Mass Fatalities Incidents

EIIP

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Definition of a Mass Fatalities Incident

Overwhelms \textit{locally available} resources
Fewer than \textit{Mass} fatalities $=$ \textit{Multiple} fatalities
Different for each community
Factors
  Number of deaths
  Scope of destruction
  Rate of recovery
Mass Fatalities Incident Response

Integrated Incident Management
Human Remains Recovery Ops
Forensic Services
Volunteer Mgmt/Staff Processing
Family Assistance and Support
Personnel Support/Trauma First Aid
Triangle Shirtwaist Factory

Fire at 5PM on Saturday, March 25, 1911
146 women and girls died
Bodies were lined up on sidewalk
Temporary morgue at 26th Street pier
Bodies side by side in open wood coffins
Family members visually ID’d victims
Morgue was open to press and public
20th Century Evolution

Sensitivities to family members evolved
Heightened dignity & respect for deceased
Scientific processes became sophisticated
DNA was added to the identification toolbox
January 25th, 1990 Avianca Flight 52
Cove Neck, Long Island crash kills 73
Organized response by Funeral Directors
Recognized by Federal Gov’t as asset
Disaster Mortuary Operational Response Team (DMORT) results
Numerous deployments since
Growth Brings Change

Federal teams became recognized
Local planning deferred to federal teams
Incidence in mid 1990’s went from average of 1 in 3 years to 3 per year
September 11th brought new demands
Gulf hurricanes in 2005 strained limits
Pandemic planning brought new issues
U.S. Experience

Historical US perspective is based on *conventional* incidents

- Commercial air crashes (majority)
- Natural disasters (Floods are #1 then tornados, hurricanes, earthquakes)

**Focused** violence (e.g. Murrah Building)
Earmarks of a Conventional Incident

Single site
Lies in one geo-political jurisdiction
Contained in a defined space
Risk returns to zero after initial dynamic
Rapidly quantified as to damage & deaths
Response peaks in hours to days

**The definition is changing!**
Future Incidents?

- Extraordinary numbers of fatalities
- Possible natural origins
- Extended response
- Contaminated victims
- Imposition of Quarantine
- Forced disposition
Future Incidents?

Multiple local sites
May span several jurisdictions
Uncontained and capable of spreading
Managed as a crime/environmental scene
Risk exists until remediation is complete
Scope may be a function of epidemiologic modeling
Response peaks in weeks to months
Fatality Management

EMS - don’t move dead bodies
Report deaths to appropriate authority
(ME/Coroner by statute)
Refrigerated storage will be an issue*
Institutions cannot function in isolation and should create partnerships now
Don’t take ownership of a problem that isn’t yours.
Storage of Human Remains

3 Step Alternatives
Refrigerated Trailers

- Require Service
- Require ramps-steps
- Power source
- Limited capacity
Temporary Interment

“Temporary Underground Storage”
800-1000 per acre
Immediate impact on providers

Genesis of incident may produce staff fatalities outright
Staff members become secondary victims
Refusal to work due to personal fear of exposure
Refusal to work due to family safety risks
Follow-on impacts

First wave of employee loss de-motivates others
Remaining staff over-taxed physically and psychologically (Exacerbated with time)
Acute, atypical incidents will cause individual shutdown
Grief, stress and acute trauma will diminish staff efficiency and effectiveness
Extended recovery fatigue
Planning for the Incident

Plan to operate with diminished staff
Understand local laws that govern disaster response and mass fatalities (Talk to C/ME)
Explore refrigerated storage alternatives
Initiate training for staff to cope with impacts of a large scale incident
Craft detailed guidelines for infrastructure management and security
NOW!!

When it happens it’s too late
Work as a group
Publicize your role and availability
Establish inter-agency connections
Train, train, train
QUESTIONS ??

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