County of San Luis Obispo Public Health Department
Public Health Emergency Preparedness Program (PHEPAC) Meeting
April 6, 2017

In attendance: Matt Agnitch, Nicole Balliet, James Beebe, Kyllie Bouget, George Brown, Christine Gaiger, Alan Farber, Jody Ghione, Claire Grantham, Beth Haberkern, Robin Hendry, Colleen Hubbard, Karen Jones, Emma Lauristan, Stuart MacDonald, Elizabeth Merson, Scott Milner, Vince Pierucci, Sean Summerall, Eric Ruelas, Augusta Salegna , Andy Scott, Keith Simonsen, Denise Yi
For corrections/comments: Email Megan Harrington: mharrington@co.slo.ca.us

Call to Order	Meeting began at 10:30 with a welcome from Elizabeth Merson and introductions.
TOPIC	**DISCUSSION**
PROGRAM REPORTS	
SCOTT MILNER COUNTY OES	• The Electronic Patient Care Reporting System (EPCR) and Public Health Lab projects were approved through the Homeland Security Grant. ImageTrend will be the company providing the new EPCR. • On March 29th OES participated in a FEMA evaluated exercise involving transportation of a possible contaminated patient to French Hospital. • Nuke 101 Trainings for Health Agency staff will take place in May • Emergency Monitoring and Decontamination (EMAD) training will take place at Camp Roberts -Field Based Training on September 7th, 2017 -Dress rehearsal on September 20th, 2017 -FEMA evaluated exercise on October 25th, 2017
DR. JAMES BEEBE PUBLIC HEALTH LAB	• Kyllie Bouget is the new laboratory preparedness trainer; she replaced Trudy Hodge who has retired. • Kyllie coordinated a workshop for microbiologists. There were 16 trainees in attendance who were all trained in attenuated vaccine strains, tularemia, and anthrax. Additionally, the trainees were taught about exotic diseases, how to report them directly to the lab and Polymerase Chain Reaction (PCR) abilities to rule out agents • Next year, Kyllie will conduct a workshop with Animal Health including Veterinarians • The lab has been very busy. The lab has tested 450 specimens for influenza, 55% were positive for A and 98% of those were for AH2 and AH3- both a good match for the current vaccine. • Recently the lab brought new equipment online which brings the testing capacity to 2 shifts for a single agent, allowing for up to 40-50 agents to be tested per day • There was a recent Norovirus outbreak. 4 of the cases were involved with Yosemite campers. A new strain was discovered of Norovirus which is a hybrid of 2 other strains of Norovirus • The lab has been successful in getting community physicians to use their molecular testing services. These services include: performing panels for respiratory pathogens and GI pathogens.

	These lab services helped a 20 year old patient who tested positive for Rotavirus which is an exotic GI pathogen with an available vaccine. It is imperative for physicians to know where the PH Lab is and be aware of the services the lab can provide. • The lab will be purchasing a whole genome sequencer funded by a Homeland Security grant. It will be able to analyze the entire DNA sequence of a microbe overnight.
CHRISTINE GAIGER COMMUNICABLE DISEASE	• In the last quarter, there have been a few positive tests for Pertussis in the county. • Flu is still active and there are still reports of positive flu swabs- Flu B is still circulating in the county. It is not too late to receive a flu vaccine. • On January 9th, the Public Health Department received a call from a hospital stating that a young woman was suspected to have Measles; it was lab confirmed by PH Lab later that day. She was unvaccinated and had a 4 month old infant who was too young to be vaccinated. The infant received IgG treatment, however still contracted the measles. The infant did not have as severe of symptoms as the woman. The woman and infant were given orders for Isolation. During the investigation, Public Health discovered that the infected mother and infant attended their local church and came into close contact with others. There were a high number of adults and children in this church community that were not vaccinated for Measles. Public Health issued Quarantine orders to children who were exposed and unvaccinated. The Public Health Department made daily calls to all families that were exposed and ensured they were in compliance with the Quarantine orders. There were no additional reported cases of Measles besides the woman and infant. • On January 20th, the Public Health Department received a call from the hospital of a possible Meningitis case linked to Neisseria Meningitidis. The patient was a Cal Poly student who presented GI symptoms, fever and aches. At first hospital staff did not suspect Meningitis until they discovered Petechiae on her back and legs. A spinal tap confirmed that the patient had gram-negative diplococci which confirmed Neisseria Meningitidis. The patient lived with 2 other roommates and all were involved in social gatherings during the time. The roommates were given Ciprofloxacin (Cipro) and the next day, closed Point of Distribution (PODs) were set up at Cal Poly to mass-dispense Ciprofloxacin (Cipro) to 500 people. The Deputy Public Health Officer, Dr. Mulkerin and Health Officer, Dr. Borenstein participated in the POD to support Cal Poly.
VINCE PIERUCCI EMSA	• Introduced new hire: Andy Scott from Ventura County filling an EMS Specialist role. • MCI policy will be implemented on April 15th, 2017. This is a big step forward to identify roles and responsibilities, trigger points, and it involves numerous partners. With this revision, the MCI policy has become regionally lined to our mutual aid counties: Ventura and Santa Barbara County so they will be familiar with the policy. • EMS is looking forward to working with OES in receiving the new Electronic Patient Care Reporting System (EPCR) through ImageTrend.
ELIZABETH MERSON PHEP REPORT	• Received 17-18 grant guidance. There are changes to Hospital Preparedness Program (HPP) requirements. In order to qualify for the HPP grant, counties must have at least 2 acute care hospitals. This new requirement affects 17 counties; fortunately SLO County is not impacted.

	• 17-18 Grant Applications are due to the State on Friday, May 18th • Continuing to work on the CHEMPACK training video- big thanks to all the staff and partners that have helped- namely Emma Lauriston and Sierra Vista. • PHEP and OES are preparing for the NPP Emergency Monitoring and Decon (EMAD) dress rehearsal and exercise in September and October. • The power outage in February left Skilled Nursing Facilities (SNFs) and Residential Care Facilities (RCFs) without power- PHEP is working with the Long Term Care Ombudsman (LTCO) to create templates to send out to LTCF on steps to take before and during power outage, including how to report power outages to LTCO and PHEP.
DENISE YI HPP REPORT	• The Statewide Medical and Health Exercise (SWMHE) exercise will be on November 16, 2017. The scenario is a terrorism incident with a Multi Casualty Incident (MCI) component so we will have a chance to test the new MCI policy • MRC orientation will take place on April 19th, 2017 at the Public Health Department. For more information, please contact slomrc@aol.com or look for posts on Facebook and the Public Health website.
ROBIN HENDRY COMMUNICATIONS	• PHEP is developing a 24/7 emergency contact list for each facility in order to obtain facility status information during emergencies. PHEP will be using a locally modified version of the Hospital Incident Command System (HICS) 251 Facility System Status Report. This form will be made available on ReddiNet. In the meantime, we will continue to use the California Health Alert Network (CAHAN) for status updates. • Facilities: Please send 24/7 emergency contact info (cell phone) to rhendry@co.slo.ca.us • The County has a new website that will go live in 2 months. The new website will be more service oriented. • Allan Farber from Adapt Con is here from Los Angeles to present on emergency communications technology.
STUART MACDONALD TRAINING: ROLE OF MEDICAL AND HEALTH IN THE MASS FATALITY PLAN	• Role of Medical and Health in the Mass Fatality Plan - See attached presentation • Contact Stuart MacDonald if you would like to receive a copy of the Mass Fatality Plan: smacdonald@co.slo.ca.us
ROBIN HENDRY REVIEW OF THE RAND SITE CALL DOWN DRILL	• In February, PHEP conducted a RAND POD call down drill. The purpose of this drill test Public Health's ability to contact all POD sites to determine how quickly they can activate their facilities for POD operations. • PODs are opened to mass prophylaxis a population that has been exposed or has the potential to be exposed to a disease agent (e.g. Anthrax or flu). • Public PODS are open to the general public, First Responder PODs are open to essential personnel that may need to get medication or vaccination before the general public so they can treat the public more effectively and lastly there are closed PODs which are sites that are designated to have the in-house ability to prophylax their own staff e.g., hospitals and universities that have the medical resources and capabilities.

	• There were16 sites total involved in this drill. - Closed PODs: Cal Poly and 4 hospitals - Public PODs: Vets Hall and 6 community centers - FRPOD: 4 predesignated fire stations • PHEP was able to contact every site with the exception of 3 hospitals. The After Action Report (AAR) item was to ensure 24/7 contact of all sites by obtaining emergency contact information (cell phone) • The RAND drill also served as a way for PHEP to update contact information for POD sites. • All sites were asked to acknowledge receipt in a 4 hour time period and asked if they could open within 8 hours • There is an overall positive trend in the graph in the past 3 years. (See attached graph)
ALAN FARBER ADAPT CONN PRESENTATION	• AdaptConn provides professional grade satellite internet services, Voice over IP phones services, radio over IP services, and satellite phone services. They utilize VSAT, BGAN and satellite phone services and equipment solutions that are custom tailored to agency requirements. • AdaptConn focuses on emergency communications support for government entities • AdaptConn works to create continuity of operations strategy for potential disaster scenarios covering: - Strengthening existing network connectivity by creating secondary non-terrestrial based back-up systems. - Creating alternative solutions when central locations are compromised. - Analyzing requirements and supplying customized tools for response. • Please contact: (818) 572 1922 or info@adaptconn.com for more information
ROUNDTABLE	• Davita Dialysis – Matt A. and Augusta S. introduction. Matt expressed interest in emergency preparedness and joining the coalition.
UP COMING EVENTS	• April 19th, 2017: Medical Reserve Corps Orientation 5:30pm - 7:00pm – email slomrc@aol.com for more info • April 26th, 2017: Disaster Preparedness Advisory Council/ VOAD meeting from 2:30-4:30 at PG&E's Kendall building. • June 3rd, 2017: MRC Clinical Skills Refresher Training. All MRC volunteers welcome to join. Please contact slomrc@aol.com for more info and RSVP
NEXT MEETING	Next PHEPAC Meeting: Thursday July 6, 2017 at 10:30 am CHP Coastal Division Headquarters, 4115 Broad Street, #B-10, San Luis Obispo, CA
ADJOURN	The meeting adjourned at 12pm.

Site Call-Down Drill

Part of RAND Drill 2016-2017

Public Health Emergency Preparedness Program

Exercise Summary

- On February 27, 2017 from 0907-1307, San Luis Obispo County conducted a RAND Point of Distribution (POD) Site Call Down Drill for the third time.
- Staff contacted all 16 POD (Pubic POD [PPOD], First Responder POD [FRPOD], sites and all Closed POD [CPOD]) sites to determine their availability to activate.
- Staff used one standard script and data collection sheet for all calls.
- 75% (12 out of 16) of the sites acknowledged receipt of the call within the time frame of the drill
- 75% (12 out of 16) of the sites reported being able to make their site available within the pre-determined target time (8 hours after the drill began).

Exercise Objectives & Analysis

Objective 1: Confirm and update POD site contact information.

Analysis:

- We used a list of previously used primary numbers, from a previous RAND site call down drill. Numbers were updated as necessary and have since been recorded in a permanent list.
- It should be noted that the hospital numbers are general and staff will attempt to transfer the call an appropriate person, with varying degrees of success.
- There was only minor clarification questions asked regarding the roles and responsibilities associated with POD procedures.

Exercise Objectives & Analysis

Objective 2: Determine how many POD sites acknowledge receipt of call within 4 hour time period (by 1307 on February 27, 2017).

Analysis:

- 12 of the 16 sites acknowledged the receipt of call, a greater percentage as compared to the previous drill.

- Sierra Vista Regional Medical Center, French Hospital Medical Center, and Arroyo Grande Community Hospital failed to respond within the drill timeframe. This could be attributed to problems redirecting the call from the general number to the appropriate administrative staff.

Exercise Objectives & Analysis

Objective 3: Determine how many POD sites report ability to open and activate site for public health use within 8 hours (by 1707 on February 27, 2017).

Analysis:

- All of the contacted sites in which a timely response was received (12 of the 16 sites) were able to activate by the target time of 8 hours.

- Preparation times varied from 'immediately' to 3 hours, all well within the desired 8 hour timeframe, even when including the time for the site to respond to a voice message.

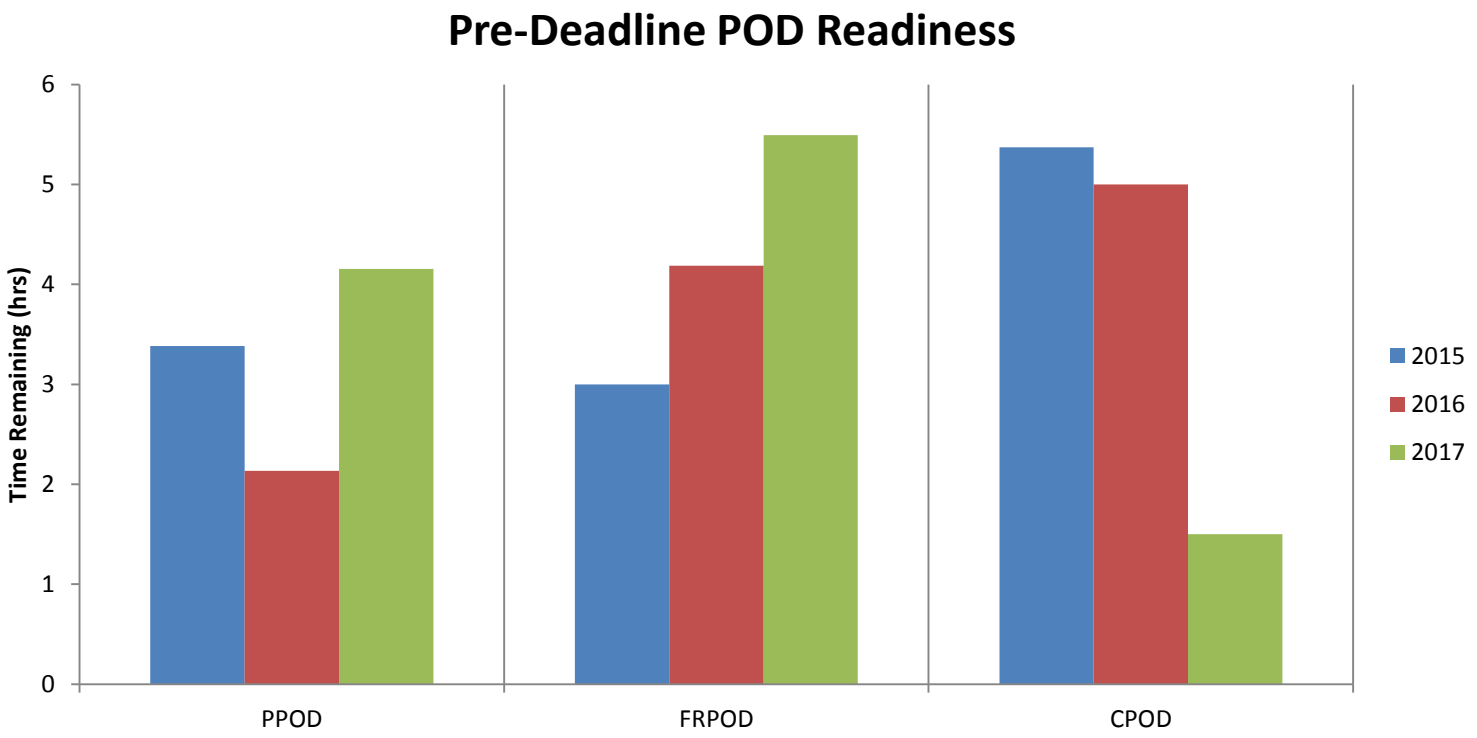
If speaking to a person:
"If this were a real emergency, how long would it take your site to prepare for activation, meaning being ready for public health teams to operate your site as a mass medication or vaccination center?" [Record answer.]
"Again, this is only a drill. There is no need for you to take any action as a result of this call. Thank you."

If speaking to a person:
"If this were a real emergency, how long would it take your site to prepare for activation, meaning being ready for public health teams to operate your site as a mass medication or vaccination center?" [Record answer.]
"Again, this is only a drill. There is no need for you to take any action as a result of this call. Thank you."

If leaving message:
"If this were a real emergency, we would want to know how long would it take your site to prepare for activation, meaning being ready for public health teams to operate your site as a mass medication or vaccination center. Please call us back at _805-788-2923_ in order for us to record your availability response. We appreciate your cooperation with our drill. Thank you."

Call Information

			POD TYPES		
Time of day calling started		9:07	CLOSED POD CPOD		
			PUBLIC POD PPOD		
Time of day calling ended		10:42	FIRST RESPONDER POD FRPOD		
			Column A	Column B	Column C
Site on call-down list	Name of site	Column left blank for record keeping	Acknowledged receipt of call-down message (1=yes, 0=no)	Time acknowledged receipt (HH:MM)	Would be able to make site available by target time? (1=yes, 0=no)
Site 1	SLO Veterans Hall		1	9:15	1
Site 2	Colony Park Community Center		1	9:18	1
Site 3	South Bay Community Center		1	12:13	1
Site 4	South County Regional Center		1	9:26	1
Site 5	Cal Poly Student Health Services		1	11:06	1
Site 6	Taylor Gym, SLO USD		1	9:46	1
Site 7	Cambria Veterans Hall		1	9:48	1
Site 8	Centennial Park		0		
Site 9	Paso Robles Fire St. 1		1	10:00	1
Site 10	SLO Fire St. 1		1	10:07	1
Site 11	Grover Beach Fire Station		1	10:12	1
Site 12	Morro Bay Fire Station #53		1	10:29	1
Site 13	Twin Cities Community Hospital		1	10:20	1
Site 14	Sierra Vista Regional Medical Center		0		
Site 15	French Hospital Medical Center		0		
Site 16	Arroyo Grande Community Hospital		0		



- Average remaining time to deadline for POD groups by year
- 6 hours indicates all PODs were ready immediately
- 0 hours indicates all PODs did not respond within the drill timeframe or gave preparation responses that exceeded the deadline

Improvement Plan

Issue/Area for Improvement	Corrective Action	Capability Element	POC Responsible	Start Date	Completion Date
1. Execute MOUs with remaining identified sites	Update Site MOU that lists alternate and 24/7 emergency contact information for person(s) authorized to activate site for the remaining sites: Cal Poly, Pismo Vets Hall, and Centennial Park	Planning	Elizabeth Merson, PHEP	2/27/17	9/1/16
2. Call list	Create and maintain a call list for the drill that includes primary numbers with notes and any relevant directions.	Planning	Elizabeth Merson, PHEP	2/27/17	2/27/17

Conclusions

- The MOUs were useful in terms of clarifying the role of Public Health in an emergency. No site with an MOU asked why the call was being made.

- The MOU was also useful for getting more direct contact numbers, which streamlined the call down process. Using 24 hour numbers primarily may give a more immediate response to those who called back or did not respond at all. Maintaining a call sheet with notes attached would be helpful in better understanding the primary contacts.

- However, having MOUs did not increase the overall rates of response within the drill. Having a contact list and site related calling directions could possibly mitigate any problems on our end regarding this issue.

SAN LUIS OBISPO COUNTY MASS FATALITY PLAN

Executive Summary

CONTENTS

- Mass Fatality Management
- Command and Control
- Laws Governing Mass Fatality Management
- Human Remains Recovery
- Human Remains Storage
- Morgue Services
- Death Care Industry
- Death Certificate Process
- Family Assistance Center
- Hospital Mass Fatality Incident Planning
- Staffing

Chapter 1 – MASS FATALITY MANAGEMENT

- Purpose
- Plan Objectives
- Scope of the Plan
- Assumptions
- Infectious Disease Planning Assumptions

Summary

- States the purpose of the mass fatality plan
- Lists the plan objectives
- Describes the scope of the plan
- Provides planning assumptions to include infectious disease planning assumptions

Purpose

- This mass fatality plan is to provide a framework to facilitate an organized and effective response to mass fatality incidents that treat the dead and their loved ones with dignity and respect.

- Cooperation and collaboration among all mass fatality response organizations is critical for effective mass fatality management.

Plan Objectives

- Facilitate management of a mass fatality incident
- Provide Hospitals with a clear and coordinated process for handling the deceased when decedent operations exceed normal capacity
- Delineate command and control
- Outline means for obtaining supplies, staffing and facilities
- Provide information regarding proper handling of decedents
- Identify decedent processing areas
- Identify stakeholders in the management of operational activities
- Describe method of human remains recovery and identification
- Outline a method of preserving and storing human remains
- Detail mortuary operations, assistance to families and process for obtaining death certificates and permits

Scope of the Plan

- The San Luis Obispo County Emergency Operations Center (EOC) and, should the event involve a public health emergency, Public Health's Department Operations Center (DOC) will be activated in response to a mass fatality incident. They will oversee the coordination of the multiple local, regional, state and federal agencies and departments involved in the management of the incident. This plan will operate concurrent with other emergency plans activated in response to the incident. It should be noted that a mass fatality plan does not address the needs of injured survivors.

Assumptions

- Ultimate purpose is the recovery, identification and disposition of the dead
- The San Luis Obispo County Coroner is ultimately responsible managing mass fatalities; however, much support will be needed
- Mass fatality plans are usually activated in concert with other emergency plans
- State and Federal law provide guidance for mass fatality response
- Requests for assistance will be managed utilizing the National Incident Management System and the Standardized Emergency Management System
- Under certain circumstances (e.g., commercial airline accident or terrorist act), select federal agencies will have critical on-scene responsibilities requiring close and on-going coordination

Assumptions (Continued)

- Incident operations will be conducted according to investigative protocols to ensure accurate identification, crime scene preservation and evidence collection
- Mass fatality incidents create widespread traumatic stress for families, responders, and often, the community-at-large
- Evaluation of mass fatality sites may require specialized assistance
- Depending upon the natural or manmade disaster that engenders the mass fatality incident, the County's infrastructure may be severely impacted
- It is more important to ensure accurate and complete death investigations and identification of the dead than it is to quickly end the response

Infectious Disease Assumptions

- Mass fatality caused by infectious disease is dissimilar to a mass fatality incident or natural disaster in that the event will unfold over time. Further it may peak and decline only to repeat the cycle several times
- Medical providers and death care industry will continue to experience a "normal" caseload
- In the event of a pandemic, external resources may not be available
- Treating or primary care physicians may certify natural deaths. Pandemics are generally a natural death
- Case fatality rates could be in the range of 5% in addition to the average rate of death from other causes
- Up to 40% of the workforce could be absent from work during peak periods

Assumptions (Continued)

- Mutual aid resources from state or federal agencies to support local response efforts may not be available
- There may be a lack of available personal protective equipment and/or chemoprophylaxis to support the mortuary community
- The death care industry could expect to handle about six months work in a six to eight week period
- Completion of fatality management caused by pandemic may exceed six months to a year
- Location of bodies will be widespread in the community with a percentage (50% to 75%) of deaths occurring outside a hospital
- Most human remains will be intact and will allow for visual identification. Some will be decomposed necessitating further investigative efforts at identification

Chapter 2 –Command and Control

- Emergency Management Systems
- Unified Command
- Chain of Command
- Roles and Responsibilities
- Emergency Operations Center
- Incident Action Plan (IAP) Development
- Requesting Mutual Aid

Summary

- Describes emergency management systems
- Defines Unified Command
- Explains chain of command and organization (with charts)
- Identifies roles and responsibilities
- Outlines EOC and plan activation and Incident Action Plan development
- Speaks to requests for local, state and federal mutual aid resources

Emergency Management Systems

- National Incident Management System (NIMS) / Standardized Emergency Management System (SEMS)
  - Facilitates the flow of information within and between levels of the system
  - Facilitates coordination among all responding agencies

- Both systems utilize the Incident Command System (ICS) and the Hospital Incident Command System (HICS) to coordinate responses at five levels:
  - Field Response
  - Local Government
  - Operational Areas
  - Regional
  - State

Unified Command

- Unified Command allows for a single integrated incident organization, shared facilities, single planning process (IAP), shared operations, planning, logistics and finance sections and a coordinated resource ordering process
- Allows for all responders to utilize one set of objectives for the entire incident. All organizations will know the plans and actions of other organizations

Chain of Command

- Unity of Command – Each responder will be accountable to one supervisor
- Span of Control – Each supervisor will be responsible to only the number of resources manageable (3 to 7 with 5 being optimal)
- All elements of the response will be accountable to the next higher authority up to the Unified Command

Roles

- San Luis Obispo County Sheriff-Coroner is in charge of human remains recovery, identification and disposition
  - Human Remains Recovery Unit Leader oversees the collection and documentation of remains, property and evidence at the incident scene
  - Morgue Services Unit Leader coordinates and oversees the operation of the morgue
  - Family Assistance Center Unit Leader manages the Family Assistance Center

Roles

- Health Officer is delegated the responsibility for both the enforcement of public health laws and regulations and to ensure that all emergency operations enacted to mitigate the public health emergency are compliant with local, state and federal regulations

- Legal Officer/County Counsel provides legal advise to the EOC Director, Unified Command, Health Officer and Sheriff-Coroner relative to the emergency and assists in the proclamation of an emergency

Roles

- Hospital Situation Unit Leader coordinates with the various Hospital Mass Fatality Incident Unit Leaders to ensure that logistical need and information flow is efficiently handled between the EOC and the hospitals

- Hospital Casualty Care Unit Leader oversees a centralized location in the hospital where all mass fatality information is processed. This position is also responsible for managing the morgue capacity within the hospital

Emergency Operations Center

- When a mass fatality incident exceeds the capacity of the local system to manage the event, the EOC and this plan will be activated

- Concurrent with EOC activation, the Public Health Department Operations Center will activate for a mass fatality incident when:
  - There has been a biological-chemical-radiological event
  - Pandemic is threatening the County
  - Surge Capacity is needed for death registration
  - Multiple patient management is evident for injured survivors
  - County hospitals are maximized and need assistance

Incident Action Plan

- All incidents that require the activation of this Mass Fatality Plan will require the development of a written Incident Action Plan (IAP) which, in part, will address:
  - Death Investigation
  - Human Remains Recovery/Identification
  - Transportation and Storage
  - Safety
  - Security

Mutual Aid

- Mutual aid resources will be requested through:
  - Local Government
  - Operational Area
  - Regional Coordinator
  - State OES

Chapter 3 – Laws

- There are many laws which govern the response to a mass fatality incident
- See the Mass Fatality Plan for further information regarding these laws

Chapter 4 – Human Remains Recovery

- Overview
- Health and Safety Guidelines
- Scene Evaluation and Investigation
- Disaster Mortuary Operational Response Team
- Search and Recovery
- Personal Effects
- Contaminated Remains/Hazardous Materials
- Transportation of Remains
- Respite Center

Summary

- Describes the three phases of recovery: Evaluation and Investigation of the scene, search and recovery of remains and transportation of remains to incident morgue
- Provides guidelines for worker safety
- Explains use of DMORT
- Addresses search and recovery of remains, personal effects and evidence
- Concepts of Hazardous Materials handling
- Discusses needs for worker respite

Chapter 5 – Human Remains Storage

- Overview
- Morgue Facilities – Permanent
- Morgue Facilities – Temporary
- Human Remains Preservation and Storage
- Critical Trigger Points

Summary

- Describes current morgue capacities – Approximately 160 at this time
- Speaks to temporary morgue options such as Disaster Portable Morgue Units and fixed locations for temporary use as a morgue facility
- Specifies requirements for space and support needs
- Addresses temporary body storage alternatives such as refrigerated trucks, etc.
- Critical Trigger Points – Up to 40, 40-100 and Over 100

Chapter 6 – Morgue Services

- Overview
- Organization
- Morgue Examination and Identification
- Mass Fatality Morgue Operations

Summary

- Describes morgue operations and morgue examination
- Depicts organizational charts for management of functions
- Provides flow chart of movement of decedent through the process
- Describes the elements of morgue examination
- Describes the elements of morgue operations

Chapter 7 – Death Care Industry

- Overview
- Industry Trends
- San Luis Obispo County Death Care Service Providers
- Local Death Care Service Capacity
- Integration of the Death Care Service Industry Into Mass Fatality Incident Management

Summary

- Describes the traditional services of the Death Care Industry and current trends therein
- Lists the Funeral Homes and Cemeteries licensed in San Luis Obispo County
- Estimates the capacity of the local Death Care Industry to store, bury, cremate and transport bodies.
- Discusses the integration of the Death Care Industry into Mass Fatality Incident management – Death Care Industry Situation Unit Leader

Chapter 8 – Death Certificate Process

- Overview
- Roles and Responsibilities
- Process Defined
- Lack of Human Remains

Summary

- Describes the death certification process
- Defines the roles and responsibilities of those involved in the process
- Explains what happens when no remains are recovered

Chapter 9 – Family Assistance Center

- Overview
- Planning Assumptions
- Roles and Responsibilities
- Site and Facility Requirements
- Facility Recommendations
- Family Assistance Center Services
- Family Assistance Center Layout
- Family Assistance Center Security
- Activation of the Center
- Organization of the Center

Summary

- Provides assumptions for planning for a FAC
- Describes the purpose of a Family Assistance Center (FAC)
- Defines roles and responsibilities of the organizations involved in providing FAC services
- Identifies site requirements and makes specific location recommendations
- Lists the services to be provided in the FAC
- Recommends layout of a FAC
- Addresses security needs for a FAC
- Describes the activation and organization of a FAC

Chapter 10 – Hospital Mass Fatality Incident Planning

- Purpose
- Hospital Planning Assumptions
- Concept of Operations
- Hospital Mass Fatality Staffing Needs and Assignments
- Decedent Identification and Tracking
- Human Remains Management
- Personal Effects
- Decedent Transportation
- Worker Safety Guidelines
- Hospital Mass Fatality Supplies and Equipment
- Plan Evaluation and Revision

Summary

- Provides hospital planning assumptions and concept of operations
- Describes hospital mass fatality staffing and assignments to include morgue personnel and administrative personnel
- Comments on decedent identification and tracking and handling personal effects
- Speaks to human remains management including how and where temporary storage at hospitals can occur
- Speaks to the transportation of bodies from the hospitals
- Provides minimum worker safety guidelines
- Describes hospital mass fatality supplies and equipment
- Includes “Decedent Information and Tracking Card” and “Facility Tracking Form” for use by hospitals

Chapter 11 – Staffing

- Overview
- Staffing Resources
- Check-In, Identification and Badging
- Operational Periods, Staffing Patterns and Briefings
- Credentialing Procedure
- Staffing Assignments
- Job Action Sheets

Summary

- Identifies staffing resources to include local resources, state/mutual aid resources, federal resources and volunteer resources
- Describes check-in, identification, badging and credentialing procedures
- Speaks to operational periods, staffing patterns and briefings
- Defines staffing assignments with associated job sheets

Summary

- Position Titles:
  - EOC Director
  - Incident Commander/Unified Command
  - Public Information Officer
  - Operations Section Chief
  - Logistics Section Chief
  - Planning Section Chief
  - Finance Section Chief
  - Coroner's Service Branch Director
  - Medical Branch Director

Summary

- Position Titles (Continued):
  - Human Remains Recovery Unit Leader
  - Morgue Services Unit Leader
  - FAC Unit Leader
  - Hospital Situation Unit Leader
  - Hospital Casualty Care Unit Leader
  - Transportation Unit Leader
  - Security Unit Leader
  - Technical Specialists