

2022

Mass Fatality Plan Guidance



Region 3 Healthcare
Coalition Alliance

Approved: June 2022

1. INTRODUCTION

This document serves as the Mass Fatality Plan guidance for the Florida Region 3 Healthcare Coalition Alliance. This is an incident resulting in fatalities that exceed the normal operating capacity of the responding agencies. An incident of this nature would be designated as a mass fatality and would initiate the activation of a similar plan in individual, local jurisdictions.

“Fatality management” is defined as the ability to coordinate with other organizations (e.g., law enforcement, healthcare, emergency management, and medical examiner/coroner) to ensure the proper recovery, handling, identification, transportation, tracking, storage, and disposal of human remains and personal effects; certify cause of death; and facilitate access to mental/behavioral health services to the family members, responders, and survivors of an incident. [Fatality Management | ASPR TRACIE \(hhs.gov\)](#)

“Mass fatality incidents” are defined as those in which there are more bodies than can be handled using local resources; since communities vary in size and resources, there is no minimum number of fatalities for an event to be considered a mass fatality incident. [Fatality Management | ASPR TRACIE \(hhs.gov\)](#)

Florida is susceptible to a wide variety of natural disasters, and pandemics - all events that could prompt a mortuary surge event. Following the COVID-19 pandemic best tools and practices have been put in place. Preparation for an event that could cause a surge in local morgue spaces is critical, from reviewing global lessons learned from the COVID-19 pandemic.

The current climatological, meteorological, social, and political trends demonstrate an increased risk of disaster-related events with the possibility of a mass fatality incident. Plans such as this serve as a guide to local partners, so they can be prepared if an incident were to occur.

1.1 BACKGROUND

The ASPR Hospital Preparedness Program (HPP) has continuously evolved in Florida from a focus on hospitals to one that includes the entire health and medical system. Healthcare coalitions (HCCs) were originally utilized primarily for information sharing. However, HCC roles have expanded during the COVID-19 response, to include resource sharing, communications, and coordination of information amongst facilities. HCCs were directed to write a Mass Fatality plan and integrate it into their Coalitions.

The Region 3 Healthcare Coalition Alliance (Alliance) provides situational awareness of emerging and current crisis situations to our member and partner agencies, opportunities for discussion and collaboration during incidents that impact multiple organizations and jurisdictions, and relevant trainings and exercises on multiple and varied crisis situations, like an MCI.

1.2 PURPOSE AND SCOPE

The purpose of this Mass Fatality Plan is to provide a framework for emergency medical services, healthcare systems, facilities, and organizations to plan, prepare for and respond to a mass casualty event. This document provides a guide to the eighteen (18) counties in the Region on who their local

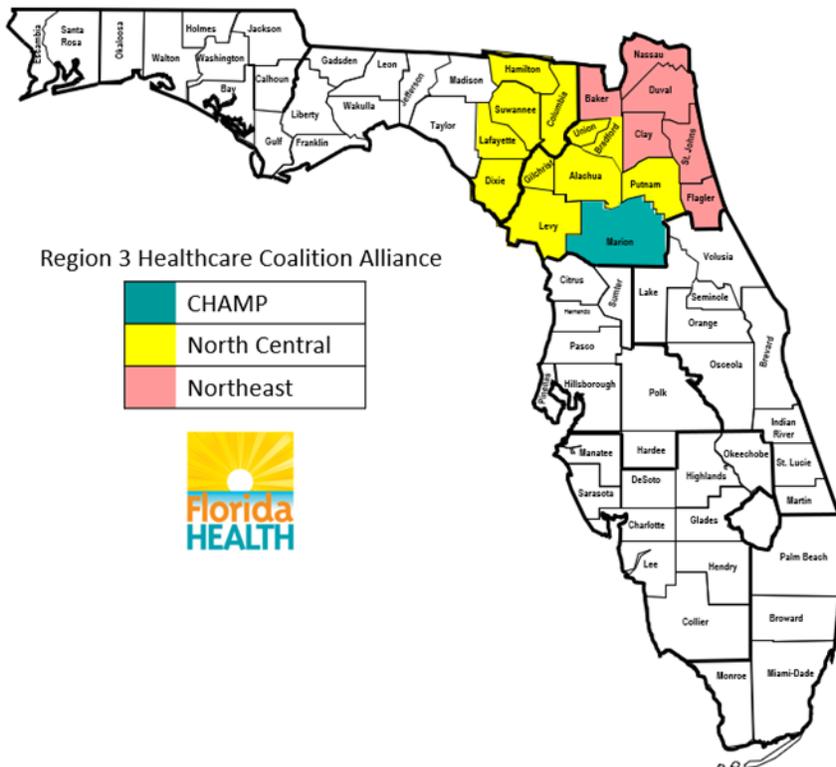
resources are, and how to contact them. The overall goal is to achieve an organized plan for all the key stakeholders to be able to reference if this incident occurred.

This Mass Fatality Plan document provides background and planning guidance for developing an approach to understanding the strain a mass casualty incident would place on local morgue spaces.

This document is not intended as an official policy but to provide healthcare providers and healthcare facilities with information to consider when planning their response to an event in which the decision to allocate scarce resources in a manner that is different from usual circumstances but appropriate to the situation.

Referred to as the Region 3 Healthcare Coalition Alliance, the Alliance’s geographic area, as defined by the Florida Department of Health (FDOH), includes all 13 counties in Region 3 of the Regional Domestic Security Task Force (RDSTF) and 5 counties from RDSTF Region 2. The Alliance’s three established healthcare coalitions are:

- Northeast Florida HCC
- North Central HCC
- Coalition for Health and Medical Preparedness (CHAMP)



1.3 PLAN DEVELOPMENT

The Region 3 Alliance staff works with subject matter experts and the state Healthcare Coalition Working Groups to develop the basic planning template. The Mass Fatality Plan and all supplemental, supporting documents are presented to all healthcare coalition members during a scheduled Board meeting. The draft plan is then emailed to every member and posted on the Alliance website. Members are asked to provide review and input. Comments and feedback from members are analyzed and included in the final planning document presented to each Board for annual approval. This Mass Fatality Plan is considered a “living document,” in that it is subject to an annual review and revision based upon recommendations following any type of test of the plan or change in State or Federal guidelines.

The final plan is provided to all Board members for approval annually at the June meeting. A copy of the approved plan is posted on the Coalition Alliance website (www.FLRegion3HCC.org) for use by all Coalition members.

1.4 LEGAL AUTHORITY

According to Florida Statutes, there are certain types of deaths that require an investigation and/or an autopsy.

Florida Statute on Examinations, Investigations, and Autopsies ([F.S. 406.11](#))

- **Types of Deaths that are Required to be Investigated**
 - (a) When any person dies in the state:
 - a. Of criminal violence
 - b. By accident
 - c. By suicide
 - d. Suddenly, when in apparent good health
 - e. Unattended by a practicing physician or other recognized practitioner
 - f. In any prison or penal institution
 - g. In police custody
 - h. In any suspicious or unusual circumstance
 - i. By criminal abortion
 - j. By poison
 - k. By disease constituting a threat to public health
 - l. By disease, injury, or toxic agent resulting from employment
 - (b) When a dead body is brought into the state without proper medical certification
 - (c) When a body is to be cremated, dissected, or buried at sea

- **Types of Deaths Requiring an Autopsy**

District medical examiners have the authority in any case under subsection (1) [investigated deaths] to perform or have performed, whatever autopsies or laboratory examinations they

deem necessary and in the public interest to determine the identification of or cause or manner of death of the deceased or to obtain evidence necessary for forensic examination.

Absent good cause, an autopsy shall be performed when:

- (a) A reasonable suspicion exists that death might be by criminal violence sustained in prison, a penal institution, or police custody
- (b) A reasonable suspicion exists that the death is by accident, suicide, or poison, unless:
 - a. The death is by poison and the deceased has survived in a hospital for a time sufficient to metabolize the poison, or
 - b. The death is by accident or suicide and the cause of death can be determined from a review of the circumstances, history, and available medical records
- (c) The death of a child is apparently natural and occurs suddenly while in apparent good health
- (d) The circumstances of death are unusual or suspicious by reason of the body being unidentified after investigation, charred, or completely or partially skeletonized

[Florida - Coroner/ME Laws | CDC](#)

Florida Statute on Unclaimed Remains; Disposition, Procedure ([F.S. 406.50](#))

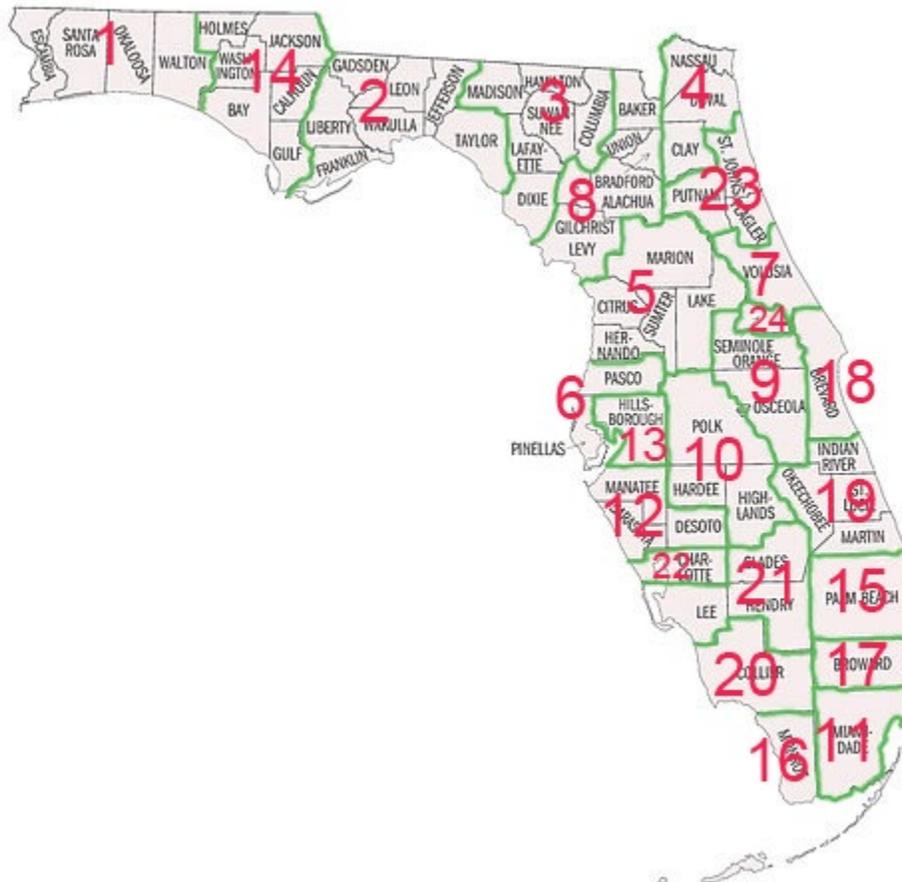
- (a) A person or entity that comes into possession, charge, or control of unclaimed remains that are required to be buried or cremated at public expense shall immediately notify the anatomical board, unless:
 - a. The unclaimed remains are decomposed or mutilated by wounds
 - b. An autopsy is performed on the remains
 - c. The remains contain a contagious disease
 - d. A legally authorized person objects to use of the remains for medical education or research
 - e. The deceased person was a veteran of the United States Armed Forces, United States Reserve Forces, or National Guard and is eligible for burial in a national cemetery or was the spouse or dependent child of a veteran eligible for burial in a national cemetery
- (b) Before the final disposition of unclaimed remains, the person or entity in charge or control of the remains shall make a reasonable effort to:
 - a. Determine the identity of the deceased person and contact any relatives of the deceased person
 - b. Determine whether the deceased person is eligible under 38 C.F.R. s. 38.620 for burial in a national cemetery as a veteran of the armed forces and, if eligible, to cause the deceased person's remains or cremated remains to be delivered to a national cemetery
- (c) Unclaimed remains shall be delivered to the anatomical board as soon as possible after death. When no family exists or is available, a funeral directors licensed under chapter 497 may assume the responsibility of a legally authorized person and may, after 24 hours have elapsed since the time of death, authorize arterial embalming for the purpose of storage and delivery of

unclaimed remains to the anatomical board. A funeral director licensed under chapter 497 is not liable for damages under this subsection

- (d) The remains of a deceased person whose identity is not known may not be cremated, donated as an anatomical gift, buried at sea, or removed from the state
- (e) If the anatomical board does not accept the unclaimed remains, the board of county commissioners or its designated county department of the county in which the death occurred, or the remains were found may authorize and arrange for the burial or cremation of the entire remains. A board of county commissioners may by resolution or ordinance, in accordance with applicable laws and rules, prescribe policies and procedures for final disposition of unclaimed remains
- (f) This part does not affect the right of a medical examiner to hold human remains for the purpose of investigating the cause of death or the right of any court of competent jurisdiction to enter an order affecting the disposition of such remains

1.5 MEDICAL EXAMINERS BY COUNTY

There are 25 Medical Examiner (ME) Districts in the state of Florida. ME office service areas are broken down in the below map. Further, there is a Chief Medical Examiner that serves each district. The names and contact information are provided in the table below.



District	Chief ME	Counties Served	Phone	Email
3	W. Hamilton, M.D.	Dixie (served by District 8)	(352) 273-9292	weldonc@pathology.ufl.edu
	V. Rao, M.D.	Columbia, Hamilton, Lafayette, Suwannee (served by District 4)	(904) 630-0977	vrao@coj.net
4	V. Rao, M.D.	Clay, Duval, Nassau	(904) 630-0977	vrao@coj.net
5	B. Wolf, M.D.	Marion	(352) 326-5961	Lindsey.bayer@marioncountyfl.org
8	W. Hamilton, M.D.	Alachua, Baker, Bradford, Gilchrist, Levy, Union	(352) 273-9292	weldonc@pathology.ufl.edu
23	P. Bulic, M.D.	Flagler, Putnam, St. Johns	(904) 209-0820	Medex23@co.st-johns.fl.us

[Florida Medical Examiner Districts \(fldme.com\)](http://fldme.com)

1.6 PREEMPTIVE MEASURES

To prepare for a possible MCI, counties and the facilities/stakeholders within that county should have a plan in place. In the case of an MCI, these entities must have or have access to material and equipment required to process, store, and/or dispose of human remains.

Consider:

- Portable x-ray unit
- Morgue equipment
- Medical instruments for autopsies
- Radiation survey equipment
- Portable autoclave
- Gloves, gowns, personal protective equipment
- Digital cameras
- Specimen containers and preservatives
- Refrigerated storage
- Computers/printers
- Death certificates

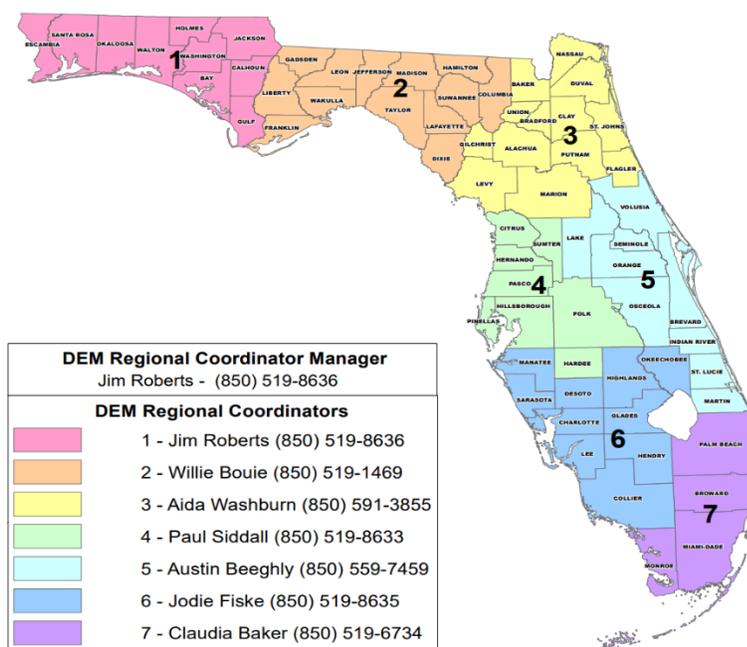
[Capability 5: Fatality Management \(cdc.gov\)](https://www.cdc.gov)

- **Equipment Necessary to Manage Fatality Operations**
 - Protective clothing (e.g., gloves, boots, coats, hard hats, rain suits, respirators)
 - Body bags (appropriate number and type)
 - Refrigerated storage
 - Tents
 - Storage for equipment/supplies and bodies
 - Paint for numbering
 - Flags for marking locations
 - Plastic toe tags
 - Biohazard bags and boxes
 - Photography equipment
 - Gridding, laser survey, and global positioning systems
 - Communication devices: radio and cell phones
 - Equipment for scene documentation
 - Decontamination unit
 - Radiation survey equipment

[Capability 5: Fatality Management \(cdc.gov\)](https://www.cdc.gov)

1.7 RESPONSE MEASURES

In the event of a Mass Casualty Incident key stakeholders to connect with local county Emergency Management Managers. Below is a map of Florida’s Emergency Management Regions with Florida Department of Emergency Management (FDEM) Regional Coordinators. Local county Emergency Management Managers’ contact information is provided in the table below.



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Region	County	County Manager	City	Zip code	Phone	Address
2	Columbia	Shayne Morgan	Lake City	32056	(386) 758-1383	263 NW Lake City Avenue
2	Dixie	Scott Garner	Cross City	32628	(352) 498-1240 ext.231	17600 SE Highway US 19
2	Hamilton	Henry Land	Jasper	32052	(386) 792-6647	1133 US Highway 41 NW
2	Lafayette	Jason Long	Mayo	32066	(386) 294-1950	PO Box 344
2	Suwannee	Chris Volz	Live Oak	32064	(386) 364-3405	617 Ontario Avenue SW, Suite 200
3	Alachua	Jen Grice	Gainesville	32641	(352) 264-6500	1100 SE 27 th Street
3	Baker	John Blanchard	Macclenny	32063	(904) 259-0235	1 Sheriff's Office Drive
3	Bradford	Brad Witt	Starke	32091	(904) 966-6910	PO Box 400
3	Clay	John Ward	Green Cove Springs	32043	(904) 541-2767	PO Box 1366
3	Duval	Todd Smith	Jacksonville	32202	(904) 255-3118	515 North Julia Street
3	Flagler	Jonathan Lord	Bunnell	32110	(386) 313-4200	1769 E Moody Boulevard, Bldg 3
3	Gilchrist	Ralph Smith	Bell	32619	(386) 935-5400	3250 North US Highway 129
3	Levy	John MacDonald	Bronson	32621	(352) 486-5213	7911 NE 90 th Street
3	Marion	Preston Bowlin	Ocala	34478	(352) 369-8185	PO Box 1987
3	Nassau	Tim Cooper	Yulee	32097	(904) 548-0954	77150 Citizens Circle
3	Putnam	Steffen Turnipseed	Palatka	32177	(386) 326-2739	410 S State Road 19
3	St. Johns	Joe Giammanco	St. Augustine	32092	(904) 824-5550	100 EOC Drive
3	Union	Timothy Allen	Lake Butler	32054	(386) 496-4300	58 NW 1 st Street

[County Emergency Management | Florida Disaster](#)

1.8 OTHER RESOURCES (UPON REQUEST)

Upon request, there are other resources available to locales in the case of a Mass Casualty Incident. These resources include Florida Emergency Mortuary Operations Response System (FEMORS) and Disaster Mortuary Operational Response Teams (DMORT).

FEMORS

- A Florida-based response team that can assist and support the local District Medical Examiner's Office, Florida Department of Law Enforcement, and other responding agencies, in the event of a mass fatality incident as directed by the Florida Department of Health.

[Florida Emergency Mortuary Operations Response System](#)

DMORT

- A resource through the Department of Health & Human Services, these teams will deploy to supplement federal, state, local, tribal, and territorial services. On location during or after transportation accidents, natural disasters, terrorist attacks, and pandemics, these teams focus on the recovery, decontamination, examination, identification, and return of deceased victims to help families, friends, and communities find closure. This resource is available upon request of local authorities.

[Disaster Mortuary Operational Response Teams](#)

Online Resources:

[Fatality Management | ASPR TRACIE \(hhs.gov\)](#)

Los Angeles County Emergency Medical Services Agency. 2013. *Mass Fatality Management Guide for Healthcare Entities*. [206150_1MFMG4HE.pdf \(lacounty.gov\)](#)