



MASS FATALITY PLAN

Putnam County, Ohio

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MASS FATALITY RESPONSE PLAN

I. GENERAL INFORMATION

A. PLANNING COMMITTEE

This plan has been developed by a committee representing a cross section of organizations that may be tasked with implementing and/or supporting portions of this plan. The Putnam County Coroner chaired the committee. Organizations represented on the committee or who were consulted during its development included:

- ❖ Putnam County Coroner
- ❖ Putnam County Office of Public Safety
- ❖ Putnam County Sheriff's Office
- ❖ Putnam County EMS
- ❖ Putnam County Health Department
- ❖ Local Funeral Directors
- ❖ St. Rita's Putnam County Ambulatory Care Center
- ❖ Putnam County Commissioners Office
- ❖ Mental Health
- ❖ Clergy
- ❖ Red Cross

B. PURPOSE

The purpose of this Mass Fatality Plan is to outline the procedures for responding to an event that has resulted in a mass fatality incident. This plan is a part of the Putnam County Emergency Operations Plan.

C. DEFINITION

A Mass Fatality Incident (MFI) is defined as an incident in which there are more human remains to be recovered and processed than can be handled with the procedures and resources normally available on a daily basis.

A General Hazard Identification and Analysis is part of the Putnam County Emergency Operations Plan.

1. An acute MFI may result from a sudden, generally short term emergency such as:

- Explosion
- Transportation accident
- Building collapse
- Chemical exposure
- Active Aggressor, schools, businesses, community events

2. A non-acute MFI may result from a long term emergency such as:

- Disease
- Biological agent exposure
- Radiation exposure

D. CONCEPT OF OPERATIONS

1. Lead agency

The Putnam County Coroner's office is the responsible governmental agency for determining cause and manner of deaths in Putnam County, Ohio and will assume the lead in developing and in implementing the provisions of this plan.

2. Responsibilities of the Coroner:

(note: In the event of a non-acute mass fatality incident that is determined not to be the result of an intentional or accidental human or technological act or occurrence, the determination of the cause and manner of death as well as the certificate of death will be completed by the decedent's treating physician (ORC 3705.16.)

- a) Coordination with Incident Command (IC) and/or the Emergency Operations Center (EOC) and determine at the time of the event.
- b) Determine the potential number of fatalities.
- c) Determine the need for outside assistance in dealing with human remains by considering:
 - Number and condition of remains
 - Type of incident
 - Contamination of remains
 - Capacity to recover, store, and process remains locally
 - Safety considerations
 - Environmental conditions
- d) Coordinate the collection, identification, and disposition of human remains and tissue.
- e) Authorize the removal of human remains from the incident site.
- f) Determine the need and location for an incident morgue.
- g) Determine the cause and manner of death.
- h) Authorize autopsy to determine the cause of death.
- i) Authorize forensic investigation to determine identification.
- j) Coordination of specialized services.
 - Incident morgue
 - DMORT and OMART teams
 - Mortuary service providers
- k) Issue death certificates – utilize family and friends to answer questions for death certificate.
- l) Work closely with Putnam County Health Commissioner.
- m) Securing refrigeration to hold the deceased has been identified as a top response need.***

3. Local support organizations

- a) Putnam County Office of Public Safety
 - Assist Incident Command
 - Manage the Emergency Operations Center (EOC) – partial to full activation
 - Available support from Ohio EMA
 - Assist in Hazardous Material Response
 - Manage Communications – PIO and spokesperson availability
 - Provide Guidance in Radiologic or Chemical Incident
 - Provide Personal Protective Equipment (PPE), as Available
- b) Putnam County Health Department
 - Coordinate Medical Reserve Corps Volunteers, as Available
 - Provide guidance in biological and Infectious Disease incident
 - Coordinate communications with other involved county PIOs.
 - Monitor and surveillance of fatalities
 - Vital Stats
 - Available support from ODH
 - Assist in Communication and transfer of data between hospitals, physicians, coroner, and other entities
 - Provide Personal Protective Equipment (PPE), as Available
 - Support the coordination of mental health service and clergy support

- The Health Department will utilize the “Putnam County Health Department Mass Fatality Response Annex” to guide specific response actions of the health department (i.e. Vital Statistics)
- c) Local Fire Departments
- Emergency Response and Incident Command as per departmental Standard Operating Guidelines (SOGs)
 - Locating, marking, and tagging human remains
 - Decontamination of remains, if applicable
 - Assist in transporting human remains – appropriate PPE
 - Scene safety
 - Need to decon EMS if necessary
- d) Local Law Enforcement Agencies
- Emergency response
 - Participation in Unified Incident Command
 - Incident scene, incident morgue, and Family Assistance Center (FAC) security
 - Notification of family regarding deceased
 - Safeguarding personal effects and valuables
 - Criminal investigation
 - Security a temporary morgue, and refrigeration truck
 - Protection of Personnel involved
- e) Local EMS agencies
- Triage
 - Locating, marking, and tagging human remains
 - Assist in transporting human remains
- f) Local mortuaries
- Assist in transporting human remains and tracking belongings
 - Processing fatalities – can embalm 10 at a time
 - Oversee the Collection of Vital Statistics
 - No crematory in Putnam County
- g) American Red Cross (ARC)
- Provide contact point for families/friends of victims
 - Establish and manage the Family Assistance Center (FAC)
 - Mental health support
 - Feeding of responders
 - Assist with fatality expenses
- (Note) In the event of a commercial airline MFI the airline is responsible for establishing the FAC*
- h) County Government
- Assist with expenses
- i) Mental Health
- Pathways – with ADAMHs board has an agreement with Hancock County
 - CISM Team – available on the weekends
- j) Special Populations

- Home Health – determine resources for those in homes
- Council on Aging – Transportation of families, storage capabilities

4. State and federal resources

- Ohio Emergency Management Agency (OEMA)
- Disaster Mortuary Operational Response Team (DMORT)
- Ohio Dental Association Mass Disaster Field Identification Team (ODAMDFIT) Ohio Funeral Directors Association-Mortuary Response Team (OFDA-MRT)
- Ohio State Coroners Association (OSCA)
- Intra- State Mutual Aid Compact (IMAC)

5. Assumptions

- Initial response to the incident will be in accordance with established procedures of the local jurisdiction
- The Mass Fatality Incident (MFI) will be a consequence of an emergency/disaster event described in the Emergency Operations Plan (EOP)
- Organizations tasked with responsibilities in this plan have agreements in place for additional resources if needed
- The Putnam County Emergency Operations Center (EOC) will be activated
- Procedures noted in this plan will primarily deal with an “acute” MFI

II. PHASES OF EMERGENCY MANAGEMENT

A. MITIGATION

Mitigation opportunities are dependent on the type of incident and as such are contained in the:

1. Putnam County Emergency Operations Plan (EOP)
2. Putnam County Hazardous Materials Response Plan
3. Putnam County Terrorism/CBRNE Plan

B. PREPAREDNESS

1. The coroner’s, Health Department, Office of Public Safety response equipment has been received and is available if needed.
 - Body bags
 - PPE suits
 - Gloves
 - Masks
 - Glasses
2. The Putnam County Agricultural Complex is the primary temporary morgue site located at 1206 E. Second St., Ottawa, OH (Attachment A). Or other facility as needed.
3. Hospital Morgue Capacity:
 - St. Rita’s Medical Center (SRMC); 2 morgues, temporary morgue for 6 hrs up to 30 people – not climate controlled; has informal agreement for delivery of trucks to be utilized
 - Defiance Promedica; 0 morgues; would get refrigerated trucks; rely on EMA for resources
 - Lima Memorial Health Systems (LMH); 1 morgue, temporary morgue for 6 hrs up to 26 people with refrigerated trucks

C. RESPONSE

1. Initial notification and response to an incident will be enacted as described in the Emergency Operations Plan (EOP).

2. Local agencies will respond per their departmental Standard Operating Guidelines or Procedures (SOGs and SOPs).
3. Incident Command will be established per the guidelines of the National Incident Management System (NIMS).
 - Incident Command will determine scene boundaries
 - Incident zones will be established as per the Putnam County Hazardous Materials Response Plan, if applicable
4. Incident scene safety will be paramount throughout the incident.
5. Local agencies will request mutual aid as needed.
6. Unified Command should be implemented as soon as practical.
 - Notify the coroner or designee
 - Notify the EMA
 - Request opening the Emergency Operations Center (EOC)
7. Law Enforcement will secure the incident scene.
 - Incident Command will determine scene boundaries
 - Incident zones will be established as per the Putnam County Hazardous Materials Response Plan, if applicable
8. When practical within the requirements of the incident Fire/EMS should locate, mark and tag human remains and tissue prior to removal from the scene.
 - a) Incident Command will determine search methods.
 - Areas to be searched
 - Agencies to conduct search
 - Safety considerations including Personal Protective Ensemble (PPE) requirements
 - b) Location of human remains/tissue should be marked and recorded.
 - Physical marker placed
 - Note made on “run” sheet of location and condition of remains when found
 - Photograph remains if practical
 - c) Human remains should be tagged.
 - Utilize the EMS triage tags
 - Record tag number on “run” sheets
 - Body bags and human tissue containers should be tagged with biohazard labels
9. When practical within the requirements of the incident Law Enforcement should collect and record evidence and personal effects.
 - Keep personal effects with appropriate human remains if ownership is known and physically possible
 - Label with appropriate triage tag number if ownership is known but must be apart from remains
 - Valuables to be collected, tagged and retained by law enforcement
10. The Coroner or designee will determine the need of additional assistance for handling human remains and/or forensic analysis.
11. The Emergency Operations Center (EOC) will be the conduit for coordinating requests for additional resources.
12. The Coroner or designee will determine the disposition of remains.
 - Placement of human remains into body bags
 - Gathering human remains into a collection area
 - Transportation of human remains to an incident morgue
 - Releasing fatalities to funeral homes
 - Transfer of remains to outside facilities for extended storage
 - Transferring of human remains to a morgue facility for autopsy and/or forensic analysis
 - Issuing of death certificate
 - Releasing human remains and personal effects to family

11. Burials

- Putnam County follows all handling, management and vital statistic requirements of the deceased set forth in Ohio Revised Code (ORC).
- Performed under supervision of the Coroner
- Human remains must be individually contained and identified for possible future disinterment and reburial (ORC 4717.13)

12. The Red Cross will establish a Family Resource Center (FAC).

(Note) In the event of a commercial airline MFI the airline is responsible for establishing the FAC

- Secure location to collect information on deceased to assist in identification
- Location for providing comforting services and counseling to the families of the deceased
- Point of contact for family members to receive information on the incident
- Location for preparation of necessary paperwork related to the final distribution of remains
- Point of coordination for return of remains to the families' chosen funeral director

13. Special Considerations

- a) In the event of a terrorism incident the Federal Bureau of Investigation (FBI) must be notified and will take control of evidence and the investigation.
- b) Response in a Chemical, Biological, Radiological, or Chemical (CBRNE) incident will be in accordance with the Putnam County Terrorism/CBRNE plan and will influence the processing of human remains and tissue.
- c) Each agency should maintain complete records of all financial expenditures made for the response including but not limited to:
 - Staff hours, broken down by regular and overtime
 - Vehicle hours
 - Sustenance for responders
 - Consumable resources
 - Equipment rental/purchase
 - Contractual expenses

14. Public Information

- a) A Joint Information Center (JIC) will be established through the Emergency Operations Center (EOC).
- b) The JIC will be responsible for:
 - Communicating public safety bulletins
 - Preparing and issuing press releases
 - Prepare for press conferences
 - Coordinating with agencies' Public Information Officers (PIOs)
 - Control the message
- c) Spokesperson – Coroner, County Health Department, Sheriff's Office, or designated community representative

D. RECOVERY

- Deactivate, clean, and return temporary morgue to original condition.
- Replace supplies as required.
- Complete and compile final incident reports.
- Complete and compile financial reports.
- Initiate cost-recovery measures
- Review plans and procedures and update as needed.
- The Mental Health of the community will be a long-term recovery priority need. To gauge the health of the community, evaluation tools will be utilized to better address the lasting effects of a mass fatality incident on responding agencies, volunteers, and the community.

III. CONTINUITY OF OPERATIONS

Continuity of operations may be maintained as per the procedures within the Putnam County Coroner's office. The Putnam County Coroner should ensure that those persons who may be designated as the temporary coroner are thoroughly familiar with the procedures required to implement this plan and have the authority to act on its provisions.

IV. LOGISTICS

A. TRANSPORT

1. Fire/EMS Agencies have 12 ambulances
2. Funeral homes operate approximately 6 livery units with cots
3. The Coroner access with one private livery company with two units

B. FACILITIES

1. Lima Memorial Health Systems (LMHS)
 - Lima Memorial Health Systems (LMH); 1 morgue, temporary morgue for 6 hrs up to 26 people with refrigerated trucks
2. St. Rita's Medical Center (SRMC)
 - Normal capacity of two fatalities in cooler
 - Surge capacity of 30+ fatalities with no cooler (4-6 hours)
3. Local Funeral homes (3)
 - Normal total capacity of approximately 6 fatalities with no cooler
 - Little or no surge capacity

C. PROCESSING

1. Local funeral homes have normal total embalming capacity of:
 - Approximately 16 bodies per 8 hours
 - Embalming equipment may be transported to alternate location if needed
2. Local funeral homes have a normal total cremation capacity of 32 bodies per 24 hours at 4 sites.

D. COMMUNICATIONS

1. Putnam County police, fire and EMS utilize the MARCS radio system
2. Additional MARCS radios are available through the Putnam County Office of Homeland Security and Emergency Management (OHSEM)
3. Personal cell phones
4. Radio Amateur Civil Emergency Service (RACES)
5. Social Media, Code RED, Broadcast, Oh-TRAC

V. PLAN DEVELOPMENT AND MAINTENANCE

- The Putnam County Coroner and the Putnam County Office of Public Safety are responsible for reviewing this plan as needed and submitting changes and revisions to the authorized plan holders.
- Organizations tasked with responsibilities within this plan should develop and maintain internal Standard Operating Guidelines (SOG's), personnel rosters/contacts, training, logistics and contact information as needed for the completion of those anticipated tasks.

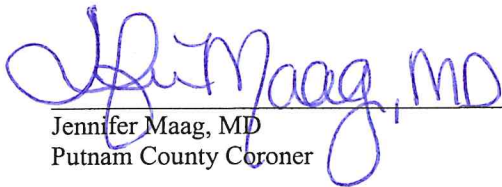
VI. REFERENCES

- Ohio Emergency Operations Plan, Tab D, ESF #8, Acute Mass Fatality Incident Response Plan
- Ohio Emergency Operations Plan, Tab E, ESF #8, Non-Acute Mass Fatality Incident Response Plan
- Allen County Mass Casualty/Mass Fatality Plan
- Putnam County Health Department Mass Fatality Response Annex (an Annex to the Putnam County Health Department Emergency Response Plan)
- Critical Incident Stress Team (CIST)

AUTHORITIES SECTION - OHIO REVISED CODE (ORC)

- 3705.17 Burial permits required-records to be kept
- 313.12 Notice to coroner of violent, suspicious, unusual or sudden death.
- 5121.11 Burial or cremation of indigent patient or resident
- 1713.34 Medical colleges or embalming board may receive bodies for study or dissection procedure
- 3707.19 Disposal of body of person who died of communicable disease.
- 3705.071 Copy of death certificate of child to be sent to county of residence
- 3705.16 Statement of facts in certificates-death certificate
- 3705.17 Burial permit required-records to be kept
- 3705.18 Authorization for final disposition of body transported into state
- 3705.181 Amended and renumbered RC 3705.13
- 3705.19 Death certificate to state whether deceased served in the armed forces
- 3705.20 Fetal death certificate
- 3705.29 Prohibited acts
- 3701-5-06 Medical certification of cause of death; sufficient cause for filing provisional certificate of death or fetal death
- 3701-5-07 filing of the certificate of death when the cause of death is not known
- 3701-5-08 Investigation of delayed filing of certificates of death and fetal death
- 4731-14-01 Pronouncement of death
- 313.05 Appointment of deputy coroners and other personnel
- 4717.13 Prohibited conduct

Putnam County Mass Fatality Plan was unanimously approved and adopted by all members of the Planning Committee this 1st of September of 2022.



Jennifer Maag, MD
Putnam County Coroner