

OCME Overview and Role in a Mass Fatality Event

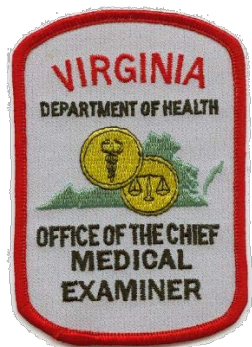
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GO VCU Rams!!!



Objectives

- Provide an overview of OCME operations
- Clarify the jurisdiction and role of the Office of the Chief Medical Examiner (OCME) in emergency preparedness and response
- Describe OCME responsibilities in a Mass Fatality Event— terrorist acts, other criminal events, natural disasters, natural disease outbreaks

The Next Disaster or Tragedy is Just Waiting to Happen

- OCME needs qualified, trained partners who understand legal and public health aspects
- No time to plan or train at the time of event
- Must be proactive and develop resources in community now

Rule of Thumb

Disaster Strikes

A Mass Fatality Incident (MFI) is “one more than local authorities can handle.”

What is a MFI?

There is **NO minimum number of deaths** for an incident to be considered a mass fatality incident because communities vary in size and resources

When the **loss of life overwhelms the state system** and requires extraordinary support the mass fatality is likely to trigger **disaster declarations** from the State level and possibly Federal

Office of the Chief Medical Examiner in a Mass Fatality Incident

What are we?

What do we do?

OCME OVERVIEW



Guiding Principle

Mortui vivis Praecipiant

- The Dead Shall Teach the Living
- The medical examiner is the last person able to speak for the decedent and tell their story



Death Practices in Virginia

Who is responsible for certifying the death is dependent upon the circumstances of death.

Deaths with no injury or trauma that occur under a licensed physician's care & have a "natural" manner are the **local treating physician's** responsibility. **85 – 90% of all deaths.**

Deaths not occurring under a physician's care, in certain institutions (corrections, state BHDS), involving injury or that are unexplained or suspicious are the responsibility of the **Office of the Chief Medical Examiner (OCME).** **10 – 15%.**

Virginia's OCME

- Model, statewide death investigation system
- All citizens have the same access to forensic expertise regardless of where they live
- All case information is held in our **VMEDS** database
- 4 district ME offices, all accredited by the **National Association of Medical Examiners (NAME)** with board certified **Forensic Pathologists**
- **Local Medical Examiners (ME)** are all licensed “volunteer” physicians appointed by the Chief, not elected. ↓ Numbers— ~ 450 in 1990 and ~ 220 in 2010
- There are **NO Coroners** in Virginia, only MEs.
- OCME costs citizens of the Commonwealth **\$1.25/citizen/year** – we are a very **cheap date**

OCME is Hard at Work

Statistics from 2011 Annual Report

Estimated population in Virginia ~ 8,093,449

- 12th in US

- OCME investigated 5,816 deaths
 - (~10% of Va. deaths)
 - 3077 autopsies and 2593 views, 146 retrospectives
- Autopsies by district:
 - Central- 837
 - Western- 907
 - Tidewater- 633
 - Northern- 700

>2500 Turndowns per year

Available 24/7

Statistics Continued

District offices have 3 Assistant Chief MEs w/ 4 ACMEs now @ WOCME – a lot of autopsies per doctor

Forensic Pathology trainees (1/2 doc) in COCME(2), TOCME (1), WOCME (1)– grow our own replacements

- Bodies transported by the districts:

- C-1626
- T-1263
- W-1494
- N-1287
- Total 5670 bodies.

- **OCME pays for autopsy cases only.**

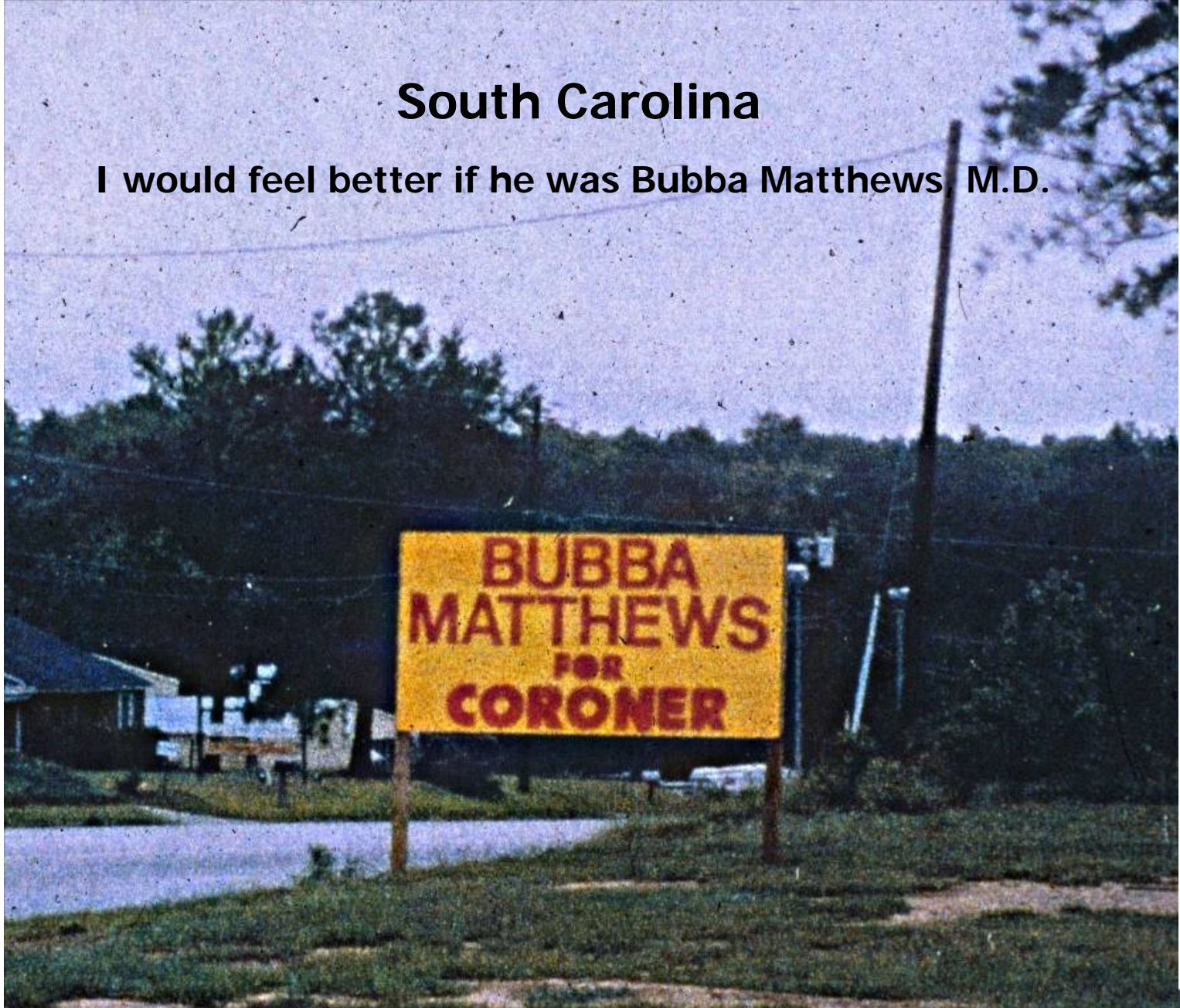
Moving bodies from death scene is localities responsibility OCME **wants to pay** for all ME case transport! **No \$\$ to pay for all!!**

Annual report is found on this website

<http://www.vdh.virginia.gov/medExam/Reports.htm>

South Carolina

I would feel better if he was Bubba Matthews, M.D.



and coroner offices conducted by ProPublica, FRONTLINE, and NPR.

ME is an appointed, licensed

Centralized State Medical Examiner System
County Coroner System
County Medical Examiner System
Mixed County Medical Examiner and Coroner System

VDH VIRGINIA
DEPARTMENT
OF HEALTH
Protecting You and Your Environment

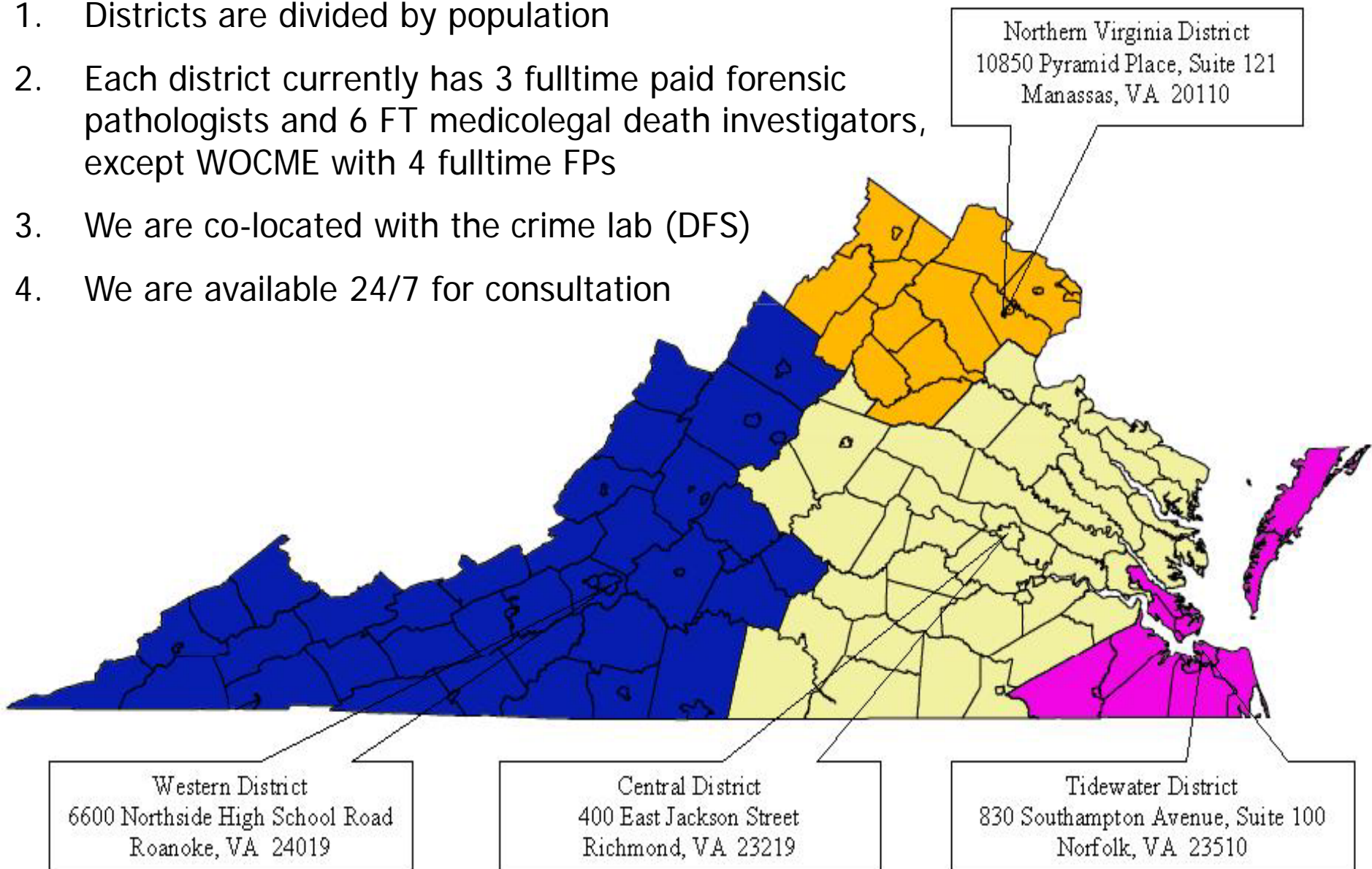
Virginia Medical Examiners vs. Coroners

- **District pathologists** (Assistant Chief MEs) are board certified or board eligible Forensic Pathologists (must certify w/in 2 yrs or leave employment with OCME).
- All **Local MEs** are licensed physicians (MD/DO)—appointed by the Chief ME.
- Records produced by the **OCME are medical records** and are not subject to FOIA.
- Regardless of locality of death, all citizens have access to **same level of ME expertise in each district**.
- Coroners are elected officials— often with **no** requirement to be physicians.

Virginia Department of Health

Office of the Chief Medical Examiner District Offices

1. Districts are divided by population
2. Each district currently has 3 fulltime paid forensic pathologists and 6 FT medicolegal death investigators, except WOCME with 4 fulltime FPs
3. We are co-located with the crime lab (DFS)
4. We are available 24/7 for consultation



Part of the Virginia Department of Health

The **Chief Medical Examiner**
reports to

- Chief Deputy for Public Health,
Dr. Marissa Levine
- State Health Commissioner,
Dr. Cynthia Romero
- Secretary of Health and Human
Resources, Dr. William Hazel



Authority of the Medical Examiner

Authority over dead bodies.

Virginia Code 32.1-277 to 32.1-288.

10 U.S. Code 1471, Armed Forces
Medical Examiner (AFME).

Federal Response Framework.



OCME Statutory Mandate

Code Sections

§ 32.1-283 outlines the jurisdiction of the OCME

- The OCME is charged with the **medicolegal** investigation of deaths that are sudden and unexpected, unattended by a physician, unnatural, the result of violence or in custody.

§ 32.1-285 concerns autopsies.

- An autopsy shall be performed when in the opinion of the medical examiner investigating the death or of the Chief Medical Examiner it is advisable and in the **public interest**.

OCME Mission

PUBLIC HEALTH ASPECTS

Identify index cases and pathogens in disease outbreaks in the interest of public health (OCME performed autopsies on **first H1N1 deaths** to identify lethal disease in Virginia)

Have prevention efforts as part of the Virginia Department of Health (conduct **fatality reviews** - child, maternal and adult)

Cooperate closely with **organ procurement** organizations to save lives through organ/tissue recovery and transplantation

Consult w/ private physicians – cause of death determination

OCME Mission

MEDICOLEGAL ASPECTS

Investigate unattended, in custody, suspicious and violent deaths.

Perform medicolegal **autopsies** with evidence recovery and interpretation.

Determine **cause and manner** of death.

Testify in court and depositions.

Consult with families, police, physicians and attorneys

Teach others about death investigation.



OCME Jurisdiction

Deaths in these categories:

Trauma
Violence
Poisoning
Homicide
Accident
Suicide
Unusual/Suspicious

Unnatural manner
Sudden in apparent good health
Unattended by physician
In jail, prison or in custody
State mental health patients
In the public interest to fulfill OCME
public health mission (H1N1)
Cremation/Burial at sea



Jurisdiction

- Under ordinary circumstances, if a **disease is naturally occurring** and results from the normal course of life, the associated deaths are natural deaths and are NOT **medical examiner** cases.
 - The OCME has no jurisdiction over natural deaths **even if the numbers are large**.
- ** ME jurisdiction** determined by **location of death**, not where illness or injury occurred
- Ex. **Flu** is naturally occurring and deaths from flu are natural deaths and do not fall under the OCME.
- Ex. **Smallpox** is not naturally occurring & only found in research labs so any resulting smallpox deaths would likely be due to a terrorist act → **homicides** or accidental contamination of a lab worker.

Jurisdiction

However, there are a few **special circumstances** that may place a death due to a naturally occurring biologic organism (bacterial, viral, fungal or prion) under the jurisdiction of the **OCME**

Public Health Mission

- Natural deaths under special circumstances
- Example: H1N1 flu deaths
- The OCME took jurisdiction of the first suspected H1N1 deaths to establish the presence by viral culture and DNA testing of a deadly infectious disease throughout Virginia
 - Even if these deaths occurred in hospital after treatment
 - OCME fulfills a public health role & then is done
 - Otherwise, natural flu deaths are not ME cases regardless of the number of deaths
 - Private doctors sign DCs and the community is responsible for disposition of dead, not OCME



Why OCME is Important to Public Health

Examples of the OCME as a Public Health Partner

- Provide **surveillance** for deadly emerging infections – Anthrax, H1N1, 2003 child death cluster
- **Partner** with VDH on press releases after a preventable death – cluster, car seat strangulation
- **Provide info** for public service announcements toward prevention – dumpster diving, kids in hot cars
- Provide accurate **statewide data** for use in prevention strategies – infant mortality, fatality review teams OCME annual reports found on website below. Get to it from the VDH home page (search tools on the right, then select an office)

<http://www.vdh.virginia.gov/medExam/Reports.htm>

Joint Public Health & Medicolegal Mission

Unnatural Deaths Related to Infections

- If the disease is a result of:
 - a terrorist act - death is a homicide due to a “biological bullet”
 - an accidental release from a lab – death is an accident
 - purposeful suicide by a terrorist in the course of spreading the disease – death is a suicide
- Above are unnatural deaths and subject to OCME jurisdiction because organism is released, not naturally acquired
- Once these deaths are identified by OCME, they can be treated and prevented to protect the public

Natural Death vs. Natural Event

A natural event is a happening such as hurricane or earthquake and may cause unnatural accidental deaths due to drowning, blunt force, CO poisoning from generators, cave-in etc. These are medical examiner cases by statute Virginia Code 32.1-283 .

A natural death is due to a natural disease process arising out of the ordinary course of an individual's life e.g. diabetes, cancer, ASCVD, COPD, pneumonia, flu.

Pandemic flu is a natural disease occurring under natural circumstances provided terrorism is excluded.

The natural death certificates are the responsibility of the primary/treating or pronouncing physician in a pan flu event. The human remains in these cases are the responsibility of the families and communities, not the Office of the Chief Medical Examiner.

Manner of Death

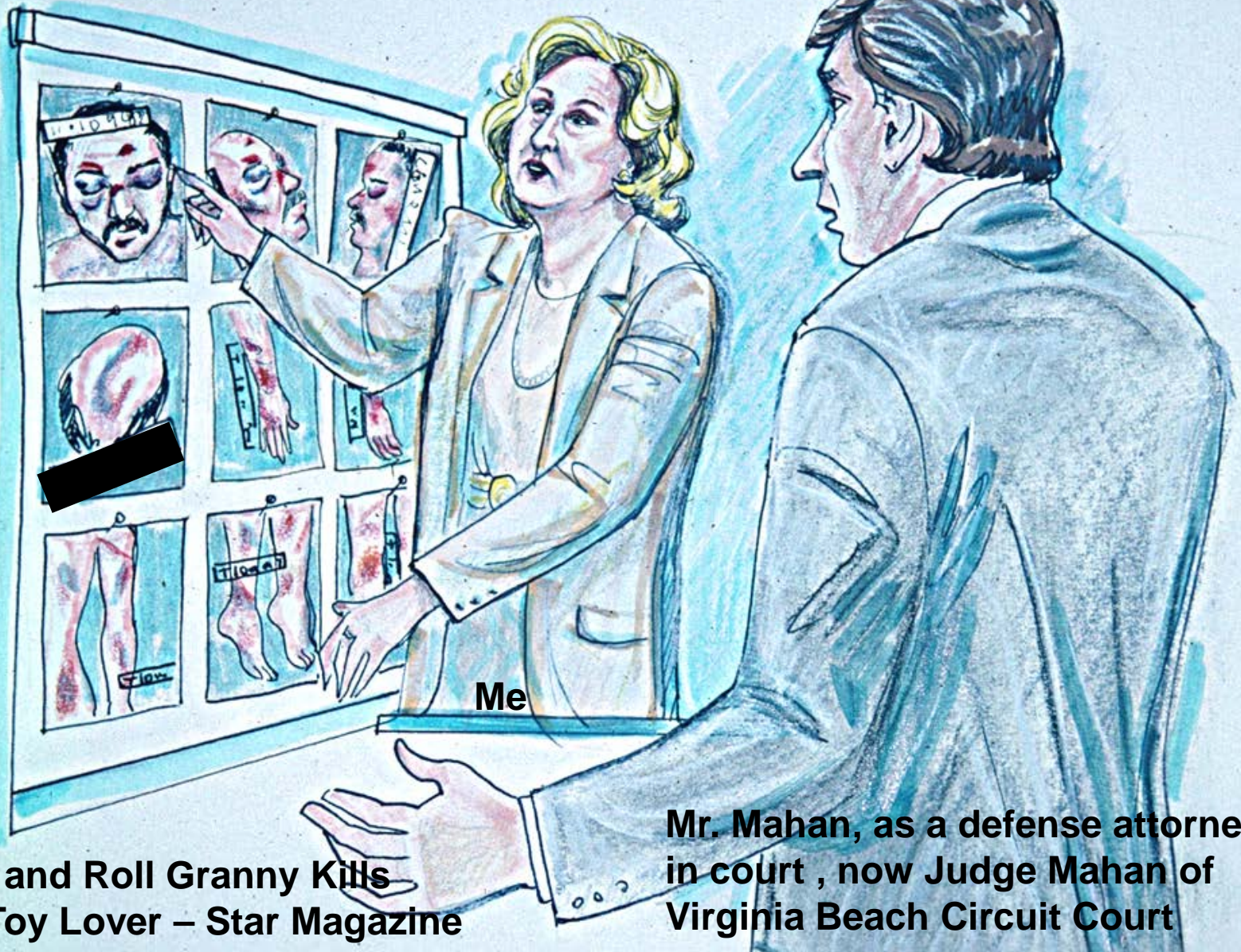
1. Natural- any natural disease process unrelated to trauma. Some natural deaths do fall under jurisdiction of the OCME (first H1N1, sudden & unexpected, no treating physician, etc.)
2. Accident- unforeseeable consequence.
3. Suicide- intent to die / foreseeable consequence.
4. Homicide- at the hands of another with intent.
5. Undetermined- not sure despite complete autopsy and thorough police investigation (usually 4 vs. 3, 2 vs. 3).

These deaths always fall under jurisdiction of the OCME

OCME Procedures in Death Investigation

- OCME notification--hospitals, doctors, EMS, police, funeral directors, attorneys, or **anyone** with case info is **by law to report** the case to the OCME
- **Local Medical Examiner** takes the call and decides if it is a ME case and if it needs an autopsy (“volunteer” community servant— an appointed local physician).
- **Medicolegal Death Investigator (MLDI)** gathers information and attends scene when asked—new FTE.
- **District Assistant Chief Medical Examiner** (Forensic Pathologist) does the autopsy with rare scene attendance and goes to court in criminal cases, as needed.

Drawn by Alba Bragoli



**Rock and Roll Granny Kills
Boy Toy Lover – Star Magazine**

**Mr. Mahan, as a defense attorney
in court , now Judge Mahan of
Virginia Beach Circuit Court**

Who is your Local Medical Examiner?

- Local physicians **appointed** by the Chief ME for three years. **Not** elected like C.A. or sheriff. **Do not** do the autopsies.
- These physicians are licensed in Virginia and perform a community service with ~ 220 serving the Commonwealth. (~400 MEs in 1989)
- Most are practicing physicians, some are part-time or retired.
- Conduct external examination of the body and collect toxicology specimens when **no autopsy** is needed.
- May respond to death scenes at police request.
- Paid by the case-- \$150/case for a consultation w/ police, examination of body, blood draw, DC, ME report. If they go out to a crime scene they get an additional \$50 to cover travel expenses to scene.
- By Code -- MEs are nominated by local medical society but this process does not work. Do you know anyone who wants to do it?



Who is your Assistant Chief ME (ACME)?

Licensed physician with specialized forensic training and experience-- located in district office-- **do autopsies.**

Complete 4 years of medical school, 4 years of pathology residency training and a year of forensic pathology fellowship to be subspecialty board eligible--13 yrs after HS

Must become board certified in Forensic Pathology within 2 years of employment @ Va. OCME or leave.

FP boards are in addition to National Boards for medical licensure and the Anatomic and Clinical Pathology boards from American Board of Pathology.

Medicolegal Death Investigators

A relatively new position (few years) in the ME office.
The pathologist's eyes and ears.

Required to be nationally certified; completion of over 260 tasks and a day of written exams at a regional test location.

Not sworn officers- not hired to replace any existing position or duplicate other agency's personnel.

Help get the most out of an autopsy.

Easy contact person for areas of limited or no ME coverage.

Local per diem investigators in underserved areas

Additional OCME Staff

- Chief ME, state administrator & forensic epidemiologist located at Central District
- Surveillance staff at each district with administration located at Central District

Police/ME Interaction

Notify the local Medical Examiner.

If a scene visit is requested or desirable; ME may go or will consult with ACME. ACME or ME Investigator will respond as resources permit.

ME Investigator will obtain the pertinent history, document the body at the scene, take custody of the body and evidence on or about the body.

If you know anyone interested in being a per diem MLDI, let me know.

Duties of the Medical Examiner

Determine cause and manner of death.

Perform autopsies on ME cases (1/2 of all ME cases)

Assist in the identification the dead.

Determine circumstances of death.

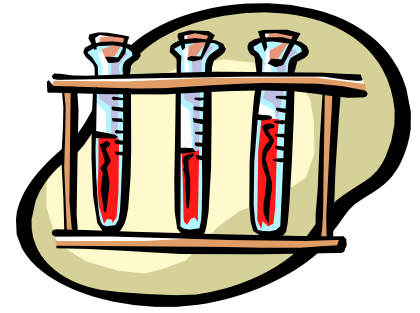
Testify in court & teach.

Participate in Domestic Violence and
Child Fatality Reviews.

Consult with attorneys, families, and law
enforcement.



Non-autopsy vs. Autopsy



Non-autopsy case – Complete external examination before and after clothing is removed with a blood sample drawn for toxicology. Cause of death is determined based on physical findings, circumstances, and medical history. No internal examination done.

Non-autopsy vs. Autopsy



Autopsy case – A complete external and internal examination performed at the district office by a Forensic Pathologist with evidence collection, toxicology, and cause of death determined.

Non-homicide cases are occasionally autopsied at the hospital of death by a hospital or a private pathologist.

Reasons for Autopsy

- **Cause of Death (COD)**- a disease, abnormality, injury or poisoning that contributed directly or indirectly to death (delayed deaths occur, year & a day rule gone).
- **Manner of Death (MOD)**- the circumstances surrounding the death (may be disputed-usually suicide).
- **Evidence Collection and Crime Reconstruction**- very important in all homicides, hit and run Ped/MVAs, driver vs. passenger issues, and police shootings.
- **All** homicides, GSWs, SIDS and **most** hit & run, in custody deaths, ? manner, skeletons, incinerated remains and drug ODs, especially young people.
- In the interest of public health – **emerging infections**.
- Family and police can **request** autopsy if the deceased is already a ME case. A request does not = ME case.

Autopsies – What They Can Do

CAN provide information other than COD such as

- Pain, suffering, consciousness, ability to move.
- Survival interval, competing or intervening causes of death, likely age of injuries.
- Number and occasionally the order of GSWs or blows to head by fracture patterns of skull but is hard to do.
- Injury patterns and class of weapon used.
- Location of gun barrel in relation to the body, direction of gunfire and sometimes the range of fire (contact, close, intermediate, distant GSW).
- Evidence of sexual assault using PERK (Physical Evidence Recovery Kit), alternate light, photos, SANE.

Autopsies – What They Cannot Do

CANNOT tell

- The exact time of death--only an estimate using livor, rigor, body temp, LSA, mail, newspapers, state of decomposition, vitreous potassium– we may say only hours, days, weeks or months. Eyewitness is best.
- Who pulled the trigger (contact GSW may be suicide vs. homicide vs. accident) or exact positions of bodies.
- In drowning deaths exactly how someone got into the water if it was an unwitnessed event.
- Child or elderly smothering or choke hold deaths as these often leave no marks on body*.

*These types of cases are usually solved only by investigation and often confession.

The CSI Effect

- A blessing or a curse? Really, some of both!
- Most shows try to be as accurate as possible except time frame for test results (1 hr show).
- I consult (for free) with original CSI/Vegas to help keep them honest and precise .
- Gives public an idea of what forensic exams and tests are used but often goes overboard.
- A little bit of knowledge can be dangerous.
- Juries now want forensic evidence in trials even with eye witness accounts.

The Finders Of Fact




As **forensic** investigators, scientists and pathologists our common goals are to:

- 1) Work as a team with egos aside
- 2) Be objective and open minded
- 3) Follow the evidence where it leads us
- 4) Never force the evidence to fit our case theory, instead develop a theory to fit the evidence recovered and analyzed
- 5) Educate the judge and jury in layman's terms so they understand the evidence

Forensic Training is Key for Proper Evidence Preservation

All of us need *Evidence Consciousness* – the ability to recognize evidence at a crime scene
Have to be *conscious* of evidence to *preserve* it for analysis and interpretation
Critical with fragile or fugitive items that can be contaminated or lost by not properly processing the scene and moving the body

National Academy of Sciences Study for Strengthening Forensic Science in U.S.

- Replace Coroners with Medical Examiner systems.  All MEs in VA
- All ME offices should be accredited (< 30% are).  All 4 offices accredited
- All medicolegal autopsies should be performed or supervised by a board certified forensic pathologist.  Must be FP board certified within 2 years of hire or leave VA system
- All federal funding should be restricted to accredited offices.
- Increase federal resources to support research, education, and training in FP – OCME uses the Paul Coverdell Act grant to obtain funding for training and our FP fellowship program.
- Establish a Scientific Working Group for FP and MLDI.

Virginia is a model system already complying 100%.

NOW, WHAT HAPPENS IF THERE IS DEADLY DISEASE OUTBREAK?

For example– what if the H1N1 flu actually did have a mortality rate of 30% like they first reported from Mexico??



OCME Isolation and Quarantine responsibilities

- The State Health Commissioner may impose **quarantine** under Code section §32.1-45
- The Medical Examiner does not determine who or how persons are placed in isolation and/or quarantine– the **Commissioner** decides.



OCME Isolation and Quarantine responsibilities

- However, if a **person should die while in an isolation** or quarantine event, the OCME role will be determined by several factors---
 - 1) the **contagious nature** of the agent (smallpox, Ebola, flu)
 - 2) the **origin** of the agent (terrorism vs. natural)
 - 3) the **circumstances** of its spread (natural, accident, suicide or homicide by terrorist act)
- 2006 General Assembly legislation gives the **Health Commissioner** the authority to order specific handling requirements for human remains

Management of the Hazardous Body

- 32.1-288.1 empowers the **State Health Commissioner** to determine if a body is hazardous to the public health and enables the Commissioner to identify and make a respectful final disposition
- Code utilized only for bodies too dangerous for anyone to handle in large numbers, ex. Ebola, smallpox, other hemorrhagic fevers
- This could mean **mass graves**– but unlikely in US. What do you think?



Who signs the Certificate of Death?

- § 32.1-263. Filing Death Certificates

- The medical certification portion of the death certificate shall be completed, signed in black or dark blue ink, and returned to the funeral director within 24 hours after death by the physician in charge of the patient's care for the illness or condition which resulted in the death except when inquiry or investigation by medical examiner is required, or by the physician that pronounces death.

- ** There is no code exemption for ER doctors or hospitalists. They are also mandated to sign the DC especially if they treat the patient and pronounce death in the ER.

- ** Blue ink and the "physician that pronounces" were new code sections as of July 1, 2008.

Virginia Code Section for DC, cont.

- In the absence of the physician or with his approval, the certificate **may be** completed and signed by an **associate physician, the chief medical officer** of the institution in which death occurred, or the **physician who performed an autopsy** upon the decedent, if such individual has access to the medical history of the case and death is due to natural causes.
- This means a **partner** in a practice, the hospital **chief of staff** or the **autopsy pathologist** can review the MR and sign if the treating physician in out of the office.

Virginia Code Section for DC, cont.

- The DC shall be filed for each death which occurs in this Commonwealth with the registrar of the district in which the death occurred within three days after such death and prior to final disposition or removal of the body from the Commonwealth of Virginia.
- If the medical examiner refuses jurisdiction, the physician last furnishing medical care to the deceased or pronouncing death shall prepare and sign the medical certification portion of the death certificate.



Certification of Death

Who signs if there are large numbers of natural deaths?

- Shall sign** {
- The attending physician
 - The ER physician who treated the patient for flu and pronounced death
- May sign** {
- An associate physician or partner
 - Chief medical officer of the institution in which death occurred
 - Physician who performed an autopsy on patient
 - Physician can delegate authority for natural death
- ** Doctors use history and MR to determine cause

New DC Code Language for 2012

- SB 1117-- patron Senator Ralph Northam, M.D. (Practicing physician & Pediatric Neurologist)
- Now will allow **Nurse Practitioners** and **Physician Assistants** under a doctor's supervision to sign
- Specifically mentions **Hospitalist and Emergency Room doctors** as DC signers
- There will be **civil immunity** - signed good faith
- **Local Health Directors** are named as a **resource** for signers to get DC advice

New DC Code Language says-

- Nurse practitioner or physician assistant supervised by such physician, a physician specializing in the delivery of health care to hospitalized or emergency department patients who is employed by or engaged by the facility where the death occurred may sign the death certificate on a natural death (more signers now)
- DC signers will call physician health director in district where death occurred to obtain guidance
- Signers shall be immune from civil liability absent gross negligence or willful misconduct

New DC Code Language for 2013

- HB 1796– patron Dels. Cosgrove and Head
- Now allows “an individual to whom the physician has delegated authority to complete and sign the certificate, if such individual has access to the medical history of the case and death is due to natural causes” – still more signers
- So, Dr. can ask a non-medical staff person– secretary, office manager, etc.

Death Certification

- By refusing to sign the natural DC, physicians create extreme **hardship** for the **family**.
- The **family suffers**, not the funeral home or the medical examiner.
- I tell **EP and EM**, **reach out to hospitals** now to discuss plans for doctors at hospitals **to sign DCs** in mass fatality situations from natural disease (ex. Pan Flu)

Summary

- ME jurisdiction over a dead body depends on the nature of the infectious agent and the circumstances under which it spread
- ME accepts suspected “index” or first death case to establish presence of a deadly agent in Virginia in the interest of public health
- ME accepts bodies that are unidentified after diligent local search by hospital and police
- ME accepts deaths at home with no attending physician per our usual practice
- ME has no jurisdiction over routine natural deaths from flu even if the numbers are large. Community is responsible.

DISASTER MISSION STATEMENT

To effectively **manage a fatality incident** from a CBRNE event or any other event that may cause a large number of fatalities. To ensure the complete collection and examination of the dead, determination of the nature and extent of injury, recovery of forensic evidence, identification of the fatalities using scientific means and certification of the cause and manner of death.

All **activities will be sufficiently documented** for admissibility in criminal and civil courts. Complete the daily non-event demands of the community.

- ** Remember, any **terrorist** related deaths are **homicides** and the scenes are **crime scenes**.
- ** Also remember– disasters start and end with you – the **First Responder**

Multiple Fatality Incidents

Mother Nature

U.S.

Heat wave killing people, crops and cattle

Lindsay Lohan overcome by heat on movie set

Thursday, July 27, 2006; Posted: 2:28 p.m. EDT (18:28 GMT)

SAN FRANCISCO, California (AP)
-- There have been so many deaths from California's lingering heat wave that authorities in one county began stacking bodies two to a gurney.





Multiple Fatality Incidents

Mother Nature
Accidents

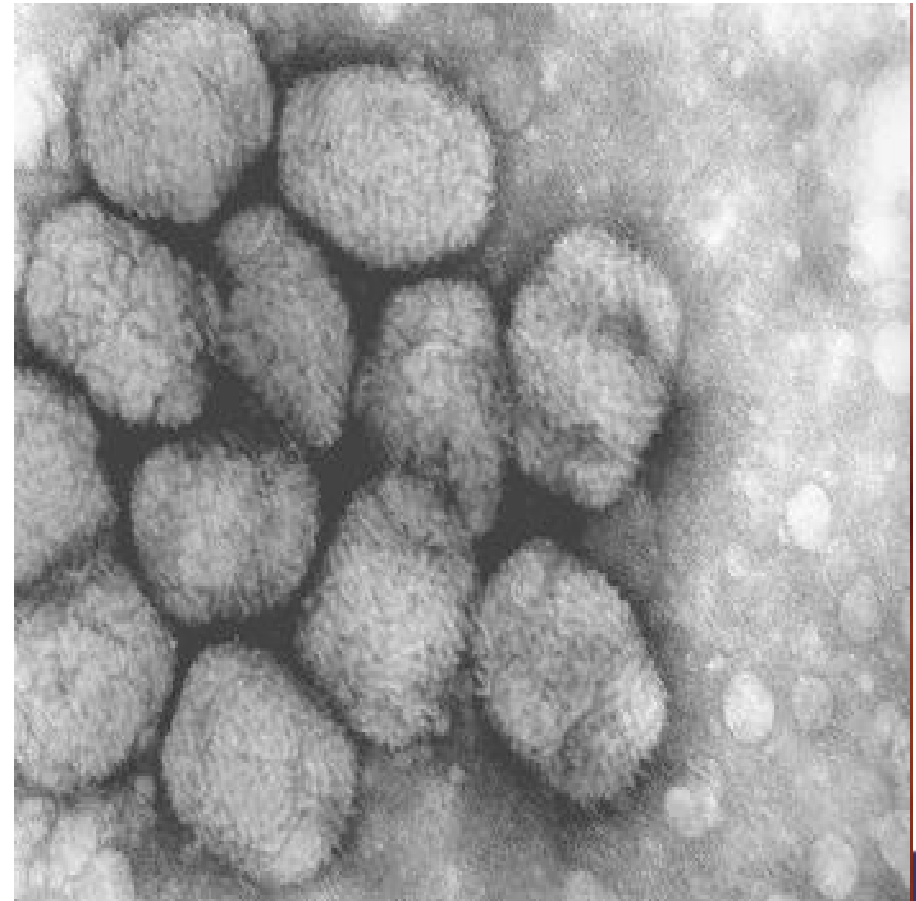


Multiple Fatality Incidents

Mother Nature

Accidents

Terrorism



Smallpox Virus (Variola Major)

Multiple Fatality Incidents

Mother Nature

Accidents

Terrorism

Mass suicide / genocide



GENOCIDE

Cambodia, 1973. Rwanda, 1994. Bosnia, 1995. Darfur, 2005.

All that is needed for the triumph of evil is that good men do nothing.

Protecting You and Your Environment

Mass Fatality Incident Needs

- **Managing** /documenting the **scene** including remains, evidence, personal effects
- **Recovery** of dead
- **Decontamination** of the dead, if necessary
- **Identification** of remains
 - Antemortem record collection
 - Postmortem forensic examination
- **Collection** of forensic evidence for law enforcement
- **Notification** of next of kin/collection of ante-mortem data
- **Managing** personal effects
- **Return of remains** to the next of kin
- **Media/political** involvement



Unresolved Issues– Management of a large # of bodies

- Natural deaths should stay **close to locality** for the convenience of hospitals, families, funeral directors and police
- Big concern is **surge capacity** for holding bodies close to home
- If number of bodies are large, localities need to integrate **local resources**



Unresolved Issues– Management of large # of Bodies

Local hospitals, nursing homes, police, funeral directors, vital records, health departments, social services and others need to **work together** to:

- Augment overworked local hospitals, funeral homes and cemeteries with **refrigerated holding** capacity – room for up to 300 at OCME morgues with 4 statewide
- Identify regional locations and/or refrigerated trucks for **storing and cooling bodies** until next of kin can claim them
 - MOU with DOF for refig seedling storage areas and looking to purchase MERC System through EPP&R grant
- **Number and tag** the bodies and track release to kin

Body Storage Issues

- OCME has no statutory jurisdiction over routine natural deaths even if the numbers are large. Community is responsible.
 - OCME cannot store non-ME natural deaths
 - No legal right to do so
 - No liability protection
 - Must maintain OCME morgue space for surge capacity in MFI
 - Communities need to develop local plans by partnering with FH and hospitals or buying body storage systems for MFI
- * * Sheriff not responsible except for ME cases

The Bottom Line

- It's not "Who's in charge."
- It's "Who's responsible for what"
and
"Who needs to talk to whom."



That said.....

- All mass fatalities disasters and emergencies start and end at the local level.
- Responders need a firm understanding of local/State laws regarding mass fatalities including:
 - Who has “management” responsibility to determine the cause and manner of death under law.
 - Who has “management” responsibility for collection and release of remains.

VA OCME PARTNERS

“Locals”

- **139 independent “local” jurisdictions**
 - **Police Departments**
 - **EMS Agencies**
 - **Emergency Managers**
 - **Fire/Hazmat Agencies**
- **119 local Health Districts or offices**

VA OCME PARTNERS

“Regional”

Three MMRS Teams

- Hampton Roads
- Richmond
- Arlington

13 Hazmat Regions

35 Health Districts

VA OCME PARTNERS

"STATE"

VA State Police
Social Services
Attorney General
Capitol Police
Corrections
Emergency
Management

Forensic Sciences
Environmental Quality
Transportation
Health Department
Mental Health,
Substance Abuse

VA OCME PARTNERS

"Federal"

Federal Bureau of Investigation

- Criminal Investigators
- Victim Assistance Teams

National Transportation Safety Board

- Accident Investigators
- Family Assistance Teams

Armed Forces Medical Examiner

Dept of Energy

National Disaster Medical Assistance Teams

- MST
- DMORTS
 - Regional Teams
 - WMD Team
 - DPMU
 - FAC
 - MST

HHS

Alcohol, Tobacco and Fire Arms

"American Red Cross"

VA OCME PARTNERS

"Private"

Virginia Funeral Directors/Body Transporters

Cemetery Owners

Private Hazmat Teams

Hospitals

Medical Clinics

Emergency Medical Services/Ambulance
Companies

* Ask **EP** to reach out to local FD now

Working with partners – EMS, Law Enforcement, Funeral Directors (FD)

OCME relies upon **first responders** & body receivers to **notify OCME of cases** that may fall under OCME jurisdiction (including VDH Epidemiology and hospitals).

OCME will work directly with **police** forensic and investigative divisions for **violent deaths** as usual (under the Unified Command)

Working with partners – EMS, Law Enforcement, Funeral Directors (FD)

Hospitals/community resources are tasked with holding bodies locally until next of kin claims body if deaths are natural

Hospitals should notify police if a body is unidentified so police can identify the person

Police are tasked in cooperation with hospitals to establish identification by usual means – viewing by family or fingerprints

OCME helps with complex scientific ID

Working with partners – EMS, Law Enforcement, Funeral Directors (FD)

If bodies still **remain unidentified** after a diligent several day documented search by hospital and police, **notify OCME** and we will coordinate with police investigators for further identification efforts

OCME will authorize **transport** to a OCME district office or regional morgue **for ID purposes only**, not for simple body storage

Working with partners– Law Enforcement

If bodies are identified but unclaimed after diligent documented search for next of kin, right now the community is responsible.

The identified but unclaimed are not ME cases.

In past, Sheriff's were tasked with disposition of all but recent AG ruling – only for ME cases

New Partner for OCME

WHERE DOES THE VIRGINIA MEDICAL RESERVE CORP (MRC) FIT IN?



Medical Reserve Corp

Community volunteers prepared to support ongoing public health initiatives and emergencies in localities throughout Virginia.

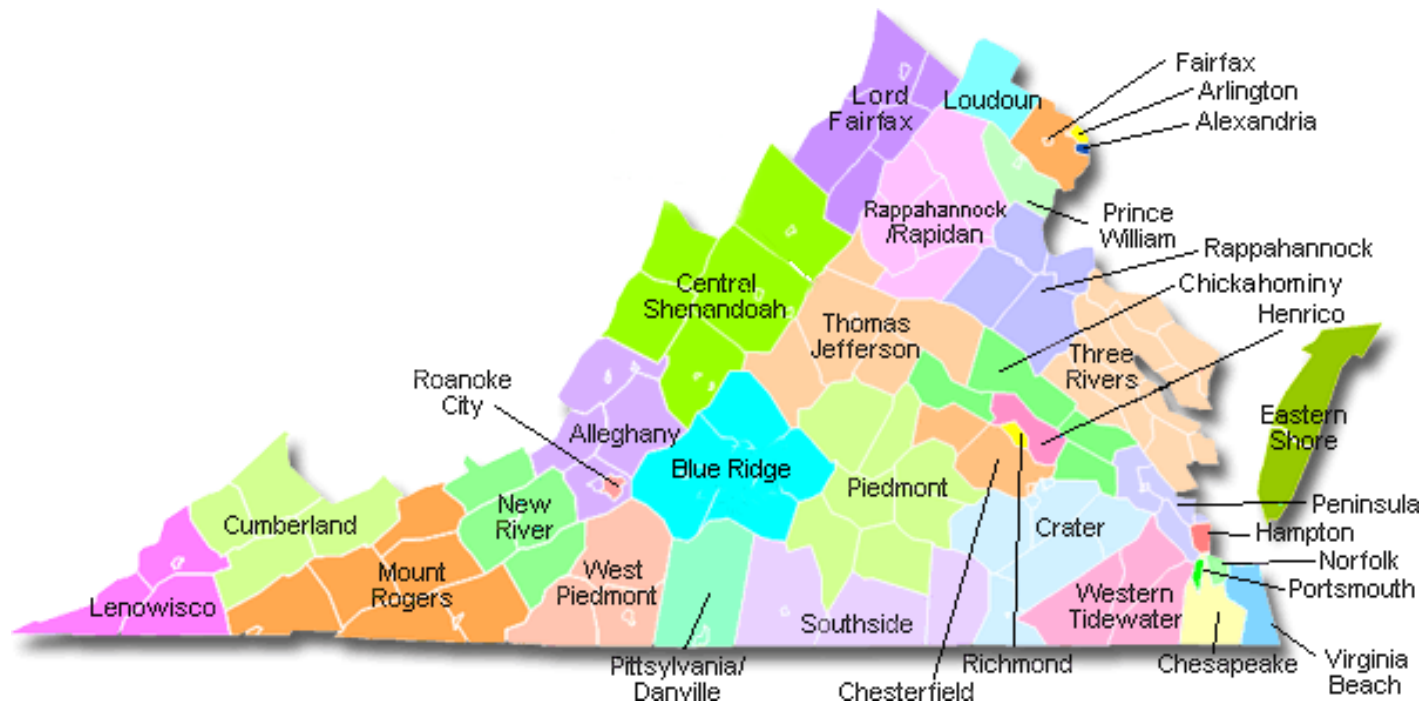


***Volunteers Protecting
Virginia's Health***

VA MRC Units

Total Units = **31**

TOTAL Volunteers = **12,600**



Medical Surge

First Aid Tents

Hospital Emergency
Response Teams

Alternate Care Sites



Disaster Response

Local Shelters

Special Medical Needs
of State Managed
Shelters

Family Assistance
Centers

Evacuation Assembly
Centers



MRC Volunteer Management

Unit Coordinators

Units are under local
health director
direction

Infrastructure to support
volunteers – Virginia
Volunteer Health
System (VVHS)



Virginia Volunteer Health System

VVHS allows MRC units to verify and track volunteer details, credentials, emergency contact information, skills, roles, deployments and training

Alert volunteers via email and phone

VVHS

Web-based, secure & redundant

Verifies DHP and DEA licensure, OEMS
and Inspector General Credentials

Standardizes volunteer teams, roles and
credential levels

Tracks training with TRAINVA



MRC Training



Bioterrorism and Mass
Dispensing
Epidemiology
Public Health Education
Radiological & Nuclear
Response
Hurricane Response

Virginia's MRC Forensic Response Team (FRT) History

The root: man power & health department structure

- OCME is a small department yet tasked with handling all mass fatality events (Non-natural)
- State vs local
- Pandemic flu

Creation of a cadre of vetted and trained volunteers that would supplement and support OCME and health department functions during a mass fatality or mass casualty event

History, cont.

Pilot project with Chesterfield Health District

- OCME 101 (Live audience)
- Intro to Autopsy
- Intro to Dental Imaging
- Postmortem Radiology

Recruited current MRC volunteers

- Funeral home personnel

Future Recruitment

Funeral home employees

Dental

- Dentists
- Dental hygienists (ex. ODU)

Medical

- Private or hospital pathologists
- Nurses (forensics)
- EMTs

Forensic personnel

- Retired law enforcement

MRC Forensic Response Team Basic Requirements to Join

MRC Level 2

- Orientation, IS 100, IS 700, Personal Preparedness, Disaster Behavioral Health

Background Investigation

Approval of unit coordinator

Placement in VFRT in VVHS

Participation in Mass Fatality Response for MRC
(TRAIN #1031294)

Roles of MRC Volunteers

Field/Morgue Operations

- Search and Recovery Team Member
 - Ensure any associated personal effects that were with the body upon discovery remain with the body when it leaves the disaster site for morgue processing
 - Assist with segregation of unassociated or comingled human remains for purposes of tracking number assignment
- Radiology Team Assistant
 - Perform supporting tasks such as physically moving remains being x-rayed, preparation of x-ray materials or forms, cleaning of instruments and work surfaces
- Pathology Team Autopsy Technician
 - Perform supporting tasks such as physically moving remains being examined, preparation of collection materials or forms, cleaning of instruments and work surfaces

Roles, cont. (Morgue Ops)

Intake Team Assistant

- Assist the receipt of a single set of remains by note taking and completing logbook and forms

Body Tracker

- Responsible for physically accompanying a set of remains from the Intake station until completion of morgue processing and controlling the documentation procedures

Photography Team Assistant

- Assist in the still photography documentation of medical specimens, postmortem examinations, and other medical procedures for diagnostic and legal purposes

Remains Storage/Release Team Assistant

- Assisting in receiving and logging remains transported from the disaster site, holding them in refrigerated units, releasing them for processing through the morgue, and finally, the storage and release of remains after completion of morgue processing

Roles, cont.

Victim Antemortem Data Collection in Family Assistance Center

- Interview Team Specialist
 - Interviews families and acquaintances of victims to obtain antemortem data using DMORT's Victim Identification Profile software/form
 - Assists with the collection, security, and timely transfer of antemortem medical and dental records to the Records Management Team
 - Provides discretion and confidentiality of all verbal and written documentation concerning the deceased, NOK, and family members

There are additional roles for MRC volunteers in Family Assistance Centers not under the direction of OCME

Volunteer Training

Required Courses (regardless of track):

VDH: Introduction to Autopsy Technique (1031742)

- Become acquainted with the postmortem examination process in order to assist autopsy technicians and physicians in the event of a mass disaster

VDH: Introduction to Dental Imaging (1032252)

- Become acquainted with the dissection methods utilized in dental exposure as well as become familiar with the DEXIS imaging system

VDH: Postmortem Radiology (1031760)

- To become familiar with the principles of radiology as it applies to forensic practice in order to be able to assist morgue staff in the event of mass disaster

Volunteer Training

Basic Requirement IF want to work in the FAC under OCME direction

- Introduction to DMORT's Victim Identification Profile (VIP)
 - 2 hour lecture via videoconference provided by OCME staff pathologist/investigator
 - **Purpose:** Under role of OCME within a family assistance center and become familiar with DMORT's VIP program
 - Course must be successfully completed before volunteer can be activated to work in Antemortem Data Group within a FAC
 - Course to be offered starting 2013

Advanced/Continual Training

Advanced Autopsy Techniques

- Training will occur at the Richmond OCME
- Training will be offered 4 times per year with a 10 person minimum for course to occur
- **Purpose:** Using cadavers from the State Anatomical Program, participants will be able to perform autopsy procedures
- Course to be offered starting 2013

Advanced, cont. (Under discussion)

Advanced Morgue Operations training

- One work day shadowing and assisting OCME morgue technicians
- Time arranged individually with morgue district.
- Maximum of two MRC volunteers for each day.

Advanced, cont. (Under discussion)

Autopsy assistant training

- Volunteer work with autopsy technicians in district morgue at least once per month
- Individual arrangements between volunteer and District Assistant Chief Medical Examiner
- Learn to perform eviscerations, take medical and dental x-rays, and process evidence
- Requires significant time investment by both volunteer and District Staff

Review Specific Types of Events for Mass Fatality Planning

- Terrorism – 9-11
- Non-terrorism Criminal Event – Virginia Tech
- Natural Disaster – Katrina
- Natural Disease Outbreak – H1N1 Pan Flu

Terrorism MFI

- Who is always in charge in terrorist incident?

FBI

- Who respond as all terrorism deaths are homicides?

OCME, LE, EMS, FBI

- Who is responsible for body recovery, storage, ID, exam and release?

OCME with LE help

Non-Terrorism Criminal MFI

- Who is always in charge?

Local Law Enforcement Agency

- Who respond to non-terrorism homicides?

OCME, LE, EMS

- Who is responsible for body recovery, storage, ID, exam and release?

OCME with LE help

Natural Disaster MFI

- Who is always in charge?
Depends on the incident (Fire, EMS, LE)
- Who responds to natural disaster deaths?
OCME, EMS, LE as they are accidental deaths
- Who is responsible for body recovery, storage, ID, exam, death certification and release?
OCME with LE help

Natural Disease Outbreak MFI

- Who is always in charge?

Depends on the incident (VDH, hospitals, LMD)

- Who responds to natural deaths?

EMS, LE, Funeral Director

- Who is responsible for body recovery, storage, ID, death certification and release?

Community including LE, Hospitals, MD, FD

Always Remember
Disasters Start and End with You
– the First Responder

Any Questions?

