

EMERGENCY PREPAREDNESS + BUSINESS CONTINUITY CONFERENCE OCT. 31 - Nov. 2, 2017 · VANCOUVER, BC · CANADA

Fatality Management 101

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"Show me the manner in which a nation cares for its dead and I will measure with mathematical exactness the tender mercies of its people, their respect for the laws of the land and their loyalty to high ideals."

-Sir William Ewart Gladstone (former British Prime Minister)

CAVEAT

The *Coroners Act* [SBC 2007] Chapter 15 is the guiding legislation for "fatality management" in BC.

• The BC Coroners Service has jurisdiction over, and responsibility for all deaths that fall under Section 2 of the *Act*.

A Worthy "Side" Conversation: "Pandemic is Unique"

A pandemic is unique. Where there is mass death, the response would be led by a 'public health' agency (or similar) & not by authorities traditionally responsible for general death investigation & FM/DVI.

Still needs to be managed!

Planner recommendation: A Pandemic Influenza Plan should be developed separately.

WHY CONTEMPLATE FATALITY MANAGEMENT?

• FM is often the forgotten sphere of emergency/disaster management

- The goal of this discussion:
 - to introduce you to the world of fatality management & explore how it intersects with the "traditional" EM world...

YOU WILL LEARN...

- To acknowledge the ultimate goal in any FM response operation
- To understand the scope of FM & Disaster Victim Identification (DVI)
- To recognize the 8 basic components of a FM/DVI response
- To contemplate ethical considerations in FM

WHERE DOES FATALITY **MANAGEMENT FIT** WITHIN THE GREATER **DISASTER/INCIDENT RESPONSE?**

Can you see the difference?

EM FM

EMERGENCY RESPONSE GOALS (PER BCEMS)

- 1. Provide for the safety and health of all first responders (and receivers)
- 2. Save lives
- **3. Reduce Suffering**
- 4. Protect public health
- 5. Protect critical infrastructure
- 6. Protect property
- 7. Protect the environment
- 8. Reduce economic & social losses

(JIBC, 2011)

DEFINITION

Mass Fatality Incident (MFI):

 Simply, a MFI is any incident whereby more fatalities occur than can be managed by the authority with jurisdiction and their resources; there is no minimum number assigned.

DEFINITION

Fatality Management (FM):

 This is a general term that refers to the overarching functions performed when large numbers of fatalities need to be managed and processed. These functions usually fall to a specific 'legal' authority (eg: Coroner, Police, Government/Military). In Canada, the legal authority is the Coroner (&/or Medical Examiner).

DEFINITION

Disaster Victim Identification (DVI)

- term used internationally to represent the overall process for identification of disaster victims.
 - term originates from, INTERPOL.
- most important requirement for DVI work is:
 - application of international standards in multinational DVI operations.
 - DVI teams work in an interdisciplinary manner

THE ULTIMATE GOAL IN FM

 To identify victims of disaster and legally repatriate their remains back to their town/ province/country of origin & enable family/friends to begin the grieving process.

"Let the dead be dead, but give them a face".

--English translation from Dutch quote; 2004 SE Asian Tsunami –DVI response.

Pause & Reflect



ETHICAL CONSIDERATIONS

ADDING A DIMENSION TO FM

ETHICAL CONSIDERATIONS IN MASS FATALITY INCIDENTS

- Cultural considerations
- Death rituals
 - Viewing
- Repatriation
- Disposition
- Long-term storage
- Identification**
- Legalities
- Privacy/release of information

Pause and Reflect



To help guide us with planning & response operations

8 COMPONENTS OF THE FM/DVI RESPONSE

THE SCENARIO

A 737 HAS CRASHED INTO A RESIDENTIAL AREA DESTROYING AT LEAST 8 HOUSES. ALL PASSENGERS AND CREW ABOARD THE AIRCRAFT ARE DECEASED; THERE IS AN UNKNOWN NUMBER OF "LOCAL" FATALITIES.

OPEN DISASTER? CLOSED DISASTER?

1. PLANNING, RECONNAISSANCE & ETHICAL CONSIDERATIONS

– Stop, think, plan!

- # of victims
- Size of scene; 360 degree recon
- Condition of bodies/body parts
- Ethical considerations (cultural/religious dimensions)
 - Foreign nationals?
 - Children?
- Weather
- Hazards
- Specialized equipment/placement of temporary morgue & body storage
- Agreement re: which ID method(s) to use for ID

2. SEARCH & RECOVERY OF BODIES/BODY PARTS

- Search Taskforces: Gridding/mapping/searching/photographing/scrib ing
- Recovery Taskforces: Bagging & tagging, documenting
- Transfer of bodies/body parts from scene to staging area for transport to temporary morgue for post-mortem operations (eg: data collection)
 - Tracking, continuity & security



3. ANTE MORTEM (AM) DATA COLLECTION

MISSING AND PRESUMED DEAD PERSONS Family Assistance Centre (FAC)

- Records collection
- Data collection
- Family liaison representatives

ASSISTING FAMILIES IS CRUCIAL

"...The death of a loved one leaves an indelible mark on the survivors, and unfortunately, because of the lack of information, the families of the deceased suffer additional harm..."

- Mirta Roses Periago, Director, PAHO

3. FAMILY ASSISTANCE CENTRE (FAC) KEY FUNCTIONS

- Place for ante mortem data collection
- Safe/private location
 - a fair distance from the site or where bodies are stored/recovered.
 - Away from media
 - Place to grieve
- Place to receive timely information & updates on the process
- Place to provide formal death notification (eg: when ID is established) and release of remains

(Planning recommendation: create a FAC activation and set-up plan as an appendix to your MF Plan or a plan unto itself.)

3. FAC - KEY FUNCTIONS

- Briefings to family and next-of-kin
- Formal death notification
- Food/nourishment/beverages
- First aid
- Child care
- Spiritual care
- Ante mortem data collection
 - DNA samples, dental/medical records, photos, physical
- Translation/interpreter service
- Counselling
- Legal assistance
- Transportation services



4. POST MORTEM DATA COLLECTION

Morgue operations

- Which methods of identification (eg: morgue 'stations') are required per planning phase?
 - DNA? Dental? Pathology? Radiology? Fingerprinting?
- Admitting/Release Unit
- Escort Unit (to/from storage & within morgue)
- Photography Unit
- Documentation Unit
- Personal Effects Unit (and/or evidence collection)
- Storage (short-term/long-term)



4. MORGUE OPERATIONS – LOGISTICS

- Where to stage near the scene but a healthy distance from the FAC
- Morgue Set-up/Take-down Unit required.
- Morgue Supply Unit
- Morgue Sanitization/Cleaning Unit
- Morgue Maintenance Unit (eg: HVAC/drainage/generators etc.
- Security

5. RECONCILIATION, IDENTIFICATION & RELEASE

- Matching of PM to AM data to establish ID
- Formal Identification by ID Board and/or authority (signing of death certificate)
- Release/Quality Assurance with remains and paperwork
 - –Documentation Unit
- Repatriation/possible embalming
- Return of personal effects

NOTES ON HOW TO ID

"ACE-V" method

Comparing UNKNOWN to KNOWN

A note on Quality Assurance

5. DEATH CARE SERVICES

- Services/products for the burial or cremation of the deceased including transportation or shipment of remains, if necessary.
- Inventory of Death Care Services in your region
 - Who, where, capacity, resources

5. VITAL RECORDS

- Requirement to register deaths legally
- Death certificates
- Permits for disposition
 - Transport permits
- A robust vital records system is required
 - Surge capacity
- Important and required:
 - Estate issues
 - Insurance benefits
 - Pension
 - Land titles, personal property

6. PERSONAL EFFECTS MANAGEMENT

- Tracking system (linked to decedent)
- Photographing
- Laundering
- Storing
- Securing
- Returning to family upon ID being established

7.COMMUNICATIONS

- -Internal & external communication plans
- Family communications plan
- If many agencies involved, consider a Joint
 Information Centre or Group
- Information must be, at all times, timely, accurate, validated, consistent, empathetic, professional, credible and pertinent.
- Planning perspective: FM Communications should be appendices or plans unto themselves.

8. DEMOBILIZATION & DEBRIEF

- Systematically deactivating functions and services
- This includes the FAC (once all victims have been identified and released)
- Demobilization needs to be planned
- Timely ending of relationship with family with FAC staff/liaison
- MOST importantly, each staff/team member should receive a one-on-one debrief (preferably with a professional) prior to returning home from the deployment/mission/response.

Pause & Reflect



ALL MASS FATALITY INCIDENTS HAVE COMMONALITIES:

- Body storage (short & long term)
- May or may not have an operational morgue (pathology) facility
- Body tracking system required
- Personal effects management
- Requires family assistance component

- Psychosocial considerations
- Ethical considerations
- Repatriation requirements
- Communications (internal, external & media)

Critically Thinking About Fatality Management (FM)

Mass Fatality Incident A

- Victims are "known"; identification is not an issue;
 A more complex FM/DVI not required.
- These types of death may occur as a result of a local event

Critically Thinking About Fatality Management (FM)

Mass Fatality Incident B

- Bodies not identifiable visually; accepted ID methods are required to make ID's; a DVI/FM approach IS required.
 - Often the result of a natural disaster
 - Commonly incidents involving fire, advanced decomposition, or explosion
- NB: Disaster Vicitims may expire at hospital due to severe trauma (eg: MBFI), or be DOA
- In this type of MFI, deaths most commonly occur outside of hospital; remains are recovered at the scene/ in the field.

Critically Thinking About Fatality Management (FM)

Mass Fatality Incident C

- Bodies are not identifiable visually; need formal/scientific way required to ID & the incident is the result of criminal activity.
 - FM/DVI approach required
- Police/Government led
- Involves formal investigation & seizure of exhibits, including personal effects
- Would you be requested to assist the authorities in these types of situations?
 - How would that work?

Thank-you!

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