

# **ESF 8: Public Health, Medical, and Mortuary Services**

## **Appendix 3: Fatality Management Incident Support**

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### **ESF Coordinating Agency:**

Department of Health

### **Primary Agencies:**

American Red Cross (ARC)  
Department of Social and Health Services (DSHS)

### **Support Agencies:**

Department of Licensing (DOL)  
Emergency Management Division (EMD)  
Governor's Office of Indian Affairs (GOIA)  
Washington Military Department (MIL)  
Washington National Guard (WNG)  
Washington State Department of Transportation (WSDOT)  
Washington State Patrol (WSP)  
Washington State Forensic Investigation Council  
Washington Association of Coroners and Medical Examiners (WACME)  
Washington State Funeral Directors Association  
Washington State Department of Labor and Industries (LNI)  
National Transportation Safety Board  
U.S. Department of Health and Human Services  
Federal Bureau of Investigation  
U.S. Department of Justice  
U.S. Department of Defense

## **I. Introduction**

### **A. Purpose**

The purpose of this plan is to describe and define state-level responsibilities to support local health jurisdictions (LHJs) and tribes that experience a mass fatality incident (MFI) by coordinating cross-jurisdictional, state, interstate, and federal mutual aid.

### **B. Definitions**

An MFI is an event producing a number of deaths that exceed the capacity of local authorities, thereby requiring assistance from outside the local jurisdiction(s).

Regardless of the agencies or organizations that respond, whether they are governmental agencies, private entities, or non-governmental organizations (NGOs), the responsibility to coordinate and manage these outside resources rests with local authorities.

The following excerpt from *Centers for Disease Control and Prevention, Public Health Emergency Preparedness Capability 5: Fatality Management* defines the necessary activities included in this capability. “Fatality Management is the ability to coordinate with other organizations 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 the incidents.”

### **C. Scope**

This plan reflects an all-hazards approach to preparing for, responding to, and recovering from disasters. Services, functions, and partners covered in this plan include state and federal government agencies, LHJs, tribes, non-governmental organizations, and mortuary services. Functional roles within the scope of Emergency Support Function 8 (ESF 8) include:

- Coordinating a statewide mortuary response during disasters.
- Coordinating statewide mutual aid among LHJs, medical examiners, and coroners.
- Coordinating interstate mutual aid requests for mortuary assistance and initiating requests for federal assistance and resources during disasters.
- Supporting fatality management, victim identification, and activation of Family Assistance Centers.
- Coordinating with ESF 6 partners the mobilization of crisis intervention and behavioral health services following disasters.
- Secretary of Health temporary appointment of an incident-specific State Fatality Management Coordinator to assist LHJs and facilitate mutual aid within the state, regional, and/or federal level.
- Coordinating sociocultural considerations with state, local, and non-governmental ESF 8 partners for fatality management operations including cultural values and religious beliefs to minimize public health risk, promote recovery, and reduce additional harm to surviving family members while assuring the dignity of the deceased.

### **D. Authorities-Policies**

Under current state law, the local 39 County Coroners or Medical Examiners have jurisdiction over human remains due to an unnatural or suspicious manner of death in their respective jurisdiction. Positive identification of the victims and certification of their cause and manner of death is the responsibility of the Medical Examiner or County Coroner (ME/C). A medico-legal death investigation for tribal nations is provided by either the tribes or ME/C for the county within which the tribal land resides.

Washington has a decentralized 39-county, 3-tier system for fatality management/death investigations:

- Tier 1 populations above 250,000 – authorized Medical Examiner (currently 6)
- Tier 2 populations above 40,000 – authorized elected County Coroner (currently 19)
- Tier 3 populations below 40,000 – authorized County Prosecutor/Coroner (currently 14)

Staffing levels vary by jurisdictions, with most Tier 2 and 3 entities using contract services.

The following key authorities enumerate mass fatality responsibilities:

**RCW 68.50.010 – Coroner’s Jurisdiction over Remains**

The jurisdiction of bodies of all deceased persons who come to their death suddenly when in apparent good health without medical attendance within the thirty-six hours preceding death; or where the circumstances of death indicate death was caused by unnatural or unlawful means; or where death occurs within one year following an accident; or where the death is caused by any violence whatsoever, or where death results from a known or suspected abortion; whether self-induced or otherwise; where death apparently results from drowning, hanging, burns, electrocution, gunshot wounds, stabs or cuts, lightning, starvation, radiation, exposure, alcoholism, narcotics or other addictions, tetanus, strangulation, suffocation or smothering; or where death is due to premature birth or still birth; or where death is due to a violent contagious disease or suspected contagious disease which may be a public health hazard; or where death results from alleged rape, carnal knowledge or sodomy, where death occurs in a jail or prison; where a body is found dead or is not claimed by relatives or friends, is hereby vested in the county coroner, which bodies may be removed and placed in the morgue under such rules as are adopted by the coroner with the approval of the county commissioners, having jurisdiction, providing therein how the bodies shall be brought to and cared for at the morgue and held for proper identification where necessary.

**RCW 68.50 Human Remains**

A coroner has jurisdiction over human remains when death is due to a violent contagious disease which may be a public health hazard, or when death results from events including drowning, an accident, radiation, or exposure. Reports and records of autopsies or postmortems are confidential. Only the following people may view these confidential records: the personal representative of the decedent, any family member, the attending physician or advanced nurse practitioner, the prosecuting attorney or law enforcement agencies with jurisdiction, public health officials, the department of labor and industries or the secretary of the department of social and health services. A coroner, medical examiner, or their designee may publicly discuss their findings except when there is a pending investigation or court proceedings. These officials may also release identifying information of the deceased to aid in identification. The coroner, medical examiner or the attending physician will meet with the family of the decedent to discuss autopsy findings if they request. If the county coroner or county

medical examiner investigating a death is unable to identify the decedent he or she shall have a qualified dentist carry out a dental examination. If the county coroner or medical examiner is still unable to identify the decedent, they will forward the dental examination records to the dental identification system of the state patrol to be matched and scored for identification.

### **WAC 246-500 Handling of Human Remains**

This WAC includes the guidelines that funeral directors, embalmers, medical examiners, coroners, health care providers and others directly handling or touching human remains must follow in addition to management of human remains in refrigerated storage and transportation protocols. The local health officer may impose additional requirements for the handling, care, transport or disposition of human remains or suspend the requirements of this chapter.

### **RCW 70.02 Medical Records**

Health care information is personal and sensitive and if it is used improperly or released may be harmful to a patient's privacy, health care or other interests. Patients and other qualified entities need access to health care records in order to inform their health care decisions, protect the health of the public, and more, but records must be disclosed appropriately and in appropriate circumstances, as noted in this RCW. Authorization must be obtained prior to disclosure of records. A health care provider or health care facility may disclose health care information without a patient's authorization if the disclosure is to protect the health of the public or if it is for research that has been approved by an institutional review board. A personal representative of a deceased patient may exercise all of the deceased patient's rights, as noted in this RCW. All state and local agencies that obtain patient health care information must adopt and make available on their websites the rules and policies in accordance with this RCW regarding record acquisition, retention, destruction, and security. If patient information is improperly disclosed by a state or local agency the patient must be notified. The Department of Social and Health Services is authorized to release patient information that is necessary to protect the public.

### **RCW 70.58 Vital Statistics**

The Department of Health (DOH) is authorized to prescribe the rules, schedule and system for electronic and hard copy transmission of birth and death certificates and marriage licenses as noted in this RCW. DOH also maintains rules for releasing copies of vital records through secure and confidential means. Local and city health officers are generally the entities responsible for registration activities which are supervised by the state registrar. Each local registrar may appoint deputy registrars to assist them. Washington State vital statistics documents include, at minimum, the items recommended by the federal agency responsible for national vital statistics. Information may be added to or removed from documents if the state board of health requires an addition. Vital records copies may be shared with federal, state and local governmental agencies if the record is to be used for official agency duties. A certificate of every death or fetal death must be filed with the local registrar in the district where the death occurred. Only qualified officials may file death certificates, as noted in this RCW. A county coroner, medical examiner or prosecuting attorney with

jurisdiction may file a certificate of presumed death if the certificate includes sufficient evidence to indicate a person has died within the county and if it is unlikely that the body will be recovered.

**RCW 70.58.170 Certificate of death or fetal death -- By whom filed.**

The funeral director or person having the right to control the disposition of the human remains under RCW 68.50.160 shall file the certificate of death or fetal death. In preparing such certificate, the funeral director or person having the right to control the disposition of the human remains under RCW 68.50.160 shall obtain and enter on the certificate such personal data as the certificate requires from the person or persons best qualified to supply them. He or she shall present the certificate of death to the physician, physician's assistant, or advanced registered nurse practitioner last in attendance upon the deceased, or, if the deceased died without medical attendance, to the health officer, medical examiner, coroner, or prosecuting attorney having jurisdiction, who shall certify the cause of death according to his or her best knowledge and belief and shall sign or electronically approve the certificate of death or fetal death within two business days after being presented with the certificate unless good cause for not signing or electronically approving the certificate within the two business days can be established. He or she shall present the certificate of fetal death to the physician, physician's assistant, advanced registered nurse practitioner, midwife, or other person in attendance at the fetal death, who shall certify the fetal death and such medical data pertaining thereto as he or she can furnish.

[2009 c 231 § 2; 2005 c 365 § 154; 2000 c 133 § 1; 1979 ex.s. c 162 § 1; 1961 ex.s. c 5 § 13; 1945 c 159 § 2; Rem. Supp. 1945 § 6024-2.]

**RCW 70.58.240 Duties of funeral directors.**

Each funeral director or person having the right to control the disposition of the human remains under RCW 68.50.160 shall obtain a certificate of death, sign or electronically approve and file the certificate with the local registrar, and secure a burial-transit permit, prior to any permanent disposition of the human remains. He or she shall obtain the personal and statistical particulars required, from the person best qualified to supply them. He or she shall present the certificate to the attending physician or in case the death occurred without any medical attendance, to the proper official for certification for the medical certificate of the cause of death and other particulars necessary to complete the record. He or she shall supply the information required relative to the date and place of disposition and he or she shall sign or electronically approve and present the completed certificate to the local registrar, for the issuance of a burial-transit permit. He or she shall deliver the burial permit to the sexton, or person in charge of the place of burial, before interring the human remains; or shall attach the transit permit to the box containing the corpse, when shipped by any transportation company, and the permit shall accompany the corpse to its destination.

[2009 c 231 § 5; 2005 c 365 § 158; 1961 ex.s. c 5 § 17; 1915 c 180 § 6; 1907 c 83 § 8; RRS § 6025.]

Additional State Authorities:

**RCW 38.56.020 Intrastate Mutual Aid System – Established**

Local jurisdictions and tribes provide mutual assistance to each other in emergencies. This includes response, mitigation, or recovery activities related to an emergency or participation in drills or exercises in preparation for an emergency.

## **II. Situations and Assumptions**

### **A. Situations**

An incident causing an unusual number of deaths, such that they overwhelm local capacity, serves to activate the State Emergency Management Comprehensive Management Plan (CEMP) ESF 8-Public Health, Medical, and Mortuary Services Annex and this appendix. This occurs when local public health notifies their local emergency management organizations that state-level emergency management assistance is requested. Or, when a tribal government requests direct state-level or federal assistance from agencies. The State Emergency Operations Center (SEOC) staff coordinate between state agencies, federal agencies, tribal governments, military, non-governmental organizations (NGOs), and the local EOCs. As the SEOC coordinates with state agencies that require activation, those state agencies involved can respond from their department Agency Coordination Center (ACC).

Upon activation of ESF-8 staff to support a mass fatality incident, Washington State Department of Health (DOH) will activate its Incident Management Team (IMT) and dispatch ESF-8 staff to the SEOC. DOH will use the National Incident Management System (NIMS)/Incident Command System (ICS) when responding to emergencies. Authority to manage the incident is delegated through the Secretary of Health.

### **B. Limitations & Assumptions**

In addition to the nature, scope, and severity of a public health emergency or disaster and the level of response capability in place at the local, state, tribal, and federal levels, the following factors could affect the statewide ESF 8 response:

1. The Secretary of Health may direct the statewide mortuary response as necessary and authorized by state law to protect the public's health.
2. The Secretary of Health will determine prioritization of available services when resources are scarce across multiple jurisdictions and direction of federal and interstate mutual aid resources.
3. Public health and medical services, resources, facilities, and personnel may be limited in availability or capacity during and following disasters.
4. The resources and abilities of LHJs to coordinate the local ESF 8 response to public health and medical emergencies vary widely across the state.
5. Demand for behavioral health services, including crisis counseling for disaster survivors and response personnel, may quickly overwhelm local providers warranting state and federal assistance.
6. For planning purposes, it is assumed that federal, Department of Defense, and the Washington National Guard (Fatality Search and Recovery) resources are available.

7. Final disposition of human remains requires a death certificate. There may be some circumstances where a death certificate is not complete. Close coordination between state vital records during a mass fatality event is critical.
8. Washington Electronic Death Registration System (EDRS) is operational.
9. Local funeral directors/homes staff and resources are called upon to support a mass fatality event.

### III. Concept of Operations

#### A. General

While emergencies and disasters may vary in size and significance, the population density, multi-jurisdictional environment, and concentration of critical infrastructure can magnify the impacts.

Public health emergency response activities will be managed from a NIMS-compliant public health incident command post (PHICP) at the local level. Local jurisdictions will develop and maintain protocols and policies needed to operate an incident command post during an emergency requiring a public health response.

As requests for fatality management services flow up to the SEOC (ESF-8 Desk), the DOH IMT will begin assessment of resource availability including state agency resources, intrastate or interstate mutual aid, such as Washington Association of Coroners and Medical Examiners (WACME), Washington State Funeral Director Association, private resources, and federal capabilities.

The DOH incident commander is responsible for notifying the appropriate partners when the DOH IMT is activated.

#### Federal Resources

The missions of the federal partners responsible for fatality management follow:

- **Centers for Disease Control and Prevention (CDC) Public Health Emergency Preparedness (PHEP)**  
“Fatality Management is the ability to coordinate with other organizations 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 family members, responders, and survivors of an incident.”

- **Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program (HPP)**

“Fatality management is a process that occurs in the community and is led by agencies dependent on the state in which the incident occurs. Fatality management needs 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.

Integration with public health aligns during the planning process. This is done in coordination with emergency management and the lead fatality management planning agencies and is specifically addressed to manage in-facility death surges and the need for human remains temporary storage space. This capability also addresses surges of concerned citizens and the need for mental/behavioral health support. To integrate this capability, public health and healthcare emergency planners should coordinate planning according to the content in the functions of Capability 5 from the Healthcare Preparedness Capability and cross-referenced to the Public Health Preparedness Capability.”

- **Disaster Mortuary Response Teams (DMORT)**

Support death investigations, mortuary services and Family Assistance Center activities in federal emergency response situations involving natural disasters and mass fatalities associated with transportation accidents and terrorism. DMORT may also supply a disaster area with resources ranging from these specialists to mortuary supplies depending on the scope of the disaster.

There are three specialty DMORTs: Disaster Mortuary Operational Response Team (DMORT), Victims Information Center (VIC) team, and DMORT All Hazards. The Disaster Portable Morgue Unit (DPMU) is a cache and logistical team equipped to set up, operate, and maintain the Disaster Portable Morgue Units. The standard DMORT can staff and operate either a DPMU or another established facility to examine remains. The Victim Information Center (VIC) team can set up and operate in a Family Assistance Center (FAC) to assist state and local authorities in collecting ante-mortem data for victim identification. The point of contact to coordinate a request for DMORT support assessment is the ASPR Region X Seattle Regional Coordinator.

- **Washington National Guard –Fatality Search and Recovery Team**

This team can provide immediate response capabilities to local, state, and federal agencies by recovering fatalities in a contaminated area. Specifically trained in criminal investigation recovery efforts to protect evidence and accurately identify fatalities. The unit comes equipped with two portable temperature controlled holding units and other equipment/supplies. The unit mission is to provide:

- a. Ground evacuation of contaminated remains.
- b. Timely security and temporary storage of fatalities.



- c. Maintain security and temporary storage of remains.
- d. Movement of remains to state directed processing facility.

- **Defense Support of Civil Authorities (DSCA)**

DSCA can provide Department of Defense mortuary services personnel and equipment to support federal/state processing facilities.

### **State Resources**

The missions of the state partners responsible for fatality management follow:

- **Washington Department of Licensing (Funeral Board)** can provide a listing of available facilities and capacity that can support a mass fatality response within a community.
- **Washington Poison Center** can provide a 24-hour informational hotline which provides critical information during a mass fatality incident. Contracting options would be determined by the magnitude of the incident (i.e., state vs. local contracting).

### **Public/Private Sector Resources**

The missions of the private sector partners responsible for fatality management follow:

- **Washington State Funeral Directors Association** can assist by providing personnel, facilities and equipment to support a mass fatality incident.
- **Port authorities and or transportation companies** have a variety of refrigerated portable storage trailers available to support temporary storage requirements.
- **Private sector aviation** has a variety of hanger spaces located next to adjacent airstrips that can support temporary casualty collection and or processing sites.
- **Caches of fatality management supplies:** Currently DOH maintains a cache of approximately 500 body bags located at its Tumwater warehouse. DOH also has access to a vendor available 24/7 that can surge bags as needed.

### **Washington State Department of Health**

- Activates the DOH IMT to support a mass fatality incident.
- Represents ESF-8 at the SEOC.
- Interfaces with federal, state, local, and non-governmental partners including the Washington Military Department, Emergency Management Division, American Red Cross, and health jurisdictions to support the local response.
- Provides state assistance and coordinates mutual aid support within the state and outside organizations.
- Supports public messaging during the incident.

- Coordinates statewide call center requirements (Washington Poison Center).
- Provides Secretary of Health-appointed State Fatality Management Coordinator (who could be a Medical Examiner from non-impacted area) to advise, support, and coordinate state and federal mutual aid with local jurisdictions.
- Provides technical assistance on registration and issuance of death certificates.
- Provides technical assistance to local Emergency Managers and Medical Examiners/Coroners on Fatality Planning/Response before and during the incident.

## **B. Organization**

### **State-Level Response Structure**

- DOH will communicate directly with local health, tribes, healthcare coalitions, and other partners during an incident to create a common operating picture and share information.
- The DOH IMT will coordinate with the ESF 8 representatives in the SEOC to accomplish the following during all public health and medical emergencies:
  - Collaborate with the SEOC to provide logistical support for locally managed mortuary operations and family assistance centers.
  - Determine the need for federal or interstate assistance and direct resource requests through the SEOC.

### **Regional- and Local-Level Response Structure**

- Local ESF 8 response activities will be coordinated in accordance with local or tribal public health or medical plans and local emergency management. In some cases regional ESF 8 response activities will be coordinated in accordance with regional or tribal plans and with emergency management of the lead regional jurisdiction.

### **Response Operations**

Upon notification of a potential public health emergency or disaster, DOH may activate ESF 8 partners and the DOH IMT to mobilize personnel, supplies, and equipment to save lives, protect the public, and support local needs. During response, ESF 8 representatives support four primary missions:

1. Support and coordination to agencies and partners responding under health and medical missions;
2. Facilitate mutual aid among LHJs, tribes, and healthcare coalitions;
3. Directly assist LHJs, tribes, and healthcare coalitions in their response; and
4. Support policy decision making by the Secretary of Health.
  - Behavioral Health Care: If the local capability to provide behavioral health services is exceeded during any size or type of disaster, the impacted county or tribe may request assistance from the SEOC. ESF 8 representatives coordinate with support agencies, human and social

service agencies, non-profit organizations, regional support networks (RSNs), and HHS to determine viable options for support.

- Fatality Management, Victim Identification, and Family Assistance Centers: Fatality management operations are led by local medical examiners or coroners and may be necessary following public health disasters. ESF 8 representatives support local fatality management response with resources, facilitation of statewide mutual aid, and requests for federal assistance as appropriate. During multi-county disasters where federal mortuary assistance resources are needed and must be prioritized, the Secretary of Health may temporarily appoint a State Fatality Management Coordinator to function on behalf of DOH and in support of impacted jurisdictions, and oversee the deployment and operation of federal mortuary response assets across multiple local jurisdictions.

### **Response Tools**

ESF 8 primary and support agencies maintain the following systems to monitor and support incident response:

Electronic Death Registration System (EDRS): web application for filing death records in Washington State. The system is used by those with the legal authority to complete a death certificate. Those with legal authority to complete a death certificate include funeral home directors, physicians, medical examiners, coroners, and deputy registrars.

EDRS can produce reports in near real-time to aid in assistance requests. The system has a message board and can advertise storage capacity, and who needs help and who can provide assistance.

With a memorandum of understanding (MOU) and a DOH-initiated change in EDRS permissions, county registrars can assist in approving other county's death certificates. With a MOU medical examiners/coroners can assist in certifying other county's death records.

### **Operational Objectives**

Core Public Health, Medical, and Mortuary Missions:

Provide Mortuary Coordination:

- Body Recovery
- Morgue Operations
- Family Assistance Centers
- Data Management

ESF 8 partner agencies will send staff to the SEOC ESF 8 desk as soon as possible following a request for assistance. Alternatively, ESF 8 partner agency staff may be directed to report to their usual places of work and thereafter maintain continual communication with the ESF 8 representatives in the SEOC.

If ESF 8 capabilities are anticipated to be in short supply or exhausted at the state or local level, resource support may be requested from federal partner agencies.

### C. Whole Community Involvement & Non-Discrimination

The “Whole Community” includes individuals, families, and households; communities; the private and nonprofit sectors; faith-based organizations; and local, tribal, state, and federal governments. This ESF is committed to communicating with and providing accessibility to the Whole Community as needed during emergency response and disaster recovery operations. The Whole Community includes, but is not limited to, populations with Limited English Proficiency (LEP), individuals with disabilities, and Access and Functional Needs (AFN). Any agency or organization that receives federal funding is required to have a plan or policy for addressing the needs of individuals with Limited English Proficiency (LEP), pursuant to Title VI, the Civil Rights Act, as well as, comply with Department of Justice standards for accessibility and reasonable accommodations in alignment with the American with Disabilities Act of 1990 and other applicable federal and state titles or requirements.. The Washington State Emergency Management Division and this ESF expects all agencies and organizations to comply with federal law. For more information on how each agency or organization complies with federal law, please contact the individual agency or organization.

<https://www.federalregister.gov/articles/2011/04/18/2011-9336/guidance-to-federal-financial-assistance-recipients-regarding-title-vi-prohibition-against-national>

## IV. Mitigation / Preparedness / Response / Recovery Activities

**Mitigation:** The *Washington State Enhanced Hazard Mitigation Plan (October 2013)* identifies hazard mitigation goals, objectives, actions and initiatives for Washington State government to reduce or eliminate the long-term risk to human life and property from hazards.

**Preparedness (includes Prevention/Protection):** Preparedness actions are put in place to develop operational capabilities in advance of an emergency or incident in order to prevent or stop an imminent or actual incident, and to protect citizens, residents, visitors, assets, systems and networks against the greatest threats and hazards.

**Response:** The *Washington Comprehensive Emergency Management Plan (CEMP)* provides response activities for state agencies to respond quickly to save lives, protect property and the environment, and meet basic human needs in the aftermath of an incident.

**Recovery:** ESF 14-Long Term Community Recovery provides a state-level structure to coordinate state and federal recovery resources, facilitate the transition of resources from response to recovery, and prepare Presidential Disaster Declaration requests. ESF 14 also leads the development of a recovery-focused common operating picture through information sharing among agencies responsible for economic recovery, housing, infrastructure systems, mass care, and the preservation of natural and cultural resources.

## V. ESF 8 Responsibilities Aligned to Core Capabilities

The following table aligns the Core Capabilities that this ESF most directly support, and the agencies and organizations identified that provide services and resources in accordance with their individual missions, legal authorities, plans and capabilities in coordination with the SEOC. All ESFs support the core capabilities of Planning, Operational Coordination, and Public Information and Warning.

Primary Agencies	Responsibilities & Actions	Core Capabilities
<b>American Red Cross (ARC)</b>	<ul style="list-style-type: none"> <li>Provides support for Friends and Family Center and Family Assistance Center activities in coordination with other agencies. This may include Center staff and supplies as well as Mental Health and Health Services personnel.</li> </ul>	<b>Fatality Management Services</b>
<b>Department of Social and Health Services (DSHS)</b>	<ul style="list-style-type: none"> <li>Lead state agency for behavioral health issues as provided for in state law and in agency plans, policies, procedures, and practices. Collaborates with partners around behavioral health issues when outside the scope provided for in state law and in agency plans, policies, procedures, and practices.</li> <li>Administer institutions that may be impacted by or available to support in an emergency.</li> <li>Through its representative at the State EOC, DSHS is responsible for coordinating sources of mental health resource requests from local jurisdictions, state resources or commercial providers.</li> </ul>	<b>Planning Mass Care Services</b>
<b>Department of Licensing</b>	<ul style="list-style-type: none"> <li>Regulate funeral directors, embalmers, and funeral establishments.</li> <li>Maintain a plan for use in a fatality management response and operate as an ESF 8 partner when required and as provided for in state law and in agency plans, policies, procedures, and practices.</li> <li>As the agency that regulates the funeral industry, provide technical assistance as necessary to DOH and the SEOC. In coordination with DSHS, assist in responding to requests from local governments for family grief assistance from the funeral industry.</li> </ul>	<b>Fatality Management Services</b>

<p><b>Military Department</b></p>	<ul style="list-style-type: none"> <li>• Support coordination with DOD/Nat. Guard for military resources.</li> <li>• Coordination with FEMA Region X Defense Coordination Office.</li> </ul> <p>(including prevention and protection), response and recovery pre- and post-disaster responsibilities and actions.</p>	<p><b>Logistics and Supply Chain Management</b></p>
<p><b>Emergency Management Division</b></p>	<ul style="list-style-type: none"> <li>• WAMAS: legislation (RCW 38.56) that allows member jurisdictions throughout Washington State to efficiently and effectively share resources during times of emergency and anticipated drills or exercises. <ul style="list-style-type: none"> <li>○ Members include: cities, towns, counties, and federally recognized tribes</li> <li>○ Provides a responsive and straightforward mutual aid system for sharing resources</li> <li>○ Maximizes the use of all available member jurisdiction resources</li> <li>○ Provides immunity and tort protection</li> <li>○ Works in harmony with the National Response Framework</li> </ul> </li> <li>• The Emergency Management Division supports ESF 8 representatives during activation.</li> <li>• The 10<sup>th</sup> Civil Support Team, Washington National Guard when activated, may support ESF 8 response activities through the collection and transportation of field samples of potential biological agents to the Public Health Laboratories (PHL) for analysis.</li> <li>• The Washington National Guard also operates armories, which may be made available to public health officials to facilitate the emergency distribution of medicine.</li> <li>• The Washington National Guard may support ESF 8 response activities through the deployment of their Fatality Search and Recovery Teams (FSRT).</li> </ul>	<p><b>Fatality Management Services</b></p>
<p><b>Government Office of Indian Affairs</b></p>	<ul style="list-style-type: none"> <li>• Coordinate key messages and serve as a liaison between state and tribal governments in a consultation and advisory capacity for response activity.</li> </ul>	<p><b>Fatality Management Services</b></p>
<p><b>Washington National Guard</b></p>	<ul style="list-style-type: none"> <li>• State Active Duty: state funded, state controlled</li> <li>• Title 32: federally funded, state controlled</li> <li>• Title 10: federally funded, federally controlled</li> </ul>	<p><b>Fatality Management Services</b></p>

<p><b>Washington State Department of Transportation</b></p>	<ul style="list-style-type: none"> <li>• Situational awareness for highways, rails, aviation and marine systems</li> <li>• Damage and impact assessments</li> <li>• Movement restrictions</li> </ul>	<p><b>Critical Transportation</b></p>
<p><b>Washington State Patrol</b></p>	<ul style="list-style-type: none"> <li>• Provide assistance with crime scene investigation through the Crime Scene Response Team.</li> <li>• Assist in providing perimeter control and security, and limiting access to the scene.</li> <li>• Provide DNA identification and/or assist in arranging for private DNA contracts.</li> </ul>	<p><b>On-Scene Security and Protection Access Control and Identity Verification</b></p>
<p><b>Washington State Department of Labor and Industries</b></p>	<ul style="list-style-type: none"> <li>• The Crime Victims Compensation Program is responsible for coordinating and processing benefits for eligible victims.</li> </ul>	<p><b>Fatality Management Services</b></p>
<p><b>Washington State Forensic Investigations Council</b></p>	<ul style="list-style-type: none"> <li>• Responsible for the oversight of the WSP Crime Lab and Toxicology Lab, as well as, training and autopsy reimbursement for coroners and medical examiners.</li> </ul>	<p><b>Fatality Management Services</b></p>
<p><b>Washington Association of Coroners and Medical Examiners</b></p>	<ul style="list-style-type: none"> <li>• Resource for training, legislation issues, and latest updates of death investigation for all its members throughout the state.</li> </ul>	<p><b>Fatality Management Services</b></p>
<p><b>Washington State Funeral Directors Association</b></p>	<ul style="list-style-type: none"> <li>• Provide assistance in identifying needed mortuary service personnel and resources, and can assist in providing technical guidance regarding mortuary affairs.</li> </ul>	<p><b>Fatality Management Services</b></p>
<p><b>National Transportation Safety Board</b></p>	<p>Following major aviation and significant accidents in other modes of transportation, the NTSB has by law responsibility to:</p> <ul style="list-style-type: none"> <li>• Conduct a federal investigation to determine the cause of the accident.</li> <li>• Coordinate federal assistance efforts with local and state authorities and the carrier. Federal and non-governmental partners supporting these efforts include the FBI, ARC, Department of State, NDMS/DMORT, and DOD.</li> <li>• Coordinate and conduct briefings for victims' families and friends to provide information about the progress of victim search and recovery, progress of the investigation, the identification of victims, and management of their personal effects.</li> </ul>	<p><b>Fatality Management Services</b></p>

<p><b>U.S. Department of Health and Human Services</b></p>	<ul style="list-style-type: none"> <li>The Assistant Secretary for Preparedness and Response (ASPR) Region X office (Seattle) is available 24/7 to assist states in coordinating federal requirements to support a mass fatality or catastrophic incident.</li> </ul>	<p><b>Fatality Management Services</b></p>
<p><b>Federal Bureau of Investigation</b></p>	<ul style="list-style-type: none"> <li>Assist local jurisdictions through FBI crisis response assets with fingerprint identification for criminal and non-criminal events.</li> <li>Provide FBI Evidence Response Team and HAZMAT assistance.</li> <li>Provide state, local, and tribal governments with advice concerning identification of human remains.</li> </ul>	<p><b>Fatality Management Services</b></p>
<p><b>U.S. Department of Justice Office of Victims of Crimes</b></p>	<ul style="list-style-type: none"> <li>Provide information through the Office of Victims of Crime to victims of criminal acts and their families about programs or benefits to which they may be entitled.</li> <li>Work in coordination with local law enforcement agencies to support a call center for the Family Assistance Center to provide information, and take missing persons reports related to the MFI event and collect antemortem information.</li> </ul>	<p><b>Fatality Management Services</b></p>
<p><b>U.S. Department of Defense Mortuary Affairs Unit</b></p>	<ul style="list-style-type: none"> <li>Assist in the management of human remains, including victim identification, recovery, storage, transportation, and other mortuary affairs according to the National Response Framework ESF 8 Health and Medical Services.</li> </ul>	<p><b>Fatality Management Services</b></p>

**VI. References & Support Plans**

- Homeland Security Presidential Directive/HSPD 12/2003
- Washington State Comprehensive Emergency Management Plan 6/2016
- ESF 8 – Public Health, Medical, and Mortuary Services Annex 6/2015
- Washington State Department of Health Emergency Response Plan-Basic 1/2016

**VII. Definitions**

See definitions on page 2.

**VIII. Attachments**

Target Capabilities List: A companion to the National Preparedness Guidelines, U.S. Department of Homeland Security, September 2007  
<https://www.fema.gov/pdf/government/training/tcl.pdf>. The attached Fatality Management preparedness tasks and measures/metrics are used to guide local planning.