
Fatality Management Response in a Chemical, Radiological, or Nuclear Environment: Concept of Operations Plan and Action Steps Plan



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Executive Summary

This plan specifically addresses a Concept of Operations (ConOps) in supporting fatality management at the state level, but **below catastrophic proportions**, relative to an event involving Chemical, Radiological, or Nuclear (CRN) dispersal of substances that necessitate the decontamination of human remains prior to processing for identification.

Fatality Management response to a CRN event has a 3 tiered mission at the site:

1. Recover remains safely;
2. Decontaminate remains so that they may be processed safely by morgue staff; and
3. Store decontaminated remains until transported to incident morgue.

Consensus of the planning group was that there is no need to create a separate permanent stand-by team of lay volunteers. The expectation for a CRN decon response recognizes the efficiency of utilizing qualified and trained personnel and existing resources at different stages to aid the Medical Examiner.

The **Concept of Operations (ConOps) Plan** consists of using:

1. Local or neighboring Haz-Mat teams
2. Public information teams to prepare the public
3. Level C PPE trained individuals to perform:
 - a. retrieval of human remains, and
 - b. surface decontamination, or
 - c. post mortem identification and cause of death processing of the human remains inside the warm zone.

The **Action Steps Plan** to accomplish this goal calls for one entity to:

1. Identify and address forensic evidence needs;
2. Catalogue existing trained Haz-Mat assets;
3. Identify major hospital decon assets for voluntary mission assignment;
4. Develop mutual aid agreements between Haz-Mat teams;
5. Build out capacities for just-in-time operations training; and
6. Draft specific public information messages, talking points, and message maps for CRN events.

The CRN Planning Team recommends that these developmental needs be submitted to the Florida State Emergency Response Team and the Florida Division of Emergency Management review process.

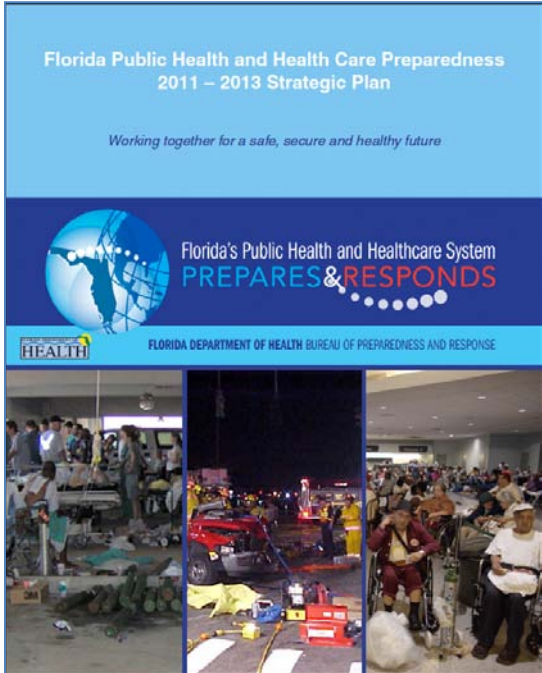
Disclaimer

The content of this document should not be interpreted to subsume, replace, detract from, or conflict with, authorities and responsibilities of the Departments of Health, Emergency Management, Environmental Protection, Law Enforcement, Fires Services or any other responder agency or organization.

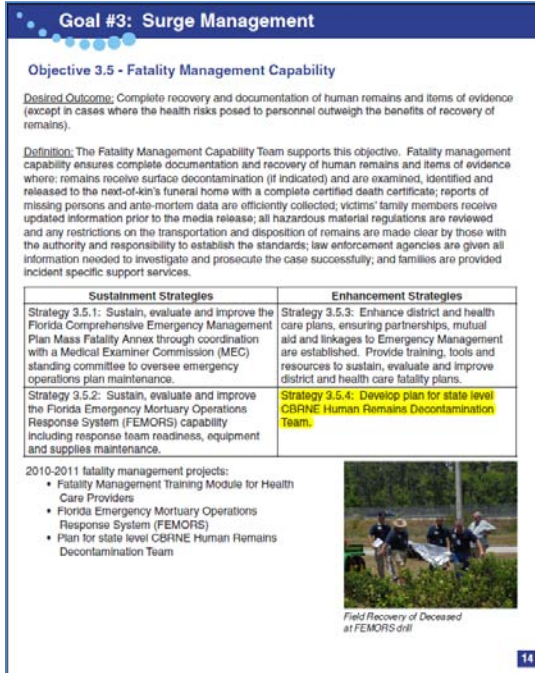
11. PROJECT SCOPE

A. Purpose

The Florida Public Health and Health Care Preparedness 2011 – 2013 Strategic Plan addresses Surge Management as Goal #3. Fatality Management is a surge issue for Medical Examiner Districts when disasters occur.



The cover page of the Florida Public Health and Health Care Preparedness 2011 – 2013 Strategic Plan features a blue header with the title and the tagline "Working together for a safe, secure and healthy future". Below the header is a graphic of Florida with the text "Florida's Public Health and Healthcare System PREPARES & RESPONDS" and "FLORIDA DEPARTMENT OF HEALTH BUREAU OF PREPAREDNESS AND RESPONSE". The bottom section contains three photographs: a disaster scene with debris, a fire scene with a red car, and a group of people in a training exercise.



The slide titled "Goal #3: Surge Management" focuses on "Objective 3.5 - Fatality Management Capability". It includes a "Desired Outcome" (Complete recovery and documentation of human remains and items of evidence), a "Definition" (The Fatality Management Capability Team supports this objective...), and a table of "Sustainment Strategies" and "Enhancement Strategies".

Sustainment Strategies	Enhancement Strategies
Strategy 3.5.1: Sustain, evaluate and improve the Florida Comprehensive Emergency Management Plan Mass Fatality Annex through coordination with a Medical Examiner Commission (MEC) standing committee to oversee emergency operations plan maintenance.	Strategy 3.5.3: Enhance district and health care plans, ensuring partnerships, mutual aid and linkages to Emergency Management are established. Provide training, tools and resources to sustain, evaluate and improve district and health care fatality plans.
Strategy 3.5.2: Sustain, evaluate and improve the Florida Emergency Mortuary Operations Response System (FEMORS) capability including response team readiness, equipment and supplies maintenance.	Strategy 3.5.4: Develop plan for state level CBRNE Human Remains Decontamination Team.

2010-2011 fatality management projects:

- Fatality Management Training Module for Health Care Providers
- Florida Emergency Mortuary Operations Response System (FEMORS)
- Plan for state level CBRNE Human Remains Decontamination Team

Field Recovery of Deceased at FEMORS drill

Specifically, the Strategic Plan identifies enhancement Strategy 3.5.4: Develop plan for state level CBRNE Human Remains Decontamination Team.

B. Objective

By June 30, 2011, develop and deliver Fatality Management plan for state level CBRNE human remains decontamination team.

C. Deliverables

- Draft concept of operations (ConOps) plan
- Develop action plan of steps necessary to implement the draft ConOps plan for state level CBRNE-FM human remains decontamination team

D. Consultant Team

This ConOps was developed in concert with subject matter experts from various stakeholder fields including the Departments of Health, Emergency Management, Environmental Protection, Law Enforcement, and Fire Services. The full list of participants may be found in Appendix A.

III. PROBLEM STATEMENT

Target Capability Gap Identified

Decontamination of human remains has been identified as an existing gap in Florida's preparedness efforts for a mass fatality management response mission.

The current (September 2007) definition of the Fatality Management Target Capability reads:

FATALITY MANAGEMENT

Capability Definition

Fatality Management is the capability to effectively perform scene documentation; the complete collection and recovery of the dead, victim's personal effects, and items of evidence; **decontamination of remains and personal effects (if required)**; transportation, storage, documentation, and recovery of forensic and physical evidence; determination of the nature and extent of injury; identification of the fatalities using scientific means; certification of the cause and manner of death; processing and returning of human remains and personal effects of the victims to the legally authorized person(s) (if possible); and interaction with and provision of legal, customary, compassionate, and culturally competent required services to the families of deceased within the context of the family assistance center. All activities should be sufficiently documented for admissibility in criminal and/or civil courts. Fatality management activities also need to be incorporated in the surveillance and intelligence sharing networks, to identify sentinel cases of bioterrorism and other public health threats. Fatality management operations are conducted through a unified command structure

(Emphasis added)

Florida developed a robust fatality management response capability with its Florida Emergency Mortuary Operations Response System (FEMORS) to assist Medical Examiners with disaster surges in deaths. However, FEMORS does not include personnel or equipment specialized for the specialized task of decontamination of human remains.

Medical Examiner personnel perform routine post mortem processing of human remains for identification and determination of cause and manner of death using "universal precautions" - otherwise known as Level D Personal Protective Equipment (PPE) - to guard against bloodborne pathogens. Processing is accomplished in facilities (either fixed or temporary) to which disaster victims are brought from the site.

Entry of a single "contaminated" victim into the morgue facility compromises the safety of all who work in that environment. It also has the potential to render the facility unusable resulting in potentially thousands of dollars in clean up costs. Therefore, it is imperative that only non-contaminated victims be introduced to the morgue for processing.

In Incident Command System terms, Fatality Management functions as a Branch of the Operations Section. The tactical mission of victim decontamination supports that function.

IV. EVENT APPLICABILITY IDENTIFICATION

A. Contamination

In its simplest terms:

- Contamination means that foreign material is present on an object.
- Decontamination means the removal of foreign material from an object.

All-Hazards approaches to preparedness and response planning require that consideration be given to Chemical, Biological, Nuclear, Radiological, and Explosive (CBRNE) incidents. Thus, CBRNE contamination adds the element of harmful or life-threatening foreign substances that put survivors and responders at risk of exposure, injury, and death. Any response to a CBRNE event has a fairly well understood common sense priority list of safety issues:

1. Protect responders (to prevent further injury or death),
2. Save the living and injured,
3. Prevent contamination of receiving facilities (hospitals, morgues, laboratories, etc.),
4. Recognize, preserve and collect evidence of attribution and incident reconstruction, and
5. Recover deceased human remains with dignity and respect.

A response for decontamination of human remains is predicated upon the nature of which of the CBRNE factors might be involved. For that reason, it is wise to evaluate all five to see if they are applicable to a discussion of the decontamination effort.

1. **Chemical** - Applicable

- Nature of threat/risk
 - High potential for need to decontaminate for either accidental (industrial product) or intentional (criminal intent) exposure.
- Identification of the chemical
 - When assessing chemical incidents, HazMat specialists utilize a variety of printed, electronic and telephone resources. These resources include the EPlan and CAMEO computer programs, the CemTrac telephone service (1-800-424-9300) and reference materials from chemical manufacturers.
- Characteristics
 - Chemical contamination can be manifest in liquid, solid and gaseous states. Hazardous materials exposure can include numerous *physical contact* industrial products and blistering agents (family of sulfur-based agents, including the so-called "mustard gas"), or *ingestion/inhalation contact* poisons or nerve agents (a class of phosphorus-containing organic chemical weapons).
 - Physical contact substances are generally deposited on the clothing and exterior skin surfaces while ingestion/inhalation contact substances are both ingested/inhaled and deposited on the clothing and exterior skin surfaces.

- Decontamination
 - Decontamination of physical contact substances to 90-95% level involves removal of clothing and washing of skin surfaces.
 - Testing by sensors is needed to determine when the human remains are safe enough to process with Level D PPE.
 - Decontamination of nerve agents may require allowing time to elapse to permit off gassing to reduce the dangerous exposure levels to safer levels.
 - Haz-Mat subject matter experts need to evaluate when victims are safe enough to be processed.
- Decontamination Failure Consequence
 - Human remains that cannot be decontaminated to a safe level will need to be processed (i.e., post mortem examination for identification and cause of death) by personnel wearing the appropriate PPE for the nature of the contaminant. This is either:
 - Level C when the type of airborne substance is known, concentration has been measured, criteria for using air-purifying respirators has been met, and skin and eye exposure is unlikely; or
 - Level B when the highest level of respiratory protection is needed, but a lesser level of skin and eye protection. Level B protection is the minimum level recommended on initial site entries until the hazards have been further identified and defined by monitoring, sampling, and other reliable methods of analysis, and equipment corresponding with those findings utilized.

2. **Biological** – NOT Applicable

- Nature of threat/risk
 - Low potential for need to decontaminate.
- Characteristics
 - Biological diseases do not create instantaneous mass death. Outbreaks generally have incubation periods during which hospitals become the sentinel indicators of a growing problem.
 - Outbreaks often cover more widespread areas than a singular focal disaster event reducing the likelihood of establishing a central processing facility for the decedents.
 - Except in very rare cases, Level D protection is all that is required for processing an infected decedent (not different from daily safety protocols).
- Decontamination
 - Decontamination of human remains for biological diseases is not possible.
- Decontamination Failure Consequence
 - Human remains that cannot be safely processed without great risk may need to be placed in human remains pouches or other containers that are

sealable and able to be externally decontaminated for eventual final disposition.

- Although it is an extremely unlikely consequence, state executive orders may be required to determine if disposition by cremation or burial (over family wishes) may be required due to the nature of the infectious agent.

BIOLOGICAL CAVEAT - Rare Diseases and Toxins Associated with Human Remains

Mass casualty events that are caused by natural disasters, transportation-related accidents and other causes not resulting from a specific microorganism have some potential, however remote, to expose workers to rare diseases and dangerous biological matter. Specific protection protocols for any identified agents of concern need to be detailed in the site-specific Health and Safety Plan developed for each event.

It is very important to understand that there are a few microorganisms and toxic matter that are very difficult to destroy when not specifically targeted. There are still fewer that are nearly indestructible even with knowledge of their presence and targeted with compound-specific decontamination processes.

Creutzfeldt - Jakob Disease

For instance, Creutzfeldt - Jakob Disease (CJD) is an extremely rare and bizarre neurodegenerative disorder that is akin to Mad Cow Disease. CJD is caused by an infectious protein termed a “prion”. CJD is an incurable and fatal disease that, fortunately, is extremely rare with an incidence of about 1 case per 1,000,000 per year. The causative prion is nearly indestructible and has been known to survive autoclaving, gamma radiation bombardment and chemical disinfecting including formaldehyde, ethylene oxide and chlorinated compounds. Thermal destruction has also proved ineffective even at temperatures as high as 360 deg. C. In brief, conventional disinfecting methods are quite ineffective on this very rare and bizarre compound. Fortunately, even when a source of CJD is present, it is very difficult to transmit to a human. The primary sources of CJD are brain tissue and spinal fluids, but there is evidence that indicates transmission by blood may occur. Additionally, there are no environmental tests that will detect the presence of CJD.

If a potential CJD event was to occur, a detailed and specific operational plan including a supplemental safety plan must be prepared prior to commencing decontamination activities.

3. Radiological- Applicable

- Nature of threat/risk
 - High potential for need to decontaminate for either accidental (industrial product) or intentional dirty bomb detonation (criminal intent) exposure.

- Characteristics
 - Radiological contamination by industrial product release or dispersal of material by explosive device (dirty bomb) can be manifest in both *physical contact*, and *ingestion/inhalation contact*.
 - Physical contact radioactive substances are generally deposited on the clothing and exterior skin surfaces while ingestion/inhalation contact radioactive substances are both ingested/inhaled and deposited on the clothing and exterior skin surfaces.
- Decontamination
 - Decontamination of physical contact radioactive substances to 90-95% level involves removal of clothing and washing of skin surfaces.
 - Testing by sensors is needed to determine when the human remains are safe enough to process with Level D PPE.
 - Decontamination of ingested/inhaled radioactive substances may not be possible.
 - Nuclear medicine subject matter experts need to evaluate when victims are safe enough to be processed.
- Decontamination Failure Consequence
 - Human remains that cannot be decontaminated to a safe level will need to be:
 - Processed (i.e., post mortem examination for identification and cause of death) by personnel wearing the appropriate PPE for the nature of the radioactive agent, or
 - Placed in sealable containers capable of exterior decontamination for eventual final disposition.
 - Although it is an extremely unlikely consequence, state executive orders may be required to determine if disposition by cremation or burial (over family wishes) may be required due to the nature of the radioactive agent.

4. **Nuclear-** Applicable

- Nature of threat/risk
 - High potential for need to decontaminate for intentional detonation (criminal intent) exposure.
- Characteristics
 - Radiological contamination by intentional detonation can be manifest in either *physical contact* or *ingestion/inhalation contact* during post detonation fallout.
 - Physical contact radioactive substances are generally deposited on the clothing and exterior skin surfaces while ingestion/inhalation contact ra-

radioactive substances are both ingested/inhaled and deposited on the clothing and exterior skin surfaces.

- Decontamination
 - Decontamination of physical contact radioactive fallout to 90-95% level involves removal of clothing and washing of skin surfaces.
 - Testing by sensors is needed to determine when the human remains are safe enough to process with Level D PPE.
 - Decontamination of ingested/inhaled radioactive fallout may not be possible.
 - Nuclear medicine subject matter experts need to evaluate when victims are safe enough to be processed.
- Decontamination Failure Consequence
 - Human remains that cannot be decontaminated to a safe level will need to be
 - Processed (i.e., post mortem examination for identification and cause of death) by personnel wearing the appropriate PPE for the nature of the radioactive agent or
 - Placed in sealable containers capable of exterior decontamination for eventual final disposition.
 - Although it is an extremely unlikely consequence, state executive orders may be required to determine if disposition by cremation or burial (over family wishes) may be required due to the nature of the radioactive agent.

5. **Explosive** – NOT Applicable

- Nature of threat/risk
 - Low potential for need to decontaminate.
- Characteristics
 - Blunt force injuries are responsible for death, not contaminants.
- Decontamination
 - Decontamination of human remains for bomb/blast injuries is not required.
- Decontamination Failure Consequence
 - Not applicable

B. Terminology Refinement – Project Naming Convention

Because Biological and Explosive events do not, in and of themselves, create a contamination situation, the general term used throughout this plan will be *Chemical, Radiological, and Nuclear* (CRN) when referring to types of events requiring decontamination.

V. INTERAGENCY STAKEHOLDER RESPONSIBILITIES

A. District Medical Examiner

With the exception of disease outbreak deaths due to natural causes, Chapter 406.11, Florida Statutes, places the responsibility for determining identity, cause and manner of death of a disaster victim upon the Medical Examiner of the county in which the death occurred or the body was found. This includes bodies that wash up or are brought ashore from Gulf or Atlantic Ocean events.

Identification of disaster victims is impacted by the quality of the recovery process and the proper preservation of personal effects on and about the body. Unless superseded by an executive order, permission of the Medical Examiner is required before moving a deceased body. Therefore, close coordination between Incident Command of scene operations and the Medical Examiner is essential.

At a minimum, Medical Examiner guidance is needed for coordinating event specific protocols and procedures for:

- recovery documentation,
- body storage at the site staging area,
- evidence preservation during decontamination, and
- transportation of remains to an incident morgue for processing.

B. Emergency Response Team (ERT)

The ERT is a specialized team consisting of representatives from the Florida Departments of Environmental Protection (DEP), Agriculture and Consumer Services (DACS), Financial Services – State Fire Marshal (SFM), Health (DOH), Law Enforcement (FDLE), Transportation (DOT), Florida Fish & Wildlife Conservation Commission (FWC), Broward County Sheriff's Office, and the U.S. Environmental Protection Agency (EPA). The team has Level A entry, criminal investigative, and environmental forensics capability.

The ERT was established to augment local and regional response capabilities for incidents suspected to involve criminal activity including potential terrorist events. The team is trained to respond to and investigate incidents involving industrial chemical or hazardous materials as well.

On-scene, the ERT provides tactical support to the Incident Commander and integrates into the Incident Command System (ICS) as a special team under the Operations Section. It has communications reach-back links to various expert state and federal agencies—such as Federal On-Scene Coordinators from the U.S. Environmental Protection Agency, U.S. Coast Guard and, particularly helpful for radiological events, the 44th and 48th Civil Support Teams (National Guard). Civil Support Teams are linked in to the national labs to help identify the exact radiological isotope and its source.

C. Hazardous Materials (Haz-Mat) Teams under Fire Services

Fire Service and Haz-Mat response may well serve as the lead agency for Incident Command during initial response to a potential CBRNE event because of the need to identify the nature and extent of the threat. There is at least one Haz-Mat Team in each of the 7 Domestic Security Task Force regions.

Haz-Mat teams operate to mitigate release of hazardous materials. The previously mentioned Emergency Response Team (ERT) coordinates response needs with the local Haz-Mat response unit. Mutual aid and support for escalating events can be provided by other city and county units who participate as members of the Florida Association for Hazardous Material Responders (FLAHR).

The highest level of PPE (Level A) is used for performing the initial assessment of the situation because a worst case scenario must remain the starting base assumption. Because it is so cumbersome and the physical demands on the body are so great while wearing Level A, actual tactical operations are not conducted in Level A if at all possible.

Stopping the threat of continuing hazardous material release and rescue of the living are the first mission assignments of Haz-Mat response. Recovery of the dead is not a critical issue as long as the hot zone remains volatile, incompletely defined, or too dangerous for responders.

Mitigation of the hot zone to use of Level B, preferably Level C, PPE is necessary before any attempt can begin to recover the dead.

D. Department of Environmental Protection (DEP)

DEP maintains its Division of Law Enforcement's Criminal Investigations Bureau and Bureau of Emergency Response. These are key players in the operations of the Emergency Response Team (ERT) for any CBRNE disaster event.

E. Division of Emergency Management (DEM)

DEM stays involved in CBRN related issues and in regular contact with the Florida Association for Hazardous Material Responders (FLAHR). It does this by maintaining a representative at the state Emergency Operations Center for the State Fire Chiefs concerning HazMat and CBRNE.

F. Department of Law Enforcement (FDLE)

FDLE is the lead agency for investigation into criminal activity especially when terrorist related. It also maintains a Forensic Response Team capable of focusing on preservation and collection of evidence in conjunction with the Medical Examiner.

G. Department of Health (DOH)

DOH is involved in multiple aspects of CRN fatality management disaster planning including:

1. Bureau of Radiation Control (if applicable)
2. Bureau of Preparedness and Response
 - i. Fatality Management Capability Team
 - ii. ESF-8 Systems Capability Team
 - iii. Hospital Surge Capability Team
 - iv. Planning Capability Team

Operationally DOH also:

- maintains the readiness of the FEMORS program as a tactical state asset to assist Medical Examiners with a surge of deaths; and,
- has oversight responsibilities for federally funded contracts that provided hospital equipment and supplies for decontamination of hospital emergency room patients with an understanding that equipment could be shared if needed by other areas impacted by a disaster.

VI. EXISTING CRN DECON RESOURCES

A. Florida National Guard Civil Support Team

- 44th (Starke, FL) and 48th (Tampa, FL)
- The 44th Civil Support Team is a full-time guard unit, established in August 2000 to respond to chemical, biological or radiological incidents within the state at the direction of the Governor. Members receive extensive training in chemical hazards and can assist in investigations involving hazardous or toxic chemicals.
- The 48th Civil Support Team is nearing final accreditation.
- Civil Support Teams do not perform recovery of human remains. They assist by testing and identifying WMD threats.



Sgt. Matt Mitchell of the Florida National Guard's 48th Civil Support Team prepares equipment to take chemical samples during a weapons of mass destruction evaluation in Brooksville, Fla., Dec. 16, 2010. (U.S. Air Force Photo by Master Sgt. Thomas Kielbasa)

B. HHS/ASPR/NDMS DMORT-WMD Federal Team

- The single federal resource available for decon of human remains.
- Cache is being moved to NDMS warehouse, Fredericksburg, MD
- Each member certified for Level C or higher HazMat operations
- 72 hour response and set up
- Available if federal declaration is issued



C. New York City Multi-Agency Team

- NYPD/NYFD/Office of Chief Medical Examiner Team
- Numerous OCME staff (all 5 boroughs) certified to HazMat Technician
- Result of Multiple Federal Grants
- Not replicable in other cities



D. Regional Haz-Mat Teams



- First responders to local CBRNE incidents
- Certified to Level A PPE scene entry for assessment
- Coordinates with Search and Rescue for compromised structures and extraction
- Familiar with extraction of human remains from fire scenes

E. Hospital Decon Teams and Caches

- Major hospitals maintain federally funded decon equipment caches that can be modified for deceased victim use
 - Most hospitals in FL have been offered the grants through Assistant Secretary for Preparedness Response (ASPR) / Health Resources and Services Administration (HRSA). It is not certain that EVERY one of the hospitals has taken advantage of the grants.
- Hospital decon staff are trained to Level C PPE operations
- Resource may be deployable upon mission assignment
- Mutual aid agreements or back fill coverage may be required

F. Florida Emergency Mortuary Operations Response System (FEMORS) Team

- Team of approximately 200 pre-vetted forensic professionals accustomed to dealing with human remains
- Capable of being deployed under a mission assignment from DEM/DOH
- Capable of receiving just-in-time training on Level C PPE usage
- Capable of coordinating Medical Examiner field recovery needs for documentation and retrieval to warm zone staging area
- Equipment cache does not contain any specialized decon equipment or apparatus

The Consultant Planning Team met on January 12, 2011 in Tallahassee to explore CRN decon response issues and potential team models with organizational and funding implications. This report was developed as a consensus document through a series of e-mail collaborations following that meeting.

Consensus of the planning group was that there is no need to create a separate permanent stand-by team of lay volunteers. The expectation for a CRN decon response recognizes the efficiency of utilizing qualified and trained personnel and existing resources at different stages to aid the Medical Examiner.

The **Concept of Operations (ConOps) Plan** consists of using:

1. Local or neighboring Haz-Mat teams to identify the nature and magnitude of the threat to the public and to responders in the hot zone.
2. Public information teams to prepare the public with frank explanations of the delays required for responder safety. Time (for chemical off gassing or radiation half-life decay) may become the primary method to render the remains safe enough for retrieval and decontamination.
3. Once the source of contamination has been sufficiently mitigated, Level C PPE trained individuals from fire service, hospital decon staff, medical examiner offices and forensic specialties including FEMORS may be utilized to perform:
 - a. retrieval of human remains (from the hot zone) to a decontamination processing area (warm zone);
 - b. surface decontamination of the remains and collection of personal effects and evidence; and, if decontamination is not possible,
 - c. post mortem identification and cause of death processing of the human remains inside the warm zone.

The **Action Steps Plan** to accomplish this goal calls for one entity to:

1. Identify and address forensic evidence needs and challenges for law enforcement investigation;
2. Catalogue existing trained Haz-Mat personnel and equipment assets;
3. Identify major hospital decon equipment cache locations and staff available for voluntary mission assignment;
4. Develop mutual aid agreements between Haz-Mat teams based on fire service models;
5. Build out capacities for just-in-time operations training of field recovery personnel in use of Level C PPE; and
6. Draft specific public information messages, talking points, and message maps for CRN events.

The CRN Planning Team recommends that these developmental needs be submitted to the Florida State Emergency Response Team and the Florida Division of Emergency Management review process.

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