

GUIDELINES FOR REPORTING AND MANAGING MASS FATALITY EVENTS WITH THE VIRGINIA MEDICAL EXAMINER SYSTEM



DEATHS TO BE REPORTED AND INVESTIGATED BY THE MEDICAL EXAMINER SYSTEM

These guidelines supplement the customary death reporting procedures for the Medical Examiner System as outlined in the Code of Virginia §32.1-283A. REPORT the following types of deaths to the Local and District Medical Examiner REGARDLESS OF HOSPITALIZATION OR THE DURATION OF SURVIVAL FOLLOWING THE UNDERLYING DISEASE OR INJURY.

Deaths due to or suspected of being due to:

- a. Suspected infectious diseases that may represent a bio-terrorism event or the initial presentation of an emerging infection that may result in an epidemic. The Medical Examiner does not have jurisdiction over clearly natural deaths due to natural disease under non-suspicious circumstances e.g. influenza deaths.
- b. Events due to nature (hurricane, earthquake), nuclear, biological, chemical or other mass fatality event.
- c. Homicidal, suicidal, accidental or undetermined causes related to a mass casualty event. Bioterrorism deaths are homicides.

The Medical Examiner will assume jurisdiction over all of the deaths described above based upon the Code of Virginia § 32.1-277 to 32.1-288. Do not release remains from your facility to the next of kin if the death resulted from one of the scenarios listed above. The Medical Examiner will release remains to the next-of-kin after investigation and examination.

HOW TO CONTACT THE MEDICAL EXAMINER

NOTIFY the Local Medical Examiner and the District Office of the Chief Medical Examiner.

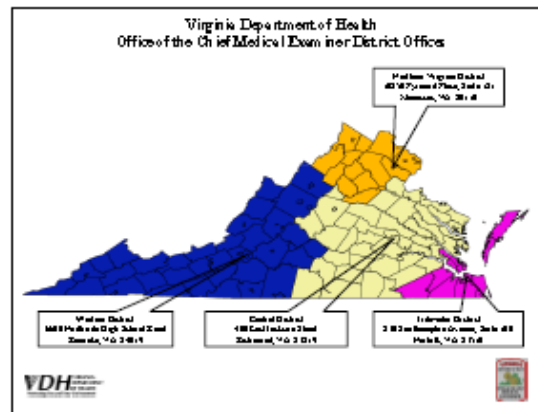
Local Medical Examiners may be contacted through most Hospital Emergency Rooms or through the local police department. The Medical Examiner District Offices are:

Central District
 Phone (804) 786-3174
 Fax (804) 371-8595
 OCME_CENT@vdh.virginia.gov

Tidewater Eastern District
 Phone (757) 683-8366
 Fax (757) 683-2589
 OCME_TIDE@vdh.virginia.gov

Western District
 Phone (540) 561-6615
 Fax (540) 561-6619
 OCME_WEST@vdh.virginia.gov

Northern District
 Phone (703) 530-2600
 Fax (703) 530-0510
 OCME_NOVA@vdh.virginia.gov



WHAT DO I TELL THE MEDICAL EXAMINER WHEN THERE IS A MASS CASUALTY EVENT?

- The reporting organization and a staffed 24/7 call back number.
- Names of the deceased and number of deceased individuals that are being reported.
- The place where the disease or injuries occurred.

- Known hazards (chemicals, radiation, biological, nuclear, explosives, etc.)
- Law enforcement agency investigating the deaths.
- Location and capacity of the reporting institution's morgue or staging area to store and secure remains.

HOW DO I MANAGE AND TRACK MEDICAL EXAMINER CASES/ REMAINS UNTIL THE MEDICAL EXAMINER AUTHORIZES MOVEMENT

IDENTIFY EACH BODY SEPARATELY

If the name of the deceased is known, seal and label each body, body bag, clothing and personal effects bag and medical record with the deceased's name. If the name is unknown, mark each of the above with a unique identifier (i.e. Hope Hospital #1, Hope Hospital #2, Hope Hospital #3, etc.), chart number, and the address of origination. This identifier should match the hospital chart number to enable the Medical Examiner to review the clinical record. DO NOT use John or Jane Doe. If bar coded triage tags are available, ensure each item listed above is marked with the same barcode number.

PERSONAL EFFECTS

Clothing and personal effects (PE) should not be separated from the body. PE may be the only clue to confirming a person's identity. Personal effects may represent evidence of a crime and be a useful clue to police in solving a crime. Request permission from the OCME before releasing clothes or effects to next of kin. If approved, release all items using standard evidence receipting procedures. Effects and clothes or any other items going to the Medical Examiner should accompany the body.

STORAGE AND TRANSPORT OF REMAINS

Hospitals, in cooperation with localities, are responsible for identifying body staging locations that can be secured and cooled for preservation of remains until a Medical Examiner incident morgue can be established. Arrangements for transportation from local holding sites to an incident morgue will be made by the Incident Command System when the OCME morgue is ready to receive the remains.

INCIDENT MORGUES

The OCME, in cooperation with localities and the Virginia Department of Emergency Management (VDEM), will determine the site of any incident morgue other than the District OCME office. Localities should preplan, in cooperation with hospitals and adjacent jurisdictions to identify sites that may be suitable in their localities for morgue staging areas and incident morgues. The OCME will make the final decision as to where their operations will be established.

WHAT ARE THE REQUIREMENTS FOR AN INCIDENT MORGUE?

Space

- Facility available for the time frame necessary
- Retrofit capability and cost considered
- Space Requirements
 - Less than 100 fatalities – 6,000 sq. ft. facility
 - 101-200 fatalities – 8,000 sq. ft. facility
 - More than 200 fatalities 10,000 sq. ft. facility
- Non-porous flooring or disposable flooring
- Room for two 400-600 sq ft office spaces
- Tractor-trailer accessible
- Showers
- Hot and cold water
- Heat or air conditioning (depending upon season)
- Electricity (110 volt, 300 amps minimum)
- Drainage
- Ventilation
- Restrooms
- Space for staff support and rest
- Parking areas for staff and trucks

Communications:

- Communication capabilities, including multiple telephone lines capability and satellite

Security Considerations:

- Secure entrances into general area
- Secure entrances into facility with uniformed guards
- Security for entire site
- Removed from public view
- Removed from the Family Assistance Center in a "need to know" location

Support Equipment Needs:

- If the OCME requests a federal Disaster Portable Morgue Unit (DPMU) to be brought into the area for

augmentation, the Disaster Mortuary Operational Response Team (DMORT) will require an 8 ton forklift with 6 foot forks (pallets are 10' X 10' X 10'), and a 2000 lb forklift for inside the facility.

- Ample space for storage of personal effects.
- Hazardous Material waste storage capacity (for x-ray chemicals and biohazardous materials).

NOTES: Modular tents with sealed floors may be better suited for incidents with contaminated remains. Forty foot refrigerated trucks will hold 22 remains without shelving. Shelving should be considered for a large number of remains to increase capacity. Shelving should not be above the waist to prevent back injuries to morgue staff. If trucks are utilized, ensure appropriate ramps are also provided.

WHO CALLS FOR ADDITIONAL STATE AND FEDERAL RESOURCES?

Decisions regarding mobilization of the National Guard, DMORT, a DPMU, and other ancillary personnel to recover and manage dead bodies are the purview of the Medical Examiner System in cooperation with the lead law enforcement agency and VDEM.

WHO IS RESPONSIBLE FOR NOTIFYING THE FAMILIES OF DEATHS AFTER A MASS FATALITY INCIDENT AND WHAT DO I TELL THE FAMILIES WHEN THEIR LOVED ONES ARE MEDICAL EXAMINER CASES?

If hospital identification is secure, family may be notified of the death. Otherwise, positive forensic identification procedures may be required to properly identify the deceased. In a mass causality event, the locality, in cooperation with the OCME, Social Services, and VDEM will establish a Family Assistance Center (FAC). The OCME will supervise only the Family Victim Identification Section of the FAC which will receive inquiries on identification, prepare Victim Identification Profiles (VIP), and collect any materials, records or items needed for confirmation of identification.

Medical Examiner cases may or may not require additional examination into the cause and manner of death. Each death will require a determination by the OCME as to the appropriate steps to take. PLEASE DO NOT make any assumptions about the procedures the OCME may or may not take.

Revision date: 07/08/05

WHO ANSWERS INQUIRIES?

When families make inquiries into the status of their loved ones who are believed to be deceased or are missing, refer them to the Family Assistance Center, if established, or in the interim refer them to the OCME district office. The OCME and law enforcement will make the official notification of death in mass fatality incidents through the Family Victim Identification Unit of the FAC.

My local Medical Examiner(s) is (are):

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____

My District Office of the Chief Medical Examiner is:

City: _____

Phone: _____

Fax: _____

NOTES: _____

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<http://www.vdh.virginia.gov/medexam/>