all the needs of a large-scale event. If the incident evolves to include multiple FACs, ensure there are mechanisms to coordinate information sharing across the disparate sites.
    - ❑ *Note*: In most circumstances, the main reason to open multiple FACs is geographical distance (e.g., opening additional FACs at both departure and arrival sites in aviation accidents). Still, it is generally avoided because multiple FACs pose immense coordination and staffing complexities. Hospitals are NOT ideal locations for FAC operations as this will inhibit the hospital's daily operations. Hospitals should consider appointing PIOs who can direct families/friends to the FAC for non-medical services.
- ❑ Types of services at the FAC generally include: grief counseling/intervention specialists; childcare; faith-based support; facilitation of family needs such as hotel, food, clothing/toiletries, and transportation (including travel assistance); financial/legal services; antemortem data collection; and notification of death to the NOK.

FAC – Operational Considerations

- ❑ Provide security/law enforcement to ensure that only those working in or receiving services at the FAC are provided access. A registration and credentialing system is needed for both staff and family members/friends.
- ❑ Identify private parking/entrances for individuals at FAC (away from the media).
- ❑ Consider staffing requirements for the FAC based on scale and operating hours. Request/utilize various staffing sources, including but not limited to: New York State Funeral Directors Association (NYSFDA), Medical Reserve Crops (MRC), etc.
- ❑ Ensure staff at the FAC are trained and credentialed.
- ❑ Responding agencies may need to provide additional or enhanced assistance to individuals with access and functional needs.
- ❑ Information regarding special requests related to the disposition and treatment of decedent's remains should be communicated by FAC representatives directly to morgue operations staff.
- ❑ A longer-term, physical or virtual Resiliency/Resource Center may be established to provide a broad range of administrative, legal, financial, educational, and health and social services for survivors and family members (e.g., the Vegas Strong Resiliency Center or Virginia Beach Strong Center). Depending on the nature of the incident and eligibility requirements, there may be grant assistance available (e.g., Victims of Violent Crime Act or Antiterrorism Emergency Assistance Program grants); work with state/federal partners to explore funding opportunities.
- ❑ *Note*: The FAC, Disaster Assistance Service Center (DASC), and Disaster Recovery Center (DRC) are all separate operations and shouldn't be co-located. DRCs and DASCs are generally established after disasters to provide disaster survivors with information about available resources and services to assist with the recovery process (e.g., disaster housing and relocation, unemployment benefits, crisis mental health counseling, low-interest disaster-related loans, legal and insurance issues, etc.).
- ❑ A sample FAC layout is included in Appendix C.

FAC – Family Briefings

- ❑ Schedule regular family briefings (at least daily and on a consistent schedule) to provide families with the most current information regarding the incident.
- ❑ Ensure there are processes in place for families and friends who are unable to travel to the FAC to join briefings via teleconference or other mediums.
- ❑ Provide adequate time for families/friends to ask questions and clarify information.
- ❑ A family briefing agenda may include: a safety orientation; introduction of speakers; status updates of rescue/recovery operations, identification processes, or personal effects management; updates on assistance resources; planning events (incident site visits for families and/or memorial services); and information on the next briefing.
- ❑ Attendance at the briefings by non-family members (including FAC service providers who aren't speakers or senior management) should be tightly controlled.

FAC – Social and Mental Health Services

- ❑ The role of victim support providers is to: deliver crisis intervention; assist families with practical needs; assess and match needs and resources; and serve as an information conduit.
- ❑ Individuals selected to work in a victim support role must be flexible and able to work in a variety of roles and within a highly stressful and emotionally challenging environment. They can include FBI Victim Specialists, air carrier family assistance team members, or local social service providers.
- ❑ Initial mental health services should focus on providing compassionate support and information that will help victims, families, and friends cope and bolster resilience.
- ❑ It is important to have victim service team members who are mental health professionals and able to identify individuals who may either have pre-existing conditions or extreme distress.

Victim Information Center (VIC) and Antemortem Interviews

- ❑ The VIC is an interagency operation to coordinate the collection of antemortem information, typically under the lead of the ME/C.
- ❑ The decision to open a VIC should be made independently of the activation of a FAC. It can be embedded/co-located within the FAC, operated at a different location, or antemortem data collection can be conducted within the normal ME/C facility.
- ❑ Consider the number of VIC(s), location(s), and operational needs when deciding whether to stand up a VIC.
- ❑ The antemortem interview process is used to collect: demographic data to complete the death certificate; victim information (i.e., biological profile/physical description, description of personal effects); and record leads (i.e., medical, dental, and fingerprints). Interviews should be conducted by trained individuals using a standardized form.
    - ❑ Antemortem interviews are incredibly taxing on families/friends; where possible, exhaust other identification options before resorting to a fully-fledged antemortem interview process.
    - ❑ *Note*: Antemortem data collection is more complex and lengthier in an open population event and the condition of remains is the critical factor that drives the complexity of the postmortem data collection process.

Personal Effects Management

- ❑ Personal effects are the items victims had on their person during the incident (e.g., rings/jewelry, wallet, luggage, etc.).
- ❑ In a legislated aviation incident, the air carrier is responsible for managing and returning personal effects. In a criminal incident, the lead investigative law enforcement agency is responsible.
- ❑ Processes should be in place to document and recover personal effects, including decontamination, preservation, and inventorying/cataloging items.
- ❑ Ensure the processes for managing personal effects are explained to family members, perhaps during a Family Briefing at the FAC. Upon fully inventorying and cataloging items, provide family members with the catalogue and instructions on how to claim items.
- ❑ The FBI may also be able to assist with this process.

Information and Media Management

- ❑ Anticipate immediate media presence and identify location to stage media personnel (away from the FAC).
- ❑ Establish media management to address rumor control and to establish unified messaging.
- ❑ Ensure PIOs and/or the JIC are aware of the operation of an FRC/FAC. The PIOs/JIC should be prepared to communicate with the media and public under the direction and authority of the Incident Commander(s) and the direction of the FAC unified command. The coordinated release of information regarding FAC operations should not take place within the actual FAC.
- ❑ Channel information from all sites (incident site, mortuary, hospital, FAC, etc.) to the JIC for compilation and dissemination.
- ❑ Identify opportunities to explain operational aspects of FAC to elected officials and the media but otherwise do not allow media inside the FAC. Take preventative measures to ensure the FAC is a place of calm and dignity for families and friends.
- ❑ Ensure that key stakeholders are coordinating a single source message when providing information and leaning on a consistent timeline when reporting to the media and the public.
- ❑ Ensure transparency of messaging and management of expectations, especially for families and politicians. Avoid speculation. Correct misinformation and rumors as they arise.
- ❑ Consider standing up call centers. Ensure staff are available. The FBI may be able to assist with this process.
- ❑ Protect families from the media and curiosity seekers. A transparent and open process that respects the privacy of those involved is essential if trust is to be established between the authorities and the families of the decedents.
- ❑ Provide a space for regular media briefings and for impacted family members who wish to speak to the media.
- ❑ Consider ways to coordinate and prepare for dignitary visits and national/ international attention and possible scrutiny.
- ❑ Identify the “end” of the event when appropriate. It is at this point that wrap-up news conferences should be conducted and partner agencies acknowledged. This will signal to the media that it is time to conclude their coverage.

Miscellaneous Considerations

- ❑ Develop a plan for family members to visit the incident site en masse (this is a common request). Once the site is safe and human remains/personal effects are removed, the JFSOC and Incident Command should consider how they will coordinate and act on this request.
    - ❑ Plan for transportation to and from the site, security to protect families from media/onlookers, and crisis intervention specialists, clergy and medical support to staff the visit.
    - ❑ A brief memorial may be also be organized. NTSB or the FBI will coordinate the site visit for legislated transportation or federal criminal incidents respectively, but coordination will fall to Incident Command in other scenarios.
- ❑ Remember to address staffing/backfill for normal day-to-day operations that are not directly involved with the incident.
- ❑ Address potential effects (e.g., hazardous, psychological, etc.) of incident on responders and surrounding community.
- ❑ Set up systems to maintain documentation for potential reimbursement.

Additional Considerations

Family Messaging Considerations

- ❑ Remember that victim's families are the priority in an MFI.
- ❑ Keep the families and loved ones of potential victims as the primary focus in all communications. Respect sensitivities, such as continued hope for survivors.
- ❑ Plan for and understand external pressures (including political pressure) for expedited release of decedent bodies/information. Manage those pressures accordingly.
- ❑ Communicate awareness of and sensitivity and respect for the cultural/religious practices of the victims and their families. Religious and cultural beliefs/practices will be important to survivors. However, in an MFI it is unlikely the ME/C's Office will be able to be wholly responsive to family requests.
- ❑ Understand and convey predictable reactions to learning traumatic information as appropriate.

Death Notification Considerations

- ❑ Determine who will be responsible for making death notifications and releasing decedents to their families. Designate a lead agency in managing the death notification process.
    - ❑ Notifications should be made as quickly as possible following positive victim identification. However, under no circumstances should the victim identification process be compromised to provide faster death notifications.
    - ❑ Consider employing a team of trained individuals that can provide timely death notifications. These teams should consider making notifications on a rolling basis as opposed to delivering the notifications only after all victims have been identified. The FBI has developed online training for death notification (See Appendix B).

- ❑ Within a group setting, it can be appropriate to explain the investigative and identification process to families especially if they may result in delayed release of the decedent's body. Ensure the NOK knows where to obtain follow-up information.
- ❑ Death notifications should be made in a private area within the FAC, never in a group setting.
    - ❑ When appropriate, consider allowing family members and friends to stay with the NOK to provide support during the notification process.
- ❑ Leverage available community partners/faith-based organizations and resources (e.g., language services, financial support, etc.) as appropriate when making death notifications.
- ❑ There should also be a plan in place to notify family members that chose not to travel to the FAC or have departed prior to the completion of the identification process. Depending on the wishes of the NOK and the available resources, death notification may occur by phone if that is the method preferred by the family, or in person. The FBI may be able to task local agents and victim specialists with making in-person notifications.

Crisis Counseling, Mental Health and Community/Responder Health & Safety

- ❑ Utilize mental health and emotional support services for families and staff that were involved with the incident. Family members and friends may benefit more from a grief counseling standpoint, whereas first responders may require post-traumatic stress counseling.
- ❑ Ensure adequate staffing availability throughout the FAC by maintaining appropriately trained mental health professionals. Provide mental health services for FAC staff and volunteers as well. Direct staff and volunteers to additional counseling resources as needed.
- ❑ Focus on different ways an incident can affect first responders in the long term (directly vs. indirectly) and develop plans for long term mental health recovery. Consider grant opportunities (e.g., U.S Department of Health, Substance Abuse and Mental Health Services Administration Emergency Response Grant) and anticipate potential trigger events (e.g., anniversaries, investigation and trial, etc.).
- ❑ Incorporate a support service for the families of first responders. This can constitute a brief session where spouses and immediate loved ones gather to receive information on signs and symptoms of traumatic stress, how responders are likely to process the incident within the next 10 days, 30 days, and beyond, as well as how the family can support their responder in transitioning back to a "new normal."
- ❑ Consider offering counseling and mental health services in separate locations and in an individual setting for first responders, particularly since many associate a stigma with it.
- ❑ Leverage all available victim and family assistance resources including: Office of Victim Services (OVS), Federal Bureau of Investigation (FBI), American Red Cross, Substance Abuse and Mental Health Services Administration (SAMHSA), etc.
    - ❑ *Note*: Statutorily, OVS is only able to assist victims of a crime; if the MFI is the result of nature or an accident, OVS cannot offer services.
- ❑ During the incident, consider staging and staffing a Respite Center that will support all responders at the incident site. Respite Center capabilities (food, beverage, PPE changing stations, decontamination/wash stations, restrooms, and a quiet area free from media, television, news reports, etc.) should be scaled appropriately.

Volunteer and Donations Management

- ❑ Determine who is responsible for the establishment of a staff and volunteer processing center.
- ❑ Create procedures for managing the additional staff and volunteers that will be required for effective response. Consider processes for: leveraging registered volunteers, managing unregistered volunteers, providing orientation for all volunteers, providing just-in-time training for assigned functions and providing medical and/or behavioral health assessments and interventions.
- ❑ The volunteer intake process should be totally separated from FAC operations.
- ❑ Consider processes for managing or coordinating donations and fundraising efforts post-event. Monetary donation websites will quickly be created and may or may not be legitimate. Officials should streamline messaging to inform the public of appropriate volunteerism/donation venues.
- ❑ Identify possible locations to physically store donated goods and staff/volunteers to coordinate the donations management operation.
- ❑ Consider establishing a crisis team that has donations management as a dedicated responsibility.
- ❑ Establish a plan for what to do with the tokens of remembrance, such as donating to a local charity (e.g., flowers, etc.) or transferring them to the families of the victims.

Demobilization Considerations

- ❑ Facilitate a final walk-through of the incident scene with all investigative authorities to confirm that all remains were located, that the area has been cleared and processed and that no remains or personal effects are present. Final photographs should be taken to document the completion of scene investigation and remains recovery.
- ❑ Identify demobilization criteria for FAC/VIC operations. These considerations may include, but are not limited to: all identifications have been made; all notifications have been made to families; few families are coming to the FAC and could instead receive services in more convenient locations; and family briefings have concluded.
    - ❑ *Note*: The demobilization of a FAC/VIC may not necessarily mean the end of family assistance/antemortem operations, but rather the transitioning of these services to different platforms or a return to operating out of the normal workplace.
- ❑ Conduct a post-incident briefing with staff. These briefings provide an opportunity for leadership and staff to review what went well and what could be improved. They are also an opportunity to discuss the mental and physical health of staff, including available resources.
- ❑ Decontaminate response assets and determine potential losses of resources and other logistical impacts.
- ❑ Document ongoing impacts for potential disaster declaration and reimbursement.

After-Action Review

- ❑ Conduct after action/post-incident critique to evaluate what went right and wrong.
- ❑ Talk with others (e.g., counties, states) to share lessons learned.
- ❑ Learn from others – as MFIs unfold across the country, emulate processes and decisions that were beneficial or successful and avoid actions that were unsuccessful. Engage partner agencies and consider updating plans based on these observations.

Long-Term Community Healing

- ❑ Understand the resilient nature of people and communities. Psychological first aid and other forms of psychoeducation will help normalize what many people may experience and reduce the tendency to pathologize people's reactions to an MFI.
- ❑ Ensure there are processes to provide long-term mental health and crisis counseling to first responders and the community. Recognize that symptoms of trauma may take longer to manifest in certain populations and communities.
- ❑ Educate law enforcement, EMS, emergency managers, ME/Cs, other medical staff, and all others involved on the importance of follow-up mental health interventions.
- ❑ Plan for contingencies in the event there is significant staff turnover.
- ❑ Identify ways to honor and remember the victims through anniversaries, vigils, etc. Partner with community and faith-based leaders as appropriate.
- ❑ Determine if a memorial is appropriate. If so, identify an appropriate location for it. Involve family members and the community in this process.

Glossary

Term/Concept	Definition
Antemortem Data	Antemortem data refers to any information collected on a person during their life that could assist in identifying them after their death. This includes a physical description, medical and dental records, individualizing traits (e.g., tattoos), and recent photographs. If available, antemortem information also includes details of how a person was dressed at the time of their death and personal effects they might have been carrying. Antemortem information is typically recovered from victims' homes or provided by family members. Once collected, antemortem and postmortem data can be compared and reconciled to identify victims.
Casualty vs. Fatality	A casualty is an individual who is injured or becomes ill following an incident. This term does not typically include decedents, who are labeled "fatalities."
Coroner	An elected official whose statutory authorities include: pronouncement of death, identification of the body, signing the death certificate, notifying the next of kin, and collecting and returning personal belongings to the decedent's family.
Disaster Mortuary Operation Response Team (DMORT)	DMORT is part of National Disaster Medical Services (NDMS) and is the federal resource most likely to be required/requested in an MFI. DMORT augments the local ME/C's workforce. They aid in the evaluation of the incident; in the assessment of personnel and equipment needs; in the identification and processing of decedents; and in setting up, assisting and advising on family assistance best practices.
Disaster Portable Morgue Unit (DPMU)	This equipment supports the establishment of a portable mortuary located in a field setting, often at or near an incident site. It comes complete with the equipment and supplies needed to perform a full external and internal autopsy and to assess a decedents' identity by means of fingerprinting, photographing, obtaining dental and body x-rays, and gathering DNA samples. A DPMU can be used in full or in part to support limited mortuary operations.
Family Assistance Center (FAC)	The FAC facilitates the exchange of timely and accurate information with the family and friends of injured, missing, or deceased disaster victims; investigative authorities; and the ME/C. The types of services offered at the FAC generally include: grief counseling; childcare; religious support; facilitation of family needs such as hotel, food, and transportation; antemortem data collection; and notification of death to the next of kin. The FAC can be an actual or a virtually established site.

Term/Concept	Definition
Mass Fatality Incident (MFI)	An MFI is a disaster incident that meets any of the following criteria: (1) any incident that has the potential to yield more fatalities than can be recovered and examined by the local ME/C and their associated resources; (2) any incident that involves a protracted or complex decedent recovery operation; (3) any situation where there are decedents contaminated with chemical, biological, radiological, nuclear, or high-yield explosive agents or materials; and (4) any incident or other special circumstance that requires a multiagency response to support mass fatality management operations.
Medical Examiner	An appointed medically qualified officer whose duty is to investigate deaths and bodily injuries that occur under unusual or suspicious circumstances, to perform post-mortems, and sometimes to initiate inquests.
Open vs. Closed Decedent Population	There are two types of decedent groups: closed populations and open populations. In a closed population, the number of victims and their names are known. A commercial airline accident is one of the few examples of a closed population. On the other hand, an open population is one in which neither the number of victims nor their names are known. A good example of an open population is the September 11, 2001 World Trade Center MFI. An open population will generally require more time and resources to process and identify the dead than a closed population.
Personal Effects	This refers to property, including clothing, jewelry, a wallet, or other items found on a decedent's body. Such items are often categorized as durable or non-durable and are used to help identify casualties and decedents.
Postmortem Data	Postmortem data refers to any information collected during an autopsy. The examination is normally performed by a pathologist. Other professionals like odontologists (dental specialists), anthropologists (if the body is decomposed), or radiologists may also examine the remains. If possible, fingerprints and samples for DNA analysis are also collected. Once collected, postmortem and antemortem data can be compared and reconciled to identify victims.
Temporary Internment	A location where decedents are interred underground in individual marked spaces that may or may not become the final disposition location for some decedents.
Victim Information Center (VIC)	The VIC is an interagency operation to coordinate the collection of antemortem data and notify the next of kin regarding information related to the decedent. The VIC is typically under the lead of the ME/C. It can be embedded/co-located within the FAC or operated at a different site.

Appendix A: Key State, Federal, and NGO Resources

State Resources

Agency	Capabilities
NYS Division of Homeland Security and Emergency Services (DHSES) & Office of Emergency Management (OEM)	• Provides leadership and coordination consistent with the Comprehensive Emergency Management Plan. Coordinates state resources in support of emergencies, to include MFIs.
NY State Police (NYSP)	• Investigates suspected criminal events. State Police can potentially assist in securing the incident scene and providing security for the FAC.
NYS Department of Health (DOH)	• Provides resources and technical assistance to localities during an MFI. Resources include two refrigerated trailers (one containing mortuary racking capable of holding 54 remains), a portable operations shelter, body bags and other ancillary supplies. • Under the direction of the Commissioner of Health, the Bureau of Vital Records could temporarily re-assign applicable staff to assist local officials with registering deaths using the Electronic Death Registration System (EDRS). Staff will also be made available to assist Medical Examiners, Coroners, Physicians, and Funeral Directors with communication and troubleshooting as needed.
NYS Office of Mental Health (OMH)	• Provides both technical assistance and mental health responder support to assist counties and local providers plan for and respond to behavioral health needs following large-scale traumatic events – including MFIs. OMH can also provide resource material in the form of publications, tip sheets, and other information for survivors, responders and community-based behavioral health professionals.
NYS Office of Victim Services (OVS)	• Provides compensation to innocent victims of crime and funds direct services to victims through a network of community-based programs, known as Victim Assistance Programs (VAPs). OVS also advocates for the rights and benefits of all innocent victims of crime.
NYS Department of State (DOS) Division of Cemeteries	• Regulates the not-for-profit cemeteries in NYS. The Division of Cemeteries can provide information on resources for each of the 1,800 cemeteries and crematories under its jurisdiction.

Federal Resources

Agency	Capabilities
US Department of Homeland Security (DHS) & Federal Emergency Management Agency (FEMA)	• Coordinates States' field requests for federal assets during a federally-declared (Stafford Act) disaster.
US Department of Health and Human Services (HHS)	• Coordinates fatality management efforts at the federal level. HHS assists state/local health officials and ME/Cs in coordinating response activities. HHS also manages the NDMS.

Federal Resources Cont'd

Agency	Capabilities
National Disaster Medical System (NDMS) - Disaster Mortuary Operational Response Team (DMORT) & Victim Information Center (VIC) Team	• Supplements SLTT health and medical system resources with technical assistance and personnel to identify and process remains. The DMORT provides technical assistance and consultation on fatality management and mortuary affairs. The VIC team collects antemortem data and other medical records to help identify the victims.
US Department of Justice (DOJ) & Federal Bureau of Investigation (FBI)	• Investigates federal criminal incidents. Can provide technical support, evidence collection, forensics, and victim services when the incident is a federal crime. • The Office for Victims of Crime Training and Technical Assistance Center (OVCTTAC) can provide consultants. The community may also be eligible to access Antiterrorism and Emergency Assistance Program (AEAP) grants in the event of a federal crime.
National Transportation Safety Board (NTSB)	• Investigates every civil aviation accident and significant accidents by other modes of transportation in the US. The NTSB provides family/victim support in the aftermath of transportation accidents by facilitating interagency coordination between responding agencies and the affected carrier.
US Department of State (DOS)	• Assists local governments with foreign nationals impacted by MFIs. DOS can help obtain relevant antemortem data for victim identification and can coordinate the return of victims to their home country.

Non-Governmental Organization (NGO) Resources

Agency	Capabilities
American Red Cross (ARC)	• Provides supplemental mental health and spiritual care support at the FAC. In the event of a legislated transportation accident, the ARC is the lead agency for victim/family care and crisis intervention.
NYS Funeral Directors Association (NYSFDA)	• NYSFDA can leverage its Family Assistance Commission network to provide surge capacity for family assistance operations. Their volunteer funeral directors are trained to collect antemortem information to facilitate the expedited release of victims to families. NYSFDA supplements response efforts that may not rise to the threshold of DMORT deployment, and services are provided at no cost.
NYS Association of County Coroners and Medical Examiners (NYSACCME)	• Provides continuing education to county officials, including medical examiners and coroners. NYSACCME can leverage its network to provide surge capacity for morgue services.

Appendix B: Useful Resources

New York State Comprehensive Emergency Management Plan Mass Fatality Annex. New York State Disaster Preparedness Commission (2019).

Managing Mass Fatalities: A Toolkit for Planning. Santa Clara County Public Health Department Advanced Practice Center (2008).

Mass Fatality Incident Family Assistance Operations: Recommended Strategies for Local and State Agencies. U.S. Department of Justice, Federal Bureau of Investigation, Office for Victim Assistance; & National Transportation Safety Board, Transportation Disaster Assistance Division (n.d.).

Capability 5: Fatality Management. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (2011).

Mass Fatality Plan Checklist. Pan American Health Organization & World Health Organization (2012).

Mass Fatality and Family Assistance Operations Response Plan. Seattle and King County Public Health (2015).

Healthcare Mass Fatality Management Guidelines. Seattle and King County Public Health; King County Medical Examiner; & Northwest Healthcare Response System (2012).

Trends in United States Mass Fatality Incidents and Recommendations for Medical Examiners and Coroners. Emily Carroll; Amy Johnson; Frank DePaolo; Bradley Adams; Dennis Mazone; & Barbara Sampson (2017).

Preventing and Managing Stress – Tips for Responders. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (2014).

First Responders: Behavioral Health Concerns, Emergency Response, and Trauma. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (2018).

FEMA Resource Typing Library Tool – Fatality Management Services. U.S. Department of Homeland Security, Federal Emergency Management Agency (n.d.).

"We Regret to Inform You…" Death Notification Training. Federal Bureau of Investigation & Penn State University (n.d.).

Regional Mass Fatality Management Response System Plan. NY-NJ-CT-PA Regional Catastrophic Planning Team (2012).

Regional Mass Fatality Management Response System - Scene Operations Field Operations Guide. NY-NJ-CT-PA Regional Catastrophic Planning Team (2015).

Regional Mass Fatality Management Response System – Disaster Morgue Field Operations Guide. NY-NJ-CT-PA Regional Catastrophic Planning Team (2015).

Regional Mass Fatality Management Response System – Victim Information Center (VIC) Field Operations Guide. NY-NJ-CT-PA Regional Catastrophic Planning Team (2015).

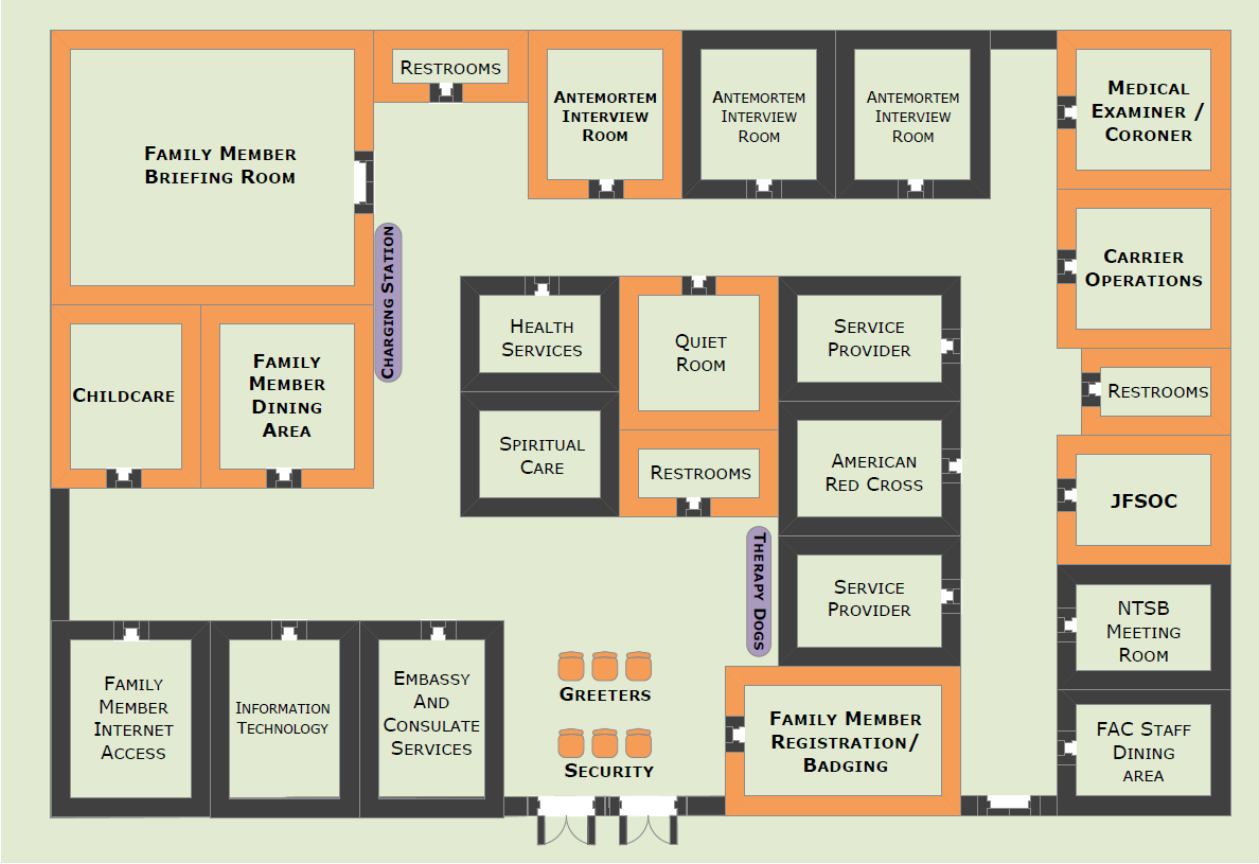
Commonwealth of Massachusetts Survivor and Family Assistance Plan. Massachusetts Emergency Management Agency (2017).

Religious and Cultural Literacy and Competency Resources. U.S. Department of Homeland Security, Federal Emergency Management Agency (2018).

Working with U.S. Faith Communities During Crises, Disasters, and Public Health Emergencies: A Field Guide for Engagement, Partnerships, and Religious Competency. National Disaster Interfaiths Network & University of Southern California Dornsife Center for Religion and Civic Culture (2014).

Religious Literacy Primer for Crises, Disasters, and Public Health Emergencies: A Field Guide Companion for Religious Literacy and Competency. National Disaster Interfaiths Network & University of Southern California Dornsife Center for Religion and Civic Culture (2014).

Appendix C: Schematic FAC Layout and Family Management Concerns



Note: The diagram is schematic. Operational and service provision areas are not drawn to size or meant to indicate a specific location. A FAC layout will depend on the facility where family assistance services are provided. Areas highlighted in orange are critical areas that should be considered when determining layout. Adapted from the DOJ and NTSB.

Fundamental Concerns of Family Members

Notification of Involvement

"What happened?"

- Initial notification
- Immediate factual information

Victim Accounting

"Where is my loved one?"

- Search, rescue, hospitalization
- Search and recovery of fatalities
- Identification, death certification, and return of remains

Access to Resources and Information

"How will I get information and resources?"

- Crisis counseling / Disaster Mental Health
- Information about the investigation
- Financial and logistical support
- Legal rights
- Federal Family Assistance Legislation

Personal Effects

"Where are their belongings?"

- Recovery, processing and return of personal effects
- Claims process for unassociated personal effects

Adapted from the NTSB.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