

ANNEX 4

MASS FATALITY MANAGEMENT

I. INTRODUCTION

- A. The South Carolina Mass Fatality Management Plan is Annex 4 to the South Carolina Mass Casualty Plan. The South Carolina Mass Casualty Plan is Appendix 5 to the South Carolina Emergency Operations Plan. The Mass Fatality Management Plan addresses the state level response to a mass fatality incident, identifies the elements of response and pre-assigns responsibilities and actions to state agencies and organizations. State level responsibilities and response that are not found in the state Mass Fatality Management Plan or the South Carolina Mass Casualty Plan will be found in the South Carolina Emergency Operations Plan.
- B. In South Carolina natural and man-made hazards have the potential to generate large numbers of fatalities. Hazard vulnerability analyses developed for each of the state's public health regions reflect specific natural and manmade risks. Areas of the state are vulnerable to hurricanes, earthquakes, dam failures, radiological disasters, railway disasters, industrial disasters, weapons of mass destruction and biological events. A pandemic influenza has the potential to rapidly spread among the population, last for many weeks and cause fatalities in such large numbers that the current capacity of our medical and coroner infrastructures could be overwhelmed. Since the mid-1990's, nationally there have been at least three mass fatality events per year.
- C. Under the direction of the State Department of Health and Environmental Control, eight public health regions serve the citizens of South Carolina. Each health region has, or will, develop a mass fatality management plan in cooperation with county coroners, local government officials, health care providers, first responder community and other local responders such as local funeral home directors and morticians. Under the direction of the South Carolina Emergency Management Division, the state level response to a mass-fatality producing event would primarily involve coordination of the response among the health regions and arranging for support from state and federal assets as needed.
- D. Authority for operations in response to a mass fatality-producing incident are derived from several sources. The first are the powers conferred upon the Governor to declare a state of emergency or public health emergency under the Emergency Health Powers Act and to direct the State's response to such emergencies, including S.C. Code of laws, Sections 1-3-410 to -490 and Section 25-1-440. The second is the State of South Carolina Executive Order number 2003-12, which authorizes emergency operations under the State Emergency Operations Plan. The third authority has its basis in the traditional Health Powers held by the Commissioner of the Department of Health and Environmental Control. Those powers include the ability to issue Public Health Orders under traditional public health authority. Fourth, after a mass-casualty producing incident, the Governor may invoke the Emergency Health Powers Act. The Emergency

Health Powers Act gives extraordinary powers to the Commissioner of the Department of Health and Environmental Control so that he may issue extraordinary Public Health orders, including the authority and powers to coordinate with coroners, medical examiners and funeral directors to manage the safe disposal of human remains. Finally, coroners, medical examiners, funeral directors, and embalmers all have enabling statutes that give them authority to handle human remains.

E. Mission:

This Annex to the State’s Mass Casualty Response Plan provides operational concepts unique to mass fatality response, assigns responsibilities to state agencies and coordinates response efforts in order to meet the needs of local governments following a mass fatality-producing incident.

II. SITUATION AND ASSUMPTIONS

A. Situation

1. For the purposes of this plan, a mass fatality incident is described as any event that produces more fatalities than can be handled using local resources.
2. Refer to SC Mass Casualty Plan for a description of the state’s hazards and vulnerabilities.
3. County Coroners have control over acute mass fatalities within their jurisdiction. When a County Coroner deems that the number of fatalities exceeds local resources and capabilities to effectively handle a mass fatality incident, they may request that the county emergency manager request state-level assistance or request mutual aid from another jurisdiction. When appropriate, state-level Emergency Support Functions (ESFs) will be notified of possible activation early in the incident assessment phase.
4. State Level ESF-8 may determine that assistance from federal agencies, such as the Federal Disaster Mortuary Operational Response Team, may be needed. DMORT assistance would be requested by the State Emergency Operations Center.
5. In addition to state level response for morgue and final disposition arrangements for a mass fatality event, assistance will be needed from local officials in providing assistance and aid to the families of the victims, as well as for morgue operations workers.

B. Assumptions

1. The plan assumptions stated in the Basic Plan of the South Carolina Emergency Operations Plan and the South Carolina Mass Casualty Plan are valid for this Mass Fatality Management Plan.
2. The term “mass fatality-producing events” applies to a wide range of incidents and emergencies, accidental or deliberate, including disease outbreaks, geological and meteorological disasters, nuclear, hazardous materials (hazmat) or conventional events and all manners of transportation incidents (land, air, marine).
3. Mass fatality-producing events may overwhelm local, county and state resources.
4. Family members may mobilize to the incident scene or other areas to search for loved ones.
5. Families will seek information on unaccounted family members/loved ones and will share information about them.
6. Behavioral health issues will be apparent in mass-fatality incidents, causing increased demand for behavioral health treatment and intervention support services to local Departments of Mental Health, emergency departments and community health centers, and other designated location.
7. Recovery and identification of remains are expected to continue for a prolonged period. Some remains may never be identified. Death registration and certification may also be delayed.
8. Fatality management staffing may include medical examiners/coroners (ME/C), funeral service personnel, cemetery and crematorium personnel, forensic specialists, crime lab technician, and any other person whose responsibility involves direct handling of human remains, as well as support to identification of remains and data collection.
9. There may be multiple sites for managing fatalities in multiple jurisdictions.
10. In the event of widely dispersed mass fatalities, significant damage to infrastructure, and/or where the risks posed to fatality management personnel outweigh the benefit of conducting scene operations, performance of critical tasks will take longer to accomplish.
11. Emergency workers, including those necessary for fatality management, may choose not report to duty due to evacuating their families or because they have been injured or killed.

12. There are federal Disaster Mortuary Operational Response Team (DMORT) resources to support local mass fatality management needs. There is only one federal DMORT team in the country with the capability to decontaminate bodies.
14. Media will be present on the scene and must be managed.

III. AUTHORITIES AND REFERENCES

S.C. Code of Laws, Sections 1-3-410 to -490 and Section 25-1-440
South Carolina Executive Order Number 2003-12
South Carolina Emergency Operations Plan (SCEOP)
South Carolina Mass Casualty Plan, Appendix 5 to the SCEOP
Emergency Health Powers Act
South Carolina Coroners Association Plan

IV. ACRONYMS

DHHS – U.S. Department of Health and Human Services
DMORT – (Federal) Disaster Mortuary Operational Response Team
EMAC – Emergency Management Assistance Compact
ESARVHP – Emergency System for Advanced Registration of Volunteer Health Professionals
ESF – Emergency Support Function
FAC – Family Assistance Center
FCO - Federal Coordinating Officer
FHMO – Federal Hazard Mitigation Officer
HMGP – Hazard Mitigation Grant Program
HSEEP – Homeland Security Exercise Evaluation Program
ICS – Incident Command Structure
NIMS – National Incident Management System
PPE – Personal Protective Equipment
RTF – (South Carolina) Recovery Task Force
SCDHEC – South Carolina Department of Health and Environmental Control
SCEMD – South Carolina Emergency Management Division
SEOC – State Emergency Operations Center
SHMO – State Hazard Mitigation Officer
SLED – State Law Enforcement Division

V. CONCEPT OF OPERATIONS

A. Activation

1. All mass fatality incidents will be managed using the National Incident Management System.

2. Activation of this plan will occur when a mass-fatality producing incident exceeds local response capabilities. Depending on the nature of the incident, demand on response resources may increase gradually, or it may be such that certain local and state resources are quickly overwhelmed.
3. The Incident Commander or local Emergency Operations Center may activate local or SCDHEC regional mutual aid agreements to obtain access to additional resources, before requesting state level assistance.
4. In the instance of a mass fatality event that exceeds state capacities, assistance may be sought from the Emergency Management Assistance Compact (EMAC) or from HHS Region IV assistance agreement.
5. Mass fatality incidents that exceed local, regional and state resources may result in requests for Federal DMORT assets as discussed in the South Carolina Emergency Operations Plan and in Section III E of the South Carolina Mass Casualty Plan. DMORT does not establish command and control over the fatality management operation, but will be integrated into the local ICS structure.
6. A terrorist act will require the Federal Bureau of Investigation (FBI) to be in control of the evidence and investigation.
7. When aviation accidents occur resulting in fatalities, the National Transportation and Safety Board and Federal Aviation Administration will be notified and will respond and investigate according to their protocols. When numerous deaths occur as a result of an aviation incident, the NTSB will activate the Aviation Disaster Assistance Act. This Act was passed by Congress in 1996 and designates the NTSB to be the coordinator of Federal Services for families of the incident.
8. In a criminal event, local or state law enforcement will control the incident scene perimeter to keep out unauthorized personnel and provide an access and staging area for emergency responders, coroners and coroner designees.
9. A mass fatality incident occurring on a military installation will be under the jurisdiction of that federal military installation, rather than the local coroner.
10. If required by the situation, a hazardous materials response will be a local effort, with priorities set by local incident command. Due to the potential of large-scale hazardous materials release in certain incidents, ESF-10 may deploy its response assets to the damage-affected areas to assess the hazardous materials situation and to offer assistance in the recovery of bodies in this situation. A radiological body recovery effort will also require special expertise and assistance from ESF-10.

11. State level mass fatality management support agencies of ESF-8 will support the following incident operations as listed:

B. Support to Director of Tactical Operations

1. Local, regional and state emergency planners will coordinate fatality management planning and support;
2. Coordinate assistance for next-of-kin notification and collection of antemortem information;
3. Establish the identification of medico-legal authority;
4. Coordinate assistance from state level public health and the medical community;
5. Coordinate with public health and regulatory agencies to develop plans, procedures, and protocols to protect fatality management personnel from infectious diseases, environmental, radiological, chemical and other hazards when handling remains;
6. Identify and catalog resources for staffing antemortem data collection in the Family Assistance Center;
7. Coordinate state level assistance to the local coroner for victim identification and mortuary services, and the processing, preparation and disposition of remains, to include death registration and certification;
8. Request assistance from Federal mortuary/morgue services;
9. Provide communications support for the release of information related to the mass fatality event to both the public and next-of-kin.

C. Support to On-Scene Operations

1. Provide support in the gathering of forensic evidence for fatality management operations;
2. Provide public health guidance for the decontamination of remains;
3. Provide infection control support for personal needs of responders.

D. Support to Morgue Operations

1. Assist in the identification and establishment of additional morgue space;

2. Work with ESF- 13 to provide personnel and security support to local morgue operations.
3. Provide additional morgue capacity from state portable morgue resources.
4. Coordinate morgue infrastructure support, including, but not limited to power, water, equipment, fuel, etc.

E. Management of Antemortem Data

1. Establish and identify to responders a state-level antemortem record repository and housing facility;
2. Activate state level resources to support antemortem data collection activities and to assist in the issuance of death certificates and Burial Removal Transit Permits.
3. Provide additional resources to local responders in conducting the collection of antemortem information, including conducting the DNA collection of family members;
4. Provide support for entering data obtained in interviews into data collection tool.

F. Support to Victim ID

1. Provide additional resources to assist local responders in conducting forensic identification, including post-mortem examination;
2. Provide assistance by coordinating local/state/federal/international databases;
3. Provide assistance for the notification of next-of-kin and for the returning of effects to next-of-kin.

G. Death Registration and Certification

1. Suggest and encourage the development of a unique numbering system for local coroner response to a mass fatality;
2. Initiate teams to provide support for the timely and accurate registration of deaths;
3. Initiate teams to provide support for certification and issuance of death certificates.

H. Support to Final Disposition

1. Provide resources for the final disposition of human remains, including cremation, burial, body donation, etc.;
2. Provide support for the identification and re-burial of remains in instances in which a large number of gravesites are disturbed, either by floods, earthquakes or hurricanes, or by some manmade disturbance.

I. Demobilization

1. Assist in the demobilization of fatality management personnel.
2. Return all assets and resources to pre-incident readiness levels or origination points;
3. Participate in the operational review of fatality management operations;
4. Assist in the identification of fatality management staff post-operational needs;
5. Provide information to fatality management personnel on where and how to obtain medical, psychological, and financial assistance.

J. Plan, Train, Exercise

1. Convene all appropriate state level agencies and stakeholders in the development of the state level mass fatality management plan and standard operating procedures;
2. At least annually conduct one state level exercise that continues through the actions needed to manage a state level mass fatality incident;
3. Provide information related to mass fatality training opportunities as they arise to all state level mass fatality management planning partners;
4. Develop a Homeland Security Exercise Evaluation Program (HSEEP) compliant after-action report following any state-level exercise with a mass fatality management component;
5. Incorporate changes resulting from exercise improvement action plans into the state level mass fatality management plan, reconvene planning partners and stakeholders to review plan changes, then re-exercise the changes to the state plan.

VI. STATE LEVEL ACTIONS

A. PREPAREDNESS

1. General
 - a. Develop, document and maintain mutual support relationships with other governmental entities, professional associations, volunteer organizations and other private services that may assist during a mass fatality incident.
 - b. Recruit volunteers to register with Emergency System for Advance Registration of Volunteer Health Professionals (ESARVHP) in order to pre-identify, train, coordinate and credential personnel necessary to support mass fatality incident management, including staffing of family assistance centers.
 - c. Organize and provide training to registered volunteers for, including but not limited to, evidence collection, cultural considerations, NIMS, antemortem data collection, as appropriate.
 - d. Conduct a state-level assessment of local, regional and state resources, equipment and manpower.
 - e. Develop and maintain a written state plan to support local response to a mass fatality incident and provide training and exercising of that plan at a state level and including all relevant partners and stakeholders.
2. Support to Director of Tactical Operations
 - a. Provide training and planning support to all appropriate stakeholders and support agencies in legal and ethical issues related to mass fatality management.
 - b. Identify, register, and credential mass fatality management volunteer staff, including personnel capable of augmenting the local coroner's staff and providing liaison services to Incident Command and the ESF-8 desk.
3. Support to On-Scene Operations
 - a. Establish and implement mutual aid agreements for identified family assistance centers;

- b. Identify, register and credential behavioral health and medical personnel to support responders.
- 4. Support to Morgue Operations
 - a. Determine number of funeral directors and embalmers available to assist in mass fatality management operations.
- 5. Management of Antemortem Data
 - a. Establish the means to collect antemortem data, preferably electronically. Consider the use of the federally created Victim Identification Program.
- 6. Support to Victim ID
 - a. Identify and catalog state resources that may assist with victim identification;
 - b. Identify and catalog state and federal databases that may be employed to assist with victim identification data collection;
 - c. Establish one data collection system that will allow a statewide, coordinated means of ante- and post-mortem data collection and victim identification.
- 7. Death Registration and Certification
 - a. Continue to increase participation in the state-level Web Death electronic death reporting system.
 - b. Provide training to local coroners, funeral directors and others in Web Death data entry, policies and procedures.
 - c. Identify and catalog personnel and assets to support additional death record go-teams and provide training and exercise opportunities for those teams;
 - d. Develop procedures for registering presumptive deaths when mass fatalities occur.
- 7. Support to Final Disposition
 - a. Identify and catalog agencies that may have roles in repatriation of remains to other countries;

- b. Delineate process by which state would support local areas in providing locations for interment;
- c. Develop a process to ensure that Burial Removal Transit Permits are issued in accordance with South Carolina state law for removal and transportation of remains.
- d. Develop process to disinter remains and correct death certificate to reflect change, if needed.

B. RESPONSE

1. General

- b. Determine if action is needed from the Governor to implement a declaration of emergency or to invoke the Emergency Health Powers Act. Implementation of the Act may be needed to ensure the safe disposition of human remains.
- c. Notify and coordinate support agencies and organizations involved in the response to a mass fatality incident.
- d. Requests for assistance in the form of mutual aid may be referred from ESF-8 (Health and Medical Services) to the SEOC Chief of Operations, or may come directly from communities within the disaster area(s). To reduce confusion and duplication of effort, mutual aid should be coordinated and delivered in close coordination between the ESF-8 and the jurisdictions, associations, and organizations delivering the mutual aid;
- e. Equipment resources to support the local response are available from the SC Coroners Association and from private entities. Requests for SC Coroners Association resources will be made directly to the SC Coroners Association by the local coroner or, as indicated in regional mass fatality plans. ESF-8 maintains a resource listing for private providers of equipment and services.
- f. Facilitate the collaboration of county, regional and state officials to determine whether to request federal assistance.
- g. Federal and state assets, including DMORT, deployed to the scene of the mass fatality incident will be under the jurisdiction of the local coroner.

2. Support to Director of Tactical Operations

- a. If needed, initiate support for decontamination of bodies.
 - b. Establish staging area for body recovery and delivery to temporary morgues.
 - c. Initiate assistance from law enforcement (ESF-13) to enable perimeter security and security for scene operations and evidence collection.
 - d. Coordinate with epidemiological surveillance and investigation to determine if deaths are the result of an exposure or disease.
3. Support to On-Scene Operations
- b. After consultation with local coroner, initiate psychosocial teams to provide psychological aid to fatality management workers and families of victims.
 - d. Provide appropriate information regarding the event to public information (ESF-15) to support family and media communications.
4. Support to Morgue Operations
- a. Establish additional morgue operations as needed;
 - b. Mobilize volunteers to staff temporary morgue sites.
 - c. Request additional portable morgue, PPE and other supplies and infrastructure to support morgues as needed from state resources.
 - d. Initiate assistance from law enforcement (ESF-13) to enable morgue security.
5. Management of Antemortem Data
- a. Support local coroner as requested to initiate system of antemortem data collection and establish antemortem record repository and its housing facility.
6. Support to Victim ID
- a. Provide support to victim identification, which may include subject matter expert and equipment support for forensic identification.

- b. Request information from law enforcement databases to aid the victim identification.
- 8. Death Registration and Certification
 - a. Initiate additional death records teams. The state's web-based electronic death reporting system (WebDeath) will be used to collect data for death registration and to monitor the surge.
- 9. Support to Final Disposition
 - a. Assist in final disposition needs if alternative interment or other means of disposition is needed for the public's health, safety and welfare.
 - b. If alternative interment or other means of disposition is needed, assist the local coroner in identifying sites for temporary interment or assist in establishing alternate sites for other means of disposition.

C. RECOVERY

- 1. General
 - a. SCEMD will establish/activate the SC Recovery Task Force (RTF) within 14 days following a federally declared disaster (reference South Carolina Recovery Plan).
- 2. Support to Director of Tactical Operations
 - a. Assist local coroner in the procedures to recover and demobilize, reimburse, and inventory fatality management personnel and equipment.
 - b. Document mass fatality management matters that may be needed for inclusion in agency or state/federal briefings, situation reports and action plans
- 3. Support to On-Scene Operations
 - a. Evaluate the need to continue state-supported security measures at fatality scene and, upon recommendation of local coroner, discontinue if appropriate.
- 4. Support to Morgue Operations

- a. Assist local coroner in the recovery and demobilization, reimbursement, and inventory of temporary morgue equipment and other resources.
 - b. Provide support to decontaminate temporary morgue sites. Return to pre-disaster condition as nearly as possible.
- 5. Management of Antemortem Data
 - a. Local coroners will continue to maintain system of antemortem data. State support may be provided in the form of data entry and computer equipment.
- 6. Support to Victim ID
- 7. Death Registration and Certification
 - a. Ensure that death certificates have been issued in accordance with state regulations.
- 8. Support to Final Disposition
 - a. In instances of floods, earthquakes or other emergencies which may disturb established gravesites, assist local responders in re-interment of bodies, caskets, etc.
 - b. Provide for the release of information related to disaster-related deaths but limit information to those fatalities that have been officially confirmed by local government officials.
- 9. Demobilization
 - a. Provide continued support to fatality management personnel on where and how to obtain medical, psychological and financial assistance.
- 10. Plan, Train, Exercise
 - a. Revise plans to reflect changes in implementing programs and procedures, improvements in emergency management capabilities, corrections of deficiencies identified in exercises, etc

D. MITIGATION

- 1. General

- a. Evaluate and update existing mass fatality management plans, as necessary.
 - b. Identify and implement long-term mitigation measures, e.g., building codes to reduce the risk and magnitude of future disaster impacts on loss of life.
 - c. State Hazard Mitigation Officer (SHMO) (reference SC Recovery Plan)
The Governor will appoint a SHMO, who will be responsible for coordinating, updating, and implementing the State Hazard Mitigation Program (pursuant to Section 322 of the Stafford Act) and implementing and managing the Hazard Mitigation Grant Program (HMGP) (pursuant to Section 404 of the Stafford Act).
 - d. Federal Hazard Mitigation Officer (FHMO) (Reference SC Recovery Plan)
The Federal Coordinating Officer (FCO) will appoint a FHMO, who will be responsible for managing the HMGP for the specific disaster declaration. The FHMO serves as the SHMO's federal counterpart.
2. Support to Director of Tactical Operations
- a. Review mutual aid agreements for changes; establish mutual aid agreements where needed.
 - b. Evaluate mass fatality operations and prepare review report for use in plan revisions.
3. Support to On-Scene Operations
- a. Identify training and equipment needs.
4. Support to Morgue Operations
- b. Work with the SC Coroners Association to determine areas of equipment and staffing shortages for plan review.
5. Management of Antemortem Data
- a. Evaluate the effectiveness of state antemortem data system. Work with local coroners to recommend changes.
6. Support to Victim ID

- a. Identify gaps that prevented the rapid identification of victims and develop action plan to streamline the identification process.
- 7. Death Registration and Certification
 - a. Review laws and regulations for adaptations to improve response to mass fatality incidents.
 - b. Review internal processes for improvements to plan.
- 8. Support to Final Disposition
 - a. Review laws and regulations for adaptations to improve response to final disposition during mass fatality incidents.
- 9. Plan, Train, Exercise
 - a. Evaluate and update existing mass fatality management plans, as necessary.
 - b. Conduct training and exercises incorporating improvements from action plan.

VII. RESPONSIBILITIES

A. South Carolina Department of Health and Environmental Control

- 1. Serve as lead agency in ESF-8 for mass fatality management support.
- 2. Develop, document and maintain mutual support relationships with other governmental entities, professional associations, volunteer organizations and other private services that may assist during a mass fatality incident.
- 3. Recruit volunteers to register with ESARVHP in order to pre-identify, coordinate and credential personnel necessary to support mass fatality incident management, including staffing of family assistance centers.
- 5. Coordinate a state-level assessment of local and state resources, equipment and manpower.
- 6. Develop and maintain a written state plan to support local response to a mass fatality incident and provide training and exercising of that plan at a state level and including all relevant partners and stakeholders.

7. Provide training and planning support to all appropriate stakeholders and support agencies in legal and ethical issues related to mass fatality management.
8. Identify, register, and credential mass fatality management volunteer staff, including personnel capable of augmenting the local coroner's staff and providing liaison services to Incident Command and the ESF 8 desk
9. Identify a state level minimal credential for behavioral health and medical personnel to support responders. (Move to DMH responsibilities) (Agencies providing staff would provide the information on their credentials to the ESRVHP program.)
10. Identify state resources that may assist with victim identification.
11. Identify state and federal databases that may be employed to assist with victim identification data collection.
12. Work with the Coroners Association to establish one data collection system that will allow a statewide, coordinated means of ante- and post-mortem data collection and victim identification.
13. Continue to increase participation in the state-level Web Death electronic death reporting system.
14. Provide training to local coroners, funeral directors and others in Web Death data entry, policies and procedures.
15. Identify personnel and assets to support additional death record go-teams and provide training and exercise opportunities for those teams.
16. Develop procedure for registering presumptive deaths in mass fatalities.
17. Identify agencies that may have roles in repatriation of remains to other countries.
18. Work with the Coroners Association to delineate the process by which the state would support local areas in providing locations for interment.
19. Work with the Coroners Association to develop a process to disinter remains and correct death certificates to reflect change, if needed.
20. Determine if action is needed from the Governor to implement the Emergency Health Powers Act, or to declare a state of emergency. Implementation of the Act may be needed to ensure the safe disposal of human remains.
21. Notify and coordinate support agencies and organizations involved in the response to a mass fatality incident.

22. Refer requests for assistance in the form of mutual aid to the SEOC Chief of Operations. To reduce confusion and duplication of effort, mutual aid should be coordinated and delivered in close coordination between the ESF-8 and the jurisdictions, associations, and organizations delivering the mutual aid.
23. Facilitate the collaboration of county, regional and state officials to determine whether to request federal assistance.
24. If needed, initiate support for decontamination of bodies.
25. Working with the local coroner, initiate assistance from law enforcement (ESF-13) to enable perimeter security and security for scene operations and evidence collection.
26. Coordinate with epidemiological surveillance and investigation to determine if deaths are the result of an exposure and/or disease.
27. Initiate psychosocial teams to provide psychological aid to fatality management workers and families of victims. (Move to SCDMH)
28. Mobilize volunteers to staff temporary morgue sites.
29. Working with the local coroner, initiate assistance from law enforcement (ESF-13) to enable morgue security.
30. Initiate additional death records teams. The state's web-based electronic death reporting system (WebDeath) will be used to collect data for death registration and to monitor the surge.
31. Document mass fatality management matters that may be needed for inclusion in agency or state/federal briefings, situation reports and action plans.
32. Ensure that death certificates have been issued in accordance with state regulations.
33. Provide continued support to fatality management personnel on where and how to obtain medical, psychological and financial assistance.
34. Revise plans to reflect changes in implementing programs and procedures, improvements in emergency management capabilities, corrections of deficiencies identified in exercises, etc.
35. Evaluate and update existing mass fatality management plans, as necessary.

36. Review laws and regulations for adaptations to improve response to mass fatality incidents.
37. Review internal processes for improvements to plan.
38. Conduct training and exercises incorporating improvements from action plan.
39. Provide appropriate information regarding the event to public information (ESF-15) to support family and media communications.
40. Request access to law enforcement databases to aid in victim identification.
41. In instances of floods, earthquakes or other emergencies which may disturb established gravesites, request assistance for local responders in re-interment of bodies, caskets, etc.

B. South Carolina Coroners Association

1. Develop, document and maintain mutual support relationships with governmental entities, professional associations, volunteer organizations and other private services that may assist during a mass fatality incident.
2. Establish and implement memorandum of understanding with SCDHEC for assistance in mass fatality events.
3. Organize and provide training to registered volunteers for, but not limited to, evidence collection, cultural considerations, NIMS, and antemortem data collection, as appropriate.
4. Coordinate a state-level assessment of local and state resources, equipment and manpower.
5. Identify sites in each Public Health region in the state that could be established as temporary morgues, and include equipment needed to initiate the site as a morgue.
6. Establish and implement mutual aid agreements for identified temporary morgues.
7. Establish the means to collect and post antemortem data, preferably electronically, and establish a number system. Consider the use of the federally created Victim Identification Program.
8. Delineate the process by which the state would support local areas in providing locations for interment. (Move to SCDHEC)
9. Develop a process to disinter remains and correct death certificates to reflect change, if needed. (Move to SCDHEC)

10. Determine the nature and extent of the mass fatality event.
11. Facilitate the collaboration of county, regional and state officials to determine whether to request federal assistance.
12. Secure evidence/personal effects collection site.
13. Provide appropriate information regarding the event to public information (ESF-15) to support family and media communications.
14. Establish additional morgue operations as needed.
15. Request additional portable morgue, PPE and other supplies and infrastructure to support morgues as needed from state resources.
16. Determine if final disposition needs may necessitate alternative interment or other means of disposition for the public health, safety and welfare.
17. Recover and demobilize, reimburse, and inventory resources. fatality management personnel and equipment.
18. Document mass fatality management matters that may be needed for inclusion in agency or state/federal briefings, situation reports and action plans.
19. Continue to maintain system of antemortem data as needed.
20. Provide for the release of information related to disaster-related deaths that will be limited to those fatalities that have been officially confirmed by local government officials.
21. Plan revisions will reflect changes in implementing programs and procedures, improvements in emergency management capabilities, corrections of deficiencies identified in exercises, etc.
22. Evaluate and update existing mass fatality management plans, as necessary.
23. Review mutual aid agreements for changes; establish mutual aid agreements where needed.
24. Evaluate mass fatality operations and prepare review report for use in plan revisions.
25. Identify training and equipment needs.

26. Evaluate additional temporary sites for identified needs and appropriateness in future response.
27. Determine areas of equipment and staffing shortages for plan review.
28. Evaluate the effectiveness of state antemortem data system. Adapt the system as needed.
29. Identify gaps that prevented the rapid identification of victims and develop action plan to streamline the identification process.
30. Review laws and regulations for adaptations to improve response to mass fatality incidents.
31. Review laws and regulations for adaptations to improve response to final disposition during mass fatality incidents.
32. Conduct training and exercises incorporating improvements from action plan.

C. South Carolina Funeral Directors Association

1. Develop, document and maintain mutual support relationships with governmental entities, professional associations, volunteer organizations and other private services that may assist during a mass fatality incident.
2. Recruit volunteers to register with ESARVHP in order to pre-identify, coordinate and credential personnel necessary to support mass fatality incident management, including staffing of family assistance centers.
3. Determine the number of funeral directors and embalmers licensed and available to assist in mass fatality management operations.
4. In instances of floods, earthquakes or other emergencies which may disturb established gravesites, assist local responders as needed in re-interment of bodies, caskets, etc.
5. Revise plans to reflect changes in implementing programs and procedures, improvements in emergency management capabilities, corrections of deficiencies identified in exercises, etc.
6. Evaluate and update existing mass fatality management plans, as necessary.
7. Review laws and regulations for adaptations to improve response to final disposition during mass fatality incidents.
8. Evaluate and update existing mass fatality management plans, as necessary.

9. Conduct training and exercises incorporating improvements from action plan.

D. South Carolina Mortician's Association

1. Develop, document and maintain mutual support relationships with governmental entities, professional associations, volunteer organizations and other private services that may assist during a mass fatality incident.
2. Recruit volunteers to register with ESARVHP in order to pre-identify, coordinate and credential personnel necessary to support mass fatality incident management, including staffing of family assistance centers.
3. Determine the number of funeral directors and embalmers licensed and available to assist in mass fatality management operations.
4. In instances of floods, earthquakes or other emergencies which may disturb established gravesites, assist local responders as needed in re-interment of bodies, caskets, etc.
5. Revise plans to reflect changes in implementing programs and procedures, improvements in emergency management capabilities, corrections of deficiencies identified in exercises, etc.
6. Evaluate and update existing mass fatality management plans, as necessary.
7. Review laws and regulations for adaptations to improve response to final disposition during mass fatality incidents.
8. Evaluate and update existing mass fatality management plans, as necessary.
9. Conduct training and exercises incorporating improvements from action plan.

E. South Carolina Department of Public Safety

1. Develop, document and maintain mutual support relationships with other governmental entities, professional associations, volunteer organizations and other private services that may assist during a mass fatality incident.

F. South Carolina National Guard

1. Develop, document and maintain mutual support relationships with other governmental entities, professional associations, volunteer organizations and other private services that may assist during a mass fatality incident.

2. Coordinate perimeter security and scene security for scene operations and evidence collection.
3. Coordinate assistance to enable morgue security.
4. Revise plans to reflect changes in implementing programs and procedures, improvements in emergency management capabilities, corrections of deficiencies identified in exercises, etc.

G. South Carolina Department of Mental Health

1. Develop, document and maintain mutual support relationships with other governmental entities, professional associations, volunteer organizations and other private services that may assist during a mass fatality incident.
2. Initiate psychosocial teams to provide psychological aid to fatality management workers and families of victims.
3. Provide continued support to fatality management personnel on where and how to obtain, psychological assistance.
4. Revise plans to reflect changes in implementing programs and procedures, improvements in emergency management capabilities, corrections of deficiencies identified in exercises, etc.

H. Federal Bureau of Investigation (Evidence Response Team) (Check with the agent-in-charge to determine their role.)

1. Provide assistance with evidence collection, as appropriate.
2. Provide support for forensic identification.

I. American Red Cross

1. Develop, document and maintain mutual support relationships with governmental entities, professional associations, volunteer organizations and other private services that may assist during a mass fatality incident.
2. Establish and implement mutual aid agreements for identified family assistance centers.
3. Establish Family Assistance Centers (FAC) to support local operations and mobilize staff. Family Assistance Centers serve as the point of data gathering for the identification of the deceased. The establishment of an FAC is generally the responsibility of the local coroner with assistance from other agencies. FACs will

be set up at locations convenient to mass fatality incidents, but removed from the mainstream of activities.

4. Revise plans to reflect changes in implementing programs and procedures, improvements in emergency management capabilities, corrections of deficiencies identified in exercises, etc.

J. Salvation Army

1. Develop, document and maintain mutual support relationships with governmental entities, professional associations, volunteer organizations and other private services that may assist during a mass fatality incident.
2. Revise plans to reflect changes in implementing programs and procedures, improvements in emergency management capabilities, corrections of deficiencies identified in exercises, etc.

K. State Law Enforcement Division (SLED)

1. Develop, document and maintain mutual support relationships with other governmental entities, professional associations, volunteer organizations and other private services that may assist during a mass fatality incident.
2. Provide support for forensic identification.
3. Provide support for worker identification and credentialing.
4. Revise plans to reflect changes in implementing programs and procedures, improvements in emergency management capabilities, corrections of deficiencies identified in exercises, etc.

L. South Carolina Dental Identification Team

1. Develop, document and maintain mutual support relationships with other governmental entities, professional associations, volunteer organizations and other private services that may assist during a mass fatality incident
2. Recruit volunteers to register with ESARVHP in order to pre-identify, coordinate and credential personnel necessary to support mass fatality incident management, including staffing of family assistance centers.
3. Identify, and provide training to appropriate personnel for, but not limited to, evidence collection, cultural considerations, NIMS, antemortem data collection, as appropriate.
4. Provide support for forensic identification.

5. Maintain equipment to support forensic identification in mass fatality incidents.
6. Participate in state level exercises.