

Hidalgo County



Appendix 4: Mass Fatality Management Plan

April 2023

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Approval and Implementation

Appendix 4: Mass Fatality Management Plan

This appendix is hereby approved for implementation and supersedes all previous editions.

Eduardo Olivarez
Director, Health & Human Services

Date

Ricardo Saldaña
Emergency Management Coordinator

Date

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Introduction

The Hidalgo County Mass Fatality Management (MFM) Plan supersedes all existing local mass fatality planning documents. Any incident resulting in fatalities that exceed the normal operating capacity of the Hidalgo County Forensic Center will be considered a mass fatality incident (MFI) and will trigger the activation of this plan. This plan, while operational in nature, is meant to direct mass fatality management planning, response, and recovery for Hidalgo County.

Questions, comments, or recommendations regarding this plan should be addressed to:

Hidalgo County Judge

100 E Cano St, 2nd Floor

Edinburg, TX 78439

(956) 318-2615

OR

Hidalgo County Forensics Center

3100B Business Hwy 281

Edinburg, TX 78539

(956) 292-7014

Note regarding Health Insurance Portability and Accountability Act of 1996 (HIPAA)

The HIPAA Privacy Rule that restricts disclosure of patient information is not suspended during emergency response because of an MFI; however, once an individual is deceased, HIPAA no longer applies, and medical information is released as part of the Justice of the Peace inquest as soon as possible. Providers can share information during emergencies to identify, locate, and notify family members, guardians, or anyone else responsible for the individual's care. This includes providing the individual's location and general condition or making notification of death. Providers are also permitted to share information with disaster relief organizations without obtaining the patient's permission, if necessary, to avoid delays or interference with the organization's need to respond quickly to the emergency. Disaster relief organizations are not covered by the HIPAA Privacy Rule and can therefore share patient information.

Note regarding deviations from Standards of Death Care

While it is recognized that there are many cultural differences in death-care practices, a catastrophic mass fatality incident may cause the need to deviate from these traditions. Those deviations may include, but are not limited to the following:

- Temporary interment,
- Autopsy procedures,

- Release of remains,
- Timing and location of burial,
- Memorial services.

Authority

The Hidalgo County Commissioner's Court has the authority to approve and implement the Public Health & Medical Services Plan. The Public Health & Medical Services Plan includes 12 appendices. The County Commissioner's Court approved the Public Health & Medical Services Plan on [REDACTED], 2023. This plan aligns with the County's Emergency Basic Plan, ESF-8: Public Health that was approved by the County Commissioner's Court on September 7, 2021.

Purpose

The purpose of the Public Health & Medical Services Plan, Appendix 4: Mass Fatality Management Plan to create a uniform, comprehensive strategy for a local Mass Fatality Incident (MFI) response in Hidalgo County. It does not supersede existing city mass fatality management plans but rather integrates these plans into a coordinated local response. This mass fatality management plan is not solely defined by the number of fatalities; it takes into consideration other factors, such as the condition of remains, accessibility to the scene, complexity of recovery, and local resources available for an MFI response.

Written specifically for Hidalgo County stakeholders, including government, private sector, and NGOs, this Concept of Operations (CONOPS) offers operational guidance for responding to a catastrophic MFI. The CONOPS focuses on three broad areas:

- Incident Site,
- Morgue Operations,
- Family Assistance.

Explanation of Terms

Acronyms

AAR	After Action Review
ADA	Americans with Disabilities Act of 1990
AM	Antemortem
ATF	Bureau of Alcohol, Tobacco, Firearms, and Explosives
BCP	Body Collection Point
CBRNE	Chemical, Biological, Radiological, Nuclear, and High-Yield Explosive
CSI	Crime Scene Investigator

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DEXIS	Digital X-ray Imaging System
Decon	Decontamination
DMORT	Disaster Mortuary Operational Response Team
DoD	Department of Defense
DPS	Department of Public Safety
DNA	Deoxyribonucleic Acid
EMC	Emergency Management Coordinator
EMS	Emergency Medical Service
EMT	Emergency Medical Technician
EOC	Emergency Operations Center
ERT	Evidence Response Team
ESF-8	Emergency Support Function-8
FAC	Family Assistance Center
FBI	Federal Bureau of Investigation
FM	Fatalities Management
FSRT	Fatality Search and Recovery Team
GPS	Global Positioning System
Hazmat	Hazardous Materials
HHS	Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act of 1996
HR	Human Remains
HVAC	Heating, Ventilation, and Air Conditioning
IAP	Incident Action Plan
IC	Incident Command or Incident Commander
ICE	Immigration and Customs Enforcement
ICS	Incident Command System
IT	Information Technology
JIC	Joint Information Center

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JIS	Joint Information System
MA	Mortuary Affairs
MFI	Mass Fatality Incident
MFM	Mass Fatality Management
NGB	National Guard Bureau
NGO	Non-Governmental Organization
NOK	Next of Kin
NPO	Non-Profit Organization
NRF	National Response Framework
NTSB	National Transportation Safety Board
OEM	Office of Emergency Management
PD	Police Department
PE	Personal Effects
PIO	Public Information Officer
PPE	Personal Protection Equipment
SAR	Search and Rescue
SME	Subject Matter Experts
SOP	Standard Operating Procedure
TDEM	Texas Department of Emergency Management
TFDA	Texas Funeral Directors Association
TX	Texas
TxDOT	Texas Department of Transportation
TXVOAD	Texas Voluntary Organizations Active in Disaster
WMD	Weapons of Mass Destruction

Definitions

Antemortem: Prior to death.

Direct Reference: A DNA sample obtained from the deceased or their personal effects used for comparison with other DNA samples in laboratory identification procedures.

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Emergency/Disaster Declarations: Official emergency declarations made by specified elected officials at the local, state, or federal level authorizing the use of equipment, supplies, personnel, and resources as may be necessary to cope with a disaster or emergency. Formal declarations are made when the incident requires more assets and resources than exist within the jurisdiction.

Family Assistance Center: The designated location/facility established to exchange accurate, timely information and render support services for family members of mass fatality victims and friends who travel to the incident location.

Family Reference: A DNA sample taken from a biological relative (only one generation removed) or a spouse of the deceased used for comparison with other DNA samples in laboratory identification procedures. Also referred to as indirect references.

Fatality: A person who dies as a direct or indirect result of a mass fatality incident (interchangeable with victim, decedent).

Fatality Management: The process of locating, recovering, processing, identifying, and releasing for final disposition of deceased victims of a mass fatality incident.

Human Remains: A deceased body or fragmented parts from a deceased body.

Final Disposition of Human Remains: The concluding arrangement for the remains of the decedent, a decision of the next of kin. Options include burial, entombment, cremation, or donation.

Incident Command System: A prescribed method of command, control, and coordination within the National Incident Management System to provide a common organizational structure designed to aid in the management of facilities, equipment, personnel, supplies, and information.

Justice of the Peace: An elected county official whose duties include serving as the medico-legal authority in counties that do not maintain an Office of the Medical Examiner.

Just-in-Time Training: Instruction provided to capable individuals with general skills enabling them to perform task-specific functions immediately following the instruction.

Mass Fatality Incident: Any incident that results in more fatalities than a local jurisdiction can adequately manage, whether natural or man-made, accidental, or intentional.

Medico-legal: Of or pertaining to the law as affected by medical facts.

Missing Person: Persons whose whereabouts are unknown to family or friends following an incident.

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Morgue: The facility location where decedents undergo external and internal physical examinations.

Mortuary Affairs: A term synonymous with fatality management, generally referring to the provision of necessary care and disposition of missing and decedent persons, including their personal effects.

National Incident Management System: The part of the National Response Framework that outlines how the government and private entities at all levels can work together to manage domestic incidents, regardless of their cause, size, location or complexity.

Next-of-Kin: Immediate family members including parents, spouses, siblings, and children.

Non-Governmental Organization: Independent organizations free from government control.

Non-Profit Organization: A business or enterprise that does not distribute its surplus funds to owners or shareholders, but instead uses them to help pursue its goals.

Patrons: Family members and close friends that visit and have access to the Family Assistance Center.

Personal Effects: Belongings of an individual including clothing, clothing accessories, jewelry, and other property on their person or otherwise in their possession.

Postmortem: After death.

Situational Orphan: A child, due to circumstances of an MFI, who has been involuntarily separated, detached, or displaced from their immediate family, relatives, or designated caregivers. The child may or may not have been orphaned as a result of the MFI.

Spontaneous Unaffiliated Volunteers: An individual, not associated with any recognized disaster response agency, who may or may not have special skills, knowledge, or experience, but who appears, unsolicited, at an incident to render assistance.

Survivor: Anyone who is exposed to or otherwise encounters a mass fatality incident that does not perish as a result of the incident.

Temporary Interment: A location where decedents are interred underground in individually marked spaces that may or may not become the final disposition location for some decedents.

Temporary Morgue: A morgue operation established specifically to process and identifies human remains resulting from a mass fatality incident.

Victim: A person who dies as a result of a mass fatality incident (interchangeable with fatality, decedent).

Situation & Assumptions

Situation

1. An MFI can occur at any time anywhere in Hidalgo County and may be a natural, accidental, or intentional incident. Mass fatalities present the need for a special level of response, involving not only the recovery of remains, but may include other complications, such as a criminal investigation, prolonged testing to determine the identity of the deceased persons, and the needs of loved ones seeking answers from County officials.
2. These areas are then divided into operational response components. It is not intended to provide the level of detail one might normally find in a standard operating procedure document. It is intended to provide operational guidance to entities involved in the response and facilitate the management of mass fatality incidents to provide a uniform and comprehensive response.
3. The following 25 cities located within Hidalgo County's boundaries constitute the geographic implementation area of the CONOPS plan:

Cities in Hidalgo County			
▪ Alamo	▪ Elsa	▪ Mercedes	▪ Progreso
▪ Alton	▪ Granjeno	▪ Mission	▪ Progreso Lakes
		▪ Monte Alto	
▪ Alton North	▪ Hidalgo	▪ Palmhurst	▪ San Juan
▪ Donna	▪ La Joya	▪ Palmview	▪ Sullivan City
▪ Edcouch	▪ La Villa	▪ Penitas	▪ Weslaco
▪ Edinburg	▪ McAllen	▪ Pharr	

Assumptions

1. Incidents will occur that will result in fatalities. These incidents may be the result of natural or technological hazards or a combination of both.
2. During the incident, the Hidalgo County Forensic Center will still have to manage its normal caseload and standard services.
3. The Hidalgo County Forensic Center is not a Medical Examiner's Office. It has a limited number of personnel, supplies, and the capacity to respond to and manage mass fatalities. MFI's may easily surpass its limited resources.
4. Response to an MFI may also be hindered by other incidents at the same time or the failure of critical infrastructure.
5. An MFI response will require coordination with local agencies and organizations.
6. The Hidalgo County Medical Authority retains control and authority over fatality management, even when the response is supported by regional, state, or federal assets.

7. Temporary internment may be implemented as a last resort in the event of catastrophic incidents with vast numbers of fatalities, or when the surrounding infrastructure is severely compromised.
8. Mass fatalities resulting from acts of terrorism will involve federal agencies. The Federal Bureau of Investigation (FBI) and the Department of Homeland Security would require close cooperation and coordination with local authorities.
9. Multiple fatalities involving commercial or private aviation will involve the Federal Aviation Administration (FAA), the National Transportation Safety Board (NTSB), and coordination with local authorities.
10. Mass fatality incidents often draw intense scrutiny from the media and curious bystanders.
11. Family members and friends will make repeated calls and inquiries to authorities regarding their loved ones – approximately 100 times the number of victims – during the incident.
12. Family members and close friends of victims will require a secure location to give and receive accurate, timely, and credible information. A Family Assistance Center (FAC) should be established to provide for these needs.
13. FAC operations for disasters involving aviation (not military or intelligence agency-related), selected rail, highway, marine, pipeline, or hazardous materials (Hazmat) accidents will be the responsibility of the National Transportation Safety Board (NTSB) to coordinate. Local responders will still be needed for the staffing and operation of the FAC.
14. Victim identification is a lengthy scientific process that requires accuracy and attention to detail to ensure that each victim is correctly identified through appropriate methods.
15. Catastrophic incidents will likely use alternative standards of death care, regarding the processing and identification of victims.
16. Families will ask for the quick identification and release of their family members; identification expectations must be managed early in the response.
17. An information management system will be an essential component in mass fatality management. The system should have the capacity to track the transport and storage of victims and manage all data needed to complete identification and disposition.
18. Public evaluation of the government's ability to effectively manage the disaster is often based on a few key factors, including the appropriate management of the deceased and their surviving relatives.

Concept of Operations

General

The response objectives of mass fatality management include the following:

1. To recover and identify victims in a safe, timely, and dignified manner while respecting religious and cultural traditions.

2. To provide family members and friends assistance in coping with the tragedy, and tools for rebuilding their lives.
3. To deploy local assets in a timely manner and reduce duplication of efforts.
4. To maximize local resources to avoid dependence on state resources.

Activation and Notification

Activation of this Mass Fatality Management Plan is dependent on various criteria presented below. The activation of this plan will allow for the formation of a Unified Command, consisting of representatives from the Hidalgo County District Attorney's Civil Division, Hidalgo County Forensic Center, Fire Marshal's Office, Sheriff's Office, the local city/cities law enforcement in the mass fatality area affected, and any other necessary command representative/s.

1. Activation Triggers

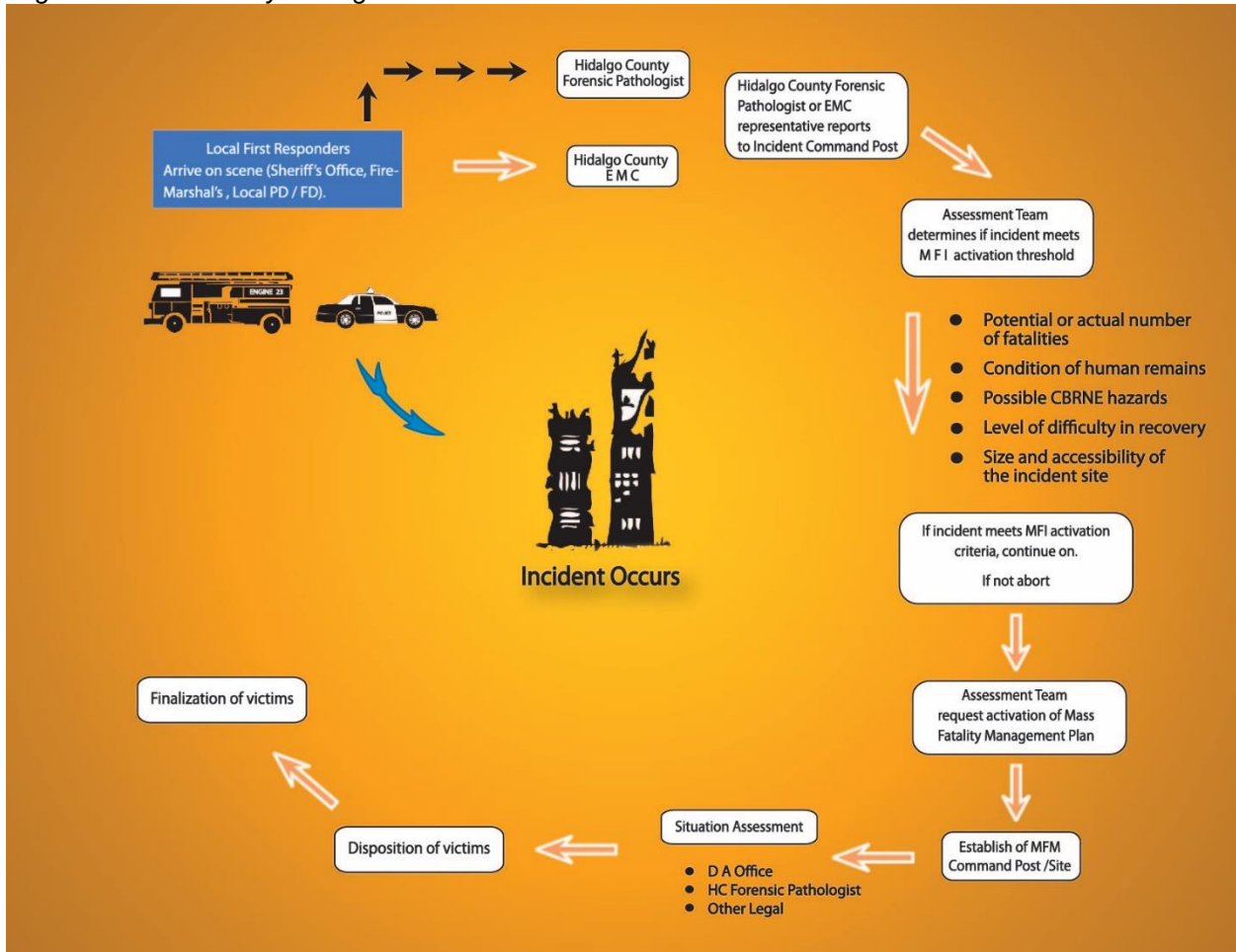
Any incident meeting involving the following criteria may precipitate the activation of this plan:

- a. Any incident involving a protracted or complex decedent recovery operation.
- b. Any situation in which there are remains contaminated by chemical, biological, radiological, nuclear, or explosive agents or materials.
- c. Any situation in which there are more decedents than can be recovered, transported, and examined by the Hidalgo County Forensic Center or other Hidalgo County-contracted resources.
- d. Any special circumstance requiring multi-agency or regional support for MFM operations.
- e. Any time that resources from a city or Hidalgo County are exhausted or depleted.

2. Activation Procedure

Hidalgo County Emergency Management and/or the Hidalgo County Forensic Center will be notified of an incident by routine channels of communication: Sheriff's Office, Fire Marshal's Office, and/or local law enforcement departments. Depending on the incident, notification may also come from the Office of Emergency Management (OEM). Activation of this Mass Fatality Management Plan should follow the steps in Figure 1: Mass Fatality Management Plan Activation Procedure below:

Figure 1. Mass Fatality Management Plan Activation Procedure



3. Activation Phase

a. Assessment Team

The function of the Assessment Team is to evaluate the site and determine operational requirements for the site, morgue, and Family Assistance Center (FAC).

b. Assessment Team Composition

The Assessment Team is comprised of the following agencies/representatives:

- Justice of the Peace (Hidalgo County's Jurisdictional Medical Legal Authority),
- Hidalgo County Forensics Center/Hidalgo County Pathologist,

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- Hidalgo County's Legal Counsel,
- Local Police Dept. Representative,
- Local Fire Dept. Representative,
- Federal Agencies, if applicable.

c. Evaluation Criteria

The Assessment Team evaluates the site for the following information:

- Potential or the actual number of fatalities,
- Condition of human remains,
- Size and accessibility of the incident site,
- Level of difficulty in recovery,
- Possible Chemical, Biological, Radiological, Nuclear, or high yield Explosives. (CBRNE) hazards.

d. Assessment Results

Based on the assessment, the team will determine the following:

- Type and number of personnel and equipment needed for human remains search, recovery, and transport,
- Location of morgue, if temporary site is needed, plus personnel/equipment needed for processing and identification of human remains,
- Site for FAC and appropriate staffing, in concert with the FAC Group Supervisor.

Demobilization Procedures

Demobilization is the orderly, safe, and efficient return of an incident resource to its original location and status. It can begin at any point of an incident but should begin as soon as possible to facilitate accountability of the resources. The demobilization process should be coordinated between the incident and multiagency coordination systems for the re-assignment of resources, if necessary, to prioritize critical resource needs during demobilization. Within the ICS structure, the responsibility for demobilization falls upon the Planning Section.

1. Incident Site Demobilization Procedures

Demobilization for the incident site will begin when the following criteria have been met:

- All HR and PE have been located and removed,
- The agencies responsible for the investigation have released their control of the site,
- All Hazmat issues have been addressed,
- County Hidalgo EOC or site Incident Commander declares the site to be safe,

- Potential memorial issues have been addressed.
2. Morgue Demobilization Procedures
Demobilization for the morgue will begin when the following criteria have been met:
 - Individual SME requirements are completed and approved for dismissal by the Hidalgo County Forensic Center and Justice of the Peace,
 - All HR has been recovered from the site and processed through the morgue,
 - Identification processes have concluded,
 - Temporary storage issues for HR have been addressed,
 - Release of identifiable HR to NOK has been accomplished,
 - Disposition of unidentified HR has been addressed.
 3. FAC Demobilization Procedures
Demobilization for the FAC will begin when the following criteria have been met:
 - Daily briefings are no longer needed,
 - Rescue, recovery, investigations, and identification issues have decreased to the degree that ongoing operations can take place at the Hidalgo County Forensic Center,
 - Memorial services have been arranged for family and friends,
 - Provision for the return of personal effects has been arranged,
 - Ongoing case management and/or a hotline number has been established, if needed.

Communications

1. Public Information and Messaging
In an MFI, it is imperative that public information and messaging be timely, accurate, and regularly updated. Doing so will aid response and recovery efforts and bring a sense of security and understanding to the public. Failure to provide timely, accurate and updated information can result in mixed and inaccurate messages, unreasonable expectations, and an angry constituency.
2. Public Messaging
Information reported to the public will not only give verified details about what has taken place but will also manage expectations as to how long search and recovery efforts will go on. These messages should not undermine the response efforts of the County. Telephone numbers and website addresses will be disseminated for:
 - a. A call center to report missing persons,
 - b. Family members and friends outside the area who want information on recovery and identification efforts, the incident investigation, or other concerns,
 - c. Volunteer opportunities,
 - d. Donations management.

3. Family Briefings

Private briefings for families and friends will be held on a regularly scheduled basis to report any progress in recovery efforts, identification of victims, the investigation, site visits and memorial services, if appropriate, return of personal effects, and a description of services available at the FAC. These briefings should commence within 24 hours of activating FAC operations. Briefings should be held even if there is no new information to report.

4. Messaging Sequence

Families must receive information from responders prior to the media. This is essential to the success of the response. It is imperative that critical information (i.e., details of the investigation, progress of recovery efforts, identification of victims) is shared in this order:

1. Fatality management responders
2. Victim family members and friends (i.e., FAC patrons) at briefings
3. General public and media

5. Interoperable Communications

Following any mass disaster, including an MFI, responding agencies will follow their normal communications protocols. Given the complexity and number of agencies involved in a mass fatality response, there are likely to be agencies that cannot communicate directly with each other. Any time the MFM Plan is activated, Hidalgo County EOC will be activated. The Communications Unit Leader will assist in resolving any communications issues and relay information between agencies, if necessary. The EOC activation is particularly critical if the MFI response is ongoing and requires coordination with other events, such as in the aftermath of a hurricane. If this is not possible, the responsible agency will utilize alternate communication methods (i.e., fax, email, WebEOC, HAM radio) to provide updates to the EOC.

6. Communication Hardware and Technology

The Logistics Section is tasked with providing the necessary communications hardware and technology needed to effectively manage an MFI. These items include:

- a. Telephonic and computer connectivity to support MFM operations,
- b. Technical component operators of MFI-related call centers,
- c. Computer servers support at MFI locations,
- d. IT infrastructure to support antemortem and postmortem data collection systems,
- e. Interoperability between MFI branches and the HC Sheriff's Office, HC Fire Marshal's Office, and Search and Rescue.

Incident Site Operations

Characteristics of mass fatality sites vary greatly from one incident to another based upon the type of incident and area impacted. However, all MFI sites have common

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characteristics as well. The efforts necessary to respond to MFIs are not fundamentally different from those required for day-to-day public safety responses by law enforcement, fire and rescue, and other emergency response resources. Perimeters need to be established, access must be controlled, and subject matter experts (SME) must take charge of processing the site. Mass fatality incidents increase the level of effort required and the number of fatalities in the incident.

1. Incident Site

Logistical requirements supporting incident site operations for an MFI may include but are not limited to search and rescue vehicles and equipment capable of coping with the incident environment, personal protection equipment (PPE) for responders, cadaver dogs, communications equipment, global positioning systems (GPS), body bags, vehicles for body transport, drinking water, and food. Incidents requiring decontamination of human remains will require additional and specialized resources and personnel. Identifying these logistical requirements is the responsibility of the Assessment Team and subsequent incident site responders.

2. Search and Rescue

Initial emergency management responses in an MFI focus on saving lives. However, as time passes in the response efforts, focus shifts from rescuing the living to managing the deceased.

3. Resources

Search and Rescue units from the local fire departments and law enforcement agencies will be activated to conduct rescue operations to locate casualties and fatalities. The Regional Medical Strike Team, EMTF-11, or local EMS provider will provide emergency medical service (EMS) resources to address the medical needs of survivors located by search and rescue (SAR) teams. All rescue assets must be mindful of crime scene preservation techniques and exercise caution to protect potential evidence as they conduct their operations. Investigation efforts take precedence over HR recovery when those tasks are assigned to separate teams.

4. Discovery of Human Remains

As rescue units locate HR, the location should be marked, and GPS coordinates noted. Human Remains Recovery Teams under the direction of the Justice of the Peace will transport human remains from the site to a location designated by Hidalgo County Forensic Center (see Human Remains Recovery Team below). Human remains cannot be removed from the site without permission from the Justice of the Peace or his/her designated representative.

5. Body Bag Numbering

Human remains at the incident site will be controlled by the Hidalgo County Forensic Center and removed under their direction. The Hidalgo County Forensic Center will be responsible for assigning an HR numbering system to track the location at the site where the HR was found. The numbering technique may be tailored to comply with any agency's format but should remain as uncomplicated as possible to reduce errors or confusion. Care must be taken when deciding on the numbering format as

these unique HR numbers will need to provide a competent means for tracking by relating each HR to its site location, through the identification process, during storage, and until final disposition.

6. Multiple Sites and HR Transportation

In the event of a geographically dispersed MFI with multiple locations of fatalities, it may be necessary to have two or more human remains transportation teams by the contracted agency. The situation may also require establishment of one or more designated body collection points (BCP) if fatalities are not in one location but instead randomly scattered across vast areas of Hidalgo County as is frequently the case in incidents of natural disaster or pandemic influenza.

7. Human Remains Transportation

Hidalgo County contracted transport service will be called upon to transport human remains from the incident site to the morgue. Contracted transport service is required to have a list of local funeral directors who may assist in the transportation of multiple HR. A transportation log will be established to document the removal time, vehicle identification, operator information, and identity of the funeral home/service accepting responsibility for body transport to the morgue. HC Forensic Center should be contacted when there is a need to transport multiple HR to establish proper procedures. A manifest will be required to document the HR numbers of those remains being transported.

Note: Remains suspected or known to have been contaminated may not be safe for transport.

8. Temporary Interment

Temporary interments are a last resort and contrary to some opinions, may not be necessary precautions in response to large numbers of fatalities from a catastrophic incident. However, incidents of pandemic influenza or CBRNE may produce fatalities of a magnitude sufficient to render any identification process unrealistic at that time. Using temporary interment is not desirable but may also be necessary when the surrounding infrastructure is severely compromised. The location for a temporary interment site should be addressed in concert with the Hidalgo County legislators.

9. Safety

Every MFI site has the potential of presenting hazardous environmental issues for responders and the general population affected by the incident. Safety must be a common theme during the entire response process and is the responsibility of all leaders and responders. Incident site safety will be managed by a safety officer, who will be designated at the onset of the incident. Responders should never be placed at risk and operations should not commence without properly addressing all potential safety risks.

10. Hazardous Materials

Mass fatality incidents sometimes involve sites that are tainted by hazardous materials or chemicals. These dangerous materials may range from mild irritants to highly toxic and lethal substances. Prior to any MFI site processing, the area must

be examined by a local fire department's trained Hazmat Team to determine if hazardous materials are present. If so, the team shall act to prevent responder exposure or mitigate the threat with appropriate countermeasures. Efforts to collect evidence, personal effects, and human remains at the site must include protocols to prevent hazardous materials from spreading out or leaving the incident site area.

11. CBRNE Considerations

When human remains and/or personal effects are contaminated with CBRNE agents, SMEs in CBRNE agents and materials are needed to identify how these agents/materials influence the safe handling, recovery, transport, processing, storing, and release of human remains (HR). Management of contaminated HR requires extensive planning, and fatality management cannot commence before CBRNE hazards are addressed.

12. Personal Protective Equipment (PPE)

Appropriate PPE requirements must be identified, and responders must be outfitted accordingly before accessing the MFI site. Anyone allowed access to the incident site should first be provided with a safety briefing and identified PPE requirements should be strictly enforced. Responders' health should be monitored throughout the progression of site management.

13. Security

The initial action at the incident site is to establish security and control access. That responsibility belongs to the law enforcement jurisdiction where the incident occurs. If an incident occurs in overlapping jurisdictions, authority over and responsibility for the site likely defaults to the law enforcement agency having jurisdiction, unless higher law enforcement agencies, state or federal, assume control. The law enforcement agency taking charge of the site will establish a security perimeter, create access point(s), and control entry and exit to and from the site. The entire site area should be designated as a "no-fly zone," if applicable, until after site processing and human remains removal has been completed. In the event the site processing efforts continue beyond one or two days, a badging system should be implemented for access to the site, morgue, and FAC.

Incident Site Management

1. Human Remains Recovery Team

Authority to move human remains from an MFI site located in Hidalgo County rests with the Justice of the Peace having jurisdictional purview. The Justice of the Peace may delegate that authority to the Supporting Pathology Service representative(s) participating in site processing. The recovery of human remains must be managed in an efficient yet meticulous and respectful manner. As the overall response effort and identification process continues in the MFI response it may be necessary to review details of where human remains were first located and by whom. That initiative could be impeded without accurate accounts of the body recovery process.

2. Responder Medical Support

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The Regional Medical Strike Team, EMTF-11 (Texas Emergency Medical Task Force), or local EMS should dispatch one, at minimum, EMS unit to the incident site specifically to attend to the medical needs of the responders. The EMS unit should be on site to monitor the safety of the environment and working conditions for responders and to provide medical attention to any responder who sustains injury from response efforts or becomes ill for any reason. The dispatched EMS unit on site should also assess their ability to adequately support the response force and request additional EMS resources, as necessary.

3. Resources

Search and Rescue units from the local fire departments and law enforcement agencies will be activated to conduct rescue operations to locate casualties and fatalities. The Regional Medical Strike Team, EMTF-11, or local EMS provider will provide EMS resources to address medical needs of survivors located by SAR teams. All rescue assets must be mindful of crime scene preservation techniques and exercise caution to protect potential evidence as they conduct their operations. Investigation efforts take precedence over HR recovery when those tasks are assigned to separate teams.

4. Evidence Response Team (ERT) & Scene Investigation

The location of the incident will dictate which Justice of the Peace has authority for death certification of victims. In any MFI the Justice of the Peace inquest resources are likely to be overwhelmed immediately and local law enforcement will likely assume responsibility for conducting a preliminary investigation into the circumstances surrounding the MFI when in question. Law enforcement investigators will process death scenes to properly document the site and record, collect, and safeguard evidence. The Hidalgo Forensic Center will assume responsibility for the victims and associated personal effects (PE) remains on the body. Any PE having potential value as evidence will be collected by law enforcement as part of their investigation.

5. Volunteer Reception Center

The Volunteer Reception Center processes affiliated and unaffiliated volunteers associated with the incident response. All volunteer personnel must be registered with the Volunteer Reception Center and be sent by the non-government organization (NGO)/non-profit organization (NPO) that has lead over a particular function. Spontaneous, unaffiliated volunteers cannot serve in the Fatality Management Branch. These persons will be directed by the Volunteer Reception Center to assist in another area or function.

6. Personnel Unit

The Personnel Unit oversees staffing requirements, dictates necessary training, and ensures accountability of responders.

a. Oversight

The Personnel Unit provides staff with a daily situation report and oversees on-site staff resources. It manages scheduling and facilitates time and travel

expense documentation. The Personnel Unit works with unit and team leaders to identify staffing requirements and operational needs. The unit also serves as the central focal point in coordinating and sharing information among participating organizations. It distributes a master schedule, develops, and maintains staff rosters, organizational and staffing charts, and staff contact information.

b. Training

The Personnel Unit provides orientation and just-in-time training. It shares specific information on personnel management, some “dos and don’ts” in terms of caring for and maintaining the privacy and safety of FAC family and friends, and specific instruction regarding the task assigned. The Fatality Management Branch Director or the Morgue Group Supervisor will provide the required training needed. Training will be provided to volunteers based on the availability of training.

c. Accountability

When staff arrives for their scheduled shift, the Personnel Unit checks identification badges against the day’s schedule and has the staff member sign in using the ICS-211 form.

Morgue Operations

Logistical requirements supporting morgue operations for an MFI may include but are not limited to electricity, running water, heating, ventilation, air conditioning (HVAC) systems, lighting, temporary storage, medical equipment, expendable medical supplies, PPE, computer hardware and software, and biohazard waste containers. The Logistics Section will likely need to store and manage morgue supplies at the morgue. Expendable medical supplies will be depleted at varying “burn” rates and therefore must be monitored closely. Depletion of any given supply item could abruptly halt morgue operations and cause significant delays in the identification process. Communication between morgue operations and the Logistics Section must be efficient and constant to ensure continuous functionality of the morgue.

1. Documentation

A significant, sometimes staggering, amount of documentation is produced in the effort of collecting, classifying, describing, and controlling human remains post-incident. All documents created, including photographs and x-rays, collected, or otherwise generated during morgue operations for an MFI, fall under the control of the Hidalgo County Forensic Center. Authority over the release of information concerning human remains and morgue operations is the Justice of the Peace/Hidalgo County Forensic Center or that official’s designee.

2. Safety

Safety is the highest priority of any aspect of handling human remains. The Morgue Supervisor will assign a safety officer with experience in biohazard to oversee all aspects of MFI morgue operations. Personnel working in the morgue must comply with international safety precautions and wear appropriate PPE. Biohazard waste bags and sharps containers must be available for disposal of all waste generated from HR processing and disposal of used scalpels, syringes, and other waste

materials. Personnel assigned to work in morgue operations must have completed blood-borne pathogens training prior to assignment of duties in the morgue.

3. Security

Processing of human remains from an MFI cannot begin without first establishing security for the building housing that operation, whether it be the existing Hidalgo County Forensic Center facilities, or an off-site temporary morgue established to support the MFI response. The function of providing security belongs to the local law enforcement agency having jurisdiction over where the morgue or temporary morgue is located. A form of badging of all personnel assigned to the morgue is required to facilitate and limit morgue access. The news media, family members of the deceased, unsolicited volunteers, and curiosity seekers must be prevented from accessing the morgue.

4. Temporary Morgue

There may be a need for a temporary morgue facility to handle all the cases from an MFI if existing resources are overwhelmed, compromised, or non-existent. A temporary facility could be an existing building or a temporary structure. Either option must have running water, electricity, and heating/air conditioning. The structure footprint must be a single-floor configuration with a minimum of 10,000 square feet and arranged to facilitate efficient morgue flow processing. It should also be located relatively close to the incident site, yet sufficiently distanced to be clear of danger from the site and any associated aftermath of the incident. The facility must also be conducive to security and controlled access. Avoiding highly trafficked areas is preferable when possible. Potential facilities include but are not limited to commercial warehouses and NGB armories.

5. Morgue Protocols

Written protocols should be established to document the various steps in morgue processing. Protocols establish standard procedures to follow in order to maintain process consistency. The protocols are determined prior to any HR being sent through the morgue process. Circumstances influencing protocol decisions include but are not limited to the degree of degradation of the remains, number of bodies, availability of medical equipment and facilities, funding constraints, time constraints, and safety issues. All protocols established must be approved by the Hidalgo County Forensic Center. Regardless of any influential circumstances, once a protocol is adopted the processes should remain consistent throughout the project.

6. Common Tissue

In some instances, there are HR fragments that are not suitable for morgue processing. Common tissue most frequently results from incidents of high-impact airplane crashes where severe fragmentation occurs. Examples include small nondescript/unrecognizable pieces of bone and tissue that are unclassifiable and unsuitable for deoxyribonucleic acid (DNA) sampling. These HR fragments are labeled during triage as common tissue, described to the degree possible, photographed with scale, and returned to temporary storage such as a morgue trailer for safekeeping. Common tissue that is not associated to any victim, remains

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that are not identified, and remains identified that are not claimed, are retained under the control of the Hidalgo County Forensic Center until other disposition decisions are reached.

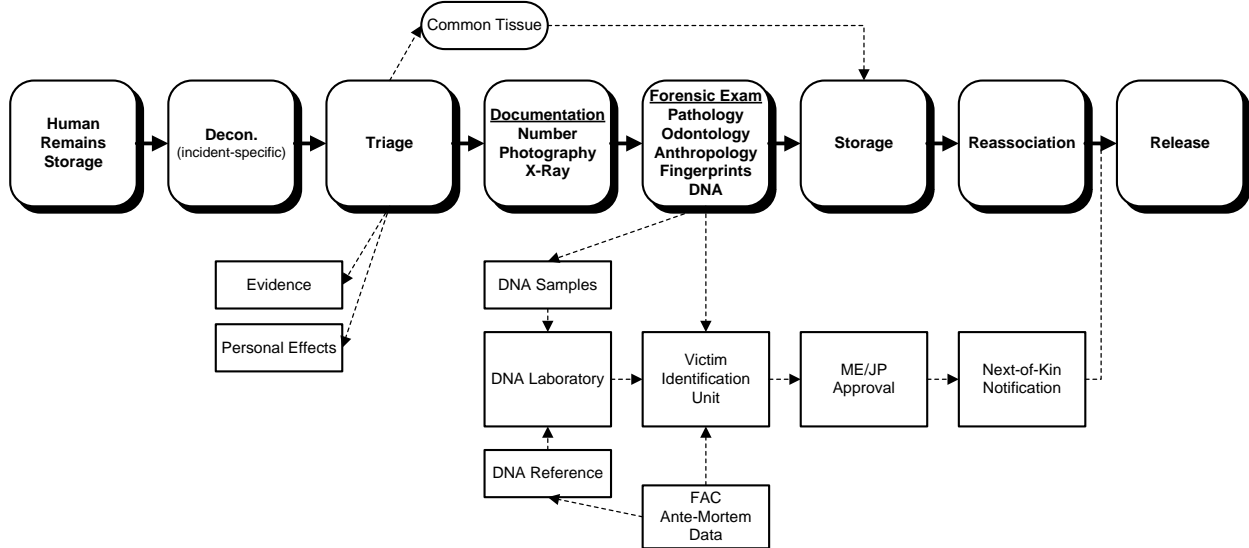
7. Known Decedents

It is not uncommon for MFI victims to die hours, days, or perhaps even weeks after the incident. Their deaths are usually witnessed by family or may even occur under medical care at a medical facility. However, if their demise was a direct result of injury or medical conditions resulting from the MFI, they should be processed as MFI victims, even when their identity is known, the JP should be contacted for authorization of inquest or autopsy. The remains of these victims may be transported to the MFI morgue and processed if desired by the JP. If human remains are delivered to a hospital, hospital staff should contact JP.

8. Workflow

All human remains entering the morgue for processing should be handled in a uniform fashion. The remains pass through various operational phases, categorized into three general functions: Admitting/Processing, Forensic Examination, and Victim Identification. Figure 2 below depicts the flow process of human remains through the various stations in a morgue:

Figure 2. Morgue Operations Flowchart



Morgue Management

Oversight of morgue operations is the primary responsibility of the Fatality Management Branch Director under the Operations Section of the ICS command structure. The individual tasked with oversight of morgue management must have considerable knowledge of human identification and forensic sciences in general.

Justices of the Peace have varying levels of expertise in forensic sciences and matters of identification and therefore are not always best suited for the responsibilities

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associated with morgue management, even though JPs have authority for death certification in Texas counties that lack a Medical Examiner.

Morgue Operations are defined by the number of fatalities, the condition of remains, accessibility to the scene, complexity of recovery, and resources available for response. SME and available resources are highly dependent on the above referenced considerations and the immediacy of needs identified by the specific incident. The Fatality Management Branch Director shall evaluate and determine the need for SME based on parameters of the incident.

1. Personnel

Individuals selected to perform functions in morgue operations must have appropriate knowledge, skills, and abilities. Subject matter experts must be pre-approved by the Hidalgo County Emergency Management and Hidalgo County Forensic Center prior to being assigned to the morgue. Spontaneous, unaffiliated volunteers are not permitted to work in an MFI morgue. However, some of the skill sets necessary to support morgue operations are general in nature. Positions as trackers, scribes, and data entry clerks can be filled by preapproved individuals who receive just-in-time training. Individuals experienced in funeral businesses are frequently called upon to support morgue operations. It should also be noted that the requirements for pre-approved SMEs have a direct impact on the ability of morgue operations to expand to the needs of the incident and a lack of pre-approved SMEs may hasten the necessity for regional, state, and/or federal assistance.

2. Admitting/Processing Unit

Morgue admitting and processing functions are the front-end morgue processes and may include temporary storage, decontamination, triage, evidence, admitting, tracking, photography, and personal effects. These functions are set in place to maintain an orderly process, provide for the safety of individuals working in the morgue, ensure systematic and thorough documentation, and standardize accountability of the remains and PE.

3. Storage Team

Human remains from an MFI must be handled with the utmost dignity and respect throughout the entire process of locating, collecting, processing for identification, and release.

a. Temporary Storage

Temporary body storage is likely needed when remains surge from an MFI exceeds the Hidalgo County Forensic Center in-house and mobile morgue trailers capacity. Refrigerated, mobile units such as trailers and Conex containers work well for this purpose and are stored at the HC Forensic Center or temporary morgue. It is unacceptable to stack bodies on one another or to use commercial freezers and ice rinks. Remains, once processed through the morgue, should be segregated from HR that has not.

b. Remains Release

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Following the identification of an MFI victim, the next-of-kin (NOK) is officially notified of the identification. Their wishes for disposition are discussed for transfer of the remains from morgue facility control. In the event a FAC is established to support the MFI, notification of identification and discussion of release instructions are usually conducted at the FAC by a designated representative of Hidalgo County Forensic Center.

c. Non-Releasable Remains

Common tissue that is not associated to any victim, remains that are not identified, and remains identified that are not claimed, are retained under the control of the Hidalgo County Forensic Center until other disposition decisions are reached.

4. Decontamination Team

Human remains transported to the morgue may or may not be contaminated.

Radiologically contaminated remains or remains suspected of having been exposed to high levels of radiation are unsafe for transport to the morgue.

Biologically/Chemically contaminated remains that are transported to the morgue may need to be decontaminated at the incident site (scene) prior to morgue intake.

In that situation, the nearest fire department with hazardous material (Hazmat) capabilities should be tasked with operating an HR decontamination station at the point of entry in the morgue flow process. A general rule of precaution is to handle all HR as if they are infectious material.

5. Triage/Evidence Response Team

Human remains collected from an MFI may represent varying degrees of intactness. The possibilities range from fully articulated bodies to minute, highly fragmented pieces. A cursory review of HR presented to the morgue is accomplished prior to being admitted.

a. Triage Station

A Triage Station, operated by a pathologist, an anthropologist, or both, under authorization of JP conducts an examination of the contents of each body bag to verify anatomical articulation, search for potentially commingled body parts, and segregate accordingly. Body bags discovered to represent multiple victims must be sorted, re-bagged as separate human remains, and issued a new HR number for processing. Records must reflect this sorting process and annotated with the associated HR number(s). Any fragmented remains that cannot be classified as having potential for identification may be declared common tissue, culled from the process, and stored as HR material unsuitable for identification. The Triage Team can determine whether a specific HR item needs to be processed through every station. For example, a body bag containing only a flap of skin does not need to be examined by the dental or fingerprint sections.

b. Evidence Technician

In the event of an MFI resulting from a criminal act or suspected criminal act there may be a requirement to have evidence collection capability in the morgue operation. The responsibility for evidence processing always rests with law

enforcement agencies. Evidence technicians may have the need to examine all HR and PE submitted to the morgue to ensure items were not collected from the site(s) without first being examined for potential evidence. This procedure should also occur at the front end of morgue processing and may be conducted in concert with triage. Items identified as having potential evidentiary value may be collected by the evidence technician and removed from the morgue. Other items of evidence discovered during the stages of morgue processing, such as a bullet discovered at autopsy, can also be seized as evidence by the evidence technician at the morgue. Any item(s) taken from a numbered HR body bag should be annotated by the evidence technician on HR administrative tracking forms. Items that have potential for identification should be processed through the morgue stations prior to release to the evidence technician and removal from the morgue which is done during autopsy with Forensic Pathologists and techs.

6. Admitting Team

There must be a formal admitting procedure set in place to properly account for each set of HRs submitted to the morgue and create a record of each step throughout the process by the various forensic disciplines to document procedures, classify, and identify the remains. The Admitting Team creates a folder of pre-printed forms for use by each morgue station along with a tracking log to verify each set of remains has been examined at each station. The Admitting Team also assigns an escort, referred to as a “tracker”, for each set of remains to direct the remains from station to station. Positions as trackers, scribes, and data entry clerks can be filled by preapproved individuals who receive just-in-time training and supervision by HC Forensic Center staff.

7. Tracking Team

The tracking of remains through the morgue process is accomplished by individuals assigned as trackers. The tracker escorts a set of remains from station to station, ensuring each required discipline can examine the HR. Trackers should use a one-page form listing each morgue station where the HR is presented for examination. A station representative must check and initial the tracking form to verify each set of HR has been presented for examination. The tracker also collects the station's documents generated from the exam or evaluation conducted. In the event, the HR is presented to a station but is determined to be unsuitable for examination by that station (i.e., a fragmented body with no hands or feet that does not require fingerprinting), that station representative must initial the tracking document as verification that no examination is required by that station. After the tracker has completed the entire morgue circuit the HR is returned to storage and the documents generated from station examinations are returned to the Admitting Team for subsequent release to the Victim Identification Unit.

8. Personal Effects (PE) Team

After any MFI, PE must be managed effectively. Belongings associated with HR or disassociated from HR at the site must be collected, safeguarded, examined for evidence, documented, cataloged, refurbished (but not restored), associated back to its rightful owner, and eventually relinquished to next-of-kin when possible. The

amount of PE generated from an MFI and the complexity of managing the PE will vary greatly from incident to incident. For example, a fatality from a flood is likely to have just the clothing worn and the items held in clothing pockets. Conversely, a fatality of an airplane crash will likely have clothing and belongings on their person as well as carry-on and checked luggage that is disassociated from the owner and possibly dispersed across a huge debris field.

a. Processing Personal Effects at the Morgue

Items of PE collected at the incident site should be transported to the HC Forensic Center or temporary morgue. Even when PE is evaluated for evidence prior to collection at the site, it should be re-evaluated upon receipt by the HC Forensic Center staff. Any items of PE having potential value as evidence should be treated as evidence, separated from other PE, and released to investigators. Some items of PE may require processing for latent fingerprints in an effort to establish ownership and further aid in identification processes. PEs are removed from bodies during forensic examination but are not separated from the HR for PE processing until the remains have passed through all the identification stations. After the remains complete the examination circuit, the PE may be segregated from the remains and stored for safekeeping.

b. Return of Personal Effects to Family Members

Personal effects become an important aspect of providing support to surviving family members as they struggle with the grieving process over the loss of loved ones. Return of PE to NOK is just one of the key elements of helping them cope and accept the tragic death of a family member. Personal effects needed as evidence shall remain with the investigative agency.

Forensic Unit

The second operational phase of the morgue relates to the technical examination of remains by SMEs.

1. Photography Support Team

Photographing each set of HR is essential to morgue processing. The contents of every HR bag must be photographed whether it is an intact body or a small fragment. Photographs serve as a frame of reference for HR returned to storage, as these photographs can be examined from the filed documents associated with a particular HR number and may negate the requirement to retrieve the HR from storage for visual examination. Photography support may also be required by other morgue sections if unique or unusual findings are encountered and require visual documentation. Additional photographers may be required to support MFI morgue operations and should be obtained from local law enforcement.

2. Radiology Support Team

Any HR bag entering the morgue process may be x-rayed. If the remains are intact a full-body x-ray may be adequate to document the remains. Fragmented or skeletal remains require x-rays. Radiographs expose important biological information (such as previous bone fractures, surgical intervention, implants, etc.). Detection of these

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anomalies frequently provides means for positive identification, as is the case when a serial numbered implant is revealed, and its origin is successfully traced. Viewing x-rays can also aid in detection of comingled remains. HC Emergency Management

3. Pathology Support Team

The decision to perform a complete, partial, or no autopsy on HR from an MFI rests with the Justice of the Peace and Hidalgo County Forensic Center. The number of remains, condition of remains, and complexity of identification will influence that decision process. At a minimum, a gross description of the remains must be recorded. Any evidence discovered during autopsy is photographed, recovered, and released to law enforcement officials. In smaller incidents, the pathology station may also serve as the DNA collection station. Assigning a scribe to each pathologist can expedite the examination process.

4. Fingerprints Support Team

Inked postmortem fingerprints present on any remains are recorded from any HR bag presented to the morgue. Footprint impressions are obtained from potential flight crew members' remains. When this requirement becomes labor intensive, the Hidalgo County Forensic Center may call upon the HC Sheriff's Office or local law enforcement agencies for crime scene investigator (CSI) or crime laboratory personnel skilled in postmortem fingerprinting. Personnel from the HC Sheriff's Office or local law enforcement agencies detailed to the morgue for fingerprinting become temporary operational assets of the Fatality Management Branch. Record fingerprints collected at the morgue are released to the HC Sheriff's Office or local law enforcement agencies having jurisdiction for classification, comparison, and analysis. Matches to local or national fingerprint databases are reported to the Hidalgo County Forensic Center for identification consideration. The fingerprint cards of MFI victims are returned to Hidalgo County Forensic Center for filing with other HR documentation. Other agencies, law enforcement, FBI, and or Office of Homeland Security may be requested to assist in fingerprint identification.

5. Odontology Support Team

Dentists conduct exams of each set of dentitions presented in a HR bag and the dental x-rays taken by either the Radiology Team or the Odontology Team. The dentition is charted using DEXIS computer software and the resulting postmortem charts are used by the Data Analysis Team for comparison with retrieved antemortem records. Dental identification software, WinID3 (<http://winid.com/>), is necessary to aid dentists in the task of ante- and postmortem dentition comparisons. Disassociated partial dentition receives separate HR numbers and is examined and classified as well. Odontology teams are most efficient when staffed by three members: a dentist, a dental assistant, and a scribe.

6. Anthropology Support Team

This team serves primarily to classify unidentified decomposed, mummified, and skeletal remains and articulate disarticulated remains. Estimations of age, height, sex, and race are useful as well as uncovering skeletal anomalies and unique identifies such as bone fractures, surgical plates, and screws. Anthropology SMEs

may also be needed on-site for HR recovery efforts and at the Triage Station to sort comingled remains at the authorization of the JP.

7. DNA Team

This team may be a separate operation or combined with the Pathology Team if it is a modest undertaking. It is the last section in the sequence of morgue stations because DNA sample collection alters the condition of the HR, however slight. Sample collection consists of either a buccal swab, whole blood, tissue, bone, or teeth. Sample medium and quantity is dictated by the DNA laboratory selected to receive the items for testing. In the absence of specific laboratory guidelines, it is recommended that the DNA Team use the guidelines from the Armed Forces DNA Identification Laboratory (Attachment). DNA sampling is documented using both the DMORT tracking form and a separate evidence chain of custody document prescribed by the servicing DNA laboratory. Human remains records must also be annotated to document what sample was collected and from where. The method and timing of transfer of DNA samples from the morgue is coordinated between the DNA Team and the servicing DNA laboratory. Laboratory results are reported back to the Victim Identification Group.

Family Assistance Center Operations

The Family Assistance Center (FAC) is the designated location/facility established to exchange accurate, timely information, and render support services for victim family members of mass fatalities and friends who contact or travel to the incident location seeking help. In the aftermath of an MFI, family members and close friends (hereafter referred to as patrons) will struggle to cope with the tragic, unexpected loss of family, friends, and co-workers. Attending to those needs and providing assistance is fundamental to an adequate response to any MFI. It is important to understand the significant and critical role of the FAC. No other aspect of fatality management may have as much human emotion, grief, and anger exhibited within the confines of a FAC. The FAC is a “safe place” for these emotions to be expressed. Furthermore, the FAC provides the opportunity to collect personal information about the victim, allowing authorities to obtain vital information for victim identification.

Logistical requirements supporting FAC operations for an MFI may include but are not limited to communications systems (i.e., telephone, radio, public address system, and internet access), computer hardware and software, furniture (i.e., desks, chairs, sofas), paper goods (i.e., cups, tissues, etc.), food (i.e., meals and snacks), copy machines and paper, signage, and badging. In some instances, temporary lodging may need to be arranged for some or all family members. A Family Assistance Center facility must be compliant with the Americans with Disabilities Act (ADA) of 1990.

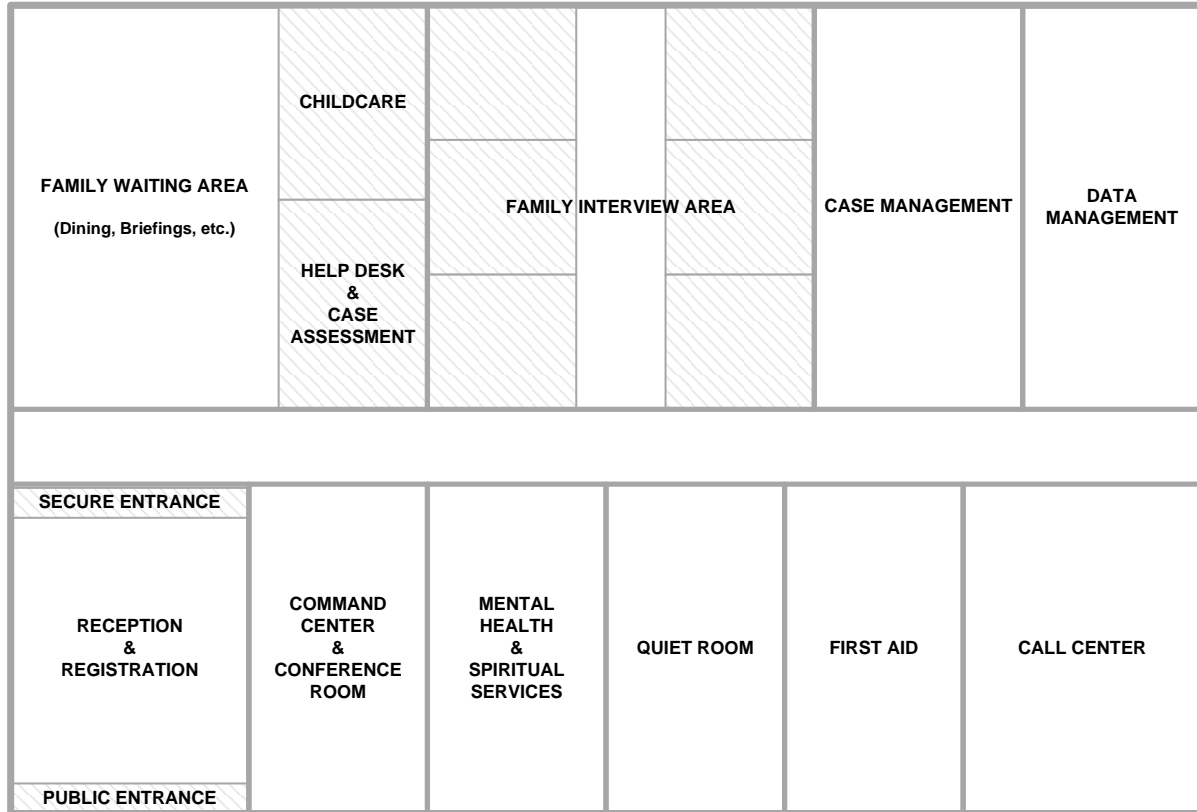
1. Site Selection and Requirements

At the time of an incident, the Assessment Team selects a site for the Family Assistance Center. This site is based on the type, size, and location of the incident. Ease of access to the facility and availability of internet and information technology (IT) services are also determining factors. A FAC facility **must** be ADA-compliant.

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Once the FAC site selection is made and the Hidalgo County Emergency Management approves the site, the FAC Supervisor advises the Logistics Section Chief as to the supplies, equipment, and technical support needed to open and maintain the FAC and will direct the setup of the FAC facility. Figure 3 below suggests how a FAC may be configured:

Figure 3. Sample Family Assistance Center Layout



2. Security

The FAC is a safe and secure facility that protects family members from unwanted intrusion from the media, curious onlookers, and the public. Site security is provided by a law enforcement agency having jurisdiction and a constant security presence is on-site at the FAC. Access to the FAC is always monitored.

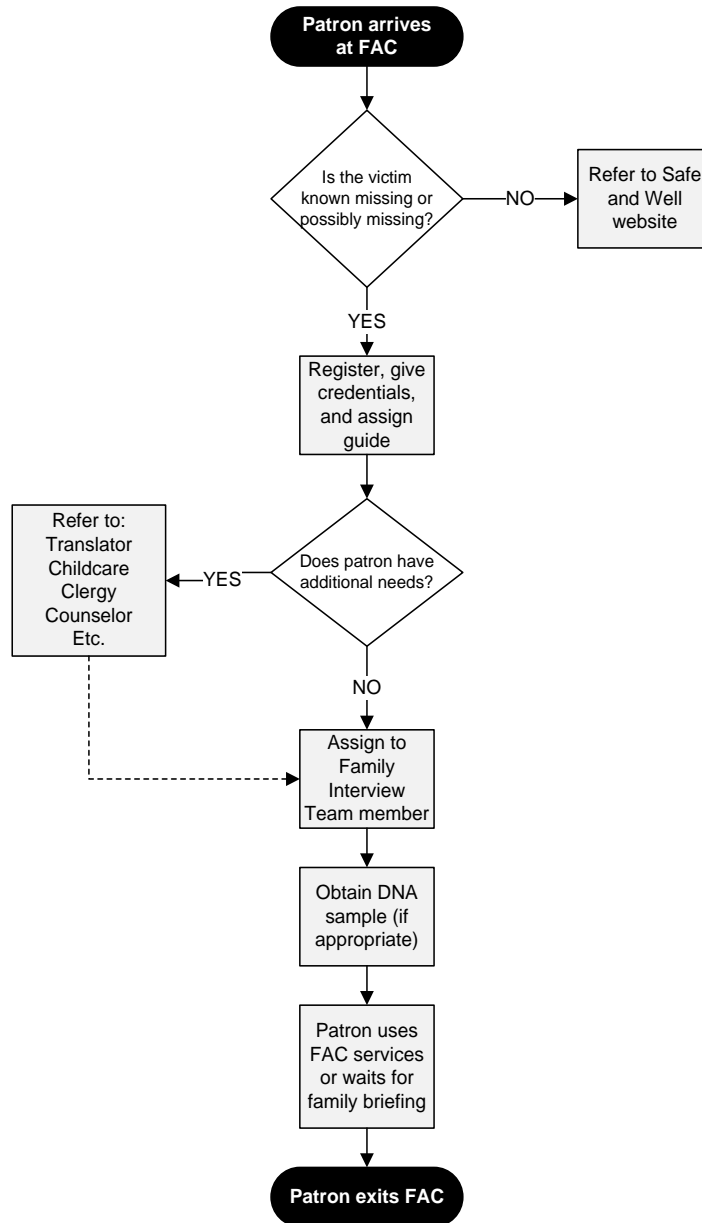
3. Availability

Within 24 hours of an MFI declaration, authorization will be given by the Hidalgo County Emergency Management, in coordination with the FAC Group Supervisor, to set up the FAC. The FAC will remain open on a continual basis for as long as required.

4. Patron Intake Process

Patrons entering the FAC are managed in an orderly fashion. Figure 4 below depicts the flow process of patrons through the FAC:

Figure 4. Patron Intake Process



5. Family Assistance Center Personnel Needs Model

Personnel needs are determined by the size and scope of the MFI. Scaled FAC Operations Needs are based upon an 8:1 ratio of patron to victim. Table 1 below depicts a FAC personnel needs model:

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Table 1. Family Assistance Center Personnel Needs Model

Scale of Incident	Small	Medium	Large	Catastrophic
Recommended Type	FAC Stand Alone	FAC Stand Alone	FAC Stand Alone	Remote or multiple facilities
Potential Fatalities	< 50 fatalities	50 – 300 fatalities	300 – 1000 fatalities	>1,000 fatalities
Daily Capacity for Critical Service Operations	8 stations/12hr per day = 96 interviews per day	25 stations/12hr. per day = 300 interviews per day	50 stations/12hr. per day = 600 interviews per day	50-75 stations/12hr. per day = 600 interviews per day
Patrons	<400	400 – 2,400	2,400 – 8,000	>6,000

6. Family Briefings

It is critically important that patrons receive a continuous flow of information and understand the identification process. Family briefings help to meet this need. It is imperative that information is provided to the families as soon as possible and before being released to the media. The PIO or designated representative leads family briefings and brings patrons up to date on the latest developments. A conference call bridge is set up in the briefing room to connect to family members who are not on site, if available. The Family Management Unit Leader coordinates the family briefings with the PIO, making sure that families are aware of the briefings and are notified of any changes in location and/or time. The Family Management Unit Leader also works with the Logistics Section to ensure that facility needs in the briefing room are met and functional. Family briefings are conducted at least once daily, ideally at a uniform time. For families to feel they are being kept fully informed briefings are held even if there is no significant news to report. The briefing location and times are posted throughout the FAC.

Family Assistance Center Management

1. Forensic Unit

The Forensic Unit coordinates all identification operations among different units and teams associated with the FAC (i.e., Family Interviews, Data Management, Notification/ Disposition Teams).

2. Family Interview Team

After initial intake by the Reception/Registration Team, patrons are escorted to a family interview room. A team member conducts an in-depth and confidential interview using the Disaster Missing Person Form (Antemortem Interview Form) which collects detailed information about the victim. This interview normally takes two to three hours to complete. Team members are specifically trained to interview

families or friends of MFI victims such that the interview does not have the feel of an interrogation. Appropriate family members are identified for reference DNA sample collection, sign a consent form, and are directed to the DNA Reference Collection Team where a DNA sample is taken that will aid in victim identification. Also discussed in the interview is the family's initial preference for death notification. When the interview is completed, the team member notifies the Antemortem Team which obtains the antemortem information from the victim's medical records.

3. Antemortem Data Management Team

The Data Management Team provides clerical support for all aspects of the FAC, ensures that information from the Disaster Missing Person Form and manages all hard-copy files. In addition, this team scans victim photographs and other pertinent documents into Hidalgo County Disaster Missing Person Form. Information is exchanged with the morgue to ensure that there is a complete file on each victim. If a database is available information gathered from the Disaster Mission Person Form and photographs are entered into the database.

4. Antemortem Records Collection Team

The Antemortem Team works in tandem with morgue operations to gather and manage antemortem data through various collection and distribution methods. During the interview process, families are asked to provide the victim's medical history including details of previous surgeries and dental restorations. The Antemortem Team then obtains medical records of this nature for postmortem comparison in the identification process using the Requested Records Log.

5. DNA Reference Collection Team

Frequently MFI identifications depend on DNA testing. DNA results from human remains must be compared to reference samples to make DNA identifications. Reference samples can be from one of two sources, either direct or indirect. Direct references are samples obtained that can yield the DNA profile of a particular missing/unidentified person. Indirect references are DNA samples of biologically related family members that can be used in varying combinations to match HR DNA profiles. Therefore, the FAC must serve as the DNA collection point for family members.

a. Direct References

Family members are solicited to locate and provide personal items of their missing/unidentified loved one that may hold that individual's DNA. Items of clothing, toothbrushes, and used shaving razors are but a few examples. These items are surrendered by the families and must be documented on a chain of custody evidence form for subsequent transmittal to the DNA laboratory conducting the DNA testing.

b. Family References

The type of sample collected (buccal swab [cheek] or whole blood) is determined by the laboratory selected to process the reference samples. Buccal swabs are preferred as they are the least invasive and painless collection method. All family reference samples are documented on a chain of custody evidence form and released to the individual responsible for transferring the samples to the

laboratory conducting testing. Specific consent forms and evidence forms vary from agency to agency and are obtained from the laboratory processing the samples.

6. Personal Effects (PE) Team

The Personal Effects Team supports PE recovery at the site and PE recovery at the morgue. This team collects, inventories, refurbishes (but does not restore), and catalogs the deceased's personal effects for return to family members. Items of PE not considered investigative evidence will remain at the site for collection by a team(s) designated by the Hidalgo County Forensic Center for that purpose. Clothing found on or near the victims and PE in the clothing will be kept with the victim and transported to the morgue with the body. Disassociated PE from the site will be transported to the Hidalgo County Forensic Center work site or another location designated by Forensic Center. In some incidents, the families are required to identify the PE of loved ones. Creating a photographic catalog of recovered PE allows each family to sit in private and view the catalog to identify PE. This serves a dual purpose: first, it facilitates the return of PE to the family; second, associating a particular item of PE may aid in the circumstantial identification of a victim based upon details of the PE recovery (i.e., location, possession, association). Personal effects recovered must be made acceptable for viewing prior to photographing or release to family members to prevent further traumatizing the family. Some of the recovered PE may not be suitable for viewing. Recovered PE frequently invokes extreme family emotions and must be considered when managing this aspect of MFI response. Family members need to sign the Personnel Effects Release form before receiving victim effects.

7. Family Management Unit

The Family Management Unit manages the flow of patrons calling or coming to the FAC. This unit collects timely, regularly updated, and accurate lists of identified victims, individuals receiving medical treatment, missing persons, and family members waiting for information.

8. Call Center Team

The Call Center Team receives over-the-phone initial missing person's intake information as well as information calls regarding volunteers and donations.

a. Call Intake Process

At the Call Center, incoming calls are answered on dedicated, toll-free lines (an alternate line will also be maintained for the hearing impaired) by a team member who fills out a Call Center Intake Form. This form records the caller's name and contact information, relationship to the victim, and initial family member/victim information. Using this information, the team member prioritizes the call using the following categories:

- i. "Known missing" – i.e., my son and daughter-in-law had tickets to the concert at the local venue and called us from the concert, and now I cannot reach them.

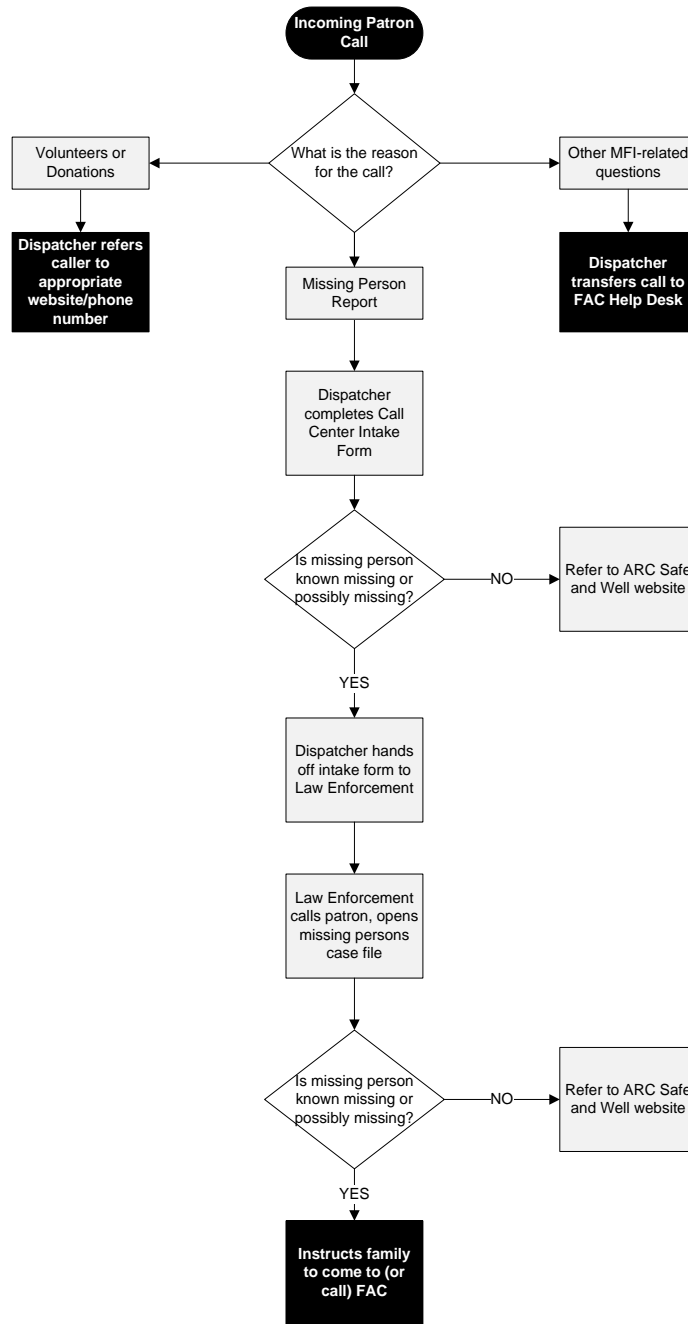
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- ii. “Possible missing” – i.e., my son had said he was going to the concert tonight and now I cannot reach him.
- iii. “Not known” - i.e., my son and his family live in Hidalgo County and frequently attend concerts at the local venue and I cannot reach them.

If the call meets the “known missing” or “possible missing” thresholds, the caller is advised that they will receive a return phone call from law enforcement or other personnel handling missing person cases. After the return phone call, if the potential victim is still determined to be in the “known missing” or “possible missing” categories, the family member is encouraged to travel to the FAC for a family interview. If the caller cannot travel to the FAC, the caller may be transferred to a Family Interview Team member who conducts the interview over the phone using the Disaster Missing Person Form. If the caller is in crisis, he/she is connected to a chaplain or a counselor from the Mental Health Services or Spiritual Services Team at the FAC. For volunteer or donation information, the caller is referred to a website or phone number that will be provided at that time of the event. For other MFI-related questions, the caller is transferred to the Help Desk managed by the Case Assessment Team. The described call intake procedure is illustrated in the flowchart below (Figure 5).

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Figure 5: Call Intake Process



b. Found Persons

If a person calls to advise that a “missing person” – either self or another person – is found, the Call Center Team member takes the caller’s contact information along with the name, address, and telephone number of the person who has been located and passes that information to the on-duty Call Center Team Leader.

c. Call Center Scripts

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Scripts are developed and a resource binder is prepared by the Call Center Team Leader so that each Call Center Team member receives and gives uniform and accurate messages. These resources should be updated daily by Call Center personnel to ensure that all information is current.

9. Reception/Registration Team

The Reception/Registration Team receives initial intake information from patrons who present themselves at the FAC. When patrons arrive, the staff warmly greets them, ensuring that they are treated with respect, consideration, and sensitivity.

a. Patron Entry/Registration

Patrons whose friend or family member falls into the “known missing” or “possible missing” categories sign the FAC Family/Friend Daily Sign-In Sheet. The Reception/Registration Team member then completes a Family/Friend Registration Form which provides initial information about the patron and his/her relationship to the victim. Patrons are provided with FAC identification badges.

b. Guides

A team member is assigned to guide patrons through the FAC, first taking them to a waiting area where they are informed of available FAC services, provided with pertinent written information, given the family briefings schedule, and assisted in navigating the FAC. When the next interviewer is available, family members are escorted from the waiting area to an interview room.

c. Patron Exit/Re-Entry

When patrons leave the FAC, they must use the Family/Friend Daily Sign-in Sheet to check out and leave their contact information at the Registration Desk so they can be contacted when more information is either needed or available. Each day when families and friends return to the FAC, the Reception/Registration Team checks their identification.

10. Notification/Disposition Team

The Notification/Disposition Team notifies family members of the confirmed identification of their deceased loved one and releases the body in accordance with their wishes. Preliminary information received during the family interview as to the family’s wishes for the disposition of the remains will be followed. Discussion is also held with the family as to any preferences the FAC may have for funeral home services, as such an arrangement may dictate the timing for release of the body. The Notification/Disposition Team will have the victim’s authorized family member sign a Remains Release Authorization form, which directs the family’s wishes for disposition. Make sure the Positive and Tentative Identification Protocol Release to Remains form is signed by the Hidalgo County Pathologist before release of remains.

a. Notification Options

The Remains Release Authorization Form provides the family with several options for notification upon additional identification of their deceased family member. These choices include:

- Do not notify (families are content not knowing specific details of the identification),

- Notify one time (i.e., when the first remains are identified),
- Wait to notify until all known remains are identified,
- Notify through a third party (i.e., clergy, funeral director).

b. Notification Process

The process of notification is determined by the size of the incident and the proximity of patrons to the incident site. If families live within proximity, notification is made either at the Family Assistance Center or by a personal visit by a team of authorized representatives (i.e., law enforcement, clergy, funeral directors, mental health professionals) to the family member's home. If the family member lives outside the immediate area, notification may be made by telephone.

Health and Human Services Unit

The Health and Human Services Unit cares for the physical, emotional, and spiritual needs of patrons.

1. Case Assessment Team

The Case Assessment Team provides support to patrons as needed (i.e., interpreters, translators, referrals to support agencies, resources). The Case Assessment Team maintains a Help Desk to answer questions from people calling via telephone or in person. It assists patrons at the FAC in securing such services as benefits counseling and assistance, financial assistance and planning, physical health services, interpreters/translators, and web access. The team also helps FAC patrons in identifying governmental, corporate, and non-profit support services. Referrals are made using the Secondary Services Referral Form.

a. Interpreters/Translators

In the FAC, it is likely there will be patrons who cannot read, write, or understand the English language. In these instances, the Case Assessment Team will provide interpreter and translator services for:

- i. Individual and family meetings,
- ii. Family briefings,
- iii. Translation of FAC materials and antemortem records.

b. Situational Orphans

Representatives from Child Protective Services are present or on-call for the Case Assessment Team to arrange for the care of minors who are either separated from family members or have become "situational orphans" because of the MFI.

2. Mental Health Services Team

The Mental Health Services Team provides Psychological First Aid and/or mental health services to family members and to those who staff the site, morgue, and FAC. Mental Health Services assists families and friends of victims in understanding and managing the full range of grief reactions.

a. Patron Support

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An appropriate mix of professionals (i.e., social workers, marriage, family, and child therapists, psychologists, psychiatrists, and grief counselors) are always either on-call or on duty. The Mental Health Services Team maintains visibility by circulating through the FAC, visiting, and talking to patrons to gauge how they are coping over time. When needed, the team also guides family members to private rooms for counseling, reflection, and rest. The Mental Health Services Team monitors patrons' reactions to information received at family briefings (particularly the number of positive identifications), assists with antemortem interviews and death notifications, as needed, and attends all special events (i.e., incident site visits) to monitor behavioral health reactions during activities.

b. Collaborative Services

The team provides consultation to FAC leadership and leaders of other teams and works closely with clergy, priests, and chaplains on the Spiritual Services Team to maximize assets and minimize functional overlap. This team also provides crisis intervention, mediation, and management of 'at risk' patrons by providing referrals, as necessary, to mental health professionals and support groups located in the family member's local area for adult, adolescent, and child counseling.

3. Spiritual Services Team

The Spiritual Services Team provides pastoral counseling and spiritual care for people of all faiths who request it. The Spiritual Services Team is accessible to families, friends, and co-workers of victims particularly during large group meetings and events. This team will also provide emotional support/crisis intervention and assist mental health staff, as needed. In addition, a representative of the Spiritual Services Team may be present when death notifications are made.

a. Patron Support

Clergy, Pastor, and chaplains who serve on the Spiritual Services Team reach across faith group boundaries, do not proselytize, and protect families and friends from being confronted by unwelcome forms of spiritual intrusion. The team is available throughout the FAC, gauging the emotional reactions of those around them and, when appropriate, guiding patrons to a private room where they can talk about their loss and pray. Team members share meals at the FAC with patrons to provide support. Religious leaders can assist the Call Center when needed by talking with callers in distress. They arrange and conduct an interfaith memorial service when appropriate. In addition, Spiritual Services Team members attend family briefings and all special events (i.e., visits to the incident site) to monitor family reactions during activities and provide support.

b. Responder Support

The Spiritual Services Team also tends to the spiritual needs of the staff, volunteers, and responders. This includes offering and conducting weekly interfaith worship services.

4. Childcare Team

The Childcare Team provides temporary respite care for children while their parents or guardians are at the FAC involved in interviews, briefings, and meetings.

a. Service

The childcare area is prepared to provide support and activities for children representing a range of ages and is structured and staffed to provide appropriate monitoring and support for children's needs.

b. Accountability

Appropriate documentation of children will be maintained through sign-in and sign-out and badging or tagging procedures. Parents or guardians must provide staff with special instructions, such as medical conditions or dietary needs and requirements when registering their children.

5. Mass Care Team

The Mass Care Team provides feeding for patrons and staff and limited lodging for out-of-town family members. The Mass Care Team arranges for a dining area where three meals each day are served and where snacks and drinks are available during all hours of operation. Food is either catered for or made on the premises. Staff and patrons have separate areas to dine, and Spiritual Services and Mental Health Services are present and available during mealtimes to meet with and bring comfort to patrons and staff.

6. First Aid Team

The First Aid Team provides basic first aid or medical care for patrons and staff at the FAC. The team also serves as a liaison with medical service providers in the event of a medical emergency. Staff may consist of qualified nurses, EMTs, or Medical Reserve Corps personnel. The team establishes and staffs a First Aid Station at the FAC. In addition, team members are positioned throughout the facility during family briefings and other events when large numbers of families and friends are gathered for activities. The First Aid Team arranges for transport to a hospital as needed.

Victim Identification Group

The Victim Identification Group is responsible for document housekeeping, collecting victim antemortem records, and conducting analysis of ante- and postmortem data to identify human remains. This group analyzes data to reach scientific conclusions upon which to base probable identifications. Their findings are formally documented in an identification report that is presented to the incident medico-legal authority who, in turn, either accepts or rejects the findings. Accepted findings become identifications by the Justice of the Peace, not the Victim Identification Group.

1. Scientific vs. Presumptive Identification

The task of identifying MFI victims ranges from relatively simple to highly complex processes depending on the incident. Caution must be exercised to ensure identification procedures are based on sound evidence and reliable information. Results should be based on scientific findings rather than circumstantial evidence. It is most likely that legal issues of identification associated with victims of MFIs will come under scrutiny (by next-of-kin [NOK], media, and others) and findings may be contested.

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2. Identification Process

The identification process of MFI victims is heavily dependent upon collecting antemortem and postmortem information for comparison and matching details of each to reach a conclusion of positive identification.

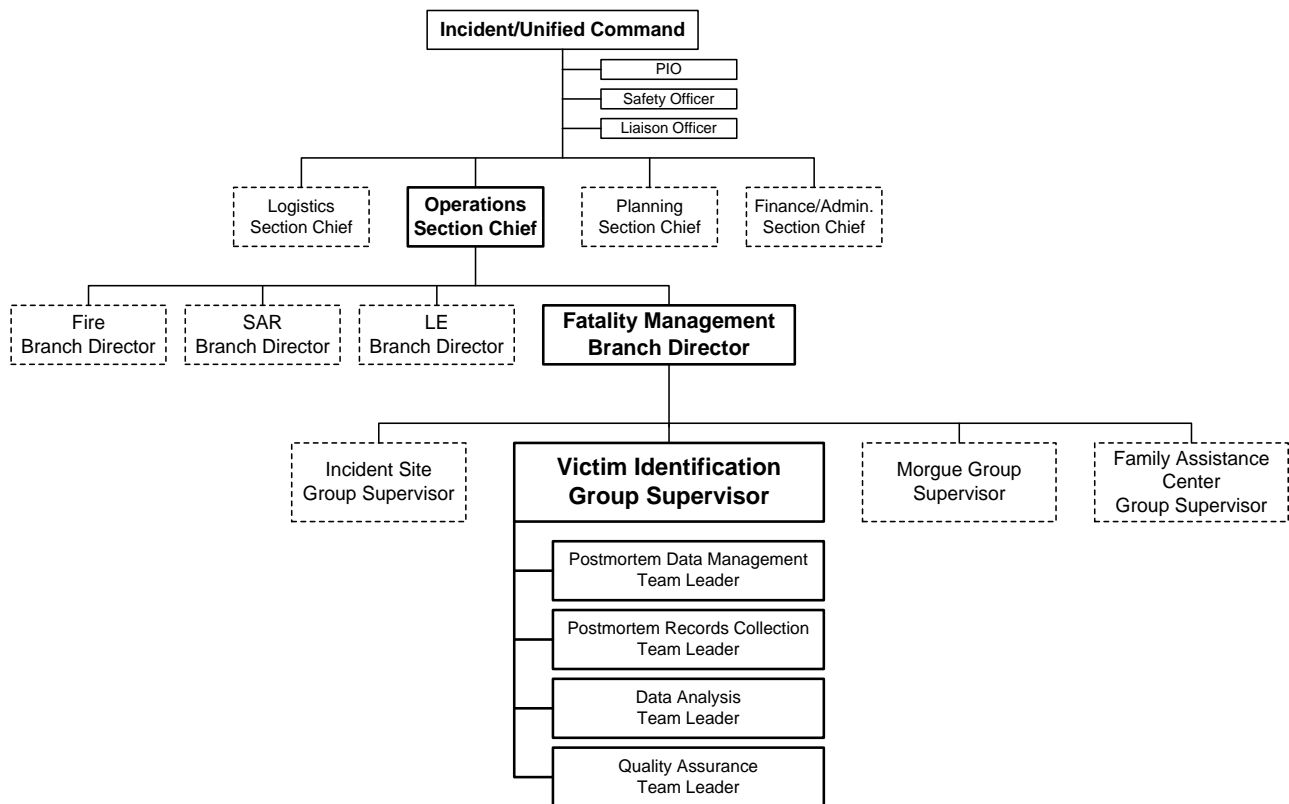
3. Open vs. Closed Victim Populations

Identification processes start by creating a closed population for victims. Closing MFI populations reduces the number of possibilities for identification. For example, obtaining and verifying the flight crew and passenger list of a manifest creates a closed population of victims who die in an airplane crash. Conversely, attempting to close the incident population from a hurricane requires a significant investigative effort and relies on family and friends to report missing persons to proper authorities.

4. Victim Identification Teams

The organizational chart below depicts a typical Victim Identification Group operating under the Fatality Management Branch Director.

Figure 6. Victim Identification Group



5. Postmortem Data Management Team

Record management ensures the systematic, orderly, and retrievable way document filing takes place. Management of records also carries the responsibility of tracking files that are released internally to the various units and teams for reconciliation. The

Records Management Team also maintains a records sign-out log and records the release of all documents within the morgue to various units and teams.

6. Postmortem Records Collection Team

The Records Collection Team receives postmortem information from the examinations conducted by the morgue teams. This team also seeks to obtain antemortem records of potential victims from sources such as family doctors, dentists, and hospitals. Details provided by NOK and friends of suspected MFI victims are used to identify sources of antemortem records and subsequently retrieve those records. Antemortem records that exist in personal belongings are solicited from family members and received at the FAC. The FAC Antemortem Records Collection Team relinquishes the records they obtain to the Postmortem Data Management Team for correlation and safekeeping. These information pieces are used for inclusion and exclusion purposes in the identification process.

Note: The SMEs working in this team are typically pathologists, dentists, and anthropologists.

7. Data Analysis Team

The analysis of the ante- and post-mortem information is conducted by a team of SMEs. Matching characteristics of pre-existing MFI victim information with that of postmortem examinations frequently results in positive identification of MFI victims. It also facilitates re-association of dismembered, unassociated body parts. Laboratory DNA analysis reports generated from HR samples, direct references of victims, and family references that produce identifications are returned from the laboratory to this unit. When compelling identification information is gathered, a written summary of facts is prepared to explain the details and circumstances of the identification.

8. Quality Assurance Team

Findings leading to matching information and subsequent positive identification of Human Remains must be verified by a second Subject Matter Expert and the written findings of the analysis endorsed. The identification findings are presented to the Hidalgo County Forensic Center for approval. Conclusive findings resulting in victim identification are presented by the Hidalgo County Forensic Center to the Justice of the Peace with death certification authority for the MFI. The Justice of the Peace has the responsibility for issuing death certificates.

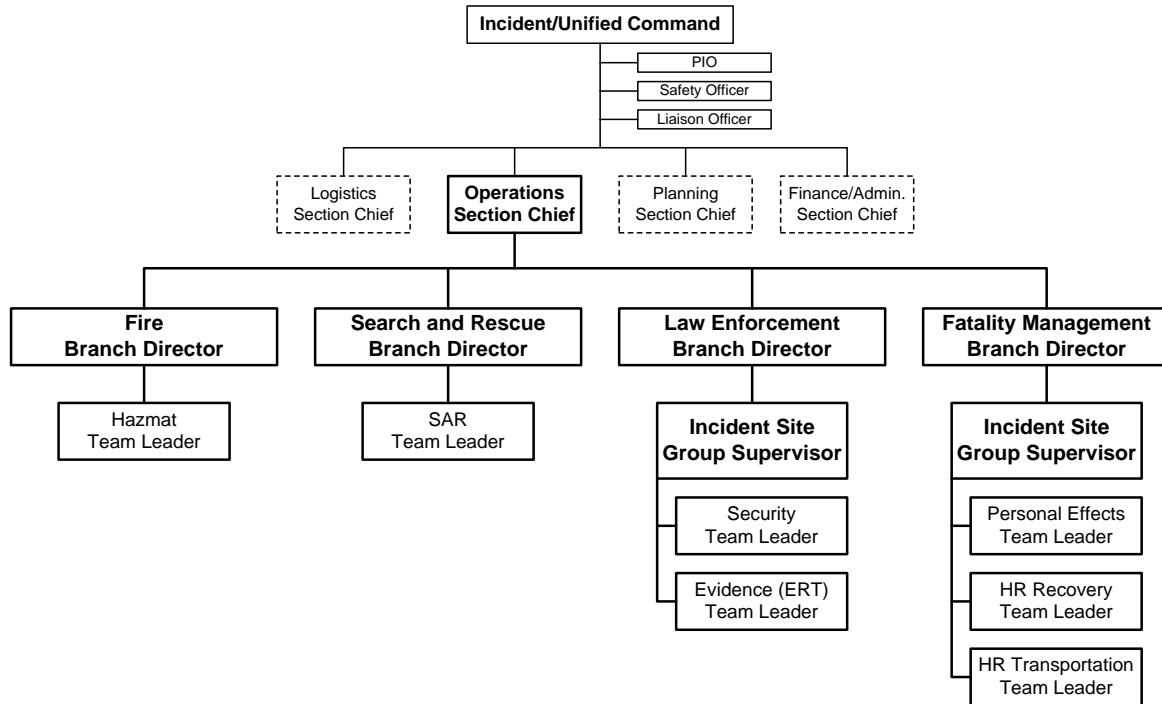
Organization & Assignment of Responsibilities

Incident Site Organization

Tasks associated with incident site management fall within the responsibilities of the Operations Section Chief in the ICS structure. Branch Directors with site responsibilities include Fire, Search and Rescue, Law Enforcement, and Fatality Management. The organizational chart below suggests how that structure might appear within the guidelines of ICS (Figure 7).

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Figure 7. Site Operations Organizational Chart

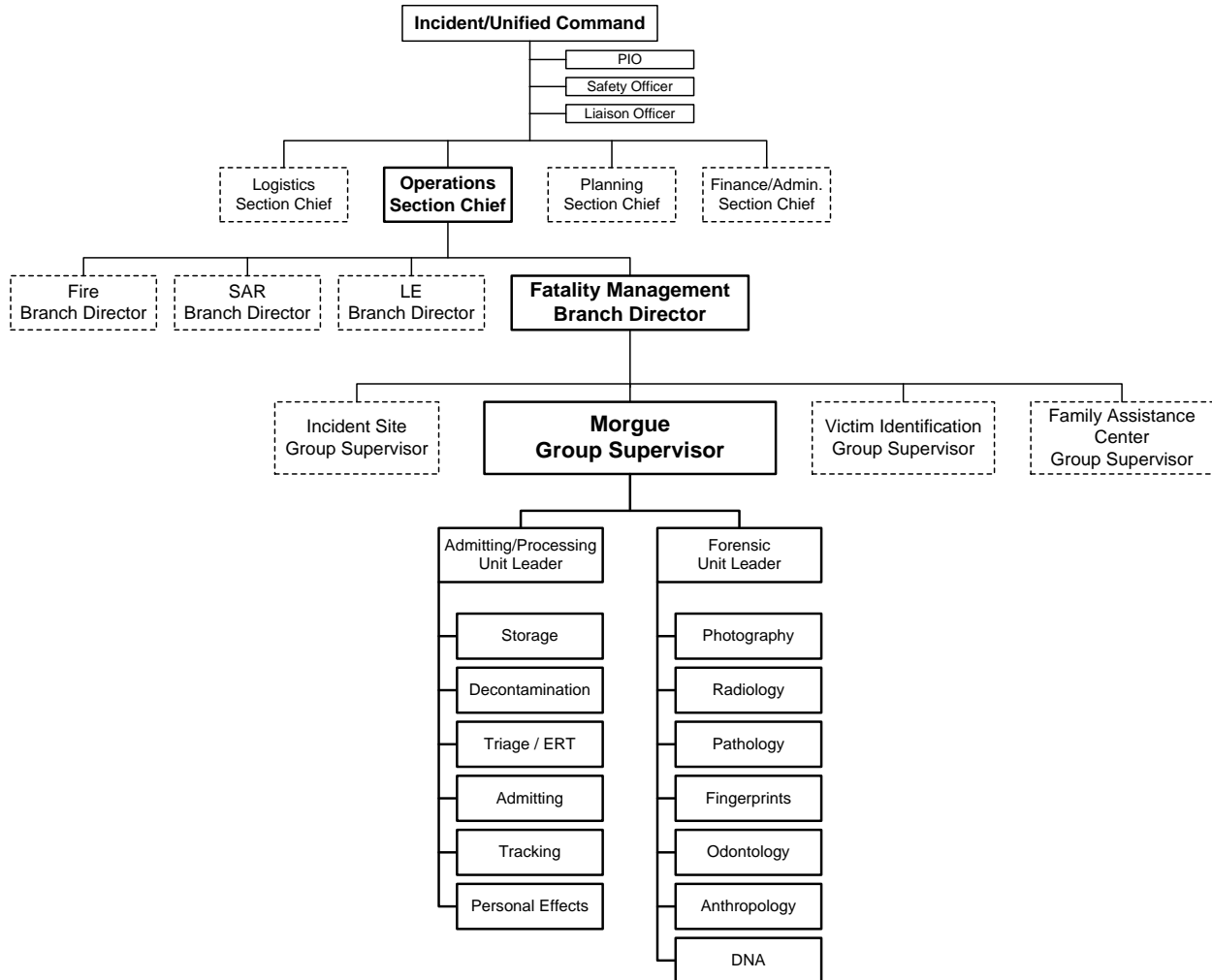


Morgue Operations Organization

There are a variety of responsibilities within the structure of morgue operations that require varying degrees of expertise. Many of the SME positions require highly trained and skilled individuals holding unique certification and licensure. Morgue components can be built to the extent necessary to meet the identification challenges of the incident being managed. The organizational chart on the following page depicts a possible MFI morgue operation within ICS guidelines (Figure 8).

Figure 8. Morgue Group Operations Organizational Chart

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General Considerations:

It should be noted that the following discussion about morgue operations encompasses every operational aspect in a full-scale incident. However, the concept is designed to be flexible and scalable to meet the demands of each specific incident. Any number of the components discussed below can be included, excluded, or expanded to support the specific needs of the situation. For ease of discussion, the individual sections are referred to as teams although the team may consist of only one person and a single person may serve more than one team function based upon the scale of the operation, and specific incident.

Family Assistance Center Organization

The FAC is under the leadership of the Hidalgo County Human Services Director and is staffed by county staff and volunteers working together from multiple human services organizations. While scalable to the size and scope of the incident and flexible to meet the needs of the situation and community, the FAC is structured to include three units:

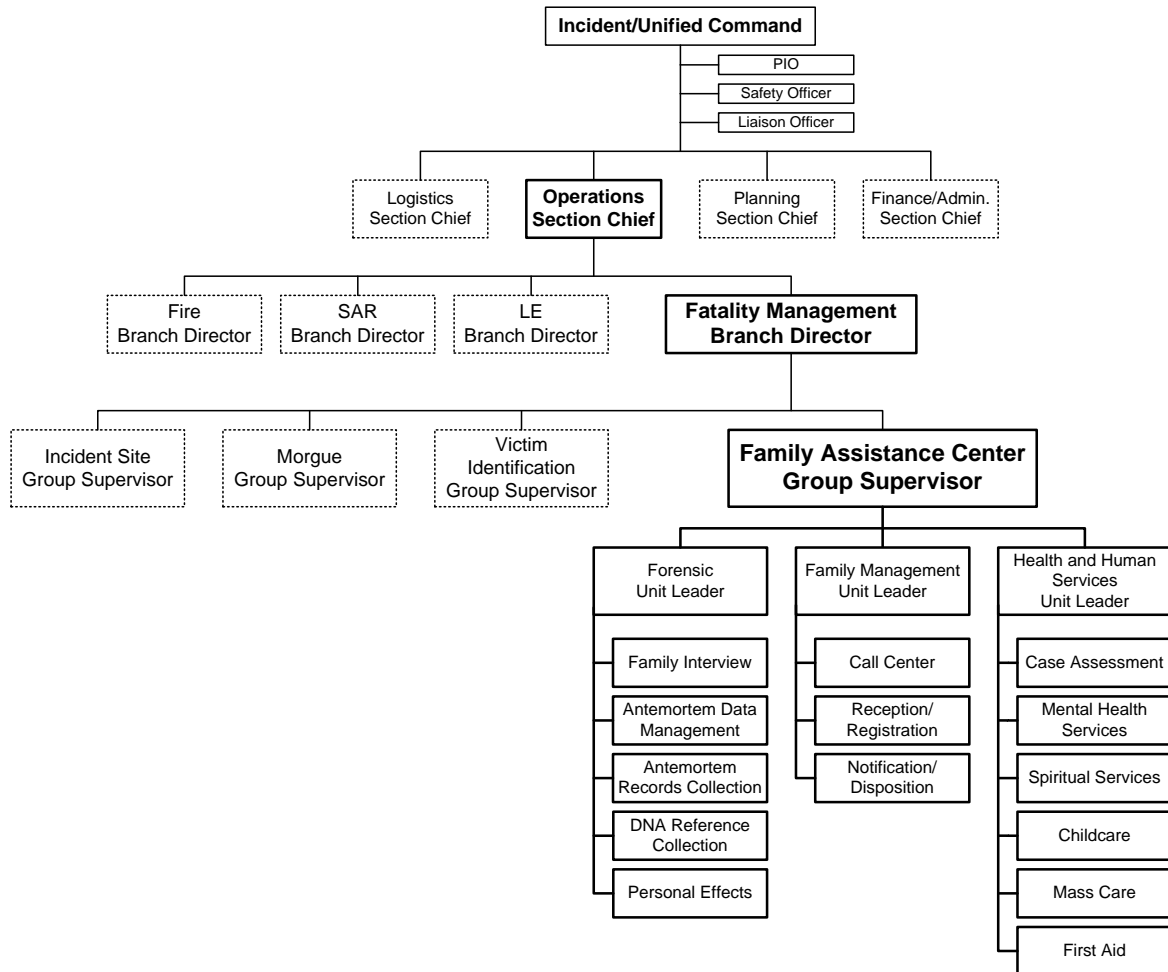
1. Victim Identification
2. Family Management

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3. Health and Human Services

The organizational chart below suggests how that structure might appear within the guidelines of the ICS (Figure 9).

Figure 9. Family Assistance Center Group Operations Organizational Chart



General Considerations:

It should be noted that the following discussion about Family Assistance Center operations encompasses every operational aspect in a full-scale incident. The concept, however, is designed to be flexible and scalable to meet the demands of each specific incident. Any number of the components discussed below can be included, excluded, or expanded to support the specific needs of the situation. For ease of discussion, the individual sections are referred to as teams although the team may consist of only one person and a single person may serve more than one team function based upon the scale of the operation.

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Assignment of Responsibilities

Responding to a mass fatality incident (MFI) will involve multiple agencies and organizations. Each agency has specific responsibilities in the activation, operations, and demobilization phases and should use the following table as a guide.

The delineated responsibilities are not all-inclusive and can be adjusted according to incident needs. All agencies involved must work together for the complete recovery and processing of remains, care of the victims’ families, and the maintenance of other daily operations.

Task Assignments

AGENCY	ACTIVATION RESPONSIBILITIES
County Judge	<ul style="list-style-type: none"> ▪ Direct partial or full activation of the Emergency Operations Center (EOC).
Hidalgo County Office of Emergency Management	<ul style="list-style-type: none"> ▪ Activate EOC when requested, ▪ Staff EOC as appropriate, ▪ Request personnel and/or equipment assets, as needed, ▪ Initiate and coordinate news releases regarding MFM operations, ▪ Communicate MFM operational activities to local officials, ▪ Respond to requests from local/state/federal officials to attend community forums, ▪ Establish Joint Information Center, ▪ Serve on Assessment Team.
Justice of the Peace (HC Jurisdictional Medical Legal Authority)	<ul style="list-style-type: none"> ▪ Serve on Assessment Team, ▪ Begin formulating an investigative approach in concert with Hidalgo County’s legal counsel, Law Enforcement, and other agencies, ▪ Designate lead Medical Legal Authority, if applicable.
Hidalgo County Forensic Center/Pathologist	<ul style="list-style-type: none"> ▪ Serve on Assessment Team (after authorization by the Justice of the Peace), ▪ Serve as Morgue Group Supervisor, ▪ Develop messaging for Public Information Officer (PIO) regarding MFM operations, ▪ Identify MFM response needs along with the Justice of the Peace and EMC to include transportation for HR, ▪ Communicate asset requests to Hidalgo County OEM using ICS-213RR, ▪ Activate MFM response on site along with the Justice of the Peace, ▪ Begin formulating investigative approach in concert with Hidalgo County Sheriff’s Office, Justice of the Peace, and/or other agencies involved in the incident,

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	<ul style="list-style-type: none"> ▪ Assist in MFM incident objectives and hand off to Incident Command (IC) and Justice of the Peace, ▪ Coordinate victim recovery process in concert with Hidalgo County’s legal counsel, Justice of the Peace, other agencies (if applicable) Search and Rescue Team, ▪ Request Subject Matter Experts (SME) for morgue operations, ▪ Request/Approve volunteers working for morgue operations.
<p>Hidalgo County Sheriff’s Office</p>	<ul style="list-style-type: none"> ▪ Serve as Incident Commander, if applicable, ▪ Serve on Assessment Team, ▪ Serve as Law Enforcement Branch Director, if applicable; law enforcement agency having jurisdiction, ▪ Establish security protocols and perimeters for site, morgue, and Family Assistance Center, ▪ Begin formulating investigative approach in concert with the Justice of the Peace (Jurisdictional Medical Legal Authority) and/or Hidalgo County Forensic Center, when applicable, ▪ Formulate MFM incident objectives with Justice of the Peace/Forensic Pathologist, ▪ Communicate asset requests to Hidalgo County EOC using ICS-213RR.
<p>Hidalgo County Fire Marshal’s Office</p>	<ul style="list-style-type: none"> ▪ Serve as Incident Commander, if applicable, ▪ Serve on Assessment Team, ▪ Identify Hazmat issues, if any, ▪ Serve as Search and Rescue Branch, ▪ Implement Hazmat procedures, if applicable, ▪ Activate Search and Rescue operations, ▪ Transition to Search and Recovery after Search and Rescue mission is complete.
<p>Hidalgo County Safety Division of Office of Executive Officer</p>	<ul style="list-style-type: none"> ▪ Serve as Safety Officers on scene as needed or requested, ▪ If activated, participate in E.O.C. for Safety Communications, ▪ Receive, process, investigate and manage claims against or on behalf of the County of Hidalgo, Texas because of the incident, ▪ Assist the District Attorney’s Office Civil Section, as needed, ▪ Attend to other duties as may be assigned.

Operations Phase

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The operations phase manages and monitors all developments to ensure efficient and effective provision of services. Participating agencies will continue to assess their operational requirements during this phase.

AGENCY	OPERATIONAL RESPONSIBILITIES
County Judge	<ul style="list-style-type: none"> ▪ Retain incident oversight, ▪ Coordinate with other local elected officials for consistency in messaging, ▪ Attend and speak at briefings (i.e., media, family).
Incident Commander	<ul style="list-style-type: none"> ▪ Manage the incident on site, ▪ Relay all information to Hidalgo County EOC.
Hidalgo County Office of Emergency Management	<ul style="list-style-type: none"> ▪ Staff EOC, ▪ Coordinate resource and information support for MFM operations, ▪ Develop daily situational reports for use by responder personnel, local officials, family briefings, ▪ Request personnel and/or equipment assets as needed to support local requests for assistance, ▪ Manage Volunteer Reception, ▪ Assist PIO to establish a Joint Information Center.
Justice of the Peace (HC Jurisdictional Medical Legal Authority)	<ul style="list-style-type: none"> ▪ Retain medical legal investigation control, ▪ The location of the incident will dictate which JP has authority for death certification of victims, ▪ Attend and speak at community forums, ▪ Update Incident Command/Planning Section Chief daily with a situational report, ▪ Authority to move human remains (HR) from an MFI site rests with the JP having jurisdictional purview. The JP may delegate that authority to representative(s) participating in site processing, including the forensic pathologist, ▪ Certify victim identifications with Hidalgo County Forensic Center and other agencies support, ▪ Sign death certifications, ▪ Provide oversight of body release.
Hidalgo County Forensic Center/Forensic Pathologist	<ul style="list-style-type: none"> ▪ Update Incident Command/Planning Section Chief daily with a situational report, ▪ Serve as Morgue Group Supervisor, ▪ With authorization of the JP, provide oversight of body removal from the site, ▪ Provide oversight of temporary storage, if applicable, ▪ Monitor and with JP authorization provide oversight to fatality management operations,

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	<ul style="list-style-type: none"> ▪ With the authorization of the JP, approve protocols and manage postmortem operations for victim identification, ▪ Monitor asset needs and communicate changes to Hidalgo County EOC, ▪ Participate in family briefings when requested, ▪ Manage personal effects recovery and refurbishing process, ▪ Perform autopsies as needed with JP authorization, ▪ Present preliminary identifications to JP for certification.
Hidalgo County Sheriff's Office	<ul style="list-style-type: none"> ▪ Serve as Incident Commander or in Unified Command, ▪ Update Incident Command/Planning Section Chief daily with a situational report, ▪ Preserve site and control access, ▪ Secure morgue from media, the public, and families, ▪ Secure FAC from media, bystanders, and the public, ▪ Collect evidence from site and morgue triage station, ▪ Preserve evidence and establish chain of custody, ▪ Conduct incident investigation in concert with Justice of the Peace (Jurisdictional Medical Legal Authority), Hidalgo County Forensic Center (under the Authorization of the JP), local PD or FBI, as applicable, ▪ Staff fingerprint station and assist in identifications as needed, along with FBI and/or Department of Homeland Security, ▪ Manage FAC Victim Identification Unit, ▪ Participate in family briefings when requested.
Local Police Departments	<ul style="list-style-type: none"> ▪ Law enforcement agency having jurisdiction has lead responsibilities, ▪ Support Hidalgo County Sheriff's Office where needed, ▪ Provide security at Morgue Operations, Family Assistance Center, or perimeter.
County Commissioners/Precinct	<ul style="list-style-type: none"> ▪ Provide heavy equipment support in the event it is required, ▪ Provide additional manpower in a long-term event.
Hidalgo County Fire Marshal's Office	<ul style="list-style-type: none"> ▪ Serve as Incident Commander or in Unified Command, ▪ Manage search and rescue operations, ▪ Manage Decon/Hazmat operations, if applicable ▪ Update Incident Command/Planning Section Chief daily with a situational report, ▪ Participate in family briefings when requested.
Nursing School Volunteers	<ul style="list-style-type: none"> ▪ Assigned to Admitting Processing Unit Branch.
Local Fire Departments	<ul style="list-style-type: none"> ▪ Support County Fire Marshal's Office where needed,

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	<ul style="list-style-type: none"> ▪ Serve as Fire Branch Director; agency having jurisdiction has lead.
Local EMS Provider	<ul style="list-style-type: none"> ▪ Provide medical support for responders, ▪ Transport injured/wounded patients to hospital.
Texas Task Force 1 RGV/ Regional Response Team Search and Rescue	<ul style="list-style-type: none"> ▪ Perform search and rescue/recovery efforts under the direction of Hidalgo County EOC, Incident Commander.
Local Funeral Directors	<ul style="list-style-type: none"> ▪ Transport human remains from site to body collection point/temporary morgue/Hidalgo County Forensic Center, ▪ Develop final interment plans for each victim with family members and friends.
Hidalgo County Public Health Department	<ul style="list-style-type: none"> ▪ Serve as Incident Commander or in Unified Command (if incident is disease outbreak, biological terrorism related), ▪ Coordinate with hospitals to manage fatalities, if applicable.
Hidalgo County District Clerks Office	<ul style="list-style-type: none"> ▪ Primary call center, ▪ Receive missing persons calls from the public, ▪ Determine nature of call, ▪ Coordinate the referral of calls reporting a death to the emergency operations center.
MACC	<ul style="list-style-type: none"> ▪ Coordination of resources.
American Red Cross	<ul style="list-style-type: none"> ▪ Serve as the FAC Group Supervisor, if assigned by EMC, ▪ Manage and provide oversight to FAC operations, ▪ Update IC/Planning Section Chief daily with a situation report, ▪ Coordinate non-governmental agencies involved in FAC response, ▪ Serve as the Family Management Unit Leader, if assigned by EMC, ▪ Manage Reception/Registration responsibilities, ▪ Staff help desk for FAC patrons, ▪ Staff call center, if needed, ▪ Secure appropriate outside services for FAC patrons, ▪ Secure translation/interpreter services, ▪ Provide temporary Childcare Services, Spiritual/Mental Counseling to FAC patrons, ▪ Provide feeding for FAC patrons and emergency responders,

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	<ul style="list-style-type: none"> ▪ Manage First Aid station for emergency responders and FAC patrons, ▪ Coordinate other volunteer services, as needed.
Salvation Army	<ul style="list-style-type: none"> ▪ Feed FAC patrons and staff, ▪ Coordinate lodging for patrons, if needed.
TX Tropical Behavioral Health	<ul style="list-style-type: none"> ▪ Provide counseling for victims, family members, and responders.
Medical Reserve Corps	<ul style="list-style-type: none"> ▪ Obtain victim medical records to aid in identification process, ▪ Collect buccal swabs from victim next-of-kin, ▪ Manage personal effects process, ▪ Provide basic first aid for FAC patrons and staff.
Faith Based Groups	<ul style="list-style-type: none"> ▪ Provide spiritual services to FAC patrons and staff, ▪ Work with local funeral directors on providing/advising proper burial processes based on deceased victim's religion.
211 Provider	<ul style="list-style-type: none"> ▪ Secondary call center through 2-1-1, if applicable, ▪ Assist District Clerks Office call center.
Texas Department of Transportation (TxDOT)	<ul style="list-style-type: none"> ▪ Manage traffic flow on State roads, if applicable.
Department of Public Safety (DPS)	<ul style="list-style-type: none"> ▪ Manage traffic flow, if applicable, ▪ Conduct investigations relating to traffic incidents.
Federal	<ul style="list-style-type: none"> ▪ Conduct investigation.
Foreign Consulates	<ul style="list-style-type: none"> ▪ Aid in identification of HR, identifying next of kin (NOK), assisting NOK in transportation to US and HR to country of origin for burial, when applicable.

Demobilization Phase

The demobilization phase involves three areas:

- (1) Recognition and management of decline in MFM operations
- (2) Continuity of operations
- (3) Effective transition to normal operations

AGENCY	DEMobilIZATION RESPONSIBILITIES
County Judge	<ul style="list-style-type: none"> ▪ Terminate EOC operations, when appropriate.
Hidalgo County Office of Emergency Management	<ul style="list-style-type: none"> ▪ Continue coordination with city, county, state, and federal agencies, ▪ Notify PIO/JIC of demobilization timeline as soon as possible, ▪ Notify all response agencies of demobilization timeline

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	<ul style="list-style-type: none"> and strategy via meeting, ▪ Conduct transmission meetings with federal support agencies, ▪ Coordinate After Action Review (AAR) process with all necessary participants, ▪ Arrange facility and asset demobilization,
Justice of the Peace (Medical Legal Authority)	<ul style="list-style-type: none"> ▪ Monitor changes in MFM operational requirements, ▪ Coordinate long-term operations for identification and storage in concert with Hidalgo County Forensic Center.
Hidalgo County Forensic Center	<ul style="list-style-type: none"> ▪ Perform duties as authorized by Justice of the Peace, ▪ Monitor changes in MFM operational requirements, ▪ Identify declining operational tasks, ▪ Assess operations to be accomplished in-house, ▪ Identify appropriate demobilization timeline in concert with MFM Planning representative, ▪ Coordinate long-term operations for identification and storage in concert with Justice of the Peace, ▪ Inform IC of demobilization timeline and process.
Hidalgo County Sheriff's Office	<ul style="list-style-type: none"> ▪ Release site/morgue/FAC security, ▪ Organize staff debriefings with mental health provider.
Hidalgo County Fire Marshal's Office	<ul style="list-style-type: none"> ▪ Dispose of Hazmat waste.
MACC	<ul style="list-style-type: none"> ▪ Coordination of resources.
American Red Cross	<ul style="list-style-type: none"> ▪ Report demobilization updates for FAC to IC, ▪ Follow up with Case Management patrons.
Federal	<ul style="list-style-type: none"> ▪ Attend demobilization meeting arranged by County EOC, Incident Commander, ▪ Identify long-term coordination needs and the responsible agencies.
All Other Agencies	<ul style="list-style-type: none"> ▪ Attend demobilization meeting arranged by County EOC, Incident Commander, ▪ Develop transition plans and timelines for MFM activities, ▪ Identify long-term coordination needs and the responsible agencies.

Direction & Control

General

Any mass fatality occurring in Hidalgo County will follow the ICS management guidelines which contain five functional areas: Command, Operations, Planning, Logistics, and Finance/Administration. The National Incident Management System is designed to be flexible and scalable to meet the needs of the incident. The designated

Incident Commander determines the degree of organization expansion to best combat and resolve the incident. Unified Command will be necessary to meet the response demands.

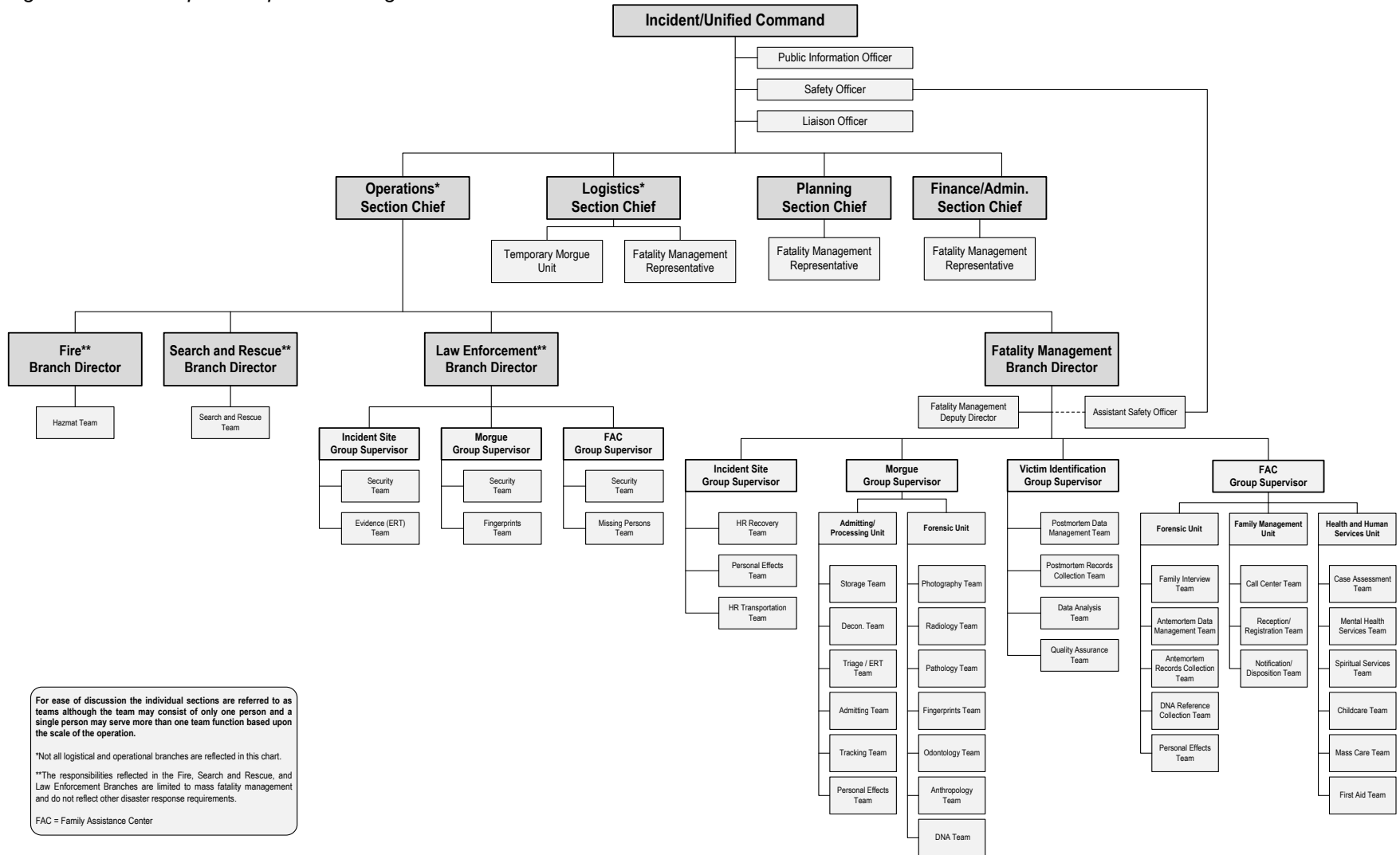
Organizational Chart

The organizational chart on the following page illustrates how a mass fatality incident response may operate according to ICS guidelines (Figure 10). In addition to Operations, fatality management personnel will have representation in Planning, Logistics, and Finance/Administration. This illustration is meant to display every operational component of MFI response, some of which may not be activated depending on the nature of the incident.

Note: For ease of discussion throughout this plan, the individual sections (i.e., Pathology, Fingerprints, Call Center) are referred to as teams, although the team may consist of only one person, and a single person may serve more than one team function based upon the scale of the operation.

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Figure 10. MFI Response Operations Organizational Chart



For ease of discussion the individual sections are referred to as teams although the team may consist of only one person and a single person may serve more than one team function based upon the scale of the operation.

*Not all logistical and operational branches are reflected in this chart.

**The responsibilities reflected in the Fire, Search and Rescue, and Law Enforcement Branches are limited to mass fatality management and do not reflect other disaster response requirements.

FAC = Family Assistance Center

1. Planning Section

The Planning Section collects, evaluates, and disseminates incident situation information and intelligence to Unified Command and incident management personnel. This section then prepares status reports, displays situation information, maintains the status of resources assigned to the incident, and prepares and documents the IAP, based on Operations Section input and guidance from Unified Command.

2. Logistics Section

Any MFI response will require significant logistical resources. The requests, acquisition, delivery, storage, and expenditure of any and all materials, equipment, and facilities used in support of an MFI response must be managed effectively. The responsibility for all aspects of logistical support falls on the Logistics Section within the ICS structure. The Planning Section in concert with the Operations Section determines logistical requirements and relays those requirements to the Logistics Section using an ICS-213RR form. All resource requests are specified by category, kind, and type, including size, capacity, capability, skill, and other characteristics, specific brands and/or manufacturers are not included in the request. Identified needs are relayed to the Logistics Section for validation and procurement. Resource funding is processed by the Finance and Administration Section. Failure to properly requisition, acquire, distribute, and account for logistical support in an MFI response could jeopardize Hidalgo County's efforts to seek and obtain reimbursement.

Communication Responsibilities

Communication typically causes the most challenges during incident response. It is essential for cohesive and efficient mass fatality management to appropriately control communication inflow and outflow.

1. Public Information Officer (PIO)

The PIO representing the IC serves as the single point of contact for the incident, conducts press briefings, and presides over family briefings. PIO messages directed to the media will include written statements summarizing details. If an incident occurs inside the city jurisdiction, the city PIO has overall responsibility.

2. Joint Information System (JIS)

The JIS establishes parameters of how the public information function will operate during an incident.

3. Joint Information Center (JIC)

The JIC serves as a single point of dissemination for incident-related information.

4. Branch Directors

Liaisons from the Fire, Search and Rescue, Law Enforcement, and Fatality Management branches will provide timely, accurate, and verified information about their respective branches to the PIO for dissemination.

Administration & Support

Finance & Administration

A Fatality Management representative from Hidalgo County Department of Budget and Management will monitor the financial and administrative aspects of the incident, including tracking of purchases, preventing duplication of purchases, maintaining accurate records of purchases, monitor personnel time recordkeeping, financial input for demobilization procedures, and ensuring documentation is consistent with state or federal reimbursement standards. Any deficiencies in financial documentation and accountability in response to a mass fatality incident could jeopardize funding streams for reimbursement.

Support

Regional, state, and/or federal assistance may be required to provide adequate resources to manage an MFI. Request for these resources must be coordinated through the Hidalgo County EOC. The Hidalgo County Forensic Center retains operational control over any assets deployed to support an MFI response.

Local Assets

To view all resources by local cities and hospitals found in Hidalgo County please refer to Attachment III.

State Assets

Requests for state assistance for local mass fatality incident response must process through the County EOC to the Disaster District Committee (DDC) Chairperson located at the Texas Department of Public Safety office in Regional Headquarters in Weslaco. Hidalgo County Judge or Emergency Manager Coordinator is responsible for making such requests to the DDC. Resource requests that cannot be fulfilled by the DDC are forwarded to the State Operations Center at the Texas Division of Emergency Management in Austin, TX for assistance. Specific resources by category, kind, and type, including size, capacity, capability, skill, and other characteristics must be requested using an ICS-213RR form.

1. Texas Division of Emergency Management (TDEM), DPS
Texas Division of Emergency Management, within the Texas Department of Public Safety, is responsible for emergency management programs including training, mitigation, preparedness, response, and recovery. The State Operations Center manages disaster response on a statewide level and aids in the appropriation of federal and state resources during disasters.
2. Texas Department of State Health Services (DSHS)

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Texas DSHS manages emergency preparedness, planning, response, and recovery for health-related disasters and all health aspects of emergency response. Hidalgo County is in the DSHS 11 Region. Notably, DSHS, in coordination with several other state agencies, has developed a Mass Fatality Management Plan for the State of Texas.

3. Texas Funeral Directors Association (TFDA)

The State of Texas has equipment resources designed to support MFI processing. These resources include two portable morgue units and three temporary storage trailers. The TFDA Disaster Response Team maintains the equipment and trained personnel for deployment.

4. Texas State Guard

The Texas State Guard is one of three components of the Texas Military Forces. They provide mission-ready military forces to assist State and local authorities in times of state emergencies. Missions are directed by the Commander-in-Chief of the Texas Military Forces (Governor of Texas) and commanded by the Texas Adjutant General.

Note: The 6th WMD Civil Support Team, located in Austin, TX, is immediately deployable to respond to incidents involving Weapons of Mass Destruction (WMD), as well as other disasters and catastrophic events, both natural and man-made.

5. Texas Voluntary Organizations Active in Disaster (TXVOAD)

The Texas Voluntary Organizations Active in Disaster is a state organization that assists in providing volunteers and support services in emergency response.

Federal Assets

Federal entities may have direct or indirect responsibilities for mass fatality incidents that occur locally. Their response role may be direct management and coordination of the response or a supporting role to local authorities. Federal assistance may be predicated upon a federal emergency declaration.

1. National Transportation Safety Board (NTSB)

The National Transportation Safety Board has the authority for investigating all public transportation fatalities including civil aviation, railroad, highway, marine, and pipeline accidents in the United States. In the absence of suspected criminal activity, NTSB is the lead investigative agency for transportation incidents. The Aviation Disaster Family Assistance Act of 1996 mandates transportation carriers meet the needs of aviation disaster victims and their families. These needs include victim identification, providing a Family Assistance Center, and crisis counseling.

2. U.S. Department of Health and Human Services (HHS)

Federal resources for MFI response are within the control of the U.S. Department of Health and Human Services. Their resources, both equipment, and manpower, are contained by the Disaster Mortuary Operational Response Team (DMORT). Equipment resources include three portable morgues, one of which is located near

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Dallas, TX. DMORT teams are located throughout the U.S. and each team has an SME for every discipline of morgue operations. Members are fully credentialed and accredited by HHS and are recognized as having appropriate training and experience in MFI responses. DMORT is divided into teams, and only the necessary teams are deployed to the incident. Texas, along with Louisiana, Arkansas, Oklahoma, and New Mexico, is in DMORT Region VI.

3. National Guard Bureau (Title 32 Forces)
The National Guard Bureau's Air National Guard maintains a Fatality Search and Recovery Team (FSRT) capable of recovering decedents from contaminated field settings under the authority, direction, and supervision of local ME/JPs. This capability is part of the NGB CBRNE Enhanced Response Force Package and can be activated as either a state (Title 32) or federal (Title 10) asset and can be used to support civilian MFI response. One FSRT is in Texas, the 149th FSRT, Lackland Air Force Base (San Antonio), TX.
4. Department of Defense (DoD) (Title 10 Forces)
Title 10 Forces refers to Active Component soldiers, sailors, airmen, and marines. Under routine circumstances, these resources *cannot* be used for civil support. However, Title 10 Forces may be called upon as part of a DoD activation of its Joint Task Force-Civil Support in response to a CBRNE incident due to weapons of mass destruction. DoD Directive 1300.22, Mortuary Affairs Policy, requires a Title 10 mortuary affairs force structure capable of providing support for search, recovery identification, evacuation, and, when required, temporary interment, disinterment, decontamination, and re-interment of (among others) U.S. non-combatants.
5. Federal Bureau of Investigation (FBI)
The FBI is the lead federal investigative agency for any mass fatality incident resulting from or suspected of resulting from domestic terrorism or other criminal acts.
6. Bureau of Alcohol, Tobacco, Firearms, and Explosives (ATF)
The ATF also participates in conducting investigations involving acts of arson and bombings, illegal use of firearms and explosives, and acts of terrorism.
7. Immigrations and Customs Enforcement (ICE)
The ICE is the principal investigative arm of the U.S. Department of Homeland Security and as such may have an investigative role in MFIs related to border control or immigration.

Plan Development & Maintenance

1. The Hidalgo County Health and Human Services Department Director is responsible for maintaining and reviewing the Public Health & Medical Services Plan, Appendix 4: Mass Fatality Management Plan annually. Recommended changes to this plan should be forwarded as needs become apparent and may reflect any changes within our jurisdictional risks and/or community capabilities.

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2. The Public Health & Medical Services Plan, Appendix 4: Mass Fatality Management Plan and its attachments are living documents and require revision to account for changes in roles/responsibilities and resources within Hidalgo County such as the acquisition of new equipment, training of staff, and increased partnerships from the private sector.
3. Once the Public Health & Medical Services Plan, Appendix 4: Mass Fatality Management Plan has been updated, the Hidalgo County Health and Human Services Department Director will present to Commissioner's Court for final adoption and ratification. The Public Health & Medical Services Plan, Appendix 4: Mass Fatality Management Plan is updated and presented to Commissioner's Court every five years with input from Emergency Management and various stakeholders. Departments and agencies assigned responsibilities in the Public Health & Medical Services Plan are responsible for developing and maintaining SOPs. Copies of the Public Health & Medical Services Plan, Appendix 4: Mass Fatality Management Plan are kept at HCHHSD's main offices at **1304 S. 25th Avenue, Edinburg, TX 78542** in the following locations:

Office of Administration

Public Health Emergency Preparedness Division (PHEP)

Clinical Health Services

Information Technology Services

Safety Officer

Hidalgo County Emergency Operations Center (EOC)

Hidalgo County Emergency Management Coordinator

Each HCHHSD division manager is responsible for informing and instructing public health personnel about the location of the plan copies, as well as each employee's emergency response role and responsibilities. The supervisors/managers are also responsible for ensuring that employees attend appropriate training, according to their assigned response tier.

References

A. Federal

1. Aviation Disaster Family Assistance Act of 1996
2. Foreign Air Carrier Family Support Act of 1997
3. Rail Passenger Disaster Family Assistance Act of 2008
4. National Response Framework (NRF), Emergency Support Function 8 (ESF-8)

B. State

1. State of Texas Emergency Management Plan
 - a. *Basic Plan*

- i. Section 1
 - 1. *Annex H*
 - 2. Health and Safety Code
 - a. *Chapter 81*
 - i. Communicable Diseases.
 - b. *Chapter 121, Local Public Health Reorganization Act*
 - i. Subchapter B, Health Authorities.
 - c. *Chapter 161, Public Health Provisions*
 - i. Subchapter A, Immunizations
 - d. *Section 161.00705 Recording Administration of Immunization and Medication for Disasters and Emergencies.*
 - e. *Chapter 193, Death Records*
 - i. Section 193.010 Certificate of Death by Catastrophe.
 - f. *Chapter 671, Determination of Death and Autopsy Reports.*
 - g. *Chapter 694, Burial.*
 - h. *Chapter 695, In-Casket Identification*
 - i. *Chapter 711, General Provisions Relating to Cemeteries*
 - j. *Chapter 713, Local Regulation of Cemeteries.*
 - k. *Chapter 714, Miscellaneous Provisions Relating to Cemeteries*
 - l. *Chapter 716, Crematories*
 - 3. Code of Criminal Procedure
 - a. *Chapter 49, Inquests upon Dead Bodies*
 - i. Subchapter A, Duties performed by Justices of the Peace.
 - 4. Occupations Code
 - a. *Subtitle L*
 - i. Chapter 651, Cemetery and Crematory Services, Funeral Direction and Embalming
- C. Local
Refer to the *Hidalgo County Emergency Operations Plan* for local authorities.

Attachments

Attachment I – Surge Capacity

Attachment II – Hidalgo County, Justice of the Peace

Attachment III – Local Resources

Attachment IV – Fatality Management Forms

Attachment V – Release of Remains Protocol

Attachment VI – Hidalgo County Population Density

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Appendix 4: Mass Fatality Management Plan

Attachment 1: Medical Surge Capacity

April 2023

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Approval and Implementation

Appendix 4: Mass Fatality Management Plan

Attachment 1: Medical Surge Capacity

This attachment is hereby approved for implementation and supersedes all previous editions.

Eduardo Olivarez
Director, Health & Human Services

Date

Ricardo Saldaña
Emergency Management Coordinator

Date

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Authority

The Hidalgo County Commissioner’s Court has the authority to approve and implement the Public Health & Medical Services Plan. The Public Health & Medical Services Plan includes 12 appendices. The County Commissioner’s Court approved the Public Health & Medical Services Plan on [REDACTED], 2023. This plan aligns with the County’s Emergency Basic Plan, ESF-8: Public Health that was approved by the County Commissioner’s Court on September 7, 2021.

Purpose

Public health surge is the sudden increase of public health personnel and/or capacity (i.e., non-health department county employees, volunteers) to prevent or mitigate the effects of a public health emergency or disaster (i.e., mass vaccination center in response to a smallpox bioterrorist attack). Medical surge is the sudden increase in the capacity of emergency medical response, transportation, and/or treatment assets to respond to a public health emergency or disaster that is expected to result in or has resulted in an increase of injured or ill patients (i.e., explosion, pandemic flu). Public health and medical surges may occur separately or simultaneously, as needed.

This document, Appendix 4: The Mass Fatality Management Plan, Attachment 1: Surge Capacity, provides more specific guidance for the rapid buildup of public health and medical “surge” assets to meet the needs of public health emergencies or disasters that challenge or exceed the Hidalgo County Health and Human Services Department (HCHHSD) capacities and/or capabilities.

Explanation of Terms

Acronyms

CDC	Centers for Disease Control and Prevention
DDC	Disaster District Committee/Chair
DSHS	Texas Department of State Health Services
EOC	Emergency Operations Center
HAZMAT	Hazardous Materials
PHEP	Public Health Emergency Preparedness
PIO	Public Information Officer
POD	Point of Dispensing
RSS	Receiving, Staging, and Storing Site
SNS	Strategic National Stockpile

Definitions

See the Public Health and Medical Services Plan, Explanation of Terms.

Situation & Assumptions

Situation

1. HCHHSD is the responsible department within the government of Hidalgo County to address public health emergencies and disasters. This includes the responsibility to maximize public health and medical surge capacity, and the capability of HCHHSD to ensure the ability to respond to any public health emergency or disaster.
2. The responsibility of HCHHSD in response to public health emergencies and disasters is to ensure, to the greatest extent possible, that individuals with medical needs receive appropriate professional evaluations, ongoing public health risks to the population are identified and characterized, interventions are implemented to provide education about public health risks, control hazard exposures, and ensure treatment is initiated and completed if needed.
3. HCHHSD maintains a Public Health Emergency Preparedness and Epidemiology Surveillance Division that is available to respond to public health emergencies or disasters. The number of individuals responding to the public health emergency or disaster will depend on the situation and is subject to selection by the HCHHSD Director. While not “on call”, personnel are expected to be ready to respond at any time.
4. In addition to the Public Health Emergency Preparedness and Epidemiology Surveillance Division, HCHHSD maintains the additional capability to surge internally to respond to a public health emergency or disaster. HCHHSD clinics and additional services can be temporarily suspended to increase available personnel for emergency response, if needed. Personnel may be called off of leave, planned leave may be suspended, and normal duty hours may be extended to include evenings and/or weekends.
5. HCHHSD is staffed for day-to-day operations but is not adequately staffed to manage large-scale public health emergencies or disasters.
6. HCHHSD has Mutual Aid Agreements in place, among jurisdictional partners, local non-governmental organizations, businesses, and volunteer organizations, to ensure the ability to rapidly increase assets to meet the needs of a public health emergency or disaster response. Additionally, HCHHSD has the ability to obtain resources through informal agreements and formal resource requests through the Texas Department of State Health Services, Region 11.

Assumptions

1. For HCHHSD, the following incidents may require an increase in surge capacity:
 - a. A natural disaster that causes a large number of injuries,
 - b. A man-made disaster, accidental or terrorism, that results in large numbers of injuries,
 - c. An evacuation of a hospital due to a natural or man-made disaster,
 - d. A major disease outbreak (i.e., pandemic) resulting in a large number of illnesses.
2. The initial response system in most public health emergencies and disasters will be comprised of HCHHSD assets, and in some situations, outside assistance may be limited throughout the incident.

3. In most instances, HCHHSD will manage incident response in parallel with prioritized regular day-to-day functions to ensure normal HCHHSD services are maintained to the greatest possible degree.
4. HCHHSD staff are expected to have a level of responsibility in the planning and implementation of surge capacity.
5. HCHHSD will fully commit its resources before implementing agreements and/or informal requests for resource augmentation.

Concept of Operations

General

HCHHSD's self-sustainability duration without public health and medical surges depends on the following factors:

1. The magnitude of the event (i.e., area or number of people affected),
2. The type/cause of the event (i.e., disease agent, natural cause, an act of terrorism),
3. The degree of response required (i.e., 24-hour-per-day operation, 8-hour-per-day operation).

For most incidents, HCHHSD has the ability to respond indefinitely. Situations that would require a surge beyond HCHHSD's immediate personnel include:

1. Responses requiring more than the ordinary operating capacity of HCHHSD's personnel (i.e., operating more than one Point of Dispensing (POD)),
2. Situations where suspension of other HCHHSD services cannot be maintained indefinitely (i.e., maintaining food service inspections to ensure restaurants do not compromise food safety).

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HCHHSD Surge Capacity

Below, Table 1 outlines HCHHSD Surge Capacity:

Table 1: HCHHSD Surge Capacity			
Operational Level	Daily Operations	Program-Specific Response	Large-Scale Public Health Response
Description	Normal, daily public health functions	An event that is specific to one particular mission of HCHHSD (i.e., investigating disease outbreak within a facility)	An event requiring the implementation of multiple annexes of the EOP (i.e., bioterrorist event, major disease outbreak)
Staff Utilization/ Surge Level	95% - 100%	95% - 110%	Above 110%
Sustainability	Indefinite	Days to weeks	Event dependent
Considerations	Employee annual and sick leave, unfilled vacancies, and other matters usually result in less than 100% of the HCHHSD workforce available to support operations	May require the reduction or suspension of other health department functions, per the COOP Plan, to manage the event.	Will require suspension of most health department functions not related to the event and extensive outside agency support, along with extended shifts and overnight/weekend coverage.
Surge Beyond HCHHSD Required	Surge is usually not required unless employee vacancies are excessive.	May be required if: 1. Additional personnel are needed, 2. Suspension of other HCHHSD services is not acceptable, 3. Additional expertise is required, 4. Evening/weekend coverage is required.	Extensive outside agency support and volunteer labor would be required and requested to respond to the event.
Additional Manpower Source(s)	HCHHSD personnel would provide coverage by reducing internal HCHHSD functions.	In addition to previous operational level, other Health Departments, DSHS, R-11, jurisdictional partners, and volunteer agencies may provide coverage.	In addition to previous operational level, additional manpower may come from regional, state, and federal level support. Additionally, private resources may also be available.

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HCHHSD Inventory of Assets

Below, Table 2 addresses the current expected* capacity of response resources that may be utilized by HCHHSD in an emergency event. This information is utilized in HCHHSD’s planning process.

** Numbers and descriptions within the following table are NOT exact and are based on estimations and current agreements in place for the current review date of this annex. The information provided should be used as a guide only. Availability of assets on all jurisdictional levels may change based on the event and the number of factors.*

Table 2: HCHHSD Inventory of Assets

<i>Local</i>		
HCHHSD	<p>Total Staff: 228 Physicians: 1 Medical Doctor Nursing: 1 Director of Clinical Care Services, 1 Assistant Director of Clinical Care Services, 1 Public Technician, 4 RNs, 14 LVNs, 11 Medical Assistants/Aides, 1 Social Worker, 14 Clerks, 5 CAs/Clerks, 2 Clinicians Environmental Health: 16 full-time staff Epidemiology & Surveillance: 9 Epidemiologists, 3 Epidemiologist Technicians, 1 Clerk IV PHEP: 1 PHEP Division Manager, 1 PHEP Coordinator, 1 SNS Coordinator, 1 PHEP Planner, 2 Public Health Specialists I, 1 LVN II, 1 LVN III, 1 Public Health Specialist III, 1 Public Health Specialists II, 1 Health Strategic Planning Analyst III, 2 Health Strategic Planning Analyst II, 1 Administrative Assistant III, 1 Clerk IV TB: 6 TB Outreach Workers, 6 LVNs, 3 RNs, 1 X-Ray Technician, 1 NCTS, 3 clerks IT: 4 Information Technology Specialists Administrative Staff: 1 Director, 1 Assistant Director, 3 Executive Assistants, 1 Personnel staff, 1 Budget Manager, 1 Financial Specialist, 1 Accountant, 1 Receptionist, 14 clerks, 1 Public Health Coordinator Billing: 1 Billing Supervisor, 4 Billing Clerks Indigent Care: 1 Director of Indigent Care, 2 Supervisors, 1 Coordinator II, 13 Eligibility Specialists, 6 Receptionists, 1 Public Health Technician I Maintenance: 3 Maintenance Specialists All 192 employees of the HCHHSD are part are trained in NIMS and ICS at the IS-700, 100, and 200 levels. Additionally, the Managers, Supervisors, and PHEP Staff members are trained at the IS 300 & 400 levels.</p>	<p>Agreement not needed</p>

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Mental Health	Tropical Texas Behavioral Health (TTBH): Agreement to provide behavioral health services for first responders and the community during a Public Health event.	Agreement in place
Hidalgo County Public Schools and Independent School Districts (ISDs)	<p>Personnel may provide direct support to HCHHSD’s public surge activities or take the lead on specific activities in the schools (i.e., childhood vaccination campaigns).</p> <p>Transportation Support: School Buses can be used to support specific transportation requirements for a limited number of days (i.e., Mass Dispensing/Vaccination Plan utilizes school buses to transport patients from off-site parking to PODs).</p> <p>Facilities Support: Public schools are set up as PODs in Hidalgo County. These facilities can be used to support mass prophylaxis, emergency shelter, and other operations in the event of a public health emergency or disaster. Custodial staff may provide custodial and maintenance support during these operations.</p> <p>Meals: The Hidalgo County Public School system has extensive capability to provide meals to support emergency response operations in Hidalgo County.</p>	Agreements in place
Medical Reserve Corps (MRC) & Community Emergency Response Team (CERT)	<p>MRC: A volunteer emergency public health force. The MRC was specifically designed to augment PODs and emergency shelters but can also assist with all public health emergencies and disasters.</p> <p>CERT: A volunteer emergency response force.</p> <p>Both MRC and CERT can augment local response efforts.</p>	Agreements in place
Rio Grande Valley Healthcare Preparedness Coalition	May provide leadership and funding to improve surge capacity and enhance community and hospital preparedness for public health emergencies.	Agreement is not needed, assistance is mandated
Hidalgo County Sheriff’s Department	The Hidalgo County Sheriff’s Department is responsible for patrolling county jurisdiction and may also provide support to local law enforcement.	Agreement is not needed, assistance is mandated
Pharmacologic Supplies	The PHEP Division keeps a list of the pharmacies available in Hidalgo County.	Agreement is not needed,

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		assistance is mandated
Public Safety	Public Safety: There are sworn officers, civilians, and volunteers assigned to the public safety agencies (i.e., Fire, EMS, Law Enforcement, and Sheriff’s Deputies). Animal Control Unit: The Animal Control Unit of HCHHSD responds to incidents involving domestic animals in the county. They are a key partner in the control of rabies and other diseases that affect animals and humans.	Agreement is not needed, assistance is mandated
Redundant Communications	The health EOC uses WebEOC, mobile phones, fax, e-mail messages, satellite capabilities, and runners as part of the redundant communications plan.	Agreement is not needed, assistance is mandated
Treatment Facilities	HCHHSD has 10 hospitals that serve the county.	Agreement is not needed, assistance is mandated
<i>Regional</i>		
Texas DSHS, Region 11	Regional staff includes SNS Coordinator, Planner, Epidemiologists, Logistics Section Chief, Public Information Officer, Preparedness Response Program Manager, Administrative Assistant, Receptionist, and Clerks.	Agreement is not needed, assistance is mandated
Regional & State LRN	The Regional and State LRNs are part of the Laboratory Response Network (LRN), a national network of laboratories that are certified by the CDC to test for select bioterrorism agents. The Regional LRN is the regional laboratory for HCHHSD and is responsible for the region’s emergency laboratory response to public health emergencies. The State LRN establishes the laboratory sample collection and testing criteria in the state.	Agreement is not needed, assistance is mandated
Metropolitan Medical Response System (MMRS)	MMRS serves mainly as a planning and coordination entity to facilitate joint planning and creation of mutual aid agreements. The MMRS also maintains supply and pharmaceutical caches.	Agreement is not needed, under Regional Mutual Aid
Emergency Management & Public Safety	Emergency Management: The Office of Emergency Management is run by the codified Emergency Management Coordinator. The Office of Emergency Management operates from the Hidalgo County Courthouse Annex 3 and answers	Agreement is not needed,

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	<p>directly to the County Judge. All City agencies coordinate their efforts through the Emergency Management Coordinator.</p> <p>HAZMAT/Bomb Squad: The cities of McAllen, Weslaco, and Edinburg maintain a HAZMAT response team and bomb squads. The City of Pharr maintains a Radiological Response Team.</p> <p>EOC: A mobile command unit is available. When activated, resource requests must be coordinated with the EOC.</p> <p>Surge Trailers: 1 Mass Casualty trailer maintained by HCHHSD. Contains basic medical supplies to be used to initiate or supplement a field triage site.</p>	assistance is mandated
State		
Texas DSHS – State Office	State staff include, but are not limited to SNS Coordinator, Planner, Epidemiologists, Logistics Section Chief, Public Information Officer, Preparedness Response Program Manager, Administrative Assistant, Receptionist, and Clerks	Agreement is not needed, assistance is mandated
Texas State Troopers	Texas State Troopers are responsible for patrolling the Interstate system in Texas and providing support to local law enforcement. During SNS operations, the Texas State Troopers provide security to SNS materials being delivered to RSS sites.	Agreement is not needed, assistance is mandated
Federal		
HHS/CDC	The U.S. Department of Health & Human Services (HHS) and the CDC provide technical guidance and assistance to State Health Departments. The level of CDC involvement at the local health department level will vary depending on the scope of the incident and the number of locations affected. For example, a localized incident of high interest to the CDC (i.e., one or more smallpox cases) would likely generate a robust and immediate CDC response to assist the locality. In other cases (i.e., pandemic), the CDC would likely provide guidance and assistance on a national level.	
NDMS/DMAT/DMORT	The National Disaster Medical System (NDMS), Disaster Medical Assistance Team (DMAT), and Disaster Mortuary Team (DMORT) are federal-level assets (organized under the Federal Emergency Management Agency (FEMA) for patient transport, field hospital support, and Mass Fatality response, respectively.	
Other Federal Agencies	The Department of Homeland Security (DHS), Federal Emergency Management Agency (FEMA), Environmental Protection Agency (EPA), Federal Bureau of Investigation (FBI), Department of Defense (DOD), and many other agencies all have assets that can be requested through the Governor of Texas to support public health surge capacity in Hidalgo County.	

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The use of any Federal assets would be coordinated through the State of Texas.

Volunteer Organizations

Volunteer Organizations Active in Disasters (VOAD)	VOAD contains a large number of volunteers, non-governmental and non-profit agencies (i.e., BCFS, American Red Cross, Salvation Army, the United Way, Valley Grande Institute, South Texas Vocational Technical School, University of Texas Rio Grande Valley, Wesley Nurses). These organizations can run shelters, provide feeding support, help victims receive relief services, provide additional medical and nursing support, and provide a whole host of other assets to the emergency response effort. It should be noted that these are generally Regional-level agencies and that their support may be divided among several jurisdictions. Red Cross: Provides support to emergency shelters in Hidalgo County. The Red Cross also connects families that have lost their homes to temporary housing resources, allowing them to move out of the emergency shelters.	Agreements in place
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Organization & Assignment of Responsibilities

Organization

1. Incident Command System (ICS)

HCHHSD will employ the Incident Command Structure of the National Incident Management System (NIMS) in all operations, which provides a standardized framework that facilitates our operations in all phases of emergency management. The framework includes all accompanying Incident Command forms to be used to document incidents and maintain records for reference.

2. WebEOC

WebEOC will serve as a means of documentation, as it provides position-specific activity and the logging and significant event tracking for real-time common operating pictures of the lifecycle of an incident. Situational reports (SITREPs) can also be published in ICS or ESF format, including ICS 214.

3. Inventory Management

HCHHSD uses manual forms and intranet portals to log and track county inventory, employees, and volunteers.

The Texas Department of State Health Services uses the Inventory Management Electronic Asset Management System software that allows inventory tracking in addition to the electronic forms and workbooks that serve as redundancies. Refer to the Public Health and Medical Services Plan: Appendix 8, Attachment 7 - Command and Control for more information.

4. Communication Systems

HCHHSD maintains the capability to rapidly communicate with all relevant response partners through a variety of communication and backup communication systems. Refer to the Hidalgo County Emergency Communications Plan for more information.

Assignment of Responsibilities

All agencies/organizations assigned to provide health and medical services support are responsible for the following:

- a. Designating and training representatives of their agency, to include NIMS and ICS training.
- b. Ensuring that appropriate SOPs are developed and maintained.
- c. Maintaining current notification procedures to ensure trained personnel are available for extended emergency duty in the EOC or in the field.

Under the Hidalgo County Basic Plan, HCHHSD has primary responsibility to provide the following services in response to emergency situations:

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- a. Essential medical and treatment for persons whose illnesses or injuries are a result of a public health disaster or where care and treatment are complicated by a public health disaster.
- b. Public health information, education, and awareness for the protection of the affected population.
- c. Support mortuary and vital records services in the event of a public health disaster or emergency.
- d. Support state and federal entities in conducting a damage assessment for public health and medical facilities and systems.

To ensure that these services are available as needed, various medical and public health services have been assigned primary or support responsibility for specific activities.

1. Hidalgo County Medical Authority will:
 - a. Perform pre-emergency planning for emergency health and medical services and coordinate such activities during major public health emergencies and disasters.
 - b. Provide qualified staff to support health and medical operations at the ICP and the EOC.

2. The HCHHSD Director and Medical Authority will:
 - a. Coordinate emergency health and medical activities from the EOC, if activated.
 - b. Assess health and medical needs during a public health emergency or disaster.
 - c. Oversee and coordinate the efforts of local health and medical organizations activated during a public health emergency or disaster to assess their needs, help obtain additional resources, and ensure that necessary services are provided.
 - d. Ensure that emergency medical teams responding to a public health emergency or disaster establish a medical command post.
 - e. Coordinate with neighboring community health and medical organizations.
 - f. Coordinate with local, state, and federal officials regarding available state and federal assistance as determined by DDC.
 - g. Coordinate with various local teams, as determined by DDC or EOC, on incoming response units (i.e., DMAT) and ensure health and medical volunteers are screened.
 - h. Ensure identification and proof of licensure is obtained and documented for designated participants assigned by DDC or EOC.
 - i. Assist DDC or designee in coordinating the location, procurement, screening, and allocation of health and medical supplies and resources, including human resources, required to support health and medical operations.
 - j. Provide pertinent and allowed information to the news media on casualties and instructions to the public on dealing with the public health response; The information given will be determined by the JIC and DDC.
 - k. Assist in the coordination of laboratory services required, in support of emergency health and medical response, and ensure they are in accordance with state and federal guidelines, as outlined by the SOC and DDC.

Hidalgo County
Public Health & Medical Services Plan

- l. Coordinate the various immunization campaigns with public/private partners, as indicated by the SOC and DDC. Public health quarantines, if required, will be coordinated by the medical authority and the appropriate legal entities (i.e. Justice of the Peace, District Judges).
 - m. Coordinate inspection of food products, water, and other consumables that may be exposed to hazards, and ensure situations are assessed by local and state public health inspectors/sanitarians. In the event of large-scale elimination of contaminated consumables, efforts will be coordinated between local authorities and private entities who deal with eradication of contaminated consumables.
 - n. Support state and federal agencies in coordinating the inspection of damaged buildings for health hazards.
 - o. Coordinate the disposal of small domestic animals by the various local animal control offices. The disposal of large domestic animals will be coordinated by the State Animal Extension Office or designee.
 - p. Coordinate the implementation of measures to prevent or control disease vectors (i.e., flies, mosquitoes, rodents).
 - q. Establish preventive health services, including the control of communicable diseases (i.e., influenza), particularly in shelters.
 - r. Monitor food handling and sanitation in emergency facilities.
3. In coordination with Emergency Management, HCHHSD, under the HCHHSD Director and the Medical Health Authority, will be responsible for:
- a. Pre-event planning and interagency coordination
 - i. Conduct joint planning sessions to bring healthcare provider agencies together to identify assets and clarify roles and responsibilities.
 - ii. Take part in regional planning, bringing officials from neighboring jurisdictions together to conduct joint planning.
 - iii. Host and facilitate joint exercises with partners to test medical surge plans.
 - iv. Take part in the Rio Grande Valley Healthcare Preparedness Coalition to coordinate collaborative efforts between public health and healthcare system planning and response.
 - b. Incident Management
 - i. Once an incident has occurred, assist in the management of the incident as the Emergency Support Function – 8 (ESF-8) at the Health Emergency Operations Center (EOC) by monitoring hospital bed and ER status and making recommendations regarding surge levels, diversion policy, etc.
 - ii. Provide information to hospitals and healthcare providers regarding case definitions, testing, and treatment.
 - iii. Assist with specimen collection, if needed, and facilitate transfer of specimens to the State LRN laboratory.
 - c. Mobilizing volunteers
 - i. Contact and activate volunteer partners and other non-registered volunteers as per the public health volunteer activation plan.
 - ii. Volunteers may be used to augment hospital ERs, triage centers, alternate care sites, emergency shelters, staff phone banks, etc.

Hidalgo County
Public Health & Medical Services Plan

- d. Operation of Alternate Care Sites/Mass Patient Care Sites
 - i. If Surge Level 3 is required to manage the incident, HCHHSD will have a lead role in establishing alternate care sites; Texas DSHS will be notified, and appropriate protocols will be implemented.
 - ii. Alternate care sites may consist of a mix of public, private, local, regional, state, and federal, medical assets. The HCHHSD Director in coordination with Emergency Management will need to identify a suitable location and coordinate with various agencies to ensure that the right supplies, equipment, and personnel are available.
 - iii. Establishment of alternate care sites will likely require 48-72 hours. These sites may be sustained if there are supplies, equipment, and personnel available to maintain them, but it is unlikely that such an effort would be sustainable for more than 2 weeks.

4. Emergency Medical Services (EMS) will:
Establish and maintain coordination and field communication (i.e., radio, telephone) with other responding emergency teams (i.e., hospital, fire, police, public works). EMS agencies being requested to assist in a public health emergency or disaster will be coordinated through the Hidalgo County Emergency Management Coordinator. EMS services will be monitored at the EOC through EMS systems.

5. Hidalgo County Hospitals will:
 - a. Implement internal and/or external disaster plans.
 - b. Report conditions at their facility and the number and type of available beds through the EMS systems, Regional Medical Operation Center, and TRAC to ensure health and medical services staff in the EOC receive information.
 - c. Establish and maintain field and inter-facility medical communications.
 - d. Provide medical guidance, as needed, to EMS.
 - e. Coordinate with EMS, other facilities, and any medical response personnel at the scene to ensure the following is accomplished:
 - i. Casualties are transported to the appropriate medical facility,
 - ii. Patients are distributed to and among hospitals, both inside and outside the area, based on severity and types of injuries, time and mode of transport, capability to treat, and bed capacity,
 - iii. Consider special designations (i.e., trauma centers, burn centers),
 - iv. Consider the use of clinics to treat less than acute illnesses and injuries.
 - f. Coordinate with local emergency responders to isolate and decontaminate incoming patients, if needed, to avoid the spread of chemical or bacterial agents to other patients and staff.
 - g. Coordinate with other hospitals and with EMS on the evacuation of affected hospitals, if necessary. Evacuation provisions should specify where the patients are to be taken.
 - h. Depending on the situation, deploy medical personnel, supplies, and equipment to disaster site(s) or retain them at the hospital for incoming patients.
 - i. Establish and staff a reception and support center at each hospital for the relatives and friends of disaster victims who may converge in search of their loved ones.

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Public Health & Medical Services Plan

- j. Provide patient identification information to the American Red Cross upon request.
6. Hidalgo County Public Schools and Independent School Districts will:
- a. Coordinate emergency health and medical activities within their school district.
 - b. Rapidly assess health and medical situations.
 - c. Oversee and coordinate the efforts of disease reporting emergencies, assess their needs, and obtain additional resources.
 - d. Coordinate with the local health department, neighboring hospitals, and/or medical organizations on matters related to notifiable conditions.
 - e. Coordinate the location, procurement, screening, and allocation of health and medical supplies and resources, including human resources, required to support health and medical operations.
 - f. Coordinate immunization campaigns with appropriate agencies, if required.
 - g. Establish preventive health measures, including control of communicable diseases.
 - h. Implement internal and/or external medical/disaster plans.
 - i. Provide medical guidance, as needed, to students, parents, and staff.
 - j. Coordinate with ISD Risk Managers/Safety Managers, if needed, to avoid the spread of chemical or bacterial agents to other students and staff.
 - k. Coordinate with ISD Risk Manager/Safety Managers on the evacuation of affected schools, if necessary. Evacuation provisions should specify where the students and staff are to be taken.
 - l. Depending on the situation, deploy medical personnel, supplies, and equipment to the school(s) involved.
 - m. Establish and staff a reception and support center at each school for the parents/guardians of affected students or staff.
 - n. Continue to evaluate and report urgent diseases/notifiable conditions to the local health department on a 24/7 basis.
 - o. Develop an Emergency Operation Plan to include Notifiable Conditions and or public health outbreaks.
 - p. Develop Strategic National Stockpile protocols for managing and dispensing of vaccinations or prophylaxis.
7. The Mental Health Authority will:
- Ensure that appropriate mental health services are available for disaster victims, survivors, bystanders, responders, their families, and other community caregivers during response and recovery operations.
8. The Justice(s) of the Peace/Medical Examiner will:
- a. Conduct inquests for the deceased and prepare death certificates.
 - b. Order or conduct autopsies, if necessary, to determine cause of death.
 - c. Order or conduct forensic investigations to identify unidentified bodies.
 - d. Authorize removal of bodies from incident sites to a morgue or mortuary facilities.
 - e. Provide information through the PIO to news media for the dissemination of public information/advisories, as needed.

9. Law Enforcement agencies will:
 - a. Upon request, provide security for medical facilities.
 - b. Conduct investigations of deaths not due to natural causes.
 - c. Locate and notify next of kin.

10. Mortuary Services, in conjunction with the County-elected Justice of the Peace, will:
 - a. Provide for the collection and care of human remains.
 - b. Establish temporary holding facilities and morgue sites, if required.
 - c. Coordinate, as necessary, with emergency health and medical services.

11. The County Planning Administrator, Buildings & Grounds, and Fire Marshall will:
 - a. Inspect damaged County operated medical facilities.
 - b. Make temporary repairs to County operated medical facilities.

12. The Hidalgo County EOC will:

Coordinate in restoring utility service to key county medical facilities through prioritization.

13. The Public Information Officer (PIO) will:

Disseminate emergency public information provided by health and medical officials. The HCHHSD Director has primary responsibility for coordination of health and medical information intended for release through public media during emergency operations, with support from the public health and medical services responsible for particular aspects of the response.

Administration & Support

The PHEP Division of HCHHSD shall be responsible for administrative support for Appendix 4: The Mass Fatality Management Plan, Attachment 1: Surge Capacity, including maintaining the agreements to allow public health and medical surge with local, regional, state, federal, and volunteer agencies.

PHEP will stay informed of any local, state, or federal policies or directives that could change public health and medical surge capacities.

Plan Development & Maintenance

1. The Hidalgo County Health and Human Services Department Director is responsible for maintaining and reviewing the Public Health & Medical Services Plan, Appendix 4: Mass Fatality Management Plan annually. Recommended changes to this plan should be forwarded as needs become apparent and may reflect any changes within our jurisdictional risks and/or community capabilities.
2. The Public Health & Medical Services Plan, Appendix 4: Mass Fatality Management Plan and its attachments are living documents and require revision to account for changes in roles/responsibilities and resources within Hidalgo County

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Public Health & Medical Services Plan

such as the acquisition of new equipment, training of staff, and increased partnerships from the private sector.

3. Once the Public Health & Medical Services Plan, Appendix 4: Mass Fatality Management Plan has been updated, the Hidalgo County Health and Human Services Department Director will present to Commissioner's Court for final adoption and ratification. The Public Health & Medical Services Plan, Appendix 4: Mass Fatality Management Plan is updated and presented to Commissioner's Court every five years with input from Emergency Management and various stakeholders. Departments and agencies assigned responsibilities in the Public Health & Medical Services Plan are responsible for developing and maintaining SOPs. Copies of the Public Health & Medical Services Plan, Appendix 4: Mass Fatality Management Plan are kept at HCHHSD's main offices at **1304 S. 25th Avenue, Edinburg, TX 78542** in the following locations:

Office of Administration

Public Health Emergency Preparedness Division (PHEP)

Clinical Health Services

Information Technology Services

Safety Officer

Hidalgo County Emergency Operations Center (EOC)

Hidalgo County Emergency Management Coordinator

Each HCHHSD division manager is responsible for informing and instructing public health personnel about the location of the plan copies, as well as each employee's emergency response role and responsibilities. The supervisors/managers are also responsible for ensuring that employees attend appropriate training, according to their assigned response tier.

Hidalgo County



Appendix 4: Mass Fatality Management Plan

Attachment 2: Hidalgo County,
Justice of the Peace

April 2023

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**Justice of the Peace
Hidalgo County**

Precinct 1, Place 1

Gilberto Saenz, Judge
1902 Joe Stephens Ave. Suite 301
Weslaco, TX 78596
Ph: (956) 447-3995
Fx: (956) 447-9522

Precinct 1, Place 2

Jesus E. Morales, Judge
1902 Joe Stephens, Suite 302
Weslaco, TX 78596
Ph: (956) 968-0707
Fx: (956) 968-8827

Precinct 2, Place 1

Bobby Contreras, Judge
300 W. Hall Acres, Suite F
Pharr, TX 78577
Ph: (956) 784-3540
Fx: (956) 784-3541

Precinct 2, Place 2

Jaime Jerry Muñoz, Judge
300 W. Hall Acres, Suite D
Pharr, TX 78577
Ph: (956) 787-1986
Fx: (956) 787-9343

Precinct 3, Place 1

Dr. Sonia M. Trevino, Judge
730 N. Breyfogle, Suite C
Mission, TX 78574
Ph: (956) 519-8422
Fx: (956) 519-1796

Precinct 3, Place 2

Juan Jose Peña, Jr., Justice of the Peace
730 N. Breyfogle, Suite A
Mission, TX 78574
Ph: (956) 581-2124
Fx: (956) 581-2134

Precinct 4, Place 1

Charlie Espinoza, Judge
212 N. 12th Avenue
Edinburg, TX 78541
Ph: (956) 380-4473
Fx: (956) 380-4029

Precinct 4, Place 2

Andre Maldonado, Sr. Judge
224 N. 12th
Edinburg, TX 78539
Ph: (956) 383-0921
Fx: (956) 383-7430

Precinct 5, Place 1

Jason Pena, Judge
708 E Edinburg Ave, Suite B
Elsa, TX 78543
Ph: (956) 292-7015
Fx: (956) 292-7019

** Justice of the Peace 24/7 contact number is only given to law enforcement agencies.

Hidalgo County



Appendix 4: Mass Fatality Management Plan

Attachment 3: Local Resources

April 2023

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Local Jurisdictions and Hospital System Supplies

Cities

- 1) City of Mission
 - 1- trailer for cold storage
 - 25- backboards
 - support tents with air conditioning
 - 25- disposable overalls
 - 3 - GPS systems

- 2) City of Weslaco – Emergency Medical Regional Response Team
 - 100 - body bags
 - 2 - Response trailers (sleeping/command quarters for staff)
 - 1- Zumoro 860 Shelter with generator, HVAC, lighting
 - 5 - canopy style tents 10x20
 - Level B and C suits for PPE (personnel)
 - Self-Contained Breathing Apparatus (SCBA)
 - Portable lighting with generators
 - Rehab equipment for duty personnel working site

Hospitals

- 1) TSA – V Fatality Hospital Assets
Mortuary Enhance Remains Cooling (MERC) Systems body bags with accessories. No generator
 - Doctors Hospital Renaissance – MERC 24
 - Rio Grande Regional – MERC 24
 - McAllen Medical Center – MERC 24
 - Mission Hospital – MERC 24
 - Knapp Medical Center – MERC 24
 - McAllen Heart Hospital – MERC 12
 - Edinburg Regional – MERC 12
 - LifeCare Hospital South Texas – MERC 12
 - McAllen Behavioral Health – MERC 12
 - Cornerstone Regional Hospital – MERC 12

Total MERC: 180

For request, please contact HPP 24/7 landline: 1-866-326-3397

Hidalgo County



Appendix 4: Mass Fatality Management Plan

Attachment 4: Fatality Management Forms

April 2023

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Hidalgo County
Public Health & Medical Services Plan



Missing Person Form

Facility Name _____

Information Collected By (Print name and title) _____

Date _____ Time _____ AM/PM

Phone Number _____ FAX Number _____

Information Given By

Last Name		First Name		Middle Name	
Phone Number		Email		Relationship	
Address		City	State	Zip	
Contact Person for Missing Person – If different from above (include Name/ Contact details)					
When was the last known contact with the missing person?					

Missing Person Information

Last Name		First Name		Middle Name		Maiden Name	
Phone Number		Email		Relationship			
Address		City	State	Zip			
Marital Status			DOB		Age		
Does the person require any medications?				Does the person have any major medical or mental health issues?			

Legal Next of Kin

Last Name		First Name		Middle Name	
Phone Number		Email		Relationship	
Address		City	State	Zip	

Physician/Dentist Information

1. _____
Name Phone Number(s) City State
2. _____
Name Phone Number(s) City State

Other Contacts

- | | | | | |
|----|------|--------------|-----------------|-------|
| 1. | Name | Relationship | Phone Number(s) | Name: |
| 2. | Name | Relationship | Phone Number(s) | |

Remains Release Authorization¹

Name of Deceased _____

Please be advised unidentified human tissue will be buried in an appropriate manner

In the event any additional tissue(s) are recovered in the future and are identified as belonging to the above names deceased. I/We request the following:

I/We do not wish to be notified. I/We are authorizing the appropriate officials to dispose of said tissue(s) by methods deemed appropriate by said officials.

I/We wish to be notified and will make a decision regarding disposition at that time. I/We the undersigned hereby authorize _____ (Name of ME/Coroner office) to release the remains of _____ (Name of Deceased) to the designated Disaster Mortuary Team or other authorized agent.

I/We further authorize the designated funeral home or another authorized agent to embalm and perform post mortem reconstructive surgery techniques, and otherwise prepare as they deem necessary and upon completion to release said remains to:

(Name, address & phone of Funeral Home or Agent)

I/We certify that I/We have read and understand this document. I/We further state that I/We are all of the next of kin, or represent all of the next of kin and am/are legally authorized and/or charged with the responsibility of burial and/or final disposition of above said deceased.

Signed _____ Relationship to Deceased _____

Print Name _____ Date Signed _____ Time _____

Complete Address _____

Telephone Number(s) _____

Signed _____ Relationship to Deceased _____

Print Name _____ Date Signed _____ Time _____

Complete Address _____

Telephone Number(s) _____

Witness _____

Personal Effect Release Form

Name of Decedent _____

Date _____ Time _____

Location _____

Name of Person Completing Form (print) _____

Signature _____ **Date** _____

List all personal effects being released to family; be as specific as possible (e.g. yellow metal ring with clear stone)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Name of person receiving personal effects _____

Relationship to decedent _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Alternate Phone Number _____

Signature (of person receiving property) _____ **Date** _____

Witness (print) _____

Signature _____ **Date** _____

Requested Records Log

Case Number _____
Last
First
Middle

Victim Name _____
Last
First
Middle

Informant Name _____

Informant Address _____

Informant Phone(s) _____

<i>Location</i>	<i>Contact</i>	<i>Phone</i>	<i>Data Ordered</i>	<i>Data Received</i>
Dental				
Fingerprints				
Radiographs				
Medical Records				
Photo Requests				
Notes				

Hidalgo County
Public Health & Medical Services Plan



Family/Friend Registration Form
Use this form if no electronic/database registration system is available



Disaster Victim Information

Last Name _____ First Name _____ MI _____

**For Multiple Disaster Victims of the Same Family, Use Additional Forms and Cross Reference with
Victims Name at Bottom of this Page**

1. Presenting Family Member/Friend Name

Last Name _____ First Name _____ MI _____

SS# (optional) _____ Relationship to Victim _____

Permanent Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Photo Identification Verification (type/#/State/County) _____

Medications/Medical Needs? Yes No

If Yes, Indicate Medication Needs _____

Physician's Name _____ Physician's Phone # _____

Next of Kin to Disaster Victim? Yes No

If No, Name of Next of Kin _____

Notes _____

2. Presenting Family Member/Friend Name

Last Name _____ First Name _____ MI _____

SS# (optional) _____ Relationship to Victim _____

Permanent Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Photo Identification Verification (type/#/State/County) _____

Medications/Medical Needs? Yes No

Victim Name _____

Hidalgo County



Appendix 4: Mass Fatality Management Plan

Attachment 5: Release of Remains Protocol

April 2023

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Valley Forensics, P.L.L.C.

3100-A S. Business Hwy 281, Edinburg, TX 78539

Tel: (956) 292-7014; Fax: (866) 682-0360

<p>POSITIVE AND TENTATIVE IDENTIFICATION PROTOCOL RELEASE TO REMAINS</p>

- A. Decedent's identifications are not always obvious or known immediately. Therefore, there are certain procedures we will follow to make sure a decedent is properly identified.

- B. The handling law enforcement agencies must provide ASET with any information concerning the identification of a decedent. If an identification card, such as a driver's license, is on the decedent's body then it will be brought to the autopsy. If this identification card is found somewhere other than on the decedent's body, then it will not be brought to the autopsy.

- C. Normally, a decedent will not be released from the morgue before a positive identification has been made.

- D. There are several different methods of identification. They are visual, medical/dental, fingerprint comparison, documentary, and circumstantial. To ensure that a decedent is positively identified one of the following criteria must be made:
 - 1. Visual identification may be considered positive ID or tentative ID (presumptive ID) depending on the circumstances. Visual ID may be made by a friend, relative, co-worker, or any other person who knows the decedent by sight. This may be done provided that the face of the decedent is in good enough condition to be recognized; therefore, visual ID is not recommended on any individual who is decomposed, burned beyond recognition, or whose facial features are severely distorted by trauma (e.g., shotgun blast to head, motor vehicle collision with facial injuries, blast, etc.). In individuals in the above circumstances, the facial features are too injured, burned, or putrefied for visual ID to be used. If the person viewing the decedent has any doubt, a second source of identification or circumstantial evidence will be used.
 - 2. Documentary or visual identification through a photo identification card such as a driver's license, or military identification card. This

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- must be consistent with all the circumstantial evidence available since it is not uncommon for these to be counterfeit.
3. Fingerprints obtained from the decedent's body and compared, by a certified fingerprint examiner, with the decedent's known ante mortem fingerprints from a law enforcement agency.
 4. Dental comparison of the decedent's postmortem dentition with the decedent's ante mortem records and/or radiographs by a Forensic Odonatologist (Dr. Cano) or forensic pathologist.
 5. DNA analysis:
 - a. On blood specimens, have the agency contact Alex at the DPS DNA laboratory of assistance. Family members may need to give a reference sample.
 - b. On decomposed or burned bodies without blood, muscle can be sent to DPS. If a bone sample is used, the agency will have to use UNT on non-homicide cases and a private laboratory of homicide cases. UNT will take most likely several months for the DNA to be complete while a reference laboratory usually only takes 1 month to 6 weeks. On homicides, identification is extremely important, not only for prosecution but for leads on the case. The FP will assist in finding a reference laboratory and taking samples from family members, if an individual is suspected to be the unknown body.
 - c. Anatomical and/or skeletal comparison, by a medical examiner, of a decedent's remains with ante mortem medical records, or radiographs.
- E. Positive identification can sometimes be made by comparison of ante mortem and postmortem X-rays which may detect internal devices, such as a pacemaker, orthopedic devices, CABG wires, unique vertebrae, or sinuses of the skull. Always attempt to obtain medical records (and x-rays) of individuals with only a tentative identification.
- a. The forensic pathologist will make the final decision if there is any doubt concerning the identification, even with the criteria being met.
- F. In cases where positive identification of a decedent cannot be made because the above criteria were not met, the identification of the decedent must be considered to be tentative. **Tentative identification should not be made on HOMICIDES, since positive identification is needed in a court of law.** This tentative identification can be strengthened in many ways:
- a. The body was found in a residence belonging to, rented, or leased
 - i. by the decedent.
 - b. The body is wearing clothes and jewelry belonging to the
 - i. decedent. Use extreme caution, in Hidalgo County, the wrong
 - ii. identification was made by using jewelry alone. A family member
 - iii. identified a very expensive engagement ring as their daughter's ring, only to have the fiancé of the other victim in the charred vehicle come forward with a photograph confirming that he had

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purchased the ring for the second victim. When the mother of the other victim was confronted on her false identification of the ring, she shrugged it off saying she thought it was her daughter's ring, even though she was not engaged or dating anyone.

- b. The body is carrying documents belonging to the decedent.
 - c. The body is in the car belonging to the decedent.
 - d. Physical descriptions, including such things as height, weight, scars, birthmarks, race, eye color, hair color and length, piercings, and tattoos.
 - e. Investigation by the police or medical investigators develop additional circumstantial evidence consistent with the decedent, such as being last seen alive where they were found, or being found in a place they normally frequent, etc.
- G. Investigating agency is responsible for the identification of unknown decedents; however, this office will aid in correct identification. Autopsy Technicians are the usual contact persons for the County who will ask the FP advice when needed
- a. If the body is identified, the investigating agency will send a letter to the JP with a copy to this office stating the unknown name and how identification was made (visual, fingerprints, clothing, circumstances, etc).
 - b. If the body is not identified, the investigating agency will send a letter to the JP with a copy to this office stating that they have exhausted all efforts at identification and that identification could not be made.

Norma J. Farley, MD/date

Cristina Espinoza/date

Olga Montero/date

Phillip Farley/date

Hidalgo County



Appendix 4: Mass Fatality Management Plan

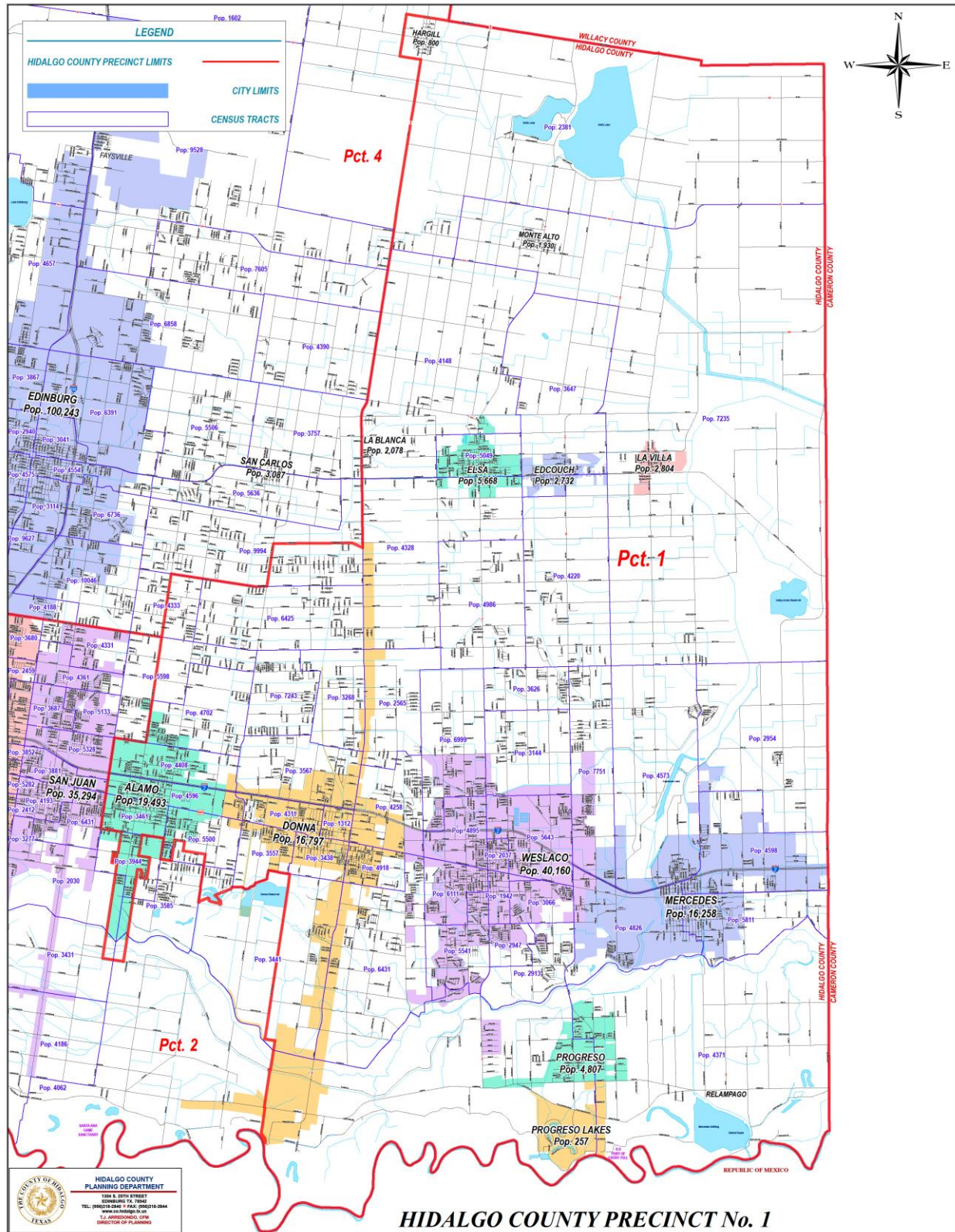
Attachment 6: Hidalgo County Population Density

April 2023

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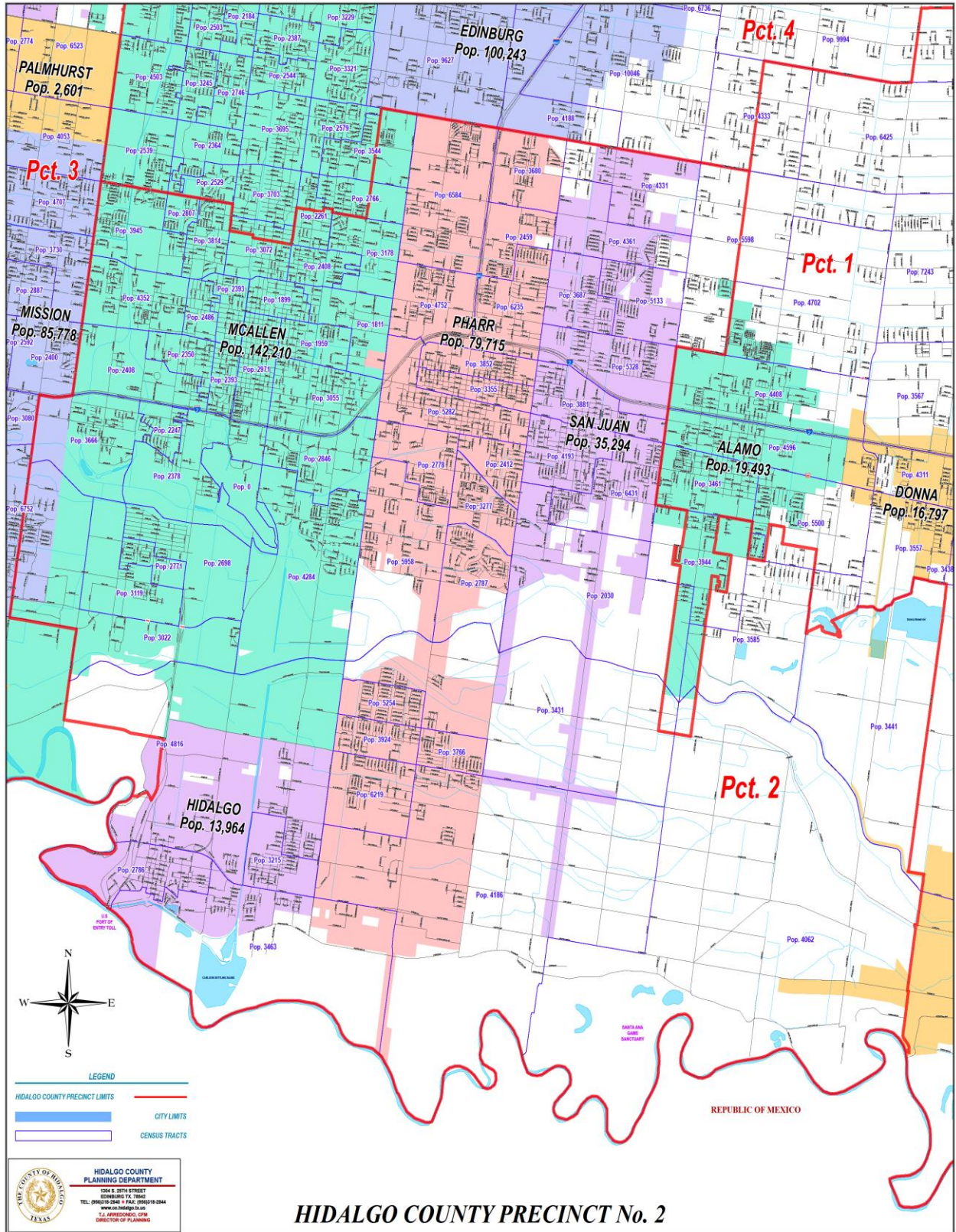
Hidalgo County Public Health & Medical Services Plan

Precinct 1



Hidalgo County
Public Health & Medical Services Plan

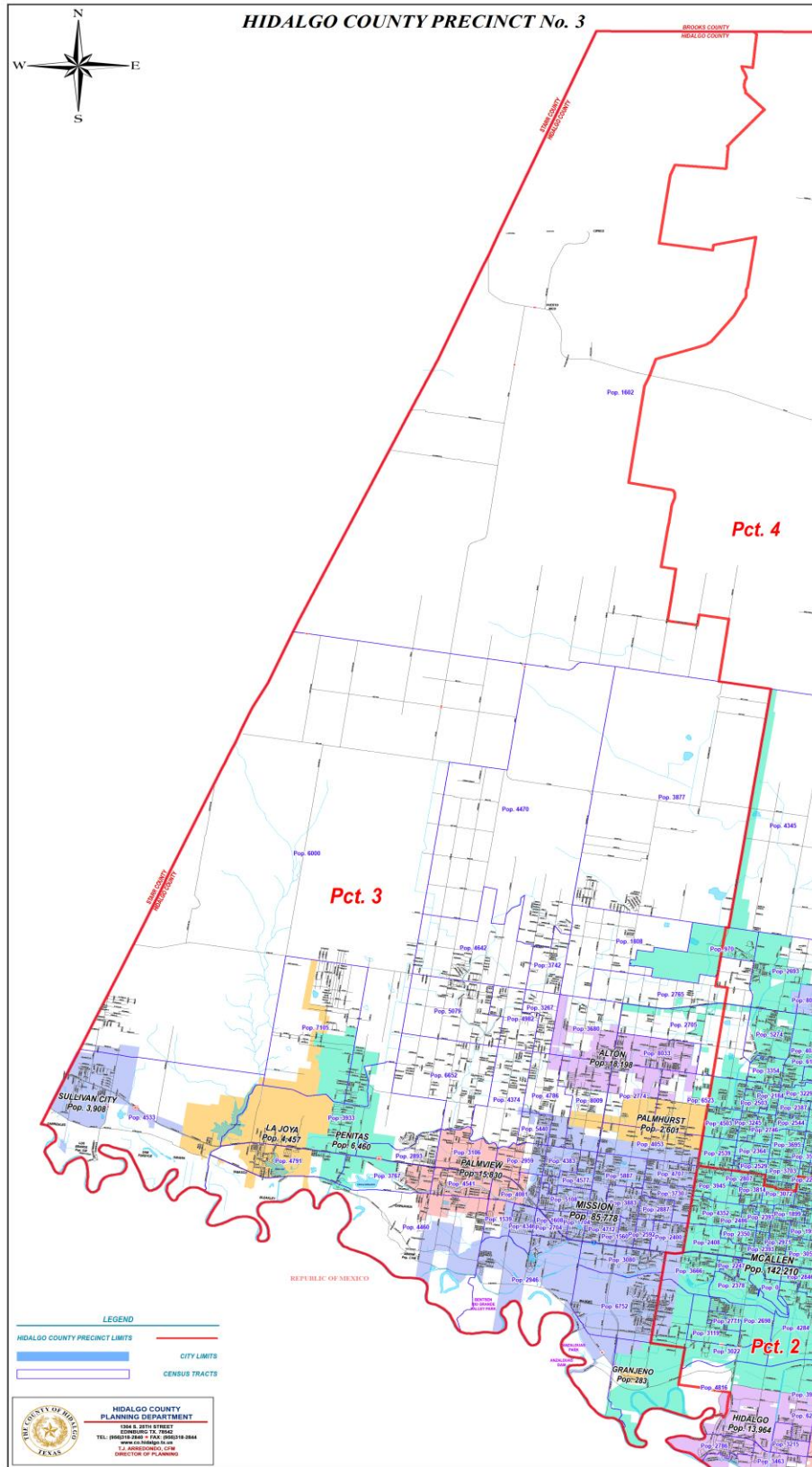
Precinct 2



HIDALGO COUNTY PRECINCT No. 2

Hidalgo County
Public Health & Medical Services Plan

Precinct 3



Hidalgo County
Public Health & Medical Services Plan

Precinct 4

