

[JURISDICTION] CATASTROPHIC INCIDENT MASS FATALITY PLAN



MASS FATALITY

[Insert
Jurisdiction
Logo]

Workshop Manual

[Date]

This Workshop Manual provides participants with background information and discussion items to be used during the workshop. This Workshop Manual is intended to be used together with [Jurisdiction] Catastrophic Incident Mass Fatality Plan. All workshop participants may view the Workshop Manual.

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How to use this template

This document is a template to assist Emergency Management staff in facilitating a Discussion-Based Workshop (Workshop) to familiarize their jurisdiction's agencies with their local government Catastrophic Incident Mass Fatality Plan (MF Plan). To help achieve the objectives involved in a coordinated Emergency Operations Center (EOC) mass fatality response, a Workshop can be used to validate and confirm the various roles and responsibilities defined in the MF Plan. Notes taken during the Workshop can provide recommendations of updates to the plan and of future planning efforts.

To coordinate a Workshop, a jurisdiction should:

- Identify the stakeholders (agencies with a role or responsibility) in the MF Plan
- For mass fatality, invitations should be considered for representatives from:
 - Coroner/Medical Examiner
 - Law Enforcement
 - Public Health
 - Environmental Health
 - Fire and Rescue
 - Hazardous Materials Teams
 - Public Information Officer and staff
 - Social Services
 - Public Administration
 - Public and private hospitals
- Establish a good date for the Workshop and coordinate stakeholder invitations
- Revise the Workshop Template materials with jurisdiction specific information
- Provide, at minimum, a Workshop facilitator and scribe (for discussion notes)

Upon completion of the Workshop, a jurisdiction should:

- Develop an After Action Report/Workshop Summary Report that captures observations made during the workshop and identifies recommendations for future action and follow up
 - When possible, identify a timeline for addressing each recommendation
- Revise the MF Plan based upon the Workshop discussions and After Action Report/Summary Workshop Report
- Exercise the plan through a Tabletop Exercise, Functional Exercise or Full-Scale Exercise
- Adopt the MF Plan per the jurisdiction's protocols

The **blue** font in this Workshop Manual Template represents either instructional language providing guidance to the Manual developer, or blanks for where tailored information should be entered. Words or phrases in black font target information that may be left unmodified; however, any sections, phrases or words in this template can be revised as needed by the jurisdiction.

Administrative Handling Instructions

1. The title of this document is the *[Jurisdiction] Catastrophic Incident Mass Fatality Plan Workshop Manual*.
2. This document should be safeguarded, handled, transmitted, and stored in accordance with appropriate security directives. **Note: This Instruction should be tailored to fit the requirements of the jurisdiction.**
3. For more information on this workshop, please use the following points of contact:

[Agency Name]
[Name of Contact]
[Title/Position]
[Street Address]
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Acronyms

Use this section to define any additional acronyms used in the manual. Below is a list of examples.

| | |
|----------------|--|
| Cal OES | California Governor's Office of Emergency Services |
| CBRNE..... | Chemical, biological, radiological, nuclear, or high-yield explosive |
| DMORT | Disaster Mortuary Operational Response Team |
| E | Event (occurrence of the scenario disaster) |
| EOC | Emergency Operations Center |
| FAC | Family Assistance Center |
| FBI..... | Federal Bureau of Investigation |
| FEMA | Federal Emergency Management Agency |
| HazMat | hazardous materials |
| HAZUS..... | Hazards U.S. (modeling software used to project damage from a given event) |
| M | moment magnitude |
| MF Plan..... | Mass Fatality Plan |
| MM..... | Modified Mercalli |
| Plan | [Jurisdiction] Catastrophic Incident Mass Fatality Plan |
| RCPGP | Regional Catastrophic Preparedness Grant Program |
| UASI..... | Urban Area Security Initiative |
| Workshop..... | Discussion-Based Workshop |

Workshop Agenda – [Enter Date(s) of Workshop]

Note: The times in the schedule below are included as an example. Start times and the length of discussion for each Module can be adjusted to fit the needs of the jurisdiction

9:30 a.m. Registration

9:45 a.m. Introduction

- Introductions
- Housekeeping/Logistics
- Workshop Overview

10:00a.m. Module 1: Overview of the [Jurisdiction] Catastrophic Incident Mass Fatality Plan

- Plan Overview
- Scenarios [Note: focus on one scenario or all three]
 - Earthquake
 - CBRNE
 - Influenza pandemic

10:30 a.m. Module 2: Objectives 1 to 4

- Objective 1: Roles and Responsibilities
- Objective 2: Coordination and Communication
- Objective 3: Integration of Resources
- Objective 4: Operations

12:00 p.m. Working Lunch

Note: Having a “working lunch” is optional.

12:30 p.m. Module 3: Objective 5

- Objective 5: CBRNE

1:30 p.m. Module 4: Objective 6

- Objective 6: Influenza Pandemic

2:30 p.m. Module 5: Review and Findings

- Reviewed Concepts
- Strengths
- Identified Gaps or Areas of Improvement
- Next Steps

3:00 p.m. Participant Feedback

Introduction

Workshop Purpose

The Bay Area Urban Areas Security Initiative (UASI) has implemented Regional Catastrophic Preparedness Grant Program (RCPGP) funds to develop plans in the following functional areas: Mass Fatality, Debris Removal, Mass Care and Sheltering, Mass Transportation/Evacuation, Interim Housing, Volunteer Management, Donations Management and Logistics. For each functional area a Regional Plan has been developed, as well as Operational Area plans for the 12 Bay Area UASI region counties and local government plans for two core cities (jurisdictions include Alameda, Contra Costa, Marin, Monterey, Napa, San Benito, San Francisco, San Mateo, Santa Clara, Santa Cruz, Solano, and Sonoma counties and the cities of Oakland and San Jose).

This workshop serves to conduct a systematic review of the [Jurisdiction] Catastrophic Incident Mass Fatality Plan (Plan).

The workshop has three (3) purposes:

1. To familiarize workshop participants with critical elements discussed in the Plan
2. To review and/or evaluate critical elements and concepts presented in the Plan
3. To identify gaps and open issues for Plan revisions and future planning efforts

Workshop Scope

Note: the following scope is here as an example and can be edited by the jurisdiction to reduce or expand the scope of the workshop.

The scope of this workshop includes an evaluation of the assumptions, roles and responsibilities, coordination and communication, and elements of the operations described in the Plan. The workshop will be based on the response to three (3) scenarios:

- A Catastrophic Earthquake Event: A moment magnitude (**M**) 7.9 earthquake on the northern segment of the San Andreas fault resulting in [enter number of fatalities for jurisdiction as defined in the Jurisdiction plan] fatalities
- A Chemical, biological, radiological, nuclear, or high-yield explosive (CBRNE) Event: A chemical agent (chlorine) release by an Improvised Explosive Device detonation at a water treatment plant in [enter locality] resulting in [enter number of fatalities for jurisdiction as defined in the Jurisdiction plan] fatalities
- A Pandemic Influenza Event: A 1918-like influenza pandemic, which considers a 2.0 percent mortality rate resulting in [enter number of fatalities for jurisdiction as defined in the Jurisdiction plan] fatalities

The workshop will not unfold chronologically; rather, it will examine key operational concepts and build from them to satisfy Workshop Objectives.

Workshop Objectives

The objectives of this workshop are to accomplish the following through participant inputs and discussion:

1. Evaluate the roles and responsibilities identified in the Plan and verify that the list is accurate and inclusive of all agencies relevant for mass fatality response operations in a catastrophic incident.
2. Evaluate the methods described for coordination and communication with local governments, regional, State, and Federal government agencies.
3. Evaluate the process described in the Plan for integrating local, State, and Federal resources into the area.
4. Evaluate that the operations section of the Plan is effective at accurately describing all the critical issues relevant to the Plan
5. Evaluate the roles and responsibilities as well as operations related to the CBRNE scenario.
6. Evaluate the roles and responsibilities as well as operations related to the influenza pandemic scenario

Workshop Process and Structure

This workshop will be an interactive, facilitated discussion, organized by modules, and aimed at evaluating key elements of the Plan. The workshop modules will not be presented chronologically to mirror the scenario event; rather, they will support objectives that were formulated to verify accuracy and consistency of the Plan and the operational elements necessary to carry out mass fatality operations in the Jurisdiction.

[Insert a description of how the workshop will be facilitated. If you plan to use break-out sessions and/or facilitators for different tables, describe that here. Example text follows].

Participants will be grouped according to Emergency Operations Center (EOC) Sections (the section in which they are or would most likely be assigned to) and will engage in a facilitated discussion about critical elements of the plan. After these smaller group discussions, participants will engage in a moderated plenary discussion in which a spokesperson from each group will present a synopsis of the group's observations/discoveries based on the scenario.

OR

The workshop discussion will occur as a plenary session. A facilitator will guide the group in a discussion about critical elements of the plan.

[The structure of the workshop can be changed based on how the facilitation team determines it will be best to achieve the objectives for the workshop. The structure below is one example].

The workshop process is designed to support a systematic review of the Plan by the participants, who are Mass Fatality subject matter experts, as they analyze the Plan and provide recommended revisions.

- **Module 1:** [Jurisdiction] Catastrophic Incident Mass Fatality Plan Overview
- **Module 2:** Objectives 1 to 4 (Roles and Responsibilities, Coordination and Communication, Integration of Resources, and Operations)
- **Module 3:** Objective 5 (CBRNE)
- **Module 4:** Objective 6 (Influenza Pandemic)
- **Module 5:** Review and Findings

Participants will be introduced to Objectives and Discussion Points that support those objectives. They will be asked to respond to facilitated questions and provide comments on Plan content when issues arise. The workshop will conclude with a summary of reviewed concepts, strengths, gaps and areas for improvement, and next steps.

Workshop Guidelines

The following guidelines apply during the workshop: **Note: these guidelines can be modified by the jurisdiction. For example, if a jurisdiction wants to evaluate the assumptions derived from the HAZUS analysis, they can do so.**

- The primary goal of the workshop forum is to ensure that the coordination, resource-requesting and decision-making processes are accurately described.
- Emphasis for this workshop is on identifying potential inaccuracies or gaps and resolving them using facilitated discussion among stakeholders.
- Issue identification is not as valuable as suggestions and recommended actions that could improve response and preparedness efforts. Developing solutions should be the focus of participants.
- The ability to evaluate the content of the Plan depends on thoughtful input from participants.
- Participants are encouraged to participate based on their knowledge of existing plans, capabilities, and insights as well as from their review of the Plan.
- Decisions are not precedent-setting and may not reflect the final position of individual participants' organization on a given issue. The workshop is an opportunity to present and discuss multiple options and possible solutions.
- During the response, cooperation and support from other responders and agencies is assumed.
- The scenario, objectives, and assumptions serve as the basis for discussion.
- The workshop is designed to evaluate elements in the Plan, not to the scenario or the Hazards U.S. (HAZUS) software estimates used to develop some of the assumptions.

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Module 1: Overview of the [Jurisdiction] Catastrophic Incident Mass Fatality Plan

Note: For the function of Mass Fatality, it is important to note that this function is the jurisdiction of the County, in most cases the Coroner. While City level Mass Fatality plans have been developed, the plans describe the city's support of the County Coroner.

Plan Overview

The Plan describes [Jurisdiction] mass fatality operations in response to three (3) catastrophic incidents: earthquake, CBRNE-related, and influenza pandemic.

As defined in the in the California Mass Fatality Management Guide, a “mass fatality incident” is one in which the loss of life overwhelms California’s Coroner Mutual Aid System and requires extraordinary support from State, federal, and private resources.”

The purpose of the Plan is to:

- Provide a guide for [Jurisdiction] mass fatality operations for the recovery, transport, storage, and processing of human remains and personal effects resulting from the earthquake, CBRNE, and influenza pandemic.

The Plan provides operational details for:

- Notification
- Scene evaluation and organization
- Recovery of remains
- Fatality collection points
- Transportation and temporary storage
- Morgue operations
- Family Assistance Center (FAC) operations
- Final disposition
- Demobilization

Objectives of the Plan are as follows:

- Project the catastrophic impacts of the earthquake, as well as the impacts of a CBRNE incident and an influenza pandemic on [Jurisdiction]
- Define the planning assumptions
- Identify agencies with roles in mass fatality operations and define their roles
- Describe the resources required for mass fatality operations and mechanisms for integrating State and Federal resources into mass fatality operations in the [Jurisdiction]
- Identify recommended priorities
- Identify recommended, time-based objectives to guide response operations
- Establish a response timeline for mass fatality operations

Note: In the section below provide a description for how the Plan is structured. The description here is an example and may not represent exactly how your jurisdiction's plan is organized.

The Plan comprises primary text and seven (7) appendices. The body of the Plan presents the core planning principles and operational elements for [Jurisdiction] mass fatality operations in the response to the earthquake. Because the scope of operations is so broad, the information in the Plan body is intended to be general with more detailed information provided in the appendices. The appendices are as follows:

- **Appendix A:** Acronyms and glossary of specialized terms used throughout the Plan
- **Appendix B:** Maps displaying information at the regional and county levels for operational elements of the Plan.
- **Appendix C:** Critical information requirements in connection with coordination and communication.
- **Appendix D:** Operational checklists and other tools.
- **Appendix E:** Description of the CBRNE scenario event and the response to it.
- **Appendix F:** Description of the influenza pandemic scenario event and the response to it.
- **Appendix G:** Comparison of Normal and Altered Standards of Death Care.

The sections below provide the specific impacts associated with the scenario event, and the assumptions made about the mass fatality response based on the scenario.

Scenarios

Mass Fatality – Earthquake Scenario

The scenario event is an M 7.9 earthquake on the northern segment of the San Andreas fault. The basis for the scenario is a HAZUS analysis¹ performed by the Earthquake Engineering Research Institute, with support from the U.S. Geological Survey and the California Governor's Office of Emergency Services (Cal OES), beginning in 2005 and modified in 2009 by URS Corporation for the RCPGP.

Note: the scenario impacts listed below are from the Regional Plan. Your jurisdiction may wish to use the local impacts for your jurisdiction in lieu of these. The most important impact to include here would be the Jurisdiction's number of fatalities. Keep in mind, that awareness of the impacts of neighboring jurisdictions is useful in understanding the full context of the scenario event.

¹ HAZUS is a loss estimation software program that was developed by the National Institute of Building Sciences (NIBS) for FEMA. The version used for this analysis (HAZUS MR3) was developed by NIBS in 2003.

Some of the specific initial impacts to the region of the scenario earthquake projected by HAZUS analysis are:

- 300,000 people seeking shelter
- 500,000 households without electricity
- 1.8 million households without potable water
- 7,000 fatalities (see Table 1 for details)
- 50 million tons of debris
- More than 1 million people requiring transportation assistance because of hazardous conditions or dislocation

Table 1. Number of fatalities by county/city (MF Plan Table 2-1).

| County | Immediate Fatalities | Delayed ¹ Fatalities | Total Fatalities |
|------------------------|----------------------|---------------------------------|------------------|
| Alameda | 1,400 | 100 | 1,500 |
| Contra Costa | 200 | 10 | 210 |
| Marin | 100 | 10 | 110 |
| Monterey | 20 | 0 | 20 |
| Napa | 40 | 5 | 45 |
| San Benito | 5 | 0 | 5 |
| San Francisco | 2,100 | 100 | 2,200 |
| San Mateo | 900 | 50 | 950 |
| Santa Clara | 1,600 | 100 | 1,700 |
| Santa Cruz | 40 | 5 | 45 |
| Solano | 40 | 5 | 45 |
| Sonoma | 200 | 10 | 210 |
| Regional Totals | 6,645 | 395 | 7,040 |
| Oakland | 500 | 30 | 530 |
| San Jose | 900 | 50 | 950 |

Source: URS HAZUS analysis (2009)

¹ Delayed fatalities projections are based on a general medical industry rule-of-thumb estimation that approximately 10% of Severity 3 injuries result in delayed fatalities because of the lack of access to immediate hospitalization and medical treatment. HAZUS defines Severity 3 injuries as those that require hospitalization and can become life threatening if not promptly treated.

Table is from the Regional Catastrophic Incident Mass Fatality Plan

The characteristics of the scenario event and its impacts on the region are as follows:

1. The earthquake occurs in January on a weekday at 1400 hours Pacific Standard Time.
2. A foreshock precedes the main shock by 20 to 25 seconds. There is no other warning.

3. The main shock lasts 45 to 60 seconds.
4. The epicenter is just outside the entrance to the San Francisco Bay, west of the Golden Gate Bridge.
5. The earthquake ruptures approximately 300 miles of the northern segment of the San Andreas fault, from the San Juan Bautista area in the south to Cape Mendocino in the north.
6. Shaking is felt in Oregon to the north, Los Angeles to the south, and Nevada to the east.
7. The estimated magnitude is **M** 7.9 with Modified Mercalli (MM) intensity of VIII (severe shaking/moderate to heavy damage) to IX (violent shaking/heavy damage) in widespread areas of the most severely affected counties. Pockets in the affected counties experience instrument intensity of MM X (extreme shaking/very heavy damage), particularly areas immediately adjacent to the fault and areas where liquefaction is likely to occur.
8. Ground shaking and damage occur in 19 California counties, from Monterey County in the south to Humboldt County in the north and into the San Joaquin Valley to the east.
9. Damage is catastrophic in the areas that experience shaking intensities of MM IX and X and in the areas with high or very high levels of susceptibility for liquefaction, which are the areas adjacent to the fault in Marin, San Francisco, San Mateo, Santa Clara, Santa Cruz, and Sonoma counties.
10. Counties along the fault outside the Bay Area, such as Mendocino, may sustain damage and require response.
11. Central Valley counties such as Sacramento and San Joaquin may be affected immediately by evacuations and other response actions.
12. The rest of California and the Nation are affected significantly by the need to respond; the deaths, injuries, and relocations of Bay Area residents; economic disruption; and media attention.
13. Threats and hazards resulting from shaking, surface fault rupture, and liquefaction include:
 - Structural and nonstructural damage to buildings, including widespread collapse of buildings
 - Structural and nonstructural damage to infrastructure
 - Widespread fires
 - Subsidence and loss of soil-bearing capacity, particularly in areas of liquefaction
 - Displacement along the San Andreas fault
 - Widespread landslides
 - Hazardous materials spills and incidents
 - Dam/levee failure resulting in flooding
 - Civil disorder

14. Threats and hazards resulting from the main shock are aggravated or recur during aftershocks, which continue for months after the main shock.
15. The earthquake does not generate a tsunami or seiche, despite its magnitude.

Mass Fatality – CBRNE Scenario

Note: in this section add scenario information from the Jurisdiction's CBRNE appendix.

Mass Fatality – Influenza Pandemic Scenario

The scenario event is a Category 5 influenza pandemic that lasts from 9 to 10 months. Pandemics are categorized by the Centers for Disease Control and Prevention on a scale of 1 to 5² (least to most severe), and the categories are based primarily on the case-fatality ratio.

Note: in this section add additional scenario information specific to the Jurisdiction from the Jurisdiction's Influenza Pandemic appendix.

Mass Fatality Assumptions

Note: the Assumptions section provides additional information framing the scenario. For Mass Fatality there are three scenarios. Enter assumptions for each in the sections below. The assumptions can be found in the Main Body, and the CBRNE and Influenza Pandemic appendices of the Plan.

Mass Fatality Assumptions – Earthquake Scenario

Note: in this section please enter the assumptions identified in your Jurisdiction's Mass Fatality Plan.

Mass Fatality Assumptions – CBRNE Scenario

Note: in this section please enter the assumptions identified in your Jurisdiction's CBRNE appendix.

Mass Fatality Assumptions – Influenza Pandemic Scenario

Note: in this section please enter the assumptions identified in your Jurisdiction's Influenza Pandemic appendix.

² A Category 5 pandemic has a case-fatality ratio of 2 percent or higher.

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Module 2: Objectives 1 to 4 – Catastrophic Earthquake

Objective 1: Roles and Responsibilities

Objective 1 is to evaluate the roles and responsibilities identified in the Plan and verify that the list is accurate and inclusive of all agencies relevant to the Plan.

Discussion Point 1: Consider the Plan's consistency with the overarching [City or Operational Area](#) emergency management plans (e.g., Emergency Operations Plan)

Facilitation Questions:

1. Does the Plan identify all of the proper agencies and entities?
2. Is the Plan consistent with other [City or Operational Area](#) plans?
3. Are there any conflicts between the identified roles and agencies' expectations about their roles?

Discussion Point 2: Ensuring rapid recovery of human remains

Facilitation Questions:

1. Who will assist with recovery operations after life-saving operations have been complete?
2. What other resources are available to support the recovery of human remains?
4. At what point will assistance be requested?

Discussion Point 3: Establishing and managing the Family Assistance Center

Facilitation Questions:

1. What role if any will the American Red Cross play in establishing and managing the FAC?
2. Will local Public Health Department staff assist with FAC operations? If yes, what specific activities will the Public Health Department be able to provide?
3. What other organizations should participate in the staffing of the FAC?

Objective 2: Coordination and Communication

Objective 2 is to evaluate the methods described for coordination and communication among local, State, and Federal government agencies.

Discussion Point 1: Meeting coordination and information needs through the Operational Area Coroner/Medical Examiner Conference Call. Note: The Coroner is a

Facilitation Questions:

1. Does the State-coordinated Operational Area Coroner/Medical Examiner Conference Call used by the Coroners/Medical Examiners meet the coordination and information needs of the Operational Areas and local communities for mass fatality response operations?
2. Should other functional disciplines be included on this call? If so, which ones?
3. What additional communication alternatives should be included in the Plan?

Discussion Point 2: Using the Critical Information List. Note: the Critical Information List is an appendix to the Plan. The following facilitation questions refer to that appendix.

Facilitation Questions:

1. Does the list identify all of the correct items? Do additions or removal of critical information need to be made?
2. Is the information in the list organized in a useful manner?
3. What changes, if any, should be made to the list?

Objective 3: Integration of Resources

Objective 3 is to evaluate the process described in the Plan for integrating local, State, and Federal resources into the area.

Discussion Point 1: Ensuring effective integration across the multiple levels of government

Facilitation Questions:

1. Will the **Operational Area** participate in a Regional Incident Morgue as defined in the Regional Mass Fatality Plan?
2. Does the county Coroner/Medical Examiner expect to request additional resources to support Mass Fatality operations?
3. Are there additional integration issues that should be addressed? If yes, what are the issues?

Objective 4: Operations

Objective 4 is to evaluate that the operations section of the Plan is effective at accurately describing all the critical issues relevant to the Plan.

Discussion Point 1: Considering operational priorities and response objectives

Facilitation Questions:

1. Do the operational priorities and response objectives accurately describe all the critical issues relevant to mass fatality response operations?
2. Are there gaps?
3. Are the operational priorities and response objectives listed under the appropriate time-based phase (e.g., Event occurrence (E) to E+72hours)?

Discussion Point 2: Determining the best approach for scene evaluation and organization for managing human remains

Facilitation Questions:

1. Does the Plan list the correct questions for the Coroner/Medical Examiner to ask in an effort to establish the most effective and efficient approach for managing human remains?
2. Does the Plan accurately describe the interaction between the Coroner/Medical Examiner and the Incident Commander?

Discussion Point 3: Recovering human remains

Facilitation Questions:

1. Does the Plan accurately list the Search and Recovery resources?
2. Does the Plan accurately describe the Search and Recovery Sequence? What changes, if any, should be made?

Discussion Point 4: Conducting morgue operations

Facilitation Questions:

1. Are the goals of morgue operations correct?
2. Are the potential morgue stations/activities described correctly?

Discussion Point 5: Considering the Regional Incident Morgue(s) Concept and operations

Facilitation Questions:

1. Is the Regional Incident Morgue concept a feasible option for the **Operational Area** to successfully manage mass fatalities related to the catastrophic earthquake?
2. If yes, does the **Operational Area** Plan to host a Regional Incident Morgue site?
3. What concerns does the **Operational Area** have regarding participating in the Regional Incident Morgue?
4. Does the Plan assume needing Disaster Mortuary Operational Response Team (DMORT) assistance for processing human remains and personal affects?
5. Assuming participation in the Regional Incident Morgue, does the Plan accurately describe the identification process at the site?

Discussion Point 6: Conducting death registration

Facilitation Questions:

1. Is the **Operational Area** prepared to use paper death certificates if necessary?
2. Has the **Operational Area** considered alternatives to electronic death certification, if automated technologies are unavailable?

Module 3: Objective 5 - CBRNE

Objective 5 is to evaluate the roles and responsibilities as well as operations related to the CBRNE scenario.

Discussion Point 1: Determining jurisdiction

Facilitation Questions:

1. If a CBRNE incident is the result of a terrorist attack, has the [City or Operational Area](#) considered FBI or other federal agency jurisdiction claims over evidence collection and the investigation such that the Coroner/Medical Examiner will need to coordinate with the FBI before recovering human remains and personal effects?

Discussion Point 2: Decontaminating human remains

Facilitation Questions:

1. Will local fire and hazardous materials (HazMat) teams assist with the decontamination of remains and personal effects related to a CBRNE incident after life-saving operations are complete?
2. Do the local fire and HazMat teams have the training needed to carry out their responsibilities? If not, what additional training would be required?
3. What alternatives exist if fire and HazMat teams do not respond?

Discussion Point 3: Considering operational priorities and response objectives

Facilitation Questions:

1. Do the operational priorities and response objectives accurately describe all the critical issues relevant to mass fatality response operations?
2. Are there gaps?
3. Are the operational priorities and response objectives listed under the appropriate time-based phase (e.g., Event occurrence (E) to E+72hours)?

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Module 4: Objective 6 – Influenza Pandemic

Objective 6 is to evaluate the roles and responsibilities as well as operations related to the influenza pandemic scenario.

Discussion Point 1: Considering the Influenza Pandemic appendix's consistency with the [City or Operational Area's](#) overarching emergency management plans.

Facilitation Questions:

1. Does the appendix identify all of the proper agencies and entities?
2. Is the appendix consistent with the [City or Operational Area's](#) and agencies' plans?
3. Are there any conflicts between the identified roles and agencies' expectations about their roles?

Discussion Point 2: Determining the jurisdiction of pandemic influenza-related deaths

Facilitation Question:

1. For deaths resulting from a communicable disease, who has jurisdiction?

Discussion Point 3: Processing at-home deaths during an influenza pandemic

Facilitation Questions:

1. When deaths from the pandemic influenza occur at home, there is potential for the general public to be requested to prepare and/or transport their deceased to predesignated fatality collection points, county/temporary morgues, or hospitals due to the protracted delay of home recovery of decedents. Is there agreement on this statement? Are there alternatives?
2. Should local law enforcement be the lead agency charged with this responsibility?

Discussion Point 4: Coordinating acceptance and application of select altered standards of death care

Facilitation Questions:

1. Should the Plan include Altered Standards of Death Care? If no, what are the alternatives?
2. If yes, will a **Operational Area** Coroner/Medical Examiner Conference Call be effective in considering, standardizing, and universally applying select Altered Standards of death care during an influenza pandemic event?
3. If yes, what other mechanisms can be used to ensure that counties implement select Altered Standards of Death Care universally and simultaneously to minimize public confusion?

Discussion Point 5: Staffing and managing the virtual Family Assistance Center

Facilitation Questions:

1. Who will assist with the management of the virtual FAC during an influenza pandemic?
2. Who are the alternatives?

Module 5: Review and Findings

1: Reviewed Concepts

Review the critical concepts that were evaluated during the workshop discussion.

2: Strengths

Identify any strengths that were discovered during the workshop.

3: Identified Gaps or Areas for Improvement

Review gaps or areas for improvement in the Plan that were identified during the workshop discussion.

4: Next Steps

Note: following the workshop, the Jurisdiction should consider next steps for inclusion in the manual. Next steps may include: the development of an After Action Report/Workshop Summary Report, an After Action Meeting, additional workshops or working groups, and revisions to the Plan. Use this section to detail these next steps.

Appendix A: Maps

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Map 1. Hospitals and morgues
(from the Regional Catastrophic Incident Mass Fatality Plan)



