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LETTER OF ADOPTION

The Wood County Health Department (WCHD) Mass Fatality Response Annex (MFRA) has been rewritten and replaces the previous Mass Fatality Annex. The MFRA establishes the basis for coordination of WCHD resources and response to provide public health and medical services during a mass fatality incident. The fundamental assumption is that a significant public health emergency may overwhelm the capability of the local government or the healthcare system to carry out operations necessary to save lives and protect public health. Consequently, WCHD resources are used to provide public health and medical services assistance throughout Wood County, Ohio.

All WCHD’s divisions are directed to implement training efforts and exercise the MFRA to maintain the overall preparedness and response capabilities of the agency during a mass fatality incident. The WCHD will maintain this annex, reviewing it and reauthorizing it at least bi-annually; findings from its utilization in exercises or real incidents will inform updates.

WCHD hereby adopts the Mass Fatality Response Annex, as evidenced by the signature of the Health Commissioner.

Ben Batey, MPH, RH
Health Commissioner, Wood County Health Department

Date: 1-07-2019
# RECORD OF CHANGES

The Emergency Response Planner or designee for the Wood County Health Department authorizes changes to the Mass Fatality Response Annex. All updates and revisions to this annex will be tracked and recorded in the following table to ensure the most recent versions is disseminated and implemented.

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Version Number: 1.0

[DESCRIPTION OF CHANGE]

Created new Mass Fatality Response Annex

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Version Number: [DESCRIPTION OF CHANGE]
An electronic copy of this **MFRA** is distributed to each person in the positions listed below.

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SECTION ONE

1.0 PURPOSE

The purpose of the **Mass Fatality Response Annex** to the **WCHD Emergency Response Plan (ERP) — Basic Plan** is to outline the operations concepts, responsibilities, and actions of the agency to support mass fatalities incidents related to the following operations:

- EDRS Technical Assistance
- Resources Support
- Reporting of Known Deaths
- Guidance for Management of Contaminated Remains
- Public Health Authorities
- Central Mortuary Processing Center
- Family Assistance Center

The Wood County Health Department (WCHD) **Mass Fatality Response Annex (MFRA)** defines NIMS-compliant roles and responsibilities for WCHD in managing a Mass Fatality Incident (MFI). The **MFRA** is the annex to the **WCHD ERP**.

The County response strategy is outlined in the **Wood County Emergency Operation Plan** and in the appropriate annex (Annex G: Health and Medical, Section VI. Mass Fatality Management), which may be activated during an MFI operation.

The purpose of this annex is to develop strategies that enhance the ability of WCHD and other healthcare partners to work with lead jurisdiction authorities (e.g., coroner, medical examiner, emergency management, and law enforcement) during an MFI. This annex will identify WCHD roles and responsibilities, and actions to be taken during the county response, and to develop a coordinated approach for the management of resources while responding to an MFI.

2.0 SCOPE

This annex applies to mass fatality operations within the County to be carried out by the Wood County Health Department. An MFI is defined as an occurrence of multiple deaths that overwhelm the usual routine capability of one or more jurisdictions.

Through prior planning and sound medical practices, mass fatality incident can be handled efficiently and humanely.
The County Coroner has jurisdiction over mass fatalities within Wood County. When the Coroner deems that the number of fatalities exceeds local resources and capabilities to handle a mass fatality incident effectively, they may request that the County EMA request state-level assistance or request mutual aid from another jurisdiction. When requested, the Ohio Department of Health (ODH) will provide mass fatality support, as detail in the ODH Mass Fatality Response Annex.

3.0 SITUATION OVERVIEW

A. An MFI may occur as part of a broader disaster. Efforts to conduct an MFI response may happen along search and recovery operations, sheltering, crime scene investigation and debris removal.

B. A pandemic is an incident that can result in a significant number of deaths over a period of days, weeks or month. Human remains may need to be recovered from multiple sites and processed at central locations until the event subsides to the point that normal operations can accommodate the surge deaths.

C. Mass fatality response efforts will operate within the Incident Command Structure.

D. Wood County has an extensive interstate system that can handle hundreds of hazardous material shipments and mass transit vehicles on a daily basis.

E. Wood County has a large volume of air traffic since it situated in the direct flight path between Chicago, New York, Detroit, and Atlanta.

F. Wood County has several events throughout the year that draw thousands of people to multiple locations throughout the county.

G. Due to recent global events, the possibility of human-made incidents causing an MFI is also a realistic concern for emergency responders and planners.

H. The public evaluation of the government’s ability to effectively manage the disaster is base on the appropriate treatment of victims and their families.

I. Mass fatalities due to a naturally-occurring agent will primarily fall into two categories, attended and unattended. The process of identifying remains from attended deaths will be easier than identifying remains from unattended deaths, which will require verification of identity and the notification of next-of-kin.

J. Without refrigeration, human remains to begin to decompose within 24 hours, but body decomposition slows once remains are placed in cold storage between (37-42 degrees Fahrenheit). Depending on the condition of the remains, bodies of the deceased may be able to be stored long enough for the death management community to have sufficient time to process all bodies in accordance with regulatory standards and traditional public expectations.
K. If available, vaccine distribution will be consistent with Federal and State vaccination guidelines.

L. The Ohio Revised Code assigns responsibility for fatality management to county Coroners/Medical Examiners. There is no corresponding authority for fatality management at the state level.

M. The *Wood County Emergency Operation Plan (EOP)* addresses mass fatality management at the county level. Refer to *Annex G: Health and Medical, Section VI. Mass Fatality Management* of the *WC EOP*.

N. *Annex G: Health and Medical, Section VI. Mass Fatality Management* of the *County EOP* was developed with support and approval by each of the following agency/partners: County Coroner, WCHD, Wood County Hospital, and American Red Cross on Northwest Ohio.

### 4.0 ASSUMPTIONS

A. During an MFI, the Coroner will still experience their usual caseload and must continue to provide their standard services.

B. Local level agencies have a limited number of resources – including personnel, supplies, and capacity – to respond to and manage fatalities. Incidents will occur that will surpass the limited resources of the local agencies.

C. Emergency/Disaster may result in extensive property damage and the possibility of large numbers of deaths, which may require special procedures.

D. Victims of attacks from some communicable biological agents may serve as carriers of the disease with the capability of infecting others.

E. County Coroners has a limited ability to respond to non-acute mass fatalities.

F. Regional and state mass fatality response-related physical resources will be available for use in conducting a decedent evaluation and handling the temporary storage of bodies.

G. A chemical, biological, or radiological agent or terrorist attack that results in fatalities will profoundly influence the processing of remains.

H. Many MFI is considered a crime scene, making all remains and personal effects associated with the event evidence.

I. Proper and timely completion of death registration will be accomplished via the Electronic Death Registration System (EDRS).
J. Limitations of remains storage may necessitate mass fatality standards of response, including the use of alternate storage systems such as refrigerated containers or dry ice.

K. The EDRS may become overwhelmed. ODH will act to streamline the process during the MFI. ODH can evoke the use of Provisional Death Certificates on a short-term basis as well as activating the Sub-Registrar pool of available resources.

L. Behavioral health issues will be impacted by incidents causing a surge in fatalities, creating increased demand for behavioral health treatment and intervention support services.

M. The storage capacity of morgues in Ohio will be exceeded during MFI. Department of Administrative Services maintains a data file of buildings within Ohio with refrigeration capabilities and other capabilities that would make them useful in incidents requiring expansion of existing morgues.

SECTION TWO

5.0 CONCEPT OF OPERATIONS

5.1 SUPPORTING VITAL STATISTICS EFFORTS WITHIN THE LOCAL JURISDICTION

Within WCHD, the divisions/departments with primary responsibility for execution of this annex are the following:

- Vital Stats under the Finance Division
- Health Promotion and Preparedness Division
- Environmental Health Division
- Wood County Board of Health

The specific responsibilities of each division are detailed below.

The Vital Stats facilitates utilization of the Electronic Diseases Reporting System (EDRS) and supports completion of death certificates at the county level.

5.2 REPORTING KNOWN DEATHS

The Vital Stats through the implementation of an incident marker that can be used to associate fatalities with a specific event and through the querying of EDRS for deaths that have been associated to the incident through use of the marker.
The incident marker in EDRS can only be turned on/activated by the ODH Bureau of Vital Statistics. This custom “incident marker” may be created and used to allow coroners/medical examiners/doctors to associate death with a specific incident, e.g., tornado, flood, pandemic influenza.

The LHD cannot activate or turn on that incident marker. However, the LHD may be asked to provide technical expertise and communicate with end-users that the incident marker has been activated and how to apply it.

- Refer to Appendix 2: Vital Statistics Reporting Guidance

The Health Promotion and Preparedness Division supports reporting of known deaths through the querying of the Ohio Disease Reporting System (ODRS) to identify pediatric influenza deaths, which are a Class B reportable condition.

- Refer to Appendix 3: Influenza-associated Pediatric Mortality (IPM) Reporting-Class B Reportable Disease

### 5.3 PROVIDING GUIDANCE ON CONTAMINATED/INFECTED REMAINS

The Health Promotion and Preparedness Division and the Environmental Division lead the provision of guidance on contaminated/infected remains. Both divisions will work with local, regional, and state partners to prepared guidance for utilization by local responders and the general public.

### 5.4 EXERCISE PUBLIC HEALTH AUTHORITIES

The Wood County Board of Health, in coordination with the Health Commissioner, will facilitate the exercise of critical public health authorities that are needed during mass fatality response and final disposition of remains.

### 6.0 VITAL STATISTICS

### 6.1 PROVIDING DEATH CERTIFICATES

The Vital Statistics Department is responsible for reviewing and filling Death Certificates and issuing permits for dispositions of human remains. Death Certificates that are linked to an MFI will be issued out under the direction of the Coroner. Death Certificates will include the identification of the decedent, cause of death, and manner of death.

WCHD have emergency sub- registrars trained in advance to review and issue certificates and permits. Either the Registrar or Backup Registrar will work alongside the emergency sub- registrars if needed.

EDRS has essential features that support the provision of death certificates.

- EDRS features:
6.2 SUPPORTING COMPLETION OF DOCUMENTATION BY LOCAL STAKEHOLDERS

WCHD Vital Stats Department can request for external sub-registrars to issue burial, transit, funeral, and cremation permits if need be. Ohio law also requires a burial transit permit to be issued for every death that occurs in the state. Dispositions other than cremation can be approved in EDRS and printed in the office of the funeral director, however, under normal circumstances; cremations require a completed death certificate before issuance of a burial transit permit. Ohio law (ORC 3707.19) does have a provision to allow for cremation of a deceased individual if they have died of a communicable disease. This provision may preclude the need for a completed death certificate before the issuance of a burial transit permit. If EDRS is inoperable, Death Certificates and all permits will be issued by hand. Local funeral directors should be called upon can be called upon to complete sub-registrar duties.

The following users are allowed to create death records and print/email/scan the required certificates, burial permits and ancillary documents from remote locations as necessary:

- County Coroner
- WCHD registrars
- Funeral Directors
- Hospital(s)
- Physicians
The Bureau of Vital Statistics will ensure adequate staff is assigned to provide technical assistance to local Vital Statistics offices, as well as any local stockholder who may complete death certificates. Questions can be directed to the vs.helpdesk@odh.ohio.gov or 614-466-2531.

### 7.0 SYSTEMS TO SUPPORT REPORTING OF KNOWN DEATHS

#### 7.1 EDRS, USING AN INCIDENT MARKER

The Bureau of Vital Statistics will create a marker in the EDRS Mass Fatality table that will link a specific fatality to an incident, at the direction of the Director of Health. Bureau of Vital Statistics will alert stakeholders that the marker for the particular event is available. Individual stakeholders, i.e., coroners, funeral directors, physicians, and local registrars, will designate fatalities with the marker as appropriate. Bureau of Vital Statistics will provide guidance on the use of the marker.

Bureau of Vital Statistics can query EDRS for a county of total fatalities listed within incident marker. Although this information will support situational awareness, this mechanism is not vial solution for real-time death reporting, as registering of deaths may be delayed by days, especially during an MFI. It can be used for official reporting but in a significantly delayed time frame.

Once all death certificates have been registered in EDRS by all local stakeholders, EDRS can be queried for a final, official death count for an incident. The length of time it will take for all death certificates to be registered is entirely dependent on the nature of the incident and the jurisdiction in which it occurs. In complex incidents, the final count may take months to identify.

* Refer to *Appendix 2: Vital Statistics Reporting Guidance*

#### 7.1.1 Method and Process

The Vital Stats Department, Health Commissioner, and/or County Coroner will make a request to the Bureau of Vital Statistics that the incident marker in EDRS can be turned on and activated. This custom “incident marker” allow coroners/medical examiners/doctors to associate an death with a specific incident, e.g., tornado, flood, pandemic influenza.

The Vital Stats Department will provide technical expertise and communicate with end-users regarding deaths associated with the MFI.

Once directed by the ODH Director of Health, any of the Bureau of Vital Statistics positions with user rights in EDRS to establish the marker may do so. Once the Vital Statistics Department received a confirmation from the Bureau of Vital Statistics that an incident marker has been established. The Vital Stats Department will notify the County coroner/medical examiner, physicians, funeral directors, Health Promotion and Preparedness Division, and the WCHD leadership. The Health Promotion and
Preparedness Division will then issue alerts to local stakeholders (e.g., EMA, healthcare facilities, first responders, etc.), as appropriate.

### 7.1.2 Timeframe for awareness of Associated Deaths

It is anticipated that EDRS will be able to be queried for deaths associated with an incident approximately seven (7) days after the establishment of the marker. Once querying is available, updates to death counts can be provided on a daily basis.

### 7.1.3 Reporting Interval

Death records are likely to be entered at variable times by the funeral directors, coroner, and registrar(s). Depending on the severity of the MFI, 24-48 hour intervals are the most appropriate for reporting death counts identified with markers in EDRS.

### 7.2 PEDIATRIC INFLUENCE DEATHS

Pediatric Influenza death is a Class B reportable condition, requiring that it be reported by the end of the next business day. The Epidemiologist or designee can query ODRS to identify pediatric deaths from influenza. No other disease-related deaths are tracked in ODRS.

- Refer to **Appendix 3: Influenza-associated Pediatric Mortality (IPM) Reporting-Class B Reportable Disease**

During an incident with a significant number of influenza deaths, the Epidemiologist or designee will provide a count of pediatric influenza deaths each workday. The table below details the timelines that are mandated by law for the reporting of pediatric influenza deaths.

<table>
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<th>Day death would be included in query of pediatric deaths*</th>
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<td>Monday</td>
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</tr>
<tr>
<td>Sunday</td>
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*Holidays will delay these timelines by one full business day.*
8.0 GUIDANCE ON CONTAMINATED AND INFECTED REMAINS

8.1 GUIDANCE FOR MANAGEMENT OF CONTAMINATED REMAINS.

The Health Promotion and Preparedness (HPP) Division and Environmental Health (EH) Division will seek guidance from the CDC, Bureau of Environmental Health and Radiation Protection, Ohio EPA, local fire department and EMS, and/or County EMA for infectious remains with biological, chemical, or radiological contamination.

8.2 EXTERNAL PARTNERS THE SUPPORT GUIDANCE FOR CONTAMINATED REMAINS

In any mass fatality incident involving potential contamination or contagion, WCHD would work closely with local, regional and state partners to develop timely and appropriate guidance. WCHD may also refer to the CDC’s website for additional guidance. Potential partners can be found in Appendix 4: Emergency Response Contact List of the WCHD Emergency Response Plan.

8.3 PPE/PRECAUTIONS NEEDED TO HANDLE REMAINS SAFELY

WCHD anticipates that guidance will be needed whenever there are contaminated remains. WCHD will seek advice from local, regional, state and federal partners on the handling and final disposition of contaminated remains.

8.3.1 Radiological

The Environmental Health (EH) Division will seek help from the Bureau of Environmental Health and Radiation Protection (BEHRP) to develop guidance for remains contaminated with radiation. The Health Promotion and Preparedness (HPP) Division will assist with the development of remains contaminated with radiation. Guidance will address the decontamination and final disposition of remains. Recommendations should be provided for (a) PPE and (b) dosimetry and/or exposure assessments for anyone who is handling these remains.

It is anticipated that a large-scale radiological release that results in death would require population monitoring. The EH Division will recommend that BEHRP and local partners who handle radiologically contaminated remains be included in these population-monitoring efforts. Guidance on potential health impacts from confirmed exposure should be provided.

8.3.2 Chemical

The local fire department, in coordination with Ohio EPA’s NW District Office, will be the lead for chemical exposure. HPP Division and EH Division will assist with the development of guidance for chemically contaminated remains. Guidance should address decontamination of remains, final disposition of remains, guidance for PPE, and potential health impacts from chemical contamination. Provided guidance should align with the responding agencies.
8.3.3 Infectious Diseases

The HPP Division will seek help from the Bureau of Infectious Disease (BID) to develop guidance for infectious remains. The HPP Division will work closely with local, regional, state, and federal to produce timely and appropriate guidance. Guidance should address appropriate PPE and final disposition of remains, as well as potential health impacts from the biological agent(s).

8.4.4 PPE

a. The PPE required when handling human remains will vary depending on the contamination and/or infection.

b. Staff should wear PPE as directed by the Safety Officer or designee.

c. Personnel handling contaminated/infected human remains should use proper hand washing and receive immunizations as appropriate as well as training on the assigned PPE and proper lifting techniques.

d. Personnel who are recovering the deceased from an infectious disease should wear the appropriate PPE and follow CDC Guidance for Safe Handling of Human Remains.

e. 

f. For additional PPE recommendations, refer to the following plans/annex/SOGs.
   - Ebola and Other Special Pathogens Concept of Operations Plan
   - PPE Strategies SOG
   - Respiratory Protection SOG
   - Responder Health and Safety Annex

9.0 PUBLIC HEALTH ORDERS

During a mass fatality incident at the county level, ODH recommends that local public health reach out to the ODH Office of General Counsel (OGC) before issuing any public health orders. When reaching out to ODH OGC to discuss the issuance of public health orders, the following county personnel may be engaged:

- County Commissioner(s)
- President of Board of Health
- Health Commissioner
- Medical Director
- County Prosecutor
- County EMA Director
- County Coroner
• Subject Matter Experts (as applicable)

During a mass fatality incident at the county level, these same entities should be engaged as early as possible in the incident. OGC will draft orders.

Regarding legal authorities during a mass fatality incident, it is important to note that the causal agent of the mass fatality incident will trigger different bodies of law that apply to the incident.

The following outline the authorities held by WCHD that directly relate to mass fatality incidents:

• Disposition of Remains, including orders for immediate burial and the destruction of contaminated/infected property, as applicable
• Conveyance of Remains

It is imperative during a mass fatality incident to engage ODH as early as possible in the incident and to maintain continued engagement throughout the response and recovery phases.

10.0 ORGANIZATION AND RESPONSIBILITIES

The below local, regional, and state agencies and organizations have critical responsibilities in a mass fatality incident.

1. County Coroner
   a. In the event of an MFI, the activities of the Coroner's Office/Mortuary Services through the County will be an extension of their regular duties.
   b. The lead person in any incident involving fatalities. The coroner shall have a line of succession, at least, two people deep.
   c. The coroner or their designee should report to the EOC, if activated, and coordinate all matters concerning the fatalities such as:
      • Scene investigations
      • Collecting evidence and remains
      • Security of proof and remains
      • Assist with autopsies
      • Generating and providing reports

2. Local Law Enforcement
   a. Lead or support investigations into MFI.
   b. Provide or coordinate security at the scene of incident and morgue (i.e., crowd control and traffic control).
   c. Assist at the site as needed; including mapping, taking photographs, search, labeling, and packaging and other tasks.

3. Local Fire Department
   a. Serve as the primary emergency medical services for events occurring within Wood County.
b. Assist in the field by providing coordination for the mutual aid request.
c. Provide general support to field personnel as required.

4. Local Emergency Medical Service (EMS)
   a. Ensure that all available emergency medical resources are identified and
      mobilized as requested.
   b. Assist with the coordination of transportation of survivors.
   c. Assist in recovery and transportation of deceased to appropriate medical
      facilities as required.

5. County Emergency Management Agency (EMA)
   a. Request for out-of-county Mutual Aid or other resources.
   b. Provide a console to families of the deceased victims, first responders, and
      others involved in the disaster.
   c. Activate the county EOC if needed.

6. Wood County Health Department
   a. Provide guidance in a biological, chemical, or radiological incident.
   b. Assist in the communication and transfer of data between hospitals,
      physicians, coroner, and other entities.
   c. Ensure that death certificates are administered promptly.
   d. Dispense Mass Prophylaxis to the entire population of Wood County, if
      needed.

7. Wood County Community Health and Wellness Center
   a. Coordinate health and medical and mental health care delivery services for
      their clients.
   b. Determine the type and quantity of medications be distributed to clients.

8. Local Hospital(s)
   a. Assist with establishing auxiliary medical facilities in the event of an
      evacuation.
   b. Coordinate emergency status information with all area hospitals that may
      be involved in the disaster.
   c. Assist with the coordination of tracking survivors from the MFI to area
      hospitals.

9. American Red Cross (ARC)
   a. Provide food, potable water, clothing, shelter, and other basic life-
      sustaining needs.
   b. Activate a registry inquiry service to reunite families and respond to
      questions from relatives and friends.
   c. Assist with Damage Assessments.
   d. Work with local partners to arrange for transportation to hospitals, the
      morgue, or other sites for family members seeking victims/survivors.
   e. Work with local partners to arrange the transition from operating shelters
      for displaced survivors to separate family/individual housing.
f. Help survivors and family to fill out documents (i.e., the Care and Shelter Status Report Form).

10. Local Mental/Behavioral Health Agencies
   a. Coordinate with WCHD to provide specialized mental/behavioral health services, if requested.
   b. Relay the following information to WCHD: internal damage assessment of facilities, the status of patients and personnel, communications capabilities, utilities, and other essential services.

11. Public Information Office (PIO)
   a. Serve as the lead coordination point for all media releases issued by the County EOC.
   b. Oversee media information, briefing, and conferences hourly, or as needed.
   c. May serve in the JIC to assist with the coordination of messaging.

12. Wood County Medical Reserve Corps (MRC)
   a. MRC may perform the following actions according to their scope of practice:
      • Assist with general health education and advice.
      • Assist WCHD with Mass Prophylaxis Dispensing, if needed.
      • Administer first aid for minor illness and injury.

13. CERT Volunteers
   a. Assist local law enforcement with security, traffic, and crowd control.
   b. Provide mental health assistance.
   c. Help with auxiliary medical facilities if requested.
   d. Assist with death certificate filling and burial permit issuance.
   e. Help with information lines, information sharing, and other public information need.
   f. Assist with documentation of the incident and the response.

14. Local Funeral Directors
   a. Assist in the identification, acquisition and/or provision of facilities that could serve the purpose of centralized temporary collection points/morgues near dense populations where death rates are highest.
   b. Assist in the drafting and delivery of public information statements regarding storage solutions, stressing that remains will be placed in separate storage containers (body bags).
   c. Assist in the surveying of crematory facilities, embalming facilities, and funeral homes within or accessible to the region and assist in the determination of the maximum number of cremations that can be performed.

5.1.2 Regional Roles and Responsibilities

1. NW Ohio Healthcare Emergency Management Coalition (NWO-HEMC)
a. Implement the Northwest Ohio Healthcare Emergency Medical Coordination Plan and active the Healthcare Regional Multi-Agency Coordination (HMAC) system.
b. Assist with the distribution of regional resource cache assets.
c. Coordinate the creation and release of regional public information.
d. Facilitate the gathering and sharing of essential elements of information between the county, region, state, and federal health care response partners and first responders.

2. Regional Public Health Coordinator
   a. Provide consultation and support to NW Ohio local health departments (LHD) to strengthen the response to MFI.
   b. Conduct communication briefing, via conference calls, with LHDs to discuss issues that may arise and share relevant information.
   c. Serve as the public health region lead point of contact in communicating information to and from the rest of Ohio public health jurisdictions.
   d. Act as the public health region facilitator in organizing and accomplishing the missions, goals, and direction of the HMAC during a mass fatality.

3. Regional Healthcare Coordinator
   a. Provide consultation, coordination, and support to NW Ohio healthcare facilities in the event of an MFI.
   b. Guide the lead coordination agency in determining if the HMAC system should be activated. The activation of the HMAC system will assist local hospitals with the relocation of patients from the evacuating facility.
   c. Support healthcare facilities to maintain ongoing communications with local EMA and LHD.
   d. Guide the lead coordination agency in deciding if the regional OHTTrac Team should be activated.
   e. Serve as a facilitator in organizing and accomplishing the missions, goals, and direction of HMAC during an MFI.

4. Northwest Ohio PIO Committee Chair and Co-Chair
   a. Work with local PIO to identify and draft public messages during disaster incidents.
   b. Assist local PIO with the coordination of messages.
   c. Conduct public information activities for the region.

5. United Way 211
   a. Connect residents to the health and human services in their area. Some examples include:
      • Financial or legal counseling
      • Homelessness assistance and shelter referrals
      • Healthcare services

5.1.3 State Agencies roles and responsibilities

1. Ohio Department of Health
a. Will be the lead state agency for all phases of the state’s response to a non-acute mass fatality incident.
b. Bureau of Infectious Diseases (BID) and Bureau of Environmental Health and Radiation (BEHRP) lead the provision of guidance on contaminated/infected remains.
   • The Bureau of Environmental Health and Radiation Protection (BEHRP) will lead the development of guidance for remains contaminated with radiation.
   • BID will lead the development of guidance for infectious remains
c. At the direction of the Director of Health, the Bureau of Vital Statistics will create a marker in the EDRS Mass Fatality table that will link a specific fatality to an incident.
d. Provide technical assistance to LHDs, hospitals, and health care providers to assist with mass fatality incident.
e. Assist LHDs with waste management issues through approved waste management companies.
f. Facilitate communication among LHDs, RPHC, RHCs, and Ohio Hospital Association, and CDC; via Epi-X, Ohio Public Health Communication System (OPHCS), secure email, secure fax, conference calls and other means deemed appropriate.

2. Ohio Board of Embalmers and Funeral Directors (SBEFD)
   a. Assist in the identification, acquisition and/or provision of facilities that could serve the purpose of centralized temporary collection points/morgues near dense populations where death rates are highest
   b. Assist in the drafting and delivery of public information statements regarding storage solutions, particularly regarding the employment of long-term temporary interment, stressing that remains will be placed in separate storage containers (body bags).

3. Ohio Hospital Association
   a. Identify hospitals facilities that can based on available resources, serve as morgue operations sites to provide forensic examination services.
   b. Monitor, facilitate and support communication between hospitals and other mass fatality support operations agencies and sites.
   c. Support the use of the EDRS among local Health Commissioners, Medical Director’s hospitals and Institutional Agency Medical Directors.

4. Ohio Emergency Management Agency
   a. Provide support to local EMA with requests for out-of-county Mutual Aid or other resources.
   b. Assist in the development of MOAs between jurisdictions and professional organizations, e.g., pathologists, dentists, anthropologists, funeral directors, etc., to obtain ad hoc staff with specific skill sets.

5. Ohio State Highway Patrol
   a. Assist local law enforcement with traffic control, closing/rerouting streets.
b. Help local law enforcement in the identification of the deceased.
c. Assist in safeguarding the personal effects found on and with the dead.
d. Ensure that local Coroners and local law enforcement are working
together to provide security at the scene, the morgue site, and at FAC.

6. State Coroners Association (SCA)-Mortuary Response Team
a. Assist local agencies and service providers with the identification of
equipment to be acquired for use during a non-acute mass fatalities
incident.
b. Assist with planning and coordination during a non-acute mass fatalities
incident regarding the storage of equipment (i.e., body bags) at member
funeral homes.
c. In coordination and at the direction of the County Coroner, assist in the
release of human remains and personal effects to the next of kin or their
representative.
d. When necessary, assist the County Coroner, the local Health
Commissioner or other local authority’s office in determining the cause
and manner of death, authorizing autopsies to determine the cause of
death, authorizing forensic investigations to identify unidentified bodies,
and authorizing the removal of bodies from incident sites.
e. Under an emergency order from the Director of the State Health
Department, assist the County Coroner, the local Health Commissioner or
other local authority’s office with the logistics for temporary disposition
and temporary individual containment interment of the deceased.
f. Assist to ensure that County Coroner, the local Health Commissioner or
other local authorities and law enforcement work together to provide
security at the scene, the morgue site, and at family assistance centers.
g. Disaster conditions permitting, assist to make estimates of the number of
confirmed deaths using the EDRS system and information from the
Incident Commander in consultation with the County Coroner, the local
Health Commissioner or other local authority and provide the estimate to
the JIC for proper dissemination.

7. Ohio Emergency Medical Services
a. Guide local EMS units on the interaction with local mortuary response
teams when engaging scenes with both living and deceased victims.

12.0 CENTRAL MORTUARY PROCESSING CENTER (CMPC)

During a non-acute mass fatality, a large number of people may die in a short duration
of time and may continue to die at a high rate over an extended period. There might not
be enough resources to respond adequately to a sustained surge of this type of event; it
may be necessary to open a CMPC. The opening of a CMPC will depend on Funeral
Directors agreeing to operate out of a single facility. If implemented, the Funeral
Directors should consolidate all resources including staff, equipment, and supplies to
handle the influx of human remains that an MFI has the potential to produce.
• Refer to Appendix 4: Central Mortuary Processing Center Minimum Requirements

13.0 FAMILY ASSISTANCE CENTERS (FAC)

The FAC is a designated location established to exchange accurate, timely information and render support services for victim family members of mass fatalities and friends who contact or travel to the incident site seeking help. The FAC is a “safe place” for family members and close friends to cope with the unexpected loss of family, friends, and co-workers. The FAC provides the opportunity to collect personal information about the victim, allowing authorities to obtain vital information for victim identification. Trained funeral service professions should assist agencies in dealing with families of the deceased.

FAC should be set up at locations convenient to the MFI but removed from the mainstream of activities. The FAC should be a secure facility with constant security presence that protects family members from unwanted intrusion from media, curious onlookers, and the general public. Access to the FAC should be monitored at all times.

• Refer to Appendix 5: Family Assistance Center Structure

13.1 VIRTUAL FAMILY ASSISTANCE CENTER MODEL

Due to the contagious nature of a pandemic disease, the gathering of people in a particular location would be prohibited for public health reasons. The need for social distancing would prevent the establishment of a conventional FAC. A Virtual Family Assistance Center would probably need to be established to provide relevant public information. The most significant family assistance need is likely to be the provision of information and can best be delivered with a public health educational approach.

• Refer to Appendix 6: Virtual Family Assistance Center Model

14.0 COMMUNICATIONS

As the lead health agency for the county, WCHD is responsible for maintaining communication with local, regional, state, private and non-profit partners during an MFI requiring activation of this annex.

The WCHD Public Information and Communication (PIC) Plan operates in concert with the ongoing response activities to ensure accurate and efficient communication with internal and external partners. When engaged in the response, WCHD will ensure the dissemination of information and maintain communication with emergency response partners and the public.

Communication with emergency response partners will be accomplished through a combination of communications systems and devices currently used on a day-to-day basis. These include:
- Voice over internet protocol (VOIP)
- Phone lines
- Email
- Fax machines
- Ohio Public Health Communication System (OPHCS)
- Web-based applications, including

If a Joint Information Center (JIC) is established to produce press releases or conduct press conferences in response to the MFI; the Communication Manager, Community Outreach Coordinator, or designee will report to the JIC if requested.

SECTION THREE

15.0 REVIEW AND DEVELOPMENT PROCESS

Revisions will be determined on a bi-annual revision schedule and by identifying gaps and lessons learned through exercise and real-world events, or by the determination of the Emergency Response Planner. Production of an after action report/improvement plan (AAR/IP) following a functional/full-scale exercise of the MFRA determine the need for the level of revision needed for this annex, attachments, and/or appendices. Applicable findings from AAR/IPs will be reviewed and addressed during the review of each plan component.

16.0 AUTHORITIES

A. The County Coroner is the legal authority to conduct victim identification, determine the cause and manner of death, and manage death certification during acute mass fatalities (O.R.C. 313.12).

B. The County Coroner has the authority to request assistance via the county EMA. Additional support may be provided by federal agencies such as the Federal Airline Administration or the Federal Bureau of Investigation. These companies may require investigations and, therefore, would assume responsibility as the primary authority of the emergency/disaster situation.

C. The Coroner does not have jurisdiction over the body of a deceased person unless the death has occurred “as a result of criminal or other violent means or by casualty, or by suicide, or suddenly when in apparent health, or in any suspicious or unusual manner.” And when none of the above circumstances are present, the
coroner has jurisdiction only if the deceased is unknown or if those who are entitled to custody of the body do not claim it (OAG 73-123).

D. The Coroner should be notified when a person dies as a result of violence, casualty, suicide, or a suspicious or unusual manner (O.R.C. 313.12).

E. The Board of Health can make orders for the disposition of bodies to protect the public and prevent disease.
   • Disposal of the body of a person who died of communicable disease (O.R.C 3707-19).

F. The protection of the public from infectious disease falls on the LHD; this could include the investigation of natural death in conjunction with the County Coroner.
   • Definitions; report as to contagious or infectious diseases or AIDS and HIV (O.R.C. 3701.24).
   • The duties of the board of the city or general health district (O.R.C. 3709.22).
   • Orders and regulations of the board of city health district (O.R.C. 3709.20).
   • Orders and regulation of the board of general health district (O.R.C. 3709.21).

G. The Board of Health has a broad brush to deal with issues pertaining to the reactions needed to contain or control issues with pandemic influenza. This would include specific requirements for the care of bodies.
   • Powers of board; abatement of nuisances (O.R.C. 3701.01)
   • Also, (O.R.C 3709.20, 3709.20, 3709.21 and 3709.22)
   • Exemptions (O.R.C 4717.12 B4)

H. Funeral Directors must keep personal information about the deceased with the body.
   • Funeral Director in charge of the body must affix a tag with accurate information in a casket or if cremated in a vessel containing remains (O.R.C. 4717.13 B1 and B3).

Refer to Appendix 7: Ohio Legal Consideration during a Mass Fatality Incident

17.0 REFERENCES

• Allen County Health Department Mass Fatality Plan

• Northwest Ohio Healthcare Emergency Medical Coordination Plan

• Northwest Ohio Regional Response Coordination System, Tab B-Non-Acute Mass Fatalities Incident Response Planning Template
- Ohio Department of Health PHEP Core 2 Sample Mass Fatality Response Plan Rubric
- Ohio Emergency Operation Plan, Tab D, ESF # Acute Mass Fatality Incident Response Plan
- Ohio Emergency Operation Plan, Tab D, ESF # Non-Acute Mass Fatality Incident Response Plan
- Seneca County General Health District Mass Fatality Plan
- State of Ohio Acute Mass Fatality Management, Local Jurisdiction Guidance
- Williams County Health Department Mass Fatality Plan
- Wood County Health Department Emergency Response Plan
- Wood County Hospital Emergency Management Response Plans
APPENDIX 1: SIGNED LETTER OF ADOPTION
APPENDIX 2: VITAL STATISTICS REPORTING GUIDANCE
APPENDIX 3: INFLUENZA-ASSOCIATED PEDIATRIC MORTALITY REPORTING GUIDANCE
APPENDIX 4: CENTRAL MORTUARY PROCESSING CENTER MINIMUM REQUIREMENTS
APPENDIX 5: FAMILY ASSISTANCE CENTER STRUCTURE EXAMPLE
APPENDIX 6: VIRTUAL FAMILY ASSISTANCE CENTER MODEL
APPENDIX 7: OHIO LEGAL CONSIDERATIONS DURING A MASS FATALITY INCIDENT
APPENDIX 8: REMAINS STORAGE SURGE INFORMATION
APPENDIX 9: FUNERAL HOME INFORMATION SHEET FOR MASS FATALITY PLANNING
APPENDIX 10: FATALITY MANAGEMENT WORKSHEET