# Table of Contents

Record of Changes............................................................................................................ iv  
Executive Summary ........................................................................................................ v  
For Medical Examiners and Coroners: Summary of Procedures.................................... vii  
Background ....................................................................................................................... 1  
Mission ............................................................................................................................. 1  
Scope ............................................................................................................................... 1  
Situation .......................................................................................................................... 1  
Intended Audience .......................................................................................................... 2  
Command Structure ...................................................................................................... 2  

1.0 Introduction and Overview ....................................................................................... 3  
1.1 Victim Identification in Mass Disasters............................................................... 3  
1.2 Jurisdictional Responsibility and KCRMORG Support ...................................... 3  
1.3. Activating KCRMORG .......................................................................................... 3  
  1.3.1 KCRMORG Team Member Activation and Deployment Procedures ............. 4  
  1.3.2 KCRMORG Logistics Support and Regional Mass Fatality Plan.................. 5  
  1.3.3 Incorporating Local Response Personnel into KCRMORG ......................... 5  
1.4 KCRMORG Role in Family Briefings ................................................................. 5  
1.5 Fatality Management Considerations ................................................................... 6  
1.6 Family/Next of Kin (NOK) Considerations for Decedent Information ................. 7  
1.7 Death Notification/Notification of Identification .................................................. 7  
1.8 Identification of Decedents vs. Identification of Remains ................................... 8  
1.9 Use of DNA ............................................................................................................ 8  
1.10 Records Management and Long-Term Support ................................................ 8  
1.11 KCRMORG Personnel Code of Conduct .......................................................... 9  
1.12 KCRMORG Professional Standards Compliance ............................................ 9  

2.0 Incident Site Operations ......................................................................................... 10  
2.1 Human Remains Retrieval ................................................................................. 10  
2.2 Field Safety Briefing ......................................................................................... 10
<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.3</td>
<td>Decontamination of Remains</td>
<td>10</td>
</tr>
<tr>
<td>2.4</td>
<td>Temporary/Holding Morgue</td>
<td>11</td>
</tr>
<tr>
<td>2.5</td>
<td>Transportation of Remains to Incident Morgue</td>
<td>11</td>
</tr>
<tr>
<td>3.0</td>
<td>Incident Morgue Operations</td>
<td>12</td>
</tr>
<tr>
<td>3.1</td>
<td>Site Selection and Requirements</td>
<td>12</td>
</tr>
<tr>
<td>3.2</td>
<td>Establishing the Mobile Morgue</td>
<td>14</td>
</tr>
<tr>
<td>3.3</td>
<td>Morgue Security</td>
<td>16</td>
</tr>
<tr>
<td>3.4</td>
<td>Personal Protective Equipment</td>
<td>16</td>
</tr>
<tr>
<td>3.5</td>
<td>Photography Policy</td>
<td>17</td>
</tr>
<tr>
<td>4.0</td>
<td>Documentation and Analysis of Remains</td>
<td>18</td>
</tr>
<tr>
<td>4.1</td>
<td>Morgue Flow Chart</td>
<td>18</td>
</tr>
<tr>
<td>4.2</td>
<td>Morgue Sections</td>
<td>19</td>
</tr>
<tr>
<td>4.2.1</td>
<td>Trailer Management</td>
<td>19</td>
</tr>
<tr>
<td>4.2.2</td>
<td>Admitting Section</td>
<td>19</td>
</tr>
<tr>
<td>4.2.3</td>
<td>X-Ray Section</td>
<td>20</td>
</tr>
<tr>
<td>4.2.4</td>
<td>Assessment/Pathology Section</td>
<td>20</td>
</tr>
<tr>
<td>4.2.5</td>
<td>Personal Effects Section</td>
<td>21</td>
</tr>
<tr>
<td>4.2.6</td>
<td>Dental Examination Section</td>
<td>21</td>
</tr>
<tr>
<td>4.2.7</td>
<td>Anthropology Section</td>
<td>21</td>
</tr>
<tr>
<td>4.2.8</td>
<td>Fingerprinting Section</td>
<td>22</td>
</tr>
<tr>
<td>4.2.9</td>
<td>DNA Section</td>
<td>22</td>
</tr>
<tr>
<td>4.2.10</td>
<td>Exit/Re-Bag Section</td>
<td>23</td>
</tr>
<tr>
<td>4.3</td>
<td>Identification Support Sections</td>
<td>23</td>
</tr>
<tr>
<td>4.3.1</td>
<td>Information Resource Center</td>
<td>23</td>
</tr>
<tr>
<td>4.3.2</td>
<td>Dental Identification Section</td>
<td>23</td>
</tr>
<tr>
<td>4.4</td>
<td>Embalming/Casketing</td>
<td>24</td>
</tr>
<tr>
<td>4.5</td>
<td>Re-association of Remains</td>
<td>24</td>
</tr>
<tr>
<td>4.6</td>
<td>Management of Mission Records</td>
<td>25</td>
</tr>
<tr>
<td>5.0</td>
<td>Victim Information Center</td>
<td>25</td>
</tr>
<tr>
<td>5.1</td>
<td>VICT Activation Procedures</td>
<td>25</td>
</tr>
</tbody>
</table>
5.2 VICT Procedures ........................................................................................................... 26

6.0 Identification Procedures .......................................................................................... 27
6.1 Identification Documentation Team ............................................................................ 28

7.0 Death Certification and Death Notification .................................................................. 31

8.0 Final Preparation and Disposition of Remains ....................................................... 33
8.1 Post-Identification Holding in the Incident Morgue.................................................. 33
8.2 Reassociation of Remains ......................................................................................... 33
8.3 Identification Documentation ..................................................................................... 34
8.4 Embalming Section ..................................................................................................... 34
8.5 Casketing .................................................................................................................. 35
8.6 Cremation .................................................................................................................. 35
8.7 Funeral Home Contact Information ........................................................................... 35
8.8 Transportation of Decedents from Morgue .............................................................. 36

9.0 Incident Morgue Demobilization ............................................................................. 37
9.1 KCRMORG Team Demobilization .......................................................................... 38

10.0 After Action Report .................................................................................................. 38
11.0 Regional Activation Checklists ................................................................................. 44

12.0 Operational Briefing Agenda ................................................................................... 48
Acronym Reference List .................................................................................................. 43
These SOPs will be reviewed at least annually and/or after a significant event, exercise or training. Necessary modifications or changes to these SOPs will be recorded below.

<table>
<thead>
<tr>
<th>Date of Change</th>
<th>Section/Page #</th>
<th>Name of Person/Organization</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/26/13</td>
<td>Entire document</td>
<td>KCRMORG</td>
<td>Changed “Family Assistance Center” to “Victim Information Center”</td>
</tr>
<tr>
<td>7/24/13</td>
<td>Entire Document</td>
<td>KCRMORG</td>
<td>Changed “Victim Identification Center” to “Victim Information Center”</td>
</tr>
<tr>
<td>7/24/13</td>
<td>Summary of Procedures; Page 3</td>
<td>KCRMORG</td>
<td>Added triage to Morgue Sections</td>
</tr>
<tr>
<td>7/24/13</td>
<td>1.2 Jurisdictional Responsibility and KCRMORG Support; Page 11</td>
<td>KCRMORG</td>
<td>Added definition of jurisdictional authority for ME/C for an incident that occurs in multiple jurisdictions</td>
</tr>
<tr>
<td>7/24/13</td>
<td>1.3.3 KCRMORG Logistics Support and Regional Mass Fatality Plan; Page 13</td>
<td>KCRMORG</td>
<td>Added Emergency Managers to the KCRMORG planning team</td>
</tr>
<tr>
<td>7/24/13</td>
<td>Site Selection; Page 19</td>
<td>KCRMORG</td>
<td>Added the coordination of site selection with EOC</td>
</tr>
<tr>
<td>7/24/13</td>
<td>11.0 Regional Activation Checklists; Page 44</td>
<td>KCRMORG</td>
<td>Added Regional Activation Checklists for Activation, Operations and Demobilization</td>
</tr>
<tr>
<td>7/24/13</td>
<td>12.0 Operational Briefing Agenda; Page 48</td>
<td>KCRMORG</td>
<td>Added a sample operational briefing agenda to include Mass Fatalities reporting</td>
</tr>
</tbody>
</table>
Executive Summary
These SOPs delineate the general procedures used for KCRMORG operations when activated. They are designed to provide public safety, public health, medical examiners, coroners, and other emergency management, medicolegal and emergency response stakeholders with accurate information in reference to how KCRMORG operates in the response to mass fatality incidents involving a number of fatalities exceeding the resources available to a local jurisdiction.

These SOPs were created to give structure to KCRMORG operations using the well-established victim identification procedures utilized by DMORT. The legal responsibility of the ME/C to identify disaster victims is codified throughout the United States, and it is maintained when a mass fatality incident occurs. The capabilities and resources of ME/C’s in the Kansas City region vary; a standardized KCRMORG system allows for disaster victim identification to be managed at a consistent level anywhere in the region.

While no set of SOPs can address every and all contingencies, this set of comprehensive procedures has been created and designed to provide standardized and approved strategies, approaches, and processes to manage the unidentified deceased with dignity and respect. Certain modifications might be required based on extenuating circumstances that cannot be foreseen. In those cases, key stakeholders should confer and develop the approach to these circumstances that best meets the mission requirements. In all other circumstances, implementing these procedures will serve as the reasonable and prudent approach to managing an incident or event in which mass fatalities require retrieval, identification, and processing.

The SOPs commence with a Summary of Procedures for the jurisdictional ME/C. This Summary of Procedures is the basis for an initial briefing between KCRMORG representatives and the ME/C that has requested KCRMORG assistance.

Section 1.0 is the introduction and overview of the SOPs. It contains the concept of operations or CONOPS. It provides a high-level introduction and strategic overview to the KCRMORG system. It provides an overview of victim identification and mass disasters. This Section describes jurisdictional responsibility and regional and KCRMORG support. Also covered in this Section are how the KCRMORG is activated and critical initial meetings with local representatives in order to discuss and identify mission strategies and objectives, as well as the organizational, legal, and political realities, expectations, and limitations.

Section 2.0 contains all of the procedures that direct incident site operations entailing transportation to the Incident Morgue.

Section 3.0 is the procedures directing incident morgue operations including: site selection, deployment and activation of a portable morgue, security, and photography procedures.
Section 4.0 provides guidance for the documentation and analysis of remains. This section includes the forensic processes, morgue flow, radiology, odontology, pathology, anthropology, DNA, and data management.

Section 5.0 outlines and directs Victim Information Center operations.

Section 6.0 directs the process for making identifications.

Section 7.0 includes information and procedures on death certification and notification.

Section 8.0 provides direction on the final preparation of the deceased and managing the final disposition of remains.

Section 9.0 addresses demobilization of the incident morgue and termination of activities of the KCRMORG mission.

Section 10.0 addresses the development of an After Action Report (AAR) for all KCRMORG missions.
For Medical Examiners and Coroners: Summary of Procedures

A mass fatality event is any disaster event resulting in a number of decedents of such a type or magnitude as to overwhelm the capabilities and resources of a single, local medical examiner/coroner (ME/C). Because communities vary in size and resources, there is no minimum number of deaths for an incident to be considered a mass fatality event. Mortuary capacity may be significantly exceeded and in many communities, there is no mortuary capacity.

The KCRMORG is available to assist with collection, documentation and retrieval of the deceased, transportation of human remains to the incident morgue, processing for identification of the dead, final disposition, release of remains and family assistance activities. The KCRMORG is not equipped or trained to process chemical or radiological contaminated remains. Contaminated remains are unsafe to process in the incident morgue and must be decontaminated before removal from the incident site to avoid cross contamination of other areas and people. If remains are contaminated following a WMD event, ME/C’s should request Federal DMORT-WMD support.

If the impacted jurisdiction’s ME/C determines a need for KCRMORG assistance, requests for activation of KCRMORG should be made in conjunction with the impacted jurisdiction’s emergency management director to the Jackson County Medical Examiner’s Office (JCMEO). The Jackson County Medical Examiner will assess the incident and determine resource needs and availability for the KCRMORG to support the incident. If the Medical Examiner determines KCRMORG is needed to support the incident, the JCMEO will contact the KCRMORG Commander or Deputy Commanders (as available) to activate the KCRMORG. The KCRMORG Commander/Deputy Commanders will organize and dispatch an initial assessment team to the scene to determine resource and personnel needs. Simultaneously, the Administrative Officer will be notified to issue a standby alert to KCRMORG members for potential deployment.

If the impacted jurisdiction is unable to contact the Jackson County Medical Examiner’s Office directly, activation requests should be funneled through the appropriate regional mutual aid coordinator. Impacted jurisdictions in Missouri should contact the Region A Mutual Aid Coordinator (Lee’s Summit Fire Department) and impacted jurisdictions in Kansas should contact the Johnson County Communications Center. These coordinators will in turn contact the JCMEO.

Once KCRMORG is activated, appropriate members of the command staff will meet with the impacted jurisdiction’s ME/C to agree upon the level of support needed. The purpose of this meeting is to:

- Ensure that the ME/C jurisdictional responsibility is understood and maintained.
- Assess ME/C needs for completing the victim identification process.
- Review the role of KCRMORG in supporting ME/C.
- Present an overview of the KCRMORG SOPs.
- Ensure that the ME/C understands complexities of victim identification process.
- Assess facilities for the incident morgue.
- Discuss ME/C role in family briefings.
- Examine potential costs and reimbursement issues.
The incident (or temporary) morgue is the location where the remains are processed by forensic specialists to confirm identification and to conduct a medicolegal exam for determination of cause and manner of death. The impacted jurisdiction will be responsible for securing a suitable facility to house the incident morgue. For specific site requirements, see Section 3.1. Transportation of remains from the incident site or temporary morgue to the morgue site will be professional and dignified.

The morgue flow plan and any specific needs of the ME/C will determine the basic floor plan of the morgue. Morgue sections may include:

- Admitting
- Triage
- X-Ray
- Assessment Pathology
- Personal Effects/Photography
- Dental
- Anthropology
- Fingerprints
- DNA
- Exit and Re-bag
- Embalming and Casketing
- PPE gown/de-gown and disposal

The flow of remains and personnel through the incident morgue is dictated by the physical structure of the facility, the number of morgue personnel, the condition of the remains, and medicolegal considerations. Typical KCRMORG incident morgue operations comprise one twelve-hour shift per day. The number of remains will dictate whether a second shift is warranted.

Triage is an interdisciplinary section consisting of a pathologist, anthropologist, and an odontologist. The role of triage is to sort materials brought from the site in order to:

- Separate human tissues from other material evidence.
- Identify associated remains from non-associated remains.
- Assign probative value to fragmented remains in order to first process those remains most likely to provide evidence of personal identity.
- Separate tissues that are less likely to provide evidence of personal identity and place those remains in a common tissue container for later analysis or disposition.
- Enter remains into admitting for assignment of a morgue number.

Establishing and maintaining a chain-of-custody for personal effects and other pertinent materials verifies the integrity of the evidence. Remains/evidence processing teams will maintain the chain-of-custody throughout the recovery and morgue processes. As with human remains, personal effects must be handled with the care and consideration. Typically, personal effects removed from remains will be managed by the local jurisdiction under their procedures.

Each set of remains will be assigned a morgue reference number (MRN) as a unique identifier. The MRN will be a whole number and assigned in ascending order. Following identification, the ME/C
will be able to use their office case number to account for decedent remains.

Trackers accompany human remains through the mortuary process and ensure proper documentation is complete and attached at each morgue station. Trackers are responsible for the collection and safe keeping of all papers and examination records kept in the VPR. (Note: Staffing for trackers may vary according to the particular disaster.)

Photography of remains is an essential and standard process for forensic examination. Each body or numbered fragment will be photographed. KCRMORG personnel can take human remains or scene photographs if required. Photography that is not part of the identification process within the morgue is restricted. For historical and training purposes, certain candid photographs will be allowed. A candid photograph is any photograph taken within the morgue/storage secured area for any purpose other than being a part of the identification process.

The radiologist/X-ray technologist conducts radiographic examinations to detect evidence, provides postmortem radiographs for comparison with antemortem clinical radiographs and assists pathologists, anthropologists, and odontologists in the interpretation of radiographs. It is recommended that ALL remains have radiographs completed to ensure physical items (personal effects, evidence, etc.) are not missed in the processing of remains.

The Dental Section Leader is responsible for the dental team. The Section Leader or other team members may provide support to other agencies (e.g., FBI) and other forensic identification disciplines (e.g., forensic anthropology, fingerprints, radiology). The odontology section comprises the antemortem section, the postmortem section, and the comparison section. Dental personnel may also be asked to support the retrieval of dental remains at the incident site.

The Dental Antemortem Section procures, analyzes, and consolidates dental information into a single, standardized, comprehensive antemortem dental record. A team of no fewer than two trained and qualified individuals will perform all recording and transcription of information.

The Dental Postmortem Section performs the dental autopsy including postmortem dental radiography and photography, and records the results in a standardized format. The postmortem section examinations and data entry will be performed by teams of no fewer than two trained and qualified individuals.

The Dental Comparison Section compares antemortem and postmortem dental information. Comparisons resulting in positive identifications are reported to the Identification Documentation Team and then to the ME/C via the means established for the event.

The examination and documentation of remains in the Pathology Section can provide detailed information assisting in identification, defining injury patterns and determining cause and possibly manner of death. KCRMORG forensic pathologists are available to assist the ME/C as needed.

The Anthropology Section should consist of at least two forensic anthropologists (one of whom is designated as Section Leader) and one assistant to serve as scribe. Staffing and equipment needs may vary according to disaster-specific needs and the functional assignment of the section.

All records and data are kept secure and confidential in the Information Resource Center (IRC). Only authorized personnel are permitted inside the IRC area. Records are evidence and property of
the ME/C and all original records will be submitted to the ME/C at the conclusion of the mission. KCRMORG will not retain any original or copies of records. No information will be released to any person(s) without proper authorization.

The Victim Information Center Team (VICT) supports the ME/C and the local or Federal law enforcement agency by conducting missing persons reporting, interviewing NOK, collecting antemortem data, including DNA reference samples. The VICT then transfers this information to the IRC. If requested, the team will also provide information to the NOK and assist the ME/C with death notifications.

The VICT supports the victim identification process by procedures including:

1. Establishing a command structure to manage VICT staff.
2. Providing trained interviewers for the family interview process.
3. Establishing antemortem data acquisition and entry plan.
4. Coordinating operation with IRC Section Leader.
5. Establishing and supervising death notification procedures with ME/C, and securing psychological, and religious personnel if requested.
6. Serving as a member of the death notification team.
7. Coordinating VIC transportation and security plans for VICT personnel.
8. Working with Federal partners assigned to the C and ensuring proper support for them.

Proper positive identification is necessary for notification of the NOK, resolving estate issues and criminal/civil litigation, and the issuance of death certificates. A team chaired by a designated pathologist from KCRMORG will meet daily to review and confirm identifications. The team will consist of representatives from the forensic science disciplines and the ME/C office. The documentation of the identification, the cause and manner of death, and final disposition are required by law and used for vital statistics and the initiation of probate. The death certificate is the legal instrument for this documentation. The ME/C is responsible for all legal documentation pertaining to death certification.

Remains of decedents must be handled with the utmost respect and care. KCRMORG team members will ensure that all human remains (identified, unidentified, common tissue, or any other types of remains) are stored with dignity, prepared with professionalism, and transported with consideration. Once remains have been identified, they are securely stored in an environment that retards decomposition and maintains the chain of custody. In situations where remains are fragmented and commingled, identified remains may be re-associated so that remains belonging to individuals are returned together to the NOK. Often, because DNA analysis is the method used to conduct these identifications, the physical re-association of remains take place weeks or months after an incident.

The integrity of the identification process and morgue operations demands that remains be reviewed before release from the morgue. This review should include an examination of the identification methods used, a physical examination of the remains, and the proper re-association of remains for each decedent.
Via embalming, thorough disinfection, preparation, and minor reconstructive surgery procedures are accomplished on each decedent or part of decedent when authorized by the appropriate NOK. NOK may contract with a funeral home to perform this function. NOK or legal authority may authorize cremation as the final means of disposition.

Decedents and human remains will be placed in a casket, dressed when appropriate, and relocated to the morgue shipping point. If chosen by the NOK, cremation is an acceptable form of final disposition. NOK or legal authority may contract with a funeral home/crematory for cremation services.

To coordinate the shipping of remains and any NOK considerations, the receiving funeral home must be contacted and information exchanged. There will be coordination for the transport of released human remains from the incident morgue to a designated location, such as an airport for transport to the receiving funeral home.

Once incident morgue operations have ceased, all remains have been released, or there is a requirement to close the morgue operation, a standard process will be used to ensure the morgue site is cleaned, the mobile morgue is packed, and that all remains have been accounted for. The incident morgue facility must be turned back to the owner or agent of the owner without biological contamination. The facility must be restored back to its previous condition. Arrangements will be made through the IRC to provide a walk-through with the owner to ensure that the cleanliness and condition of the facility is satisfactory.
Background
The Kansas City metropolitan area is a bi-state region comprised of 119 cities and Johnson, Leavenworth, Wyandotte and Miami counties in Kansas and Cass, Clay, Jackson, Platte and Ray counties in Missouri. A number of hazards, such as tornadoes or hazardous chemical accidents, exist in the Kansas City region which could potentially cause a mass fatality event. The local medical examiner/coroner (ME/C) remains the sole legal authority to conduct victim identification, determine the manner and cause of death, and manage death certification -- regardless of the size of the event. Realizing the possibility of disaster events to quickly overwhelm a single jurisdiction’s capabilities, a Regional Mass Fatality Plan was developed with the primary purpose of assisting resource coordination and support to jurisdictions impacted by a mass fatality event.

In addition to management of mass fatality events, the ME/C is responsible for other medical/legal activities, such as notification of next of kin. Building on the precepts of the Regional Mass Fatality Plan, and to help reduce the burden on a single ME/C, a Kansas City Regional Mortuary Operational Response Group (KCRMORG) was developed to assist the impacted ME/C and provide for an integrated emergency response to an incident. The KCRMORG is intended to be a force multiplier in the absence of or prior to the arrival of Federal DMORT support. This document details the Standard Operating Procedures (SOP) of the KCRMORG.

Mission
The mission of the KCRMORG is to provide the personnel and resources to facilitate an organized and effective response to mass fatality events. The KCRMORG utilizes regional personnel, resources and capabilities to recover, transport, process and identify decedents of a mass fatality event occurring in the Kansas City metropolitan area. Team members are trained in the functional areas of site recovery of decedent remains, morgue operations and working with the Victim Information Center (VIC).

The KCRMORG SOPs were developed in order to provide a comprehensive reference that describes the standard approach to mass fatality management by members of KCRMORG. The SOPs will outline authority, scope, standards and processes to facilitate the execution of approved policy level recommendations by participating agencies and KCRMORG members. Where applicable, these SOPs mirror the standards and processes used by the National Disaster Medical System (NDMS) Headquarters, and Disaster Mortuary Operational Response Teams (DMORT) teams, for operations in the field on any non-transportation related mass fatality incident involving Federal government assets and resources. These SOPs will provide a standard approach regardless of causative force, geographic location or specific team members deployed. Additionally, these serve as a significant reference in the development of field training programs and exercises for KCRMORG personnel.

Scope
KCRMORG is able to operate throughout the nine-county Kansas City metropolitan area, at the request of the local ME/C. These SOPs are the approved procedures that will be utilized by all KCRMORG members at the disaster site(s), incident examination center(s), incident morgue(s), fatality collection center(s), fatality transfer center(s), and all other facilities established on a specific incident or mission for the purpose of mass fatality management, support, or coordination.

Situation
Four Missouri counties in the region (Cass, Clay, Jackson, and Platte) have MOU’s in place with the Jackson County Medical Examiner’s Office (ME) for mass fatalities planning, resources and
response. The four Kansas Counties in the region (Johnson, Miami, Leavenworth, and Wyandotte) and Ray County, MO rely on their local County Coroners for mass fatalities response, and the counties maintain a Mortuary or Mass Fatalities Annex in their local EOPs.

To support the mission of the KCRMORG the region, in conjunction with the Jackson County Medical Examiner’s office, has purchased equipment and supplies (including a 53-foot refrigerated trailer) for a mobile morgue. The mobile morgue will be the primary resource of the KCRMORG and it will deploy with and be operated by KCRMORG personnel. With current equipment supplies and dependent on the condition of remains, the KCMORG has the ability to process 80-100 decedents. State and/or Federal support will be required for mass fatality events exceeding these capabilities, or when morgue operations have the potential to extend past two weeks.

**Intended Audience**

The intended audience comprises KCRMORG personnel, Medical Examiner/Coroner (ME/C) personnel, and local officials involved in disaster planning and emergency/disaster response.

**Command Structure**

The KCRMORG is structured in accordance with NIMS/ICS principles. A Commander and two Deputy Commanders oversee the various section chiefs. Command Staff members consist of representatives from various agencies across the metro. Current Command Staff personnel are listed in Appendix A. The KCRMORG Commander maintains a roster of current KCRMORG members. This roster is updated on a periodic basis.
1.0 Introduction and Overview

All local authorities and officials, including medical examiners and coroners (ME/C) should be aware that expectations of family members of victims (and by extension the general public, politicians, and the media) concerning identification and morgue operations are high. Non-scientific identifications, which can lead to misidentification, are not acceptable practices. Funding alone should not pose an obstacle to accurate and timely identification. ME/C’s are expected to rely upon acceptable forensic techniques (fingerprinting, dental, radiological, DNA, etc.) for positive identification.

The victim identification process is thorough, efficient, and devised to minimize errors. These procedures are based on years of experience by the members of the KCRMORG system. Slight variance from the procedures in morgue organization may be expected based on the particulars of the event (e.g. condition of remains and availability of antemortem information). However, since the ultimate goal of the process is the accurate identification of the victim, the standards for the processes of forensic identification must be maintained.

All mass fatality events are local. They remain under the authority of the ME/C for the duration of the event. KCRMORG may be requested by the local authority for fatality management in any and all jurisdictions in the Kansas City metro. Though comprised of members from local agencies, when activated, KCRMORG members function under the operational control of the delegated authority that resides in the office of the ME/C.

1.1 Victim Identification in Mass Disasters

For the family and friends of those killed in mass disasters, an important measure of dignity awarded them is the process of identifying the remains of the deceased. Because this process happens without their direct involvement, the forensic and mortuary responders are granted a fragile trust. Families demand that remains be identified and returned to them quickly, and that they be kept informed throughout the process. They also believe that responders share their desire to quickly and accurately identify the dead. Forensic science, as a profession, must provide accurate information to families and explain discrepancies when they occur. Forensic standards must be adhered to in order to prevent errors, ultimately giving families and society the trust they need during their recovery from loss.

1.2 Jurisdictional Responsibility and KCRMORG Support

The ME/C is the legal authority for conducting victim identification (or assisting the lead investigative agency to complete victim identification), determining cause and manner of death, and managing death certification. In the event of a mass disaster, the ME/C retains these responsibilities. In mass fatality disasters, no other agency can appropriate these responsibilities. Although KCRMORG provides support to the ME/C to accomplish decedent identification, it cannot speak for the local jurisdiction, nor assume the legal responsibilities of the ME/C. The ME/C retains jurisdictional authority and the KCRMORG team works under the operational control of the local ME/C having legal jurisdiction.

1.3. Activating KCRMORG

If the impacted jurisdiction’s ME/C determines a need for KCRMORG assistance, requests for activation of KCRMORG should be made in conjunction with the impacted jurisdiction’s emergency management director to the Jackson County Medical...
Examiner’s Office (JCMEO). The Jackson County Medical Examiner will assess the incident and determine resource needs and availability for the KCRMORG to support the incident. If the Medical Examiner determines KCRMORG is needed to support the incident, the JCMEO will contact the KCRMORG Commander or Deputy Commanders (as available) to activate the KCRMORG. The KCRMORG Commander/Deputy Commanders will organize and dispatch an initial assessment team to the scene to determine resource and personnel needs. Simultaneously, the Administrative Officer will be notified to issue a standby alert to KCRMORG members for potential deployment.

If the impacted jurisdiction is unable to contact the Jackson County Medical Examiner’s Office directly, activation requests should be funneled through the appropriate regional mutual aid coordinator. Impacted jurisdictions in Missouri should contact the Region A Mutual Aid Coordinator (Lee’s Summit Fire Department) and impacted jurisdictions in Kansas should contact the Johnson County Communications Center. These coordinators will in turn contact the JCMEO.

Once KCRMORG is activated, appropriate members of the command staff will meet with the impacted jurisdiction’s ME/C to agree upon the level of support needed. The purpose of this meeting is to:

- Ensure that the ME/C jurisdictional responsibility is understood and maintained.
- Assess ME/C needs for completing the victim identification process.
- Review the role of KCRMORG in supporting ME/C.
- Present an overview of the KCRMORG SOPs.
- Ensure that the ME/C understands complexities of victim identification process.
- Assess facilities for the incident morgue.
- Discuss ME/C role in family briefings.
- Examine potential costs and reimbursement issues.

### 1.3.1 KCRMORG Team Member Activation and Deployment Procedures

When the Administrative Officer (AO) is instructed to issue a standby alert to KCRMORG team members, the AO will send out a communication via email or other means notifying team members that KCRMORG may be activated. Team members are then to reply back ASAP with their availability for deployment. It is each team member’s responsibility to seek permission from their home agency to deploy to support KCRMORG operations.

After initial assessments of resource and personnel needs are made, the KCRMORG Commander will contact the AO confirming deployment and personnel needs. The Administrative Officer will then contact those KCRMORG members who stated they are available to deploy and provide them with reporting information (location, time, etc.) Team members who stated they are not available to deploy will receive no further communication.
Deployed team members should anticipate remaining on-scene for several days and plan accordingly (pack go-kit with extra clothes, medications, personal items, etc.) If overnight stays are required, the Logistics Section will inform members and arrange for lodging. Team members will be allowed to return home as feasible.

1.3.1.1 KCRMORG Team Member Reporting and Check-In Procedures
All KCRMORG Team members will be directed to report to the same location for initial check in. Team members will sign in with the AO and receive their assignment at the start of each operational period. Team members must check in and out of all assigned locations with their appropriate chain of command. 100% accountability of all KCRMORG members will be maintained at all times. Team members who do not properly check in or out will be assumed missing and search procedures initiated until they are located.

Team members will be released as operations begin to scale back. Team members must do a final check out with the AO before departure.

1.3.2 KCRMORG Logistics Support and Regional Mass Fatality Plan
One or more KCRMORG Logistics Section personnel will normally be stationed in the impacted jurisdiction’s EOC to assist with the management of resource requests to support KCRMORG operations. If the Regional Mass Fatality Plan has been activated and a Regional Mass Fatality Resource Coordinator (MFRC) is stood up, KCRMORG Logistics personnel will coordinate directly with the MFRC for resource requests to support KCRMORG operations.

KCRMORG Planning Section- One or more KCRMORG Planning Section personnel will normally be stationed in the impacted jurisdiction’s EOC to assist with the planning of daily operation activities. Emergency Management planners will provide this resource for this section.

1.3.3 Incorporating Local Response Personnel into KCRMORG
To the greatest extent practical and possible, local victim identification teams will be incorporated into KCRMORG operations. These teams should familiarize themselves with KCRMORG SOPs to ensure that KCRMORG and the local team can work effectively together. Prior to the commencement of morgue operations, a pre-operational meeting will occur including the ME/C, local response team leader, and the KCRMORG Commander.

1.4 KCRMORG Role in Family Briefings
KCRMORG will be available to assist the ME/C in briefings that the ME/C holds for family members. The ME/C remains the legal authority in interactions with the NOK. Although KCRMORG provides support to the ME/C to accomplish victim identification, it cannot
speak for the local jurisdiction, nor assume the legal responsibilities of the ME/C. Typically, the ME/C role at these briefings entails providing information about the following questions:

- Why is recovery taking so long?
- How will families be notified if their loved ones are recovered and identified?
- When will the personal effects be returned to the family?
- What method is used to identify the families’ loved ones?
- Will DNA be used in identification?
- What is the condition of the body?
- Will an autopsy be performed?
- How do families know that the information they receive is accurate?
- May families obtain copies of the ME/C report?
- Why are the identifications taking so long?

1.5 Fatality Management Considerations

Four factors impact the processing of remains and identification of decedents:

- Number of fatalities
- Decedent population (open or closed)
- Availability of antemortem information
- Condition of remains (complete or fragmentary remains)

These factors drive the personnel needed, how long identification will take, and the methods used to make identifications.

Number of fatalities
The number of deceased in a disaster is a significant driver in the amount of resources needed to search, retrieve and identify the dead. In general terms, as the number of decedents increases, the resources needed to manage and process them increases. With current equipment supplies and dependent on the condition of remains, the KCMORG has the ability to process 80-100 decedents. State and/or Federal support will be required for mass fatality events exceeding these capabilities, or when morgue operations have the potential to extend past two weeks.

Antemortem information
Identification requires comparing postmortem information and antemortem data. Collecting the postmortem information is relatively simple and rapid, as the remains themselves are analyzed when they become available from the scene. However, locating and obtaining accurate and current antemortem data is more time-consuming and complex. For families that are familiar with the dentist and doctor of the decedent, these records can be obtained quickly. However, factors such as the age, socioeconomic status, cultural practices, and
religious beliefs of the decedent and the family will impact antemortem record availability. The VIC uses the DMORT developed Victim Information Processing (VIP) system and form to collect and record antemortem data.

**Condition of remains**
Whole bodies are much easier to process and, with adequate antemortem information, can be identified quickly. In the case of an intact body the unique physical identifiers needed to identify the individual are on the body, and when an identification is completed the person is identified. Fragmented remains present a set of more complex issues. Certain body parts may contain unique identifiers (e.g., dental work or fingers) and these parts can be identified. DNA analysis can be used to identify body parts that have no unique physical identifier. However, DNA analysis does have limitations—not all DNA analyses result in a DNA profile.

The decision about what to analyze for identification is done at the morgue triage station. Forensic personnel staffing the triage station devise criteria for making this decision based upon the degree of fragmentation and burning of the remains, the availability of antemortem information, and other particulars of the disaster. Remains that have a high potential for identification are put through the morgue process, while those with a low or no potential are held as common tissue.

**1.6 Family/Next of Kin (NOK) Considerations for Decedent Information**
The nature of the victim identification process requires the involvement of the NOK in decisions about certain issues regarding decedent remains. The ME/C is responsible for raising these questions, documenting the answers, and following up on the requests. Both Kansas and Missouri have legislative codes that define NOK. The ME/C will have access to this information and should ensure that KCRMORG personnel are aware of the legal definitions in their locality.

**1.7 Death Notification/Notification of Identification**
The ME/C or their designated representative will notify the NOK when the decedent has been identified. This notification can be done via telephone (if the NOK have not traveled to the incident locale), at the VIC, or at another location as agreed between the NOK and the ME/C. In the case of complete or nearly complete remains, the decedent is often identified in a relatively short time using conventional identification methods (dental, fingerprints, medical devices, etc.). For such remains, notification of identification should be followed fairly quickly by release to the designated funeral home.

In the event of larger pieces of remains, families should be asked if they wish to receive the existing remains (e.g., 80% complete) and forgo the receipt of more remains in the future, or if they want DNA to be used to re-associate any additional remains. The latter choice will delay the release of remains until the DNA testing is completed and any additional remains are identified.

In the case of fragmented remains, identifications usually take more time to complete. DNA will be the primary method for identification, and remains will need to be re-associated based on the DNA analyses. Families should be notified the first time remains from the decedent are identified. At this point, the NOK choose whether they are to be notified of additional identifications. They may be notified each time remains are identified, once all
identifications are complete, or choose to receive no further notification of identification. The preference of the forensic team doing the identification work is that the remains stay in the morgue until all remains have been identified. This reduces error and can allow for more remains to be re-associated.

The ME/C will brief families about the condition of the decedent remains. When all remains are fragmented, the families should understand that identification will take more time. KCRMORG staff will assist the ME/C in composing the appropriate language for providing this information.

Because not all fragmented remains are identifiable, the ME/C must decide, in conjunction with the families, about the final disposition of these remains, often referred to as common tissue. Families will preferably work as a group to decide upon the final disposition. If families cannot decide, the ME/C may take action under the jurisdiction’s laws to dispose of the remains. If this occurs, families will be notified of the process and timing for final disposition.

1.8 Identification of Decedents vs. Identification of Remains
The ME/C is responsible for deciding upon the primary goal for the identification efforts: whether to identify each decedent or to identify all remains. This decision will have a significant impact on the scope of the identification process. In the case of an incident where not all decedents are known (open population) and remains are fragmented, all remains must be analyzed for DNA so that profiles on all decedents can be obtained. DNA testing may not result in positive results for all remains tested. In a closed population where the decedent information is known (such as an aviation accident with a flight manifest), focus can be placed on identifying the maximum number of remains for each decedent. Each disaster poses unique concerns and the circumstances should be thoroughly considered before identification efforts begin.

1.9 Use of DNA
In mass fatalities and/or in cases of highly fragmented remains, DNA analysis is an essential component of the identification process. Like any forensic technique, DNA analysis has benefits and limitations. The ME/C should be aware of how these factors impact issues related to identification and working with family members.

DNA analysis has many benefits and can (1) identify the victims, (2) associate fragmented remains, and (3) assist in ongoing medical and legal investigations. However, there are limits to DNA technology. DNA analysis takes time. Antemortem reference samples from certain family members is required and may not be immediately available. Very small remains may be destroyed in the process, thus leaving nothing to return to the NOK. Finally, DNA analysis may yield no useful information.

At some point, the ME/C must decide to conclude further testing of remains for DNA. This decision may carry particular significance if additional remains from the accident site are anticipated to be recovered after the formal retrieval period has ended.

1.10 Records Management and Long-Term Support
The ME/C is provided all original records of the KCRMORG process, including postmortem forms, antemortem records, and any associated documentation. They are also provided a
copy of the data entered into the Victim Identification Program (VIP) or similar database. The KCRMORG will not retain any copies or original records.

1.11 KCRMORG Personnel Code of Conduct
All personnel are guided by these KCRMORG Codes of Conduct. Each KCRMORG member must be familiar with and adhere to the standards outlined here. The KCMORG Commander will address each case of misconduct and take appropriate action. All team members will:

- Read and maintain all current KCRMORG Standard Operating Procedures.
- Follow procedures for deployment and will not self-deploy under any circumstances.
- Be punctual in reporting for duty and in maintaining assigned work schedules.
- Not be absent from duty without properly authorized leave.
- Identify themselves by displaying their identification cards.
- Conduct themselves with dignity, courtesy, and efficiency.
- Be dignified, courteous, and cooperative with other members of KCRMORG and with officials and members of government and law enforcement organizations.
- Be civil and respectful to members of the KCRMORG Command Staff. It is the member’s responsibility to make inquiry if he/she does not understand an order.
- Refrain from any contact with the media.
- Not consume any intoxicants while on duty.
- Not post any information about their duties on any social networking website.
- Not use their cell phones in the morgue.
- Not take pictures/audio/video of the deceased. If a member is caught doing so he/she will be removed from the premises.
- Not take pictures of the morgue or surrounding area while the daily operations are in progress.
- Members will not accept any bribe of money, goods or services in exchange for information.

Unprofessional conduct such as disrespect of the deceased, their personal effects or families will not be tolerated and shall be considered gross misconduct.

1.12 KCRMORG Professional Standards Compliance
ME/C jurisdictions can expect that KCRMORG team members will be trained and in compliance with professional standards. Initial and continuing KCRMORG training will be tailored to meet the standards established by NDMS. This training will enhance all the
specialty positions within KCRMORG and provide the needed updates to the procedures and guidelines used during KCRMORG missions. KCRMORG personnel who are likely to encounter blood-borne pathogens or hazardous chemicals will be provided OSHA-mandated training under the auspices of NDMS/HHS. Forensic specialists that require continuing education to maintain their professional licensure are required to do so outside of the NDMS system.

2.0 Incident Site Operations

2.1 Human Remains Retrieval
The locating, collection, and recovery of remains and other pertinent materials from incident sites requires a standardized approach to ensure that the location and condition of materials within the scene are documented. KCRMORG personnel can conduct and/or assist in the numbering and protection of remains, and additional scene activities that could impact morgue operations. These individuals should include a forensic anthropologist, a medicolegal investigator and law enforcement, or other suitably qualified specialists.

2.2 Field Safety Briefing
Working at a mass disaster site is hazardous and site workers must understand the hazards and take steps to take care of their health and safety. Local HAZMAT teams may be involved in this briefing.

2.3 Decontamination of Remains
Human remains in a WMD environment should be handled in a safe and consistent manner. The KCRMORG and standard regional DMORT teams are not equipped or trained to process chemical or radiological contaminated remains. Contaminated remains are unsafe to process in the incident morgue and must be decontaminated before removal from the incident site to avoid cross contamination of other areas and people.

If the threat of contaminated remains, personal effects, and other items exists, the ME/C will assess the nature of the hazardous material and the options for timely, safe, and effective decontamination. The DMORT-WMD may be activated and deployed to clean and decontaminate human remains, in accordance with the DMORT-WMD Manual of Operations.

During the initial planning phase, the Incident Command/Unified Command representative, ME/C, DMORT-WMD Commander, regional DMORT Commander and KCRMORG Commander, will address the sequence of operations for the decontamination process. Considerations may include:

• Determining whether decontamination of remains is indicated for the incident.
• Determination of the level of personal protective equipment (PPE) necessary.
• Verification that all participating personnel have been trained to minimum HAZMAT operations levels.
• The nature and extent of forensic examination of the remains on the
decontamination line.
  • Determination of the most suitable cleaning compounds for the particular agent.
  • The monitoring of remains to determine whether they are “clean.”
  • The storage and transport of the decontaminated remains to the incident morgue.

2.4 Temporary/Holding Morgue
In some incidents, an area must be designated as the temporary or holding morgue. This location is where remains are held until they are transported to the incident morgue. Some preliminary examination and inventory of remains may take place at this morgue.

When the remains are collected from the incident site, they will be placed in body bags or a similar appropriate container/bag. This container/bag will be marked with the associated site recovery number. The container/bag will be placed in the temporary morgue and will be logged into the inventory system in the morgue. Once removed from the morgue, the remains will be logged as such.

2.5 Transportation of Remains to Incident Morgue
The incident morgue is the location where the remains are processed by forensic specialists to confirm identification and to conduct a medicolegal exam for determination of cause and manner of death. Transportation of remains from the incident site or temporary morgue to the morgue site will professional and dignified. Care should be taken to ensure that all remains are properly bagged, tagged, inventoried and placed in a refrigeration trailer or other appropriate vehicle for transportation to the morgue. Transportations logs will be maintained to ensure accountability of all remains in this process.

  • A log sheet will be maintained indicating the following:
  • Assigned body number for remains being transported
  • Number of remains being transported in the vehicle
  • The license number of the transporting vehicle
  • The name of the driver of the vehicle
  • Signature of the driver accepting responsibility for remains
  • Date and time vehicle leaves incident site for morgue
  • Enclosed professional funeral vehicles or refrigerated trailers should be used.
  • Remains will not be stacked.
  • The number of refrigerated trailers needed for transport will be determined (approximately 21 adult whole bodies per 53-foot trailer). Body bags should be arranged in rows of three across, seven deep with adequate walking space between each row. See Figure 2 below:
Vehicles will be placed in a secure area near accident site with easy access for loading remains.

Once bagged, tagged and placed on a litter, the remains will be carried to the vehicle and loaded.

Sufficient personnel will be utilized to carry each litter to reduce lifting injuries.

Trailer doors will be locked and remain locked while human remains are inside.

Vehicle driver will deliver the door key to morgue refrigerator storage supervisor.

Vehicle driver will be provided the route and will proceed directly to the morgue with no deviations.

Police escort may be arranged with the local or State law enforcement.

KCRMORG may request security to be present at the entrance to the incident site.

3.0 Incident Morgue Operations

3.1 Site Selection and Requirements
The mobile morgue is a packaged system containing all forensic equipment, instrumentation, support equipment, and administrative supplies required to operate an incident morgue facility under field conditions or support an existing morgue facility. The mobile morgue carries computers and related equipment to support the VIC and IRC in the management of postmortem and antemortem information.

Site Selection
The incident morgue facility must meet certain requirements for size, layout, and support infrastructure. These requirements are listed below. In general, places such as airplane
hangars and abandoned warehouses have served well as incident morgues. Facilities such as school gymnasiums, public auditorium, or similar facilities used by the general public will not be used. The facility should not have adjacent occupied office or work space. If needed, a large banquet style tent may be used, but it will require configuration for sufficient flooring, HVAC, electrical, and water requirements. All site selection will be coordinated with the local EOC to avoid any conflicts.

**Site Requirements**

- **Structure Type**
  - Hard, weather-tight roofed structure
  - Separate accessible office space for IRC
  - Separate space for administrative needs/personnel
  - Mobile morgue re-supply and staging area, minimum of 5,000 square feet
  - Non-porous floors, preferably concrete
  - Floors capable of being decontaminated (hardwood and tile floors are porous and not usable)

- **Size**
  - Minimal size of 10,000 - 12,000 square feet
  - More square footage may be necessary for casket storage or other mission-specific needs

- **Accessibility**
  - Tractor trailer accessible
  - 10-foot by 10-foot door (ground level or loading dock access)

- **Electrical**
  - Electrical equipment utilizes standard household current (110-120 volts)
  - Power obtained from accessible on site distribution panel (200-amp draw)
  - Electrical connections to distribution panels made by local licensed electricians
  - Diesel generators carried in mobile morgue cache

- **Water**
  - Single source of cold water with standard hose bib connection
  - Water hoses, hot water heaters, sinks, and connectors in the mobile morgue

- **Communications Access**
Existing telephone lines for telephone/fax capabilities
Expansion of telephone lines may occur as the mission dictates
Broadband Internet connectivity
If additional telephone lines are needed, only authorized personnel will complete any expansion and/or connections

• Sanitation/Drainage
  Pre-existing rest rooms within the facility are preferable
  Gray water will be disposed of utilizing existing drainage
  Biological hazardous waste, liquid or dry, produced as a result of morgue operations, will be disposed of according to local/state requirements

• Special Equipment Needs
  A forklift must be provided that is capable of lifting eight thousand pounds, with six-foot forks, or fork extensions to safely off-load the mobile morgue pallets
  A smaller forklift, of minimal lifting capacity, is needed to move heavy equipment within the morgue during set-up

• Miscellaneous Requirements
  Placement of refrigerated trailers for morgue personnel access.
  Number of decedents will dictate the number of refrigerated trailers needed.
  Separate refrigerated trailers will be designated for processed vs. unprocessed remains

3.2 Establishing the Mobile Morgue
Exact placement of the morgue within the facility is determined by electrical source location, water source location, morgue accessibility by personnel, placement of refrigerated trailers, the morgue flow plan, and security concerns. The KCRMORG Commander and Mobile Morgue Team Leader determine morgue placement within the facility. The ME/C may be included when making this decision. The set up procedure will normally be under the direction of the Mobile Morgue team.

The morgue flow plan and any specific needs of the ME/C will determine the basic floor plan of the morgue. Morgue sections, or workstations, may include:

- Admitting
- X-Ray
- Assessment Pathology
- Personal Effects/Photography
- Dental
Floor Preparation
The DPMU carries 6 ml plastic sheathing (20’ X 100’) in sufficient quantity to initially protect all flooring that the morgue will cover. A basic floor plan will consist of two rolls of 6 ml plastic secured to each other side by side with duct tape. Care must be taken to minimize the overlap of the two pieces to eliminate plastic on plastic “slippage.” All leading edges of the plastic will also be taped to prevent tripping and maintain integrity of the floor. This provides an approximate 40’ X 100’ footprint (4,000 square feet). Additional floor coverage may extend beyond this basic floor plan to accommodate radiology.

Basic Layout
Once the floor is covered and secured, the basic lay out of the morgue commences. Assisting members will break out and assemble the partitioning poles and bases. All of the PVC poles, with attached threaded tailpieces, are of the same size and length to facilitate the layout. Once the bases and poles are placed appropriately creating the basic layout, the horizontal top rail is assembled utilizing PVC poles and appropriate connector pieces (90 degree elbows, tees, straight connectors, etc.), and attached to the upright poles and bases. This will create the sectioning of the individual workstations, and the basic structure to which the partitioning drop curtains will be attached. The drop curtains are not attached at this time in order to facilitate the movement of equipment from the staged pallets into the individual workstations.

Electrical and Water Distribution Systems
After electrical and water sources have been determined, appropriate water hose and power cords are laid out. The water distribution system includes sinks & hot water heaters. The electrical distribution system includes power distribution boxes, quad boxes, extension cords and lighting in sufficient quantity to supply each workstation. It is preferred to have all water hose and power cords to run on the outside perimeter of the morgue. If crossing the morgue floor with water hose and/or power cords are necessary, cable protectors will be used.

Drainage and Liquid Waste Disposal
Prior to the commencement of morgue operations, the disposal of liquid waste generated by the morgue needs to be determined in accordance with local and/or State laws. Some local regulations allow direct disposal into existing sewer systems. If this practice is not permitted, arrangements need to be made to have bulk disposal tanks delivered to the incident morgue site facility.

Work Station Set-Up
Once equipment is placed into a workstation, and prior to morgue operations commencing, each Section Leader will have the opportunity to arrange his or her assigned workstation for specific needs. It is also at this time that the drop curtains are attached to the PVC poles/top rail to further define individual workstations. Any additional equipment needs not already provided can be requested through the DPMU team, with approval of the KCRMORG Commander.
Safety Briefing
Prior to the commencement of morgue operations, the KCRMORG Commander and the Safety Officer will conduct a safety and operational briefing. The safety briefing will consist of instruction in the use of fire extinguishers and the eyewash station. The operational briefing will entail whatever the KCRMORG Commander considers essential and consistent with the mission.

Staged Mobile Morgue Pallets
Upon completion of the morgue set up, and at the safety and operational briefing, KCRMORG team members will be advised that the area adjacent to the morgue containing the staged mobile morgue pallets, will now be off limits to team members. This will allow an accurate re-supply inventory that will be on-going throughout the mission by the DPMU team.

Inventory and Re-Supply
Re-supply of the DMPU may take up to 72-hours to receive. Morgue operations should be prepared to be self-sufficient for 72 hours. Inventory and re-supply issues must be addressed as soon as possible to ensure adequate supply of any one item is available for the next operational period. All items within the mobile morgue’s inventory have been identified with standard item nomenclature, categorized, and assigned a part number. Some items have received bar code numbers for property accountability purposes. Inventory lists are supplied to each section leader and it becomes their responsibility to continuously track that particular section’s inventory, anticipate future requirements, and to ensure a timely re-supply. Re-supply requests will go directly to the mobile morgue logistics section, who will work with the host jurisdiction emergency management or their designee to fill re-supply needs. Any request for procurement of a non-standard item must be approved by the KCRMORG Commander, and be accompanied with a justification for the request. Upon conclusion of morgue operations at the end of the mission, and upon completion of an inventory of the mobile morgue by the DPMU team, a re-supply list will be afforded to the logistics chief for that mission for appropriate review and action.

3.3 Morgue Security
The Mobile Morgue contains equipment that is regional and Jackson County Medical Examiner’s Office property. For liability, safety, and security concerns, access to the morgue is controlled by the KCRMORG security team. The KCRMORG Commander will work with the ME/C to ensure ready access of appropriate personnel from the ME/C office.

Authorized KCRMORG personnel are badged and a list of members will be provided to the KCRMORG security team. The security team will arrange with local, State, and/or Federal law enforcement agencies to provide 24-hour security in and around the facility. Law enforcement personnel will check credentials to ensure that only authorized personnel are allowed in or around the incident morgue. Each person entering the area of the morgue will sign in and will sign out.

3.4 Personal Protective Equipment
All individuals directly involved with human remains need protection from blood-borne and aerosol-transmissible pathogens. To protect the eyes, skin, and mucous membranes, all
individuals present during body handling and examination should wear appropriate protective equipment.

Minimum protection includes:

- Impervious gown or long-sleeved Tyvek suit with impervious apron
- Disposable surgical cap
- Disposable surgical mask
- Eye protection (goggles or face shield)
- Disposable shoe covers
- Disposable surgical gloves (double gloves)

PPE must be worn at all times when examining a decedent. NO food, drink or chewing gum is allowed in the morgue at any time. Eye wash stations will be readily accessible in the morgue. KCRMORG personnel who are likely to encounter blood-borne pathogens or hazardous chemicals will be provided OSHA-mandated training under the auspices of NDMS/HHS.

3.5 Photography Policy
For security and privacy, taking photographs within the morgue is restricted. For historical and training purposes, certain candid photographs may be allowed. A candid photograph is any photograph taken within the morgue/storage secured area for any purpose other than being a part of the identification process.

- No candid photographs may be taken in the morgue between the time that the first remains enter and the last remains exit.
- The single exception is a designated photographer(s) who will take photographs for historical documentation or training purposes. These photographer(s) will wear a distinctive and conspicuous means of identification. This photographer(s) will be named by the KCRMORG Commander with the consent of the ME/C.
- Photographs will be sequestered under the auspices of the KCRMORG Commander and ME/C. Following review, distribution will be coordinated and will be limited to certain individuals/organizations including KCRMORG team members.
- The ME/C representative and KCRMORG Commander will decide on the disposition of any photographs that are not authorized for distribution.
- Cellular phone use in the morgue is prohibited. No cell phone may be removed from its holder while in the morgue.
4.0 Documentation and Analysis of Remains

4.1 Morgue Flow Chart
The flow of remains and personnel through the incident morgue is dictated by the physical structure of the facility, the number of morgue personnel, the condition of the remains, and medicolegal considerations. In general, the flow of remains through the morgue is done as shown in Figure 2 below. Typical KCRMORG incident morgue operations comprise one twelve-hour shift per day. The number of remains will dictate whether a second shift is warranted. The nature of the event may result in modifications to the flow, and such changes should be documented in the morgue records for the specific event and also in the AAR.
4.2 Morgue Sections

4.2.1 Trailer Management:
Trailer Management will be responsible for the collection, catalog and placement of all remains brought to the morgue site. When remains are brought to the morgue site, members of Trailer Management will receive the remains, log the recovery number on the body bag and place the remains in the refrigerated trailer in an assigned location to await transportation to the morgue for processing. Ideally, there will be separate trailers to store those remains processed through the morgue apart from those remains unprocessed through the morgue.

When notified, Trailer Management will retrieve the remains from the unprocessed trailer and log the recovery number down showing that the remains are now in the morgue. Trailer Management will put the remains on a table and bring them to the admitting station of the morgue and release them to the Admitting Section Chief. After the remains have been examined by all stations of the morgue, Trailer Management staff will return to the Admitting Station of the morgue and ensure that all paperwork has been completed. After all paperwork is completed, the remains will be taken back to the refrigerated trailers and logged into a specific location in a trailer that contains only processed remains.

It is the responsibility of the Trailer Management Section Chief to ensure that an accurate mapping of all trailers and remains be kept and updated at all times. Trailer Management will also be responsible for checking and maintaining the operation of the refrigerated trailers. Checking of the temperature and fuel levels of the trailers will be done continuously throughout the day and night.

4.2.2 Admitting Section:
The Admitting Section is responsible for assigning a Morgue Reference Number (MRN) to remains along with a packet of forms to be filled out by each section chief as the remains are processed. MRN’s will be a simple, ascending number. The first body or fragment thereof will be assigned “1,” and the numbers will ascend accordingly until the last set of remains is processed. As individual bodies are identified the ME/C can incorporate his/her internal tracking number and the release can be made using this number. When the remains are brought to the admitting section, a MRN number will be assigned. After a MRN number has been assigned and the paperwork packet is complete, a Tracker will be assigned to the remains and be responsible for keeping the paperwork packet with the remains as it goes to each
station of the morgue. The Tracker will not leave the remains or lose track of the paperwork assigned to the remains. After the remains have been through all stations of the morgue for processing, the Tracker will return the remains to the Admitting Section and the Admitting Section Chief will check all paperwork work to ensure all forms have been filled out completely. After the Admitting Section Chief has ensured all paperwork is correct and complete, Trailer Management will be notified and respond to the Admitting Section and return the remains to the refrigerated trailers. After the remains have been moved back to the refrigerated trailers, the Admitting Section Chief will have the paperwork packet that was completed on the remains, taken to the Information Resource Section for further follow-up and comparison.

4.2.2.1 Trackers
A Tracker is a person assigned to the morgue operations that will take custody of the remains at the Admitting Station of the morgue and escort the remains to all the sections of the morgue operations. A Tracker will only be assigned to one set of remains at a time. When a Tracker is assigned to the remains, the Tracker will ensure that the MRN number on the remains is the same MRN number as the paperwork packet that they have received from the Admitting Section Chief. The Tracker is responsible for all paperwork assigned to the remains and for ensuring each section chief completes the necessary paperwork for that section and signs the tracking form indicating that the remains have been through that section. The Tracker will never leave the remains unattended as it proceeds through the morgue. After the remains have been brought back to the Admitting Section, the Admitting Section Chief will make sure the remains have been through all appropriate sections and all paperwork work completed correctly. The remains will then be released to Trailer Management and the Tracker is then released to escort another set of remains through the morgue operations.

4.2.3 X-Ray Section:
When the remains are brought to the X-ray Section, the Section Chief will ensure that the MRN number on the remains matches the MRN number on the paperwork assigned to the remains. The unopened bag will be x-rayed prior to examination. This is done to ensure that there are no obvious hazards that could be attached to the remains or inside the body bag. After the remains have been x-rayed through the bags and the X-rays checked by the tech, the bag will be opened and the remains will be X-rayed with the bag opened. The entire remains will be X-rayed and checked for any implants, irregularities, or impaled objects. Any implants, irregularities, or impaled objects will be noted on the paperwork for the X-ray Section. All X-rays will be saved on the computer and available for review by any of the doctors working in the morgue or the Identification Section.

4.2.4 Assessment/Pathology Section:
When the remains are brought to the Assessment/Pathology Section, the Section Chief will check the MRN number to ensure that the MRN number on the remains matches the MRN number on the paperwork assigned to the remains. The Section Chief will review any paperwork that has been completed from other sections. The Section Chief will then begin a complete examination of the remains. All clothing
and personal effects will be documented with associated the remains and then removed. The Section Chief will complete an examination of the remains which will include all trauma and injuries associated with the remains. If the Section Chief locates implants associated with the remains, approval by the medical examiner or coroner in charge of the event must be obtained before removal. Prior approval in writing should be obtained from the medical examiner or coroner prior to morgue operations beginning for any removal of implants. All personal effects recovered by the section chief will be logged and kept with the remains. After a complete examination of the remains has been done, the appropriate paperwork for this section will be filled out and placed back into the paperwork packet. If any additional paperwork is filled out by the Section Chief, it also will be included into the paperwork packet.

4.2.5 Personal Effects Section:
When the remains are brought to the personal effects section, the section chief will check the MRN number to ensure that the MRN number on the remains matches the MRN number on the paperwork assigned to the remains. The Section Chief will then take all personal effects removed from the remains and complete an inventory of the items. All items will be photographed and logged on the appropriate paperwork for this section. After all personal effects including clothing, jewelry, monies, etc. have been photographed, inventoried and logged, the items will be packaged and labeled with the MRN number. The personal effects will then be placed back on the table with the remains. Under no circumstances should any personal effects be discarded. The section chief will again check the MRN number on the personal effects to ensure that both MRN numbers from the personal effects and the remains match. Personal effects will be kept with the remains at all times. Any possible evidence pertaining to the event will be packaged and released to the appropriate law enforcement agency.

4.2.6 Dental Examination Section:
When the remains are brought to the Dental Examination Section, the Section Chief will check the MRN number to ensure that the MRN number on the remains matches the MRN number on the paperwork packet assigned to the remains. The Section Chief will then begin a complete dental examination of the remains. Dental charting will be completed along with a complete set of dental X-rays. The DEXIS system will be utilized and all X-rays will be kept on the computer until transferred to the Identification Section. The Section Chief will ensure that all paperwork for this section is filled out and returned to the paperwork packet assigned to the remains. If the Section Chief determines that a dental examination cannot be completed without dissecting, approval from the medical examiner or coroner must be obtained prior to any dissection. Prior written approval from the medical examiner or coroner should be obtained prior to dissecting procedures.

4.2.7 Anthropology Section:
When the remains are brought to the Anthropology Section, the Section Chief will check the MRN number to ensure that the MRN number on the remains matches the MRN number on the paperwork packet assigned to the remains. The Section Chief will then begin a complete anthropological examination of the remains. The Section Chief may request that additional X-rays be taken at which time the remains will be
taken back to the X-ray station for further examination. At the conclusion of the examination, the Section Chief will ensure all paperwork for this section is filled out and returned to the paperwork packet assigned to the remains. The Section Chief will again check the MRN number on the remains and the MRN number on the paperwork packet to ensure the numbers are correct. If the section chief determines that dissection of any portion of the remains is necessary for a complete examination, approval from the medical examiner or coroner must be obtained prior to the dissection. Prior approval from the medical examiner or coroner should be obtained prior to morgue operations beginning.

4.2.8 Fingerprinting Section:
When the remains are brought to the Fingerprinting Section, the Section Chief will check the MRN number to ensure that the MRN number on the remains matches the MRN number on the paperwork packet assigned to the remains. The Section Chief will then begin the fingerprinting process. The condition of the remains will determine what procedure will be performed to recover fingerprints. If the fingers are able to be inked, a complete 10-print card will be completed. The 10-print card will include the MRN number of the remains being examined. If there are digits missing from the remains or prints cannot be recovered from a digit, it will be documented on the 10-print card and the section paperwork included in the paperwork packet. After the examination is completed, the Section Chief will again check the MRN number on the remains and the MRN number on the paperwork packet to ensure the numbers are correct. At the conclusion of the work shift, all prints recovered will be turned over to the appropriate law enforcement agency for further examination and identification. If the Section Chief determines that dissection of any portion of the remains is necessary for a complete examination, approval from the medical examiner or coroner must be obtained prior to the dissection. Prior approval from the medical examiner or coroner should be obtained prior to morgue operations beginning.

4.2.9 DNA Section:
KCRMORG has personnel to conduct DNA collection, but does not currently have DNA analysis capabilities. When the remains are brought to the DNA Section, the Section Chief will check the MRN number to ensure that the MRN number on the remains matches the MRN number on the paperwork packet assigned to the remains. The Section Chief will then begin the retrieval of the DNA samples. Depending on the condition of the remains, the section chief will recover and package a minimum of two DNA samples from the remains. If the remains have undergone advanced decomposition a third sample may be collected. Based on the condition of the remains, the section chief will determine the methods of DNA collection most likely to yield a DNA profile in the following order of preference: 1.) Buccal; 2.) Blood; 3.) Toenails; 4.) Muscle tissue; 5.) Bone. The MRN number will be placed on the samples and the samples will be kept in a freezer until released to the appropriate lab for further analysis. After the examination is completed, the Section Chief will again check the MRN number on the remains and the MRN number on the paperwork packet to ensure the numbers are correct. Prior to morgue operations beginning, the medical examiner or coroner will be notified of the procedure that will be done on the remains for recovering DNA samples.
4.2.10 Exit/Re-Bag Section:
When the remains are brought to the Exit/Re-Bag Section, the Section Chief will check the MRN number to ensure that the MRN number on the remains matches the MRN number on the paperwork packet assigned to the remains. The Section Chief will then place the remains in a new, clean body bag and write the MRN number in a clear and readable fashion on the outside of the bag utilizing a permanent marker. The Section Chief will ensure that all personal effects are with the remains and properly packaged. The section chief will check the personal effects paperwork to ensure that all items are with the remains before exiting the morgue operations. The Section Chief will then complete the Exit Section paperwork in the packet.

4.3 Identification Support Sections

4.3.1 Information Resource Center:
The Information Resource Center is staffed by personnel who are familiar with locating and recovering medical information, file keeping, and matching post mortem and ante mortem information for identifications. The information Resource Center is where all ante mortem information recovered from the Victim Information Center (VIC) and post mortem information recovered from the morgue operations are kept. Ante mortem information is brought to the Information Resource Center several times a day to ensure current information on possible victims is available to be matched to remains examined in the morgue operations. Information Resource personnel will begin comparing ante mortem information from the VIC to the post mortem information recovered from the morgue operations. When there are numerous comparable facts that are identified by the Information Resource personnel, the information is prepared so the medical examiner or coroner can review both the ante mortem and post mortem information and make the determination if there is enough information for a positive identification. If the medical examiner or coroner compares the information and believes that there are enough facts to make a positive identification, the medical examiner or coroner signs the identification form indicating the facts show a positive identification. The Information Resource personnel then complete the necessary paperwork for a positive identification and then the VIC center is advised of the identification. Personnel at the VIC will then contact the family and make the necessary notification. Funeral home information for the decedent will then be given to the Information Resource section so a release can be made.

4.3.1.1 Records Library Section:
The File Section Leader will maintain a records library in the Information Resource Center. Records are evidence and property of the medical examiner or coroner handling the event. No records or information shall be distributed to unauthorized personnel. All information is confidential and will not be release without the written permission of the medical examiner or coroner. All records and photographs will be placed onto a hard drive for storage. At the conclusion of the event, all records, photographs, evidence will be released to the medical examiner or coroner in charge of the event.

4.3.2 Dental Identification Section:
The dental identification section is staffed by dental personnel who are responsible for recovering ante mortem information from missing persons concerning the event. The Dental ID section is also responsible for collecting the post mortem information gathered from the dentists working inside the morgue. As ante mortem information is recovered, it is compared by the dental personnel to the post mortem information gathered from the morgue operations. If during comparison of the ante mortem and post mortem information a positive identification is made, the appropriate paperwork is completed and the Information Resource Section is notified. The necessary paperwork is compiled and the medical examiner or coroner is notified of the identification. The medical examiner or coroner will then meet with the dental personnel and compare the findings. If the medical examiner or coroner agrees with the findings, a positive identification is made and the appropriate paperwork is signed. The Information Resource Section will then contact the VIC and advise their personnel that a positive identification has been made and the VIC will make notification to the family.

4.4 Embalming/Casketing

This section will be set up at the discretion of the medical examiner or coroner. Depending on the event, the medical examiner or coroner may decide to have morgue operations embalm and or casket the remains. If it is determined that embalming or casketing is to be done by morgue operations personnel, an Embalming Section will be set up in a safe and ventilated area. Licensed funeral directors and embalmers will conduct the embalming and will prepare the remains to be casketed. Due to the necessary space needed for embalming and casketing, the Embalming/Casketing Section will be set up separate to the morgue operations which will also ensure the safe handling of the necessary chemicals needed for embalming. Again, prior to embalming or casketing, when the remains are brought to the Embalming/Casketing Section, the Section Chief will check the MRN number to ensure that the MRN number on the remains matches the MRN number on the paperwork packet assigned to the remains. After the decedent is embalmed and casketed, the MRN number will be affixed to the outside of the casket.

4.5 Re-association of Remains

In situations where remains are fragmented and co-mingled, identified remains may be re-associated so that remains belonging to individuals are returned together to the next of kin. Due to the fact that DNA analysis is a time consuming process, the re-association of remains may take place several weeks or months after the incident. Appropriate documentation will be used to select the appropriately numbered remains for that decedent. The remains will be examined to ensure that the physical characteristics are identical to those on the associated documentation. After a complete review, all remains associated with the decedent will be placed into an appropriate container. Remains will then be returned back to storage.

After the initial assessment of the event and condition of the remains, family members will be advised of the condition of the remains that are being recovered and the possible options that will be available for them. Some family members will choose to wait until all testing and analysis is completed until they make final disposition and others will decide to take possession of the remains that are currently available and have any other remains later identified disposed of by the medical examiner or coroner. These decisions will be discussed between the medical examiner/coroner and the family members.
4.6 Management of Mission Records
Because KCRMORG works under the jurisdictional requirements of the ME/C, records are evidence and property of the ME/C. All original records will be submitted to the ME/C. KCRMORG will not retain any original or copies of records. All records and files should be audited and verified for completeness and correctness before relinquishing to the local medicolegal authority/ME/C.

5.0 Victim Information Center

The KCRMORG Victim Information Center Team (VICT) supports the ME/C and the local or Federal law enforcement agency conducting missing persons reporting in the collection of antemortem data, including DNA reference samples. Working within the VIC, the VICT interviews the NOK, collects antemortem information, and transfers this information to the IRC. If requested, the team will also provide information to the NOK and assist the ME/C with death notifications.

The VICT supports the family assistance process by:

- Coordinating with local law enforcement (criminal acts) or the local ME/C (disasters) to implement the appropriate system to facilitate victim identification and manage the missing persons list, as appropriate.
- Establishing a command structure to manage VIC staff.
- Providing trained interviewers for the family interview process.
- Establishing antemortem data acquisition and entry plan. (NB: Medical, dental, and other records are covered per 45 CFR 164.512(g) “HIPAA Exemption for Medical Examiners and Coroners.”)
- Coordinating operations with IRC Section Leader.
- Coordinating with the KCRMORG Commander and the Morgue Operations on a regular basis.
- Establishing and supervising death notification procedures with the ME/C and securing psychological and religious personnel if requested.
- Serving as a member of the death notification team.
- Coordinating VIC transportation and security plans for VICT personnel.
- Working with the ME/C to draft a PIO statement to educate the public regarding the official antemortem data procedures and missing persons reporting process.

The following procedures are typical for most responses, but may not be required for each response:

5.1 VICT Activation Procedures

- Upon notification of KCRMORG VICT activation for a mass fatality incident, the following will occur:
- The VICT Commander contacts the team members to obtain deployment availability information. Following the initial assessment, the VICT Commander determines the team size required for deployment in conjunction with the Rapid Needs Assessment Team.
- The ME/C will provide an accurate listing of the accident victims and missing persons, if known, to the VICT.
- VICT members must pack suitable materials for interviewing in case family interviews begin prior to the delivery of supplies.
- The VICT will secure a local death certificate to identify additional information to be added to the database.
- Work with the local jurisdiction to establish a call center where family members can receive information about VIC operations; or incorporate VIC information into existing call 3-1-1/2-1-1 operations.

5.2 VICT Procedures

- Designated team members will schedule an interview time with the family, allowing 2 hours for each interview with a 30 minute period between interviews, if necessary, to input data.
- Conduct interviews in rooms that are quiet and private.
- Collect antemortem data using the VIP, implementing a prioritization system, if indicated. Once completed, the data is given to the IRC.
- Arrange for collection of DNA family reference samples.
- The KCRMORG forensic odontologist will call dentist and physician offices to obtain antemortem records.
- Set up an address for receipt of all antemortem records (usually the ME/C).
- If family members have the victim’s medical or dental records on hand or easily accessible, they should be encouraged to bring them to the VIC. If records are not on hand, family members should be informed that KCRMORG has processes in place to secure the needed records and family members need not seek the records for themselves.
- Only original and/or digital dental X-rays and original medical/dental records are requested and acceptable. Copies are not useful and are not evidence per 45 CFR 164.512(g) “HIPAA Exemption for Medical Examiners and Coroners.”
- If the family members do not visit the VIC, interviews can be conducted over the telephone. The same procedures apply to these interviews (i.e., scheduled, conducted in a quiet, private area, etc.).
- If necessary, the KCRMORG VICT may make telephone contact with the NOK
before they arrive at the VIC. If this occurs, KCRMORG VICT personnel, working from a checklist, will request location and contact information only for the following:

- Physician
- Dentist
- Hospital
- Fingerprints
- Photographs
- Military service records
- Essential vital statistics

- Maintain a log of all incoming data/samples.
- Records recovery from the field are to be supervised by KCRMORG forensic staff to ensure proper handling and preservation.
- Maintain a log of all data files.
- Direct all data/samples to the morgue for review and analysis. Direct all data files and records to the IRC. Network support and troubleshooting may be performed by VICT IR members or other qualified personnel as designated and approved by the KCRMORG VICT Commander and/or KCRMORG Commander.
- Copies of pertinent forms are kept at the VIC for reference. VICT members will destroy all copies at the end of the mission, unless otherwise directed according to local/State laws and/or procedures of ME/C or law enforcement.
- Attend family briefing and Joint Family Support Operations Center meetings as necessary.
- Communicate and coordinate in an effective, regular, and systematic way with the KCRMORG Commander, IRCT, and other key personnel.

### 6.0 Identification Procedures

Proper positive identification is necessary for notification of the NOK, resolving estate issues and criminal/civil litigation, and the issuance of death certificates.

The ME/C is responsible for establishing the identity of the decedent using conventional and accepted forensic science standards. Presumptive identification is only a preliminary step. True confirmatory identification is based on methods including:

- Prints (including fingerprints, handprints, toe prints, and footprints, if indicated).
- Odontology.
- Radiology.
- DNA analysis.
- Permanently installed medical devices with recorded serial numbers
- Distinctive physical characteristics (e.g., ears, scars, moles, tattoos) for which
there is appropriate antemortem photographic documentation may be used in an exclusionary capacity. In very unique circumstances, such evidence may be used for positive identification.

Under a KCRMORG response, regularly scheduled identification meetings will allow the local ME/C to review and approve all identifications. Once positive identification is made, the name of the individual identified and the method(s) of identification will be forwarded as soon as possible to the staff at the VIC. Media releases of these positive identifications will be made by the ME/C representative after coordinating with the VICT regarding family notification and individual family needs.

6.1 Identification Documentation Team
A team chaired by a designated pathologist from KCRMORG will meet daily to review and confirm identifications. The team will consist of representatives from the forensic science discipline, the ME/C office, and key personnel:

- The committee meeting will be called and chaired by the designated pathologist.
- Attending will be representatives from each of the forensic science disciplines:
  - Pathology
  - Odontology
  - Anthropology
  - Prints
  - DNA
  - ME/C
  - KCRMORG Commander

- The committee reviews the composite morgue section identification reports and completes an Identification Summary Report.
- All committee members present sign the Identification Summary Report (Attachment 1, below) indicating concurrence of identification.
  - Identification Summary Report is delivered to the ME/C for his/her approval and signature. A copy of the report is given to the ME/C.
  - The original Report is given to the KCRMORG IRC for the purpose of closing out the pertinent records.
Identification Process Flow Chart

Unique Biological Postmortem Data
--Prints
--Dental
--Radiographic images
--Medical devices w/unqiue serial numbers
--Distinctive physical characteristics
--DNA

Unique Biological Antemortem Data and Records
--Prints
--Dental
--Radiographic images
--Medical devices w/unqiue serial numbers
--Distinctive physical characteristics
--DNA (direct and/or family references)

Review of above materials/data by appropriate forensic specialist leads to potential identification

Review of potential identification by KCRMORG ID Documentation Team (Daily at Incident Morgue)

Team members sign ID summary report indicating concurrence for ID

ID report presented to ME/C for approval/signature
Copy of ID form given to ME/C

Original report given to Information Resource Center for inclusion into VIP database

Team Composition
Chair: Designated DMORT or local pathologist
Representatives from:
--Pathology
--Anthropology
--Odontology
--Radiology (if available)
--Prints
--DNA
--NTSB TDA
--Medical examiner/coroner
--KCRMORG team leader
KCRMORG Identification Summary Report
7.0 Death Certification and Death Notification

Date: ____________________________

Morgue Reference Number(s) ________________________________

is/are identified as

Name ______________________________________________________

Positive identification results from scientific analysis and comparison of antemortem and postmortem data. The specific forensic science discipline(s) involved certify the identification by signing below. Supporting identification documents accompany this form.

<table>
<thead>
<tr>
<th>Print Name</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pathology</td>
<td>____________________________</td>
</tr>
<tr>
<td>Odontology</td>
<td>____________________________</td>
</tr>
<tr>
<td>Anthropology</td>
<td>____________________________</td>
</tr>
<tr>
<td>Prints</td>
<td>____________________________</td>
</tr>
<tr>
<td>DNA</td>
<td>____________________________</td>
</tr>
</tbody>
</table>

Was a DNA analysis requested?  □ Yes  □ No

Has DNA analysis been completed?  □ Yes  □ No  □ N/A

Does DNA result concur with this identification?  □ Yes  □ No  □ N/A

For Medical Examiner/Coroner only:

To the best of my knowledge and after careful review of all evidence presented, I certify the above identification.

Signed ___________________________________________  Date ____________  Time ________

Print Name: ___________________________________________

Jurisdiction: _________________________________________

(If necessary, narrative details regarding the basis for the identification may be continued on a separate page.)
The documentation of the identification, the cause and manner of death, and final disposition are required by law and used for vital statistics and the initiation of probate. The death certificate is the legal instrument for this documentation. The ME/C is responsible for all legal documentation pertaining to death certification.

- The ME/C will complete its portion of the certificate and transmit the document concurrent with the release of the decedent.
- When no human remains are recovered, or scientific efforts for identification prove insufficient, a court-ordered certification of death may be sought.

The nature of the victim identification process demands that the NOK be involved in certain decisions regarding the remains of their decedent. Their decisions on these matters must be documented and followed.

NOK will be notified by the ME/C when identification is made. In the case of complete remains, this notification should be followed fairly quickly by release to the designated funeral home.

Where appropriate, as in cases of fragmentation or commingling, the ME/C will explain to the families the available options for disposition of any subsequently identified remains and assist them with that process. These options include:

- Notification each time additional remains are identified.
- Notification at the end of the identification process.
- Return of the currently identified remains to the family for final disposition.
- Return of all remains at the end of the identification process.
- Other requirements the family may have will be considered if they do not impact overall identification efforts.
8.0 Final Preparation and Disposition of Remains

Remains of decedents must be handled with the utmost respect and care. KCRMORG team members will ensure that all human remains (identified, unidentified, common tissue, or any other types of remains) are stored with dignity, prepared with professionalism, and transported with consideration.

8.1 Post-Identification Holding in the Incident Morgue

Once remains have been identified, they are securely stored in an environment that retards decomposition and maintains the chain-of-custody.

- Following identification, remains should be stored in a designated refrigerator trailer or similar container. This container should be designated only for identified remains.
- Trailer Management Section Leader receives from driver the trailer lock key, if any
- Sufficient personnel should be used to carry the litter or move the gurney so that remains are not harmed and so that lifting injuries are reduced.
- A movement log sheet will indicate the following:
  - Number(s) of the body bag(s) comprising the decedents remains
  - Date and time in or out of storage
  - Name and signature of tracker
  - Name and signature of storage worker releasing or accepting body bag
  - If more than one refrigerator is used, record which unit the body bag is going in or coming out

8.2 Reassociation of Remains

In situations where remains are fragmented and commingled, identified remains may be reassociated so that remains belonging to individuals are returned together to the NOK. Often, because DNA analysis is the method used to conduct these identifications, the physical reassociation of remains takes place several weeks or months after an incident.

- Remains will be reassociated one decedent at a time.
- Remains related to a particular decedent will be removed from the storage container (refrigerator trailer) and moved into an area designated for reassociation.
- The appropriate documentation (Identification Summary Report, DNA laboratory results, data forms, postmortem photographs) will be used to select the appropriately numbered remains for that decedent.
- Remains will be examined to ensure that the physical characteristics are identical to those on the associated documentation.
- After review, all remains associated with the decedent will be placed in the appropriate container, such as a casket, transfer case, body bag, etc.
- Remains will then be returned back to storage or sent to embalming if being
conducted in the incident morgue.

- If remains are to be released, they should be sent to the Identification Documentation Team before release.

### 8.3 Identification Documentation

The integrity of the identification process and morgue operations demands that remains be reviewed before release from the morgue. This review should include an examination of the identification methods used, a physical examination of the remains, and the proper reassociation of remains for that decedent.

When remains are ready to be released, the identification Section Leader, and the forensic specialists involved in the identification will:

- Conduct a final review of the methods of identification.
- Physically examine the remains to ensure that the remains match the biological attributes of the deceased (based on the antemortem information).
- Ensure that the numbers associated with each remain are accounted for.
- A form indicating that the remains have been reviewed for final identification will be signed, dated, and placed in the DVP.

### 8.4 Embalming Section

Embalming is not normally performed, but may be needed in remote areas. In more populated locations, NOK may contract with a funeral home to perform this function. In the mobile morgue, thorough disinfection, preparation, and minor reconstructive surgery procedures are accomplished on each decedent or part of decedent when authorized by the appropriate NOK or legal authority. NOK or legal authority may also authorize cremation as the final means of disposition.

- The volume of remains, morgue flow and number of shifts will determine the staffing level of embalmers.
- Embalming procedures shall not be performed on any decedent or remains unless appropriate approval has been granted in writing by the NOK or legal authority.
- Appropriate KCRMORG embalming case reports shall be completed and inserted into the DVP.
- Disaster-specific guidelines for embalming should be established by the embalming Section Leader.
- The Embalming Section supervisor shall assign two licensed embalmers (with knowledge of postmortem reconstructive surgery) to assess remains according to the potential for viewing by NOK and any other aspects that may impact embalming.
- KCRMORG embalmers shall use embalming and minor re-constructive surgery techniques that will enhance the possibility of "viewability" of the deceased.
8.5 Casketing
Decedents and human remains will be placed in a casket, dressed when appropriate, and relocated to the morgue shipping point.

- Staffing will depend on volume of remains and morgue flow.
- Decedents will be dressed with supplied clothing, when appropriate.
- Decedent may be placed in a plastic pouch, if advisable.
- Place decedent in casket, and/or other supplied container, as necessary. Use acceptable blocking material to prevent shifting in transit.
- The outside of the casket and/or container shall bear the name of the decedent.
- Other containers can include Ziegler type cases, shipping boxes and air trays.
- Maintain a log reflecting the disposition of the body. The log shall identify the date and time the casket is relocated to the morgue shipping holding area.
- The person who is supervising the shipping holding area signs the appropriate KCRMORG form, and the form shall be inserted into the VPR.
- Personal effects are to be released with the remains in a separate receptacle. No personal effects, except burial clothing, should be in the casket or container.

8.6 Cremation
If chosen by the NOK, cremation is an acceptable form of final disposition. NOK or legal authority may contract with a funeral home/crematory for cremation services.

- The NOK or legal authority must sign cremation authorization.
- An authorization to release the decedent or remains to a specific crematory or funeral home must be signed by the NOK or legal authority.
- Upon request of the NOK, the decedent or remains may be embalmed, and then shipped to the family funeral home or local crematorium for cremation.
- Any necessary ME/C cremation authorization will be secured and released with the decedent or remains.

8.7 Funeral Home Contact Information
To coordinate the shipping of remains and any NOK considerations, the receiving funeral home must be contacted and information exchanged.

- The required information should be gathered at the time the ME/C makes the positive ID notification to the NOK.
- The information required from the NOK:
  - Name of funeral home
- Contact person at funeral home
- Location (city, state, zip code)
- Telephone and fax number
- If the exact address, fax number, email address, and contact person is known, this can be recorded.

• Obtain from the funeral home the best airport or train station to which to ship the decedent.

• Inform the funeral home of the schedule once the transportation arrangements have been confirmed.

8.8 Transportation of Decedents from Morgue
This section coordinates the transport of released human remains from the incident morgue to a designated location, such as an airport for transport to the receiving funeral home.

• A minimum of one, and preferably two, Licensed Funeral Directors should staff this section

• The burial-transit-cremation permit and other documentation required by the receiving funeral home will be secured from the appropriate authority (normally the vital statistics office of the local community).

• The burial-transit-cremation permit and other documentation will be placed in the “Head” envelope.

• The completed “Head” envelope will be securely affixed to the head end of the outside container.

• Hearse or other appropriate vehicles normally used to transport decedents will be used. Human remains will be properly secured in the vehicle, and no more than an appropriate number of remains will be entered into one vehicle.

• All necessary release and transfer documentation is in order and shall maintain a log reflecting the date, time, transfer vehicle identification, transfer personnel identification, and destination.

• Transfer personnel shall wear professional attire during the transfer.

• Movement of the hearses may be coordinated in "procession" style if appropriate. Police escorts may be used when necessary.

• An adequate number of casket bearers (team members, volunteer funeral directors, etc.) should be present for loading and off-loading so as to mitigate bearer injury or chances of mishandling the remains.

• Drivers should be instructed to travel directly to the destination and directly back to the morgue without any stops except at a designated staging area or to refuel. Security may be requested.
9.0 Incident Morgue Demobilization

Demobilization planning should commence when morgue operations commence. Once incident morgue operations have ceased, and all remains have been released, or there is a requirement to close the morgue operation, a standard process will be used to ensure the morgue site is cleaned, the mobile morgue is packed, and all remains have been accounted for. The incident morgue facility must be turned back to the owner or agent of the owner as close as possible to its condition prior to operations. Arrangements will be made through the KCRMORG Commander to provide a walk-through with the owner or agent of the owner to ensure that the cleanliness and condition of the facility is satisfactory.

- Upon completion of morgue operations and prior to the demobilization of the KCMROG members, a general cleanup of the morgue will be conducted with proper disposal of any general trash, biohazard waste, both dry and liquid, and worn or discarded PPE.

- Each Section Leader should inventory the materials before repacking. Information should be provided to the mobile morgue Team Leader or needed supplies that should be added to that section's cache for future deployments. All items damaged or not working properly should be explained to the mobile morgue Team Leader prior to repacking the cache.

- The mobile morgue team will take a minimum of two operational periods to complete morgue inventory and perform any possible re-supply, and make arrangements for appropriate trailers for transport of the mobile morgue back to its appropriate logistics center or other predetermined location.

- Once the mobile morgue is loaded back onto appropriate trailers for transport, a thorough cleanup of the area that contained the morgue will commence with the assistance of the DPMU team and any remaining IRCT personnel.

- Consideration may be given to the local hire of a cleaning company to accomplish this task, and arrangements will be made through the IRCT.

- The plastic sheeting covering the floor shall be sprayed with a 5% hypochlorite solution, allowed to dry, and then collected and disposed of according to state and local environmental laws.

- Cleaning of the area will minimally consist of sweeping entire area, spraying the floor that was covered by the plastic with a 5% hypochlorite solution and inspecting for any area that may require additional cleaning or treatment.

- Any area that was used for administrative purposes, such as the IRC, shall be cleaned of all trash. All floors with be swept and any carpeted areas vacuumed.

- Arrangements will be made by the IRCT to ensure for the pick-up and disposal of any regular trash, any dry biohazard waste, and any collected liquid that is considered biohazard waste. All biohazard waste will be in approved containers as prescribed by
local laws. General trash will not be disposed of in biohazard disposal containers.

• Any refrigerated trailers, if empty, shall be decontaminated with a 5% hypochlorite solution and thoroughly washed.

• A final walk-through with the owner or agent of owner in the presence of member of the IRCT will be conducted to ensure the facility is of satisfactory cleanliness.

9.1 KCRMORG Team Demobilization

• The KCRMORG Commander and the IRCT will ensure that all personnel paperwork has been completed.

• All VIP data will be finalized, saved to CD or similar media. A copy of the VIP data will be given to the ME/C.

• All original records pertaining to identification, postmortem documentation, and antemortem records will be transferred to the ME/C.

• The KCRMORG Commander will ensure that all remains have been removed from the incident morgue location and have been accounted for either physically or via pertinent paperwork.

10.0 After Action Report

After action reports (AAR) are a critical for documenting the course of the deployment. AAR documentation helps in future planning and response, indicates lessons learned, and may be useful in legal challenges to the identification process.

• The IRCT and KCRMORG Commander(s) will keep notes during the deployment indicating challenges, changes to SOPs, unique circumstances, or other pertinent information.

• Section Leaders should also document relevant topics.

• The KCRMORG Training Officer will compile the AAR notes and create a final AAR.

• The final AAR will be provided to the KCRMORG Commander

• AAR should be completed no later than one month after the deployment ends.

11.0 Regional Implementation Checklist

Regional Implementation Checklist: Activation Phase

Department of Emergency Management

➢ Activate EOC
➢ Staff EOC as appropriate
➢ Request personnel and/or equipment asses as needed
- Initiate and coordinate press releases regarding MFM operations
- Communicate MFM operational activities to local officials
- Respond to requests from local/state/federal officials to attend community forums
- Establish Emergency Public Information System

Medical Examiner/Coroner
- Ensure representative is in the UC
- Provide a liaison to the EOC
- Serve on Assessment Team
- Begin formulating investigative approach in concert with Law Enforcement
- Designate a representative to manage the scene recovery operations
- Coordinate with PIO in developing a message regarding recovery and identification operations
- Identify response needs (personnel, equipment, logistical support)
- Activate the Kansas City Region Mass Fatality Incident Plan
- Identify location for Temporary Morgue
- Start requesting assets for recovery operation through EOC (refrigeration trucks etc.)
- Identify location for Victim Information Center (VIC)
- Formulate incident objectives and hand off to Incident Commander
- Coordinate victim recovery process with LE, FD, and USAR groups, if needed

Law Enforcement
- Accompany Assessment Team
- Establish security protocols and perimeters for incident site, morgue and Victim Information Center
- Begin formulating investigative approach in concert with ME/C
- Communicate asset request through EOC
- Support Victim Information Center with missing person’s reports

Fire Department
- Identify Hazmat issues, if any
- Transition to Search and Recovery operations after Search and Rescue Operations are completed
Regional Implementation Checklist:  Operational Phase

Department of Emergency Management
- Commence EOC Operations
- Coordinate resource and information support for MFM operations
- Develop daily situational reports for use by responder personnel, local officials and at family briefings
- Manage asset request

Medical Examiner/Coroner
- Retain medicolegal investigation control
- Attend and speak at family briefings
- Update Incident Command with daily situational reports
- Certify victim identifications (sign death certificates)
- Provide oversight of body release
- Oversee Information Management Center in determining positive identification
- Obtain victim medical records to aid in identification process
- Determine process for body removal at site
- Provide oversight of temporary storage
- Monitor and provide oversight to fatality management operations
- Manage the post-mortem operations for victim identification
- Approve victim identification protocols
- Manage expectations of family members
- Manage personal effects recovery and reunification process

Law Enforcement
- Preserve site and control access in and out of site
- Secure morgue, victim information center and families from media and bystanders
- Collect evidence from site and morgue
- Preserve evidence and chain of custody
- Conduct incident investigation with ME/Coroner and FBI, as applicable
- Staff fingerprint station in morgue
- Participate in family briefings, if needed
- Manage traffic flow on roads, if applicable
- Coordinate with INTERPOL, as needed

Fire Department
- Manage search and rescue operations
- Manage decon/hazmat operations, if applicable
- Update EOC on daily situational reports
- Participate in family briefings at VIC when requested
Regional Implementation Checklist: Demobilization

Department of Emergency Management
- Continuous coordination with local, state and federal agencies
- Notify PIO/JIC of demobilization timeline as soon as possible
- Notify all response agencies of demobilization timeline and strategy via meeting
- Conduct transmission meeting with federal support agencies
- Coordinate after-action-review (AAR) process with all necessary participants
- Arrange facility and asset demobilization

Medical Examiner/Coroner
- Monitor change in MFM operational requirements
- Brief families regarding demobilization process
- Coordinate demobilization of VIC with supporting agencies and families
- Coordinate long-term operations for identification and storage of human remains
- Finalize death certifications
- Identify declining operations tasks
- Assess operations that can be accomplished with routine procedures in house
- Identify appropriate demobilization timeline
- Organize staff debriefings with mental health provider

Law Enforcement
- Release site, morgue and VIC security
- Organize staff debriefings with mental health provider

Fire Department
- Organize staff debriefings with mental health provider
- Collect HAZMAT waste disposal
12.0 Operational Briefing Agenda

OPERATIONAL PERIOD BRIEFING AGENDA

1. Introduction and Welcome PSC, IC
2. Review of ICS Form 202, Incident Objectives PSC, IC
3. Review of current incident status/control objectives OSC
4. Technical specialist (as necessary)
   a. Weather
   b. Mass Fatalities
   c. Hazardous materials
   d. Fire behavior
   e. Structural
5. Incident boundaries, Branch/Division and Group locations OSC
6. Review of ICS Form 204, Assignment List OSC
7. Review of hazard mitigation, Safety Message SOFR
8. Logistics--supply, facilities, and ground support LSC
9. ICS Form 206, Medical Plan MEDL
10. ICS Form 205, Radio Communications Plan COML
11. Review of ICS Form 220, Air Operations Summary AOBD
12. Incident finance issues FSC
13. Agency representative's issues LOFR
14. Media and incident information PIO
15. Other Issues
   a. Fire/Incident information IOF
   b. Training Specialist TNSP/PSC
   c. Demobilization DMOB/PSC
   b. IC
17. Conclusion, Breakout assignments
# Acronym Reference List

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAR</td>
<td>After Action Report</td>
</tr>
<tr>
<td>ADFAA</td>
<td>Aviation Disaster Family Assistance Act of 1996</td>
</tr>
<tr>
<td>AFDIL</td>
<td>Armed Forces DNA Identification Laboratory</td>
</tr>
<tr>
<td>CFR</td>
<td>Code of Federal Regulations</td>
</tr>
<tr>
<td>DHS</td>
<td>Department of Homeland Security</td>
</tr>
<tr>
<td>DMORT</td>
<td>Disaster Mortuary Operational Response Team</td>
</tr>
<tr>
<td>DPMU</td>
<td>Disaster Portable Morgue Unit</td>
</tr>
<tr>
<td>DNA</td>
<td>Deoxyribonucleic Acid</td>
</tr>
<tr>
<td>HAZMAT</td>
<td>Hazardous Materials</td>
</tr>
<tr>
<td>HIPAA</td>
<td>Health Insurance Portability and Accountability Act of 1996</td>
</tr>
<tr>
<td>HHS</td>
<td>(U.S. Department of) Health and Human Services</td>
</tr>
<tr>
<td>ICS</td>
<td>Incident Command System</td>
</tr>
<tr>
<td>IR</td>
<td>Information Resources</td>
</tr>
<tr>
<td>IRC</td>
<td>Information Resource Center</td>
</tr>
<tr>
<td>IRCT</td>
<td>Incident Response Coordination Team</td>
</tr>
<tr>
<td>KCRMORG</td>
<td>Kansas City Regional Mortuary Operational Response Group</td>
</tr>
<tr>
<td>ME/C</td>
<td>Medical Examiner or Coroner</td>
</tr>
<tr>
<td>MRN</td>
<td>Morgue Reference Number</td>
</tr>
<tr>
<td>NDMS</td>
<td>National Disaster Medical System</td>
</tr>
<tr>
<td>NIMS</td>
<td>National Incident Management System</td>
</tr>
<tr>
<td>NTSB</td>
<td>National Transportation Safety Board</td>
</tr>
<tr>
<td>NOK</td>
<td>Next of Kin</td>
</tr>
<tr>
<td>PPE</td>
<td>Personal Protective Equipment</td>
</tr>
<tr>
<td>OSC</td>
<td>Operational Support Center</td>
</tr>
<tr>
<td>SOC</td>
<td>Secretary’s Operational Center</td>
</tr>
<tr>
<td>SOP</td>
<td>Standard Operating Procedures</td>
</tr>
<tr>
<td>VIC</td>
<td>Victim Information Center</td>
</tr>
<tr>
<td>VICT</td>
<td>Victim Information Center Team</td>
</tr>
<tr>
<td>VIP</td>
<td>Victim Information Profile, or Victim Identification Program</td>
</tr>
<tr>
<td>VPR</td>
<td>Victim Processing Record</td>
</tr>
<tr>
<td>WMD</td>
<td>Weapons of Mass Destruction</td>
</tr>
</tbody>
</table>