

Illinois Emergency Operations Plan Annex 26 – Fatality Management

Illinois Emergency Management Agency

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Annex 26 – Fatality Management

Primary Agency: Illinois Emergency Management Agency (IEMA)

Support Agencies: Illinois Department of Public Health (IDPH)
Illinois Department of Human Services (IDHS)
Illinois Environmental Protection Agency (IEPA)
Illinois Department of Central Management Services (CMS)
Office of the Attorney General State of Illinois (OIAG)
Illinois Department of Financial and Professional Regulation (IDFPR)
Illinois Department of Veteran Affairs (IDVA)
Illinois Department of Transportation (IDOT)
Illinois Department of Corrections (IDOC)
Illinois National Guard (ILNG)
Illinois State Police (ISP)

Support Organizations: Illinois Funeral Directors Association (IFDA)
Illinois Coroners and Medical Examiners Association (ICMEA)
American Red Cross (Red Cross)
Mutual Aid Box Alarm System (MABAS)

I. Introduction

A. Purpose

1. Provide strategic and operational guidance for local and state response requirements for the collection, handling, storage, and the disposal of mass fatalities.

B. Scope

1. This annex applies to all local, state and federal agencies and non-governmental organizations (NGOs) having a role in response to and recovery from a mass fatality incident.

C. Policy

1. Implementation of this annex will not supersede any authority having jurisdictions (AHJs) administrative protocols, policies or procedures.



2. The governor will exercise all authorities available under the Illinois Emergency Management Agency Act (IEMA Act) related to fatality management.
3. Ultimate responsibility for the collection, identification, storage and release of deceased victims will lie with the county coroner or medical examiner.
4. State agencies will be prepared to provide resources to the local coroner or medical examiners necessary to conduct fatality management tasks.
5. Depending on the scope and severity of a mass fatality incident the governor may enact executive orders allowing holding indigent decedents for 15 days versus the normal 30 days as required by state statute and may suspend blood tests and urinalysis requirements.
6. The Office of Illinois Attorney General (OIAG) may be required to verify coroners and medical examiners are eligible and required to handle and process decedents with limited delays between initial death and final disposition.
7. Care will be taken to ensure the outside of the human remains pouch is disinfected in accordance with Centers for Disease Control and Prevention (CDC) guidelines, using a U.S. Environmental Protection Agency (USEPA) approved product.
8. Regarding personally identifiable medical information, the state and coroners and medical examiners will follow the requirements of the Health Insurance Portability and Accountability Act (HIPPA).

D. Situation Overview

1. There has been a natural, technological, or man-made incident that has resulted in more fatalities than can be processed using day-to-day staffing and implementation of the Illinois Coroners and Medical Examiners Association (ICMEA) mutual aid agreement.
 - a) A mass fatality incident is any situation in which there are more fatalities than can be handled in a timely and professional fashion using regularly available local resources to address a single incident, multiple incidents or state-wide continuous incidents.
 - b) A mass fatality incident is not solely defined by the number of fatalities. Other factors include the condition and infectivity of



remains, accessibility of the scene(s), complexity of recovery and resources available.

2. Stakeholders, partners and officials are contacting the SEOC, or other state agencies, regarding a mass fatality incident. Their reporting:
 - a) A shortage of staff to process the volume of deceased, and/or
 - b) There is a shortage of facility space, storage capacity and/or supplies and equipment necessary to process the number of deceased.

E. Assumptions

1. County coroners or medical examiners will assess the scene(s) and identify the condition and number of fatalities or the number of projected fatalities to determine the need for a fatality management structure. This includes identifying the local morgue capacity and surge capacity.
2. The Illinois Coroners and Medical Examiners Association (ICMEA) mutual aid agreement will be activated, but only 50 counties participate in the agreement. (See participating counties on the [ICMEA Website](#).) State agencies will be prepared to provide resources to local coroners or medical examiners necessary to conduct fatality management tasks.
3. The state will utilize the Illinois Disaster Management System (IDMS) for preparedness, response and recovery operations related to fatality management.
4. Agencies assigned with roles and responsibilities for fatality management will develop agency-specific policies and procedures to fulfill their responsibilities identified in this annex.
5. The Director of the Illinois Department of Public Health (IDPH) will exercise all authorities available under the Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois [20 ILCS 2305] regarding fatality management.
6. The IDPH Division of Vital Records will identify, protect and make available electronic and hardcopy documents, references, records, and information systems necessary to support essential functions during a mass fatality incident.

II. Concept of Operations



A. General

1. Responsibility for the collection, identification, storage and release of deceased victims will lie with the jurisdictional coroner or medical examiner.
2. The ICMEA will maintain a county point of contact listing necessary for a mass fatality incident, to include a 24-hour phone number or email that will be monitored during and after normal business hours. This list will be reviewed on an annual basis to assure accuracy and currency.
3. IEMA, in conjunction with IDPH will activate the Line of Effort (LOE) - Fatality Management which will consist of a LOE Team Leader appointed by IEMA and at least one person each from IDPH, IDHS and ILNG, along with representatives of other agencies deemed appropriate by the team leader.
4. IEMA will be responsible for ensuring the Fatality Management LOE is appropriately staffed and will decide when it can be demobilized.
5. IEMA will be responsible for creating a new event in WebEOC for the incident and notifying stakeholders of its establishment.
6. County coroners or medical examiners will coordinate with their local emergency management agency (EMA) to fill identified gaps.
7. The local EMA will request resources on behalf of the coroner or medical examiner by entering a request for resources (RFR) in WebEOC and routing it through their IEMA Regional Coordinator.
8. The IEMA Regional Coordinators will evaluate the local RFR and, if appropriate, forward it to the SEOC IEMA LNO and monitor its status.
9. Representatives of the Mutual Aid Box Alarm System (MABAS) and local fire departments may assist coroners and medical examiners in the recovery of decedents.
10. ILNG personnel may assist coroners and medical examiners in the recovery, movement, and transportation of decedents.

B. Notification, Alert and Warning (NAW)

1. The ICMEA mutual aid agreement will be activated by ICMEA after notice from a local coroner or medical examiner that services are needed, without state intervention.



2. SEOC NAW of SEOC liaisons (LNOs) will be handled in accordance with IEOP Annex 3, Communications, Appendix A-1, Notification, Alert and Warning.
 3. State agencies activated by the SEOC are responsible for internal agency and support partner NAW.
- C. Activation
1. The SEOC Coordination and Management Standard Operating Procedures (SOP) will be used to determine staffing levels necessary for fatality management operations.
 2. At a local government's request, the SEOC Fatality Management LOE will provide support to fatality management operations for both coordination and management efforts through activation of state agency personnel and Mobile Support Teams (MSTs).
- D. Communications
1. Communications throughout response and recovery will be conducted in accordance with SOPs and managed using established procedures, processes and policies outlined in Annex 3, Communications.
 2. Communications will be conducted in a National Incident Management System (NIMS) compliant manner utilizing clear-text and frequencies coordinated with the SEOC.
- E. Resources and Logistics
1. Resource management and logistics will be carried out in accordance with Annex 9, Resource Management and Logistics.
 2. Resource management includes mutual aid and assistance agreements, the use of federal and state MSTs, and resource mobilization protocols.
 3. Additional resource and logistics support may be provided through implementation of the Emergency Management Assistance Compact (EMAC), the federal government and private sector.
- F. Reporting Requirements
1. Upon activation to the SEOC, all SEOC LNOs for agencies having a primary or support role in fatality management operations will compile and disseminate situational reports on mass care capabilities and services.



2. SEOC information, intelligence and situation reporting will be conducted in accordance with the SEOC Coordination and Management SOP. Local coroners and medical examiners must meet all death reporting requirements of the IDPH, Division of Vital Records.

G. Implementation Requirements

1. Notification, activation, and deployment of the Fatality Management LOE will be conducted in accordance with Annex 1, Direction, Coordination and Control.
2. Coordination and sustainment requirements of the Fatality Management LOE must be fully addressed prior to implementation of fatality management operations.

H. Safety

1. Procedures for control and use of this plan will incorporate operational priorities that include, but are not limited to:
 - a) Protection of life;
 - b) Public health and safety;
 - c) Property protection;
 - d) Environmental protection;
 - e) Restoration of essential utilities;
 - f) Restoration of essential program functions, and
 - g) Coordination as appropriate.
2. All fatality management operations will be conducted in accordance with laws, rules, regulations and policies of local and county jurisdictions, the state and federal government.

I. Operational Priorities

1. The primary objectives in fatality management include but are not limited to:
 - a) Recovering victims in a safe, timely and dignified manner;
 - b) Identifying victims in timely manner;



- c) Respecting victims religious and cultural traditions.
- d) Providing family members disaster behavioral support services, including psychological and emotional support.

J. Organization

1. Direction and Control

- a) Local coroners and medical examiners will request resources through the Illinois Coroners and Medical Examiners Association (ICMEA) mutual aid agreement, without state request or intervention
- b) The SEOC Manager will assign a Fatality Management LOE that will oversee all fatality management activities.
- c) The Fatality Management LOE is the single point of coordination for fatality management operations.
- d) The Fatality Management LOE reports to the SEOC Manager for operational assignment and accountability.
- e) Direction, coordination, and control of Fatality Management assets will be conducted in accordance with Annex 1, Direction, Coordination and Control.
- f) State agencies, local coroners and medical examiners and external organizations retain operational control of their resources.
- g) The governor or designee has the authority to exercise overall coordination of resources belonging to the state or use directive authority.

2. Coordinating Elements

- a) The Fatality Management LOE Team Leader will coordinate with responding agencies, organizations and local coroners and medical examiners to determine fatality management resource requirements.
- b) The Fatality Management LOE Team Leader will coordinate with the SEOC Manager to request resources determined to be needed by the Fatality Management LOE.
- c) State Unified Area Command (SUAC)/State Area Command (SAC)



- i) A Fatality Management Task Force may be established under operational control of the SUAC/SAC and will deploy resources based on instructions from the SUAC/SAC Commander.
 - ii) The coroner or medical examiner oversees the recovery of both the bodies and their possessions, and could be assisted by additional agencies or organizations, including but not limited to:
 - Coroner or medical examiners of neighboring jurisdictions;
 - Fire departments;
 - Police departments;
 - Funeral directors;
 - Local health departments;
 - Forensic dentists;
 - Public works agencies;
 - Federal agency MST;
 - Military agencies including Fatality Search and a Recovery Team (FSRT), and
 - Mutual Aid Box Alarm System (MABAS)
 - d) The SEOC Fatality Management LOE may request ILNG personnel to provide a team to assist coroners and medical examiners.
 - e) The SEOC may coordinate Emergency Management Assistance Compact (EMAC) assets into state mass fatality operations.
3. Federal Coordination
- a) When there is a federal declaration of a disaster or emergency, the SEOC Manager will request fatality management resources directly from the Federal Emergency Management Agency (FEMA). FEMA will coordinate the state's resource request with the U.S. Department of Health and Human Service (HHS),



Assistant Secretary for Preparedness and Response (ASPR), and the U.S. Environmental Protection Agency (USEPA).

- i) The SEOC may request a Disaster Mortuary Operational Response Team (DMORT) through HHS, ASPR, National Disaster Medical System (NDMS) to conduct victim identification, forensic, and mortuary services.
 - ii) The SEOC may request waivers of certain regulations from EPA for crematories.
 - b) When there is a public health emergency declaration, but no federal disaster or emergency declaration, IDPH may request fatality management resources directly from HHS, ASPR.
 - c) SEOC LNOs, state agencies, boards and commissions will coordinate with federal counterparts in accordance with enabling authority.
4. Indigent Remains
- a) Work with coroners and medical examiners concerning current policies for handling and disposition of indigent decedents.

K. System Capabilities and Structure

1. Temporary Morgue Sites

- a) When the capacity of hospital morgues and other locations where human remains are stored in a jurisdiction reach capacity, the coroner or medical examiner will determine the need for establishing temporary morgue facilities. Upon this determination, the SEOC via the Fatality Management LOE will acquire the resources requested by local EMAs to support the establishment of temporary morgue facilities. Resources requested could include, but are not limited to:
 - i) Showers;
 - ii) Hot and cold water;
 - iii) Heat or air conditioning;
 - iv) Electricity with adequate power outlets;
 - v) Floor drainage;



- vi) Ventilation;
 - vii) Restrooms;
 - viii) Parking areas;
 - ix) Communication capabilities, to include internet;
 - x) Rest areas;
 - xi) Refrigerated trailers with ramps;
 - xii) Personal Protective Equipment (PPE);
 - xiii) Human Remains Pouches, and
 - xiv) Lodging.
- b) Potential temporary morgue sites may be in existing mortuaries, refrigerated trailers, or other structures that can maintain appropriate temperature and climate to house decedents.
- c) Human remains should be stored between 37°-44° F and the temperature of the storage location should be monitored regularly. If this temperature range is not achievable, space should be kept as cool as possible.
- d) Coordination is required to obtain refrigerated trailers, as necessary. The trailers can be moved to whatever location is directed by the coroner. If refrigerated trailers are not available, the coroner should arrange for railroad refrigeration cars, vans or other cold storage to aid in the preservation of bodies.
- e) IEMA will own or lease and maintain a fleet of refrigerated trailers for use in a mass causality event. These trailers will be housed at regional IDOT locations. CMS Division of Vehicles will ensure the refrigeration unit in each trailer remains operational. IEMA will be responsible for appropriate licensing requirements for each trailer. IEMA will also maintain a stock of at least 20 sixteen-foot ramps for use with refrigerated trailers owned by IEMA.
- f) Temporary morgue sites will be guarded during use, fenced in or locked for security of remains and personal property and be away from public view. A log should be kept of all who access the storage site, including the date, time and reason for access.



- g) Temporary morgue sites also should be capable of being partitioned for separation of functions, such as body handling, property inspection, X-ray, autopsy, records maintenance and interviewing.
- h) Site selection should allow for human remains to be transported into and out of the location with ease. To the extent possible, any path traveled with a decedent should be devoid of stairs. Elevators on the access route should be large enough to accommodate a gurney, or similar transport equipment needs to be able to move in and out of the space. If used, refrigerated trucks/trailers will require appropriate ramps for loading and unloading.
- i) Decedents will be stored out of public view, on gurneys, pallets, or other non-porous floor (something that can be disinfected with a bleach solution). At no time will decedents be stacked on top of each other to prevent distortion of features (which could affect identification) and to allow easier moving and lifting of remains. Thought should always be given to establish and follow procedures that show respect for the decedent.
- j) Storage locations should not be connected into a main ventilation system that services other parts of the building or facility.

III. Roles and Responsibilities

A. Illinois Emergency Management Agency (IEMA)

1. SEOC Manager

- a) Establish the Fatality Management LOE.
- b) Coordinate state agency response to a mass fatality incident.
- c) Implement fatality management activities, including establishment of one or more large-scale temporary morgues, auxiliary storage, victim identification, and security.
- d) Develop control guidelines for fatality management activities to local authorities.
- e) Implement Fatality Management Module within WebEOC.



- f) Coordinate with the Illinois Coroners and Medical Examiners Association (ICMEA) and Illinois Funeral Directors Association (IFDA) to fill requests from locals:
 - i) Local emergency managers (through IEMA Regional offices);
 - ii) Field staff from supporting state agencies;
 - iii) News media broadcasts that focus on damaged areas;
 - iv) Information obtained from private sector sources (utility companies, insurance companies, etc.), and
 - v) Aerial reconnaissance data.
- B. Illinois Department of Public Health (IDPH)
 - 1. Provide infection control guidelines for fatality management activities and technical assistance to local authorities.
 - 2. Communicate and coordinate with local health departments, hospitals, and health care coalitions (HCC).
 - 3. Ensure the Illinois Vital Records System (IVRS) properly records the death certification in a timely manner.
 - 4. Enforce data and reporting compliance with protected health information and the Health Insurance Portability and Accountability Act (HIPAA)
 - 5. Develop and publish guidance for funeral directors, coroners and medical examiners regarding infectious diseases.
 - 6. Maintain liaison with IFDA and ICMEA. and provide liaison to the Fatality Management LOE.
- C. American Red Cross (Red Cross)
 - 1. Provide the provision of mental health support to those affected.
 - 2. Coordinate the process for family reunification.
 - 3. In an accident governed by the Aviation Disaster Family Assistance Act of 1996 or the Rail Passenger Disaster Family Assistance Act of 2003 and in accordance with the memorandum of understanding with the National Transportation Safety Board (NTSB) and the American Red Cross:



- a) Assign a trained leadership team to serve as the functional lead for emotional, spiritual, and psychological care assistance during an aviation or rail passenger accident and support the management of spontaneous unaffiliated volunteers and unsolicited donations.
 - b) Assign a liaison to the Joint Family Support Operations Center (JFSOC) to coordinate between the Red Cross, the NTSB, air or rail passenger carrier, federal JFSCO representatives and medical facilities to ensure the following:
 - i) Sharing of information;
 - ii) Family and survivor requests for emotional, spiritual and psychological care are being adequately addressed, and
 - iii) Families and survivors have awareness of family assistance services available.
 - c) Coordinate on-scene temporary respite care for families who arrive with minors.
 - d) Coordinate the planning for a suitable interfaith memorial service during the NTSB on-scene phase of the family assistance operation.
 - e) Coordinate with the air or rail passenger carrier to establish areas in the family assistance center for families and survivors to grieve privately.
 - f) Coordinate and manage the numerous organizations and personnel offering emotional, spiritual and psychological services to the operation, including a process to integrate staff and volunteers.
- D. Illinois Funeral Directors Association (IFDA)
- 1. Coordinate funeral directors support functions.
 - 2. Coordinate with local Funeral Homes to provide mutual aid.
- E. Illinois Coroners and Medical Examiners Association (ICMEA)
- 1. Coordinate coroners and medical examiners support functions.
 - 2. Coordinate fatality management tasks.



3. Coordinate resource requests and allocation for their assigned areas.
 4. Coordinate with local medical examiners to provide mutual aid as needed.
 5. Assist with implementation of the Fatality Management Module within WebEOC.
- F. Mutual Aid Box Alarm System (MABAS)
1. Assist with search and recovery of bodies at sites of mass casualty incidents.
- G. Illinois Department of Transportation (IDOT)
1. Coordinate personnel and equipment for the transportation or relocation of resources, which includes supplies and equipment.
 2. Coordinate the provision of traffic control, public safety services and expedited routes, with ISP.
- H. Illinois National Guard (ILNG)
1. Provide Fatality Search and Recovery Team or other mortuary personnel to assist coroners and medical examiners in the recovery, movement, and transportation of decedents or fatalities.
 2. Coordinate the provision of personnel and equipment for the transportation or relocation of resources, which includes personnel, supplies and equipment.
 3. Provide additional support to local coroners and medical examiners, as needed.
- I. Illinois Department of Central Management Services (CMS)
1. Coordinate the provision of support for transportation of personnel, equipment and supplies.
 2. Coordinate the procurement of equipment and supplies not available through state sources from commercial vendors or suppliers.
- J. Illinois Department of Human Services (IDHS)



1. Coordinate the management of disaster behavioral health (DBH) issues related to mass fatalities, including the needs of first responders and families of deceased.

K. Illinois Environmental Protection Agency (IEPA)

1. Coordinate the provision of technical advice regarding disinfection and decontamination.
2. Coordinate the provision of technical assistance regarding graves and disposal options.
3. Coordinate with the U.S. EPA on waiving of regulations related to crematories.

L. Illinois Department of Financial and Professional Regulation (IDFPR)

1. Determine and process requests to waive licensure requirements for funeral directors and embalmers.

M. Illinois State Police (ISP)

1. Coordinate the provision of traffic control, public safety services and expedited routes, with IDOT.

N. Illinois Department of Corrections (IDOC)

1. Coordinate individual in custody crews to provide labor for loading and unloading trucks.
2. Coordinate the provision of trucks (with drivers) for transportation requirements.

IV. Authorities and References

A. Authorities

1. Illinois Emergency Management Agency Act (20 ILCS 3305), as amended
2. Department of Public Health Act (20 ILCS 2305), as amended
3. Robert T. Stafford Disaster Relief and Emergency Assistance Act, P.L. 93-288, as amended (42 U.S.C. 5121 et seq.), as amended
4. Control of Communicable Diseases Code (77 Ill. Adm. Code 690.100), as amended



5. Counties Code, Coroner (55 ILCS 5/Div. 3.3), as amended
6. Counties Code, Burial of Indigent Veterans and Their Families (55 ILCS 5/Div. 5-27), as amended
7. Illinois Coroner Training Board Act, 55 ILSC 135, as amended
8. Illinois Funeral Directors and Embalmers Act (225 ILCS 41), as amended
9. Illinois Funeral or Burial Funds Act (225 ILCS 45), as amended
10. Vital Records Act (410 ILCS 535), as amended
11. Disposition of Remains of the Indigent Act (755 ILCS 66), as amended
12. Aviation Disaster Family Assistance Act of 1996, as amended
13. Rail Passenger Disaster Family Assistance Act, as amended
14. Illinois Disposition of Veterans Remains Act, as amended

B. References

1. National Response Framework (NRF)
2. National Disaster Recovery Framework (NDRF)
3. Illinois Funeral Directors Association (IFDA) policies and procedures
4. Illinois Coroners and Medical Examiners Association (ICMEA) policies and procedures