Standard Guide for
Fatality Management in Illinois

Background

Illinois' Fatality Management Cooperative Work Group began in fall of 2008 with representatives from Illinois Emergency Management Agency – Illinois Terrorism Task Force, Illinois Department of Public Health, Illinois Coroners and Medical Examiners Association, Illinois Emergency Services Management Association, Illinois Association of Public Health Administrators, Illinois Funeral Directors Association, local coroners, local emergency management agencies, local public health, and Cook County Medical Examiner's Office.

Through a series of working meetings draft language for the Standard Guide for Fatality Management in Illinois was developed. Key stakeholders throughout Illinois were able to examine and give comment to the document (list provided). The final document has been approved for use by Illinois Emergency Management Agency, Illinois Terrorism Task Force, Illinois Department of Public Health, Illinois Coroners and Medical Examiners Association, Illinois Emergency Services Management Association, Illinois Funeral Directors Association, Illinois Association of Public Health Administrators.

Purpose/ Mission

Mass Fatality is defined as any situation which there is more human remains to be recovered and processed than can be accomplished with available resources. "One more fatality than a jurisdiction can handle" is the premise in which this document was developed.

The Standard Guide for Fatality Management in Illinois is a tool for fatality management annex development. This tool is designed to develop a fatality management annex that is scalable and can be tailored to any fatality management incident. By keeping an all hazards approach in mind this document offers guidance based on a consensus of knowledge, skills and abilities derived from subject matter expertise.

This standard guide does not purport to address all of the safety concerns, if any, associated with its use. It is the responsibility of each jurisdiction to establish appropriate safety and health practices and determine the applicability of regulatory limitations prior to use.

The following are key concepts associated with this Standard Guide:

- Applies to initial response phases of an incident through final permanent disposition of remains
- Utilizes NIMS/ ICS compliant language;
- Utilizes Target Capabilities identified by the United States Department of Homeland Security guidance:
- Incorporates recommendations approved by State Agencies and Key Associations;
- Provides a mechanism for clarifying roles and responsibilities for key tasks in a fatality management incident
- Provides detailed information on what resources are accessible to local agencies including:

- o Personnel
- o Supplies
- o Equipment
- o Procedures
- o Forms
- o Implementation training

Target Capabilities Addressed

- Direct Fatality Management Tactical Operations
- Activation of Fatality Management Operations
- Conducting On-scene Fatality Management Operations
- Conducting Morgue Operations
- Managing Ante mortem Data
- Conducting Victim Identification
- Conducting Final Disposition
- Demobilizing Fatality Management Operations

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Standard Guide for Fatality Management in Illinois

This standard is issued under the fixed designation IEOP FM SG 2008-00; the number immediately following the designation indicates the year of original adoption or, in the case of revision, the year of last revision. A number in parentheses indicates the year of last re-approval. A superscript epsilon (ϵ) indicates an editorial change since the last revision or re-approval.

1. Scope

1.1   This guide provides a compendium of recommended practices and options for fatality management throughout a disaster. The purpose of this guide is to offer guidance based on a consensus of knowledge, skills, and abilities derived from subject matter expertise. The authority having jurisdiction (AHJ) using this guide should conduct preparedness efforts necessary to meet minimum practices outlined below for response and recovery.

1.2   This guide provides minimum standards for creating a Fatality Management Annex to the local emergency operation plan.

1.3   This guide does not purport to address all of the safety concerns, if any, associated with its use. It is the responsibility of each AHJ to establish appropriate safety and health practices and determine the applicability of regulatory limitations prior to use.

2. Referenced Documents

2.1   American Society for Testing and Materials International (ASTM), Form and Style for ASTM Standards, 2006 (hyperlink provided at: ASTM, Form and Style for ASTM Standards)

2.2   Emergency Management Accreditation Program (EMAP), EMAP Standard 2007, inclusive (hyperlink provided at: EMAP Standard 2007)

2.3   Illinois Department of Public Health, Health and Medical Care Response Plan, as amended.

2.4   National Association of Medical Examiners, Mass Fatality Plan (hyperlink provided at: NAME, Mass Fatality Plan)

2.5   National Incident Management System (NIMS), 2008.   Draft revised NIMS for interim use. (hyperlink provided at: NIMS 2008)

2.6   National Response Framework (NRF), 2008. (hyperlink provided at: NRF 2008)

2.7   Pan American Health Organization, World Health Organization, Management of Dead Bodies in Disaster Situations, Disaster Manuals and Guideline Series No. 5, 2004. (hyperlink provided at: Management of Dead Bodies in Disaster Situations)

2.8   State of Illinois, Illinois Emergency Operations Plan (IEOP), as amended.

2.9   Occupational Safety and Health Administration (OSHA), Hazardous waste operations and emergency response, 29 CFR 1910.120. (hyperlink provided at: OSHA 29 CFR 1910.120)

2.10   Occupational Safety and Health Administration (OSHA), Bloodborne Pathogens, 29 CFR 1910.1030 subpart 2. (hyperlink provided at: OSHA 29 CFR 1910.1030 subpart 2)

2.11   Occupational Safety and Health Administration (OSHA), Formaldehyde, 29 CFR 1910.1048. (hyperlink provided at: OSHA 29 CFR 1910.1048)

2.12   Occupational Safety and Health Administration (OSHA), General Duty Clause, OSH Act of 1970, Section 5 Duties. (hyperlink provided at: Occupational Safety and Health Act of 1970, General Duty Clause)

2.13   Occupational Safety and Health Administration (OSHA), Personal Protective Equipment (PPE), 29 CFR 1910 subpart I 132, 133, & 134. (hyperlink provided at: OSHA 29 CFR 1910 subpart I 132, 133, & 134)

2.14   Center for Disease Control, Healthcare Workers Immunization Recommendations. (hyperlink provided at: CDC Healthcare Workers Immunization Recommendations)

2.15   Standard or Guidance for Family Assistance Center as contained on Managing Mass Fatalities, Santa Clara County Public Health Department, July 2008 (hyperlink provided at: Standard or Guidance for Family Assistance Centers)

2.16   National Fire Protection Association (NFPA), Glossary of Terms, 2003. (hyperlink provided at: NFPA Glossary of Terms)

2.17   Department of Homeland Security (DHS), Homeland Security Act of 2002. (hyperlink provided at: Homeland Security Act of 2002)

2.18   International Atomic Energy Agency (IAEA), Annual Report 2006. (hyperlink provided at: IAEA Annual Report 2006)

3. Authorities

3.1   State of Illinois, Illinois Administrative Code, 77 IL Adm. Code 690.100, Control of Communicable Diseases Code. (hyperlink provided at: 77 IL Adm. Code 690.100)

3.2   State of Illinois, Illinois Compiled Statutes, 20 ILCS 2305, Department of Public Health Powers and Duties law of Civil Administrative Code, as amended. (hyperlink provided at: 20 ILCS 2305)

3.3   State of Illinois, Illinois Compiled Statutes, 20 ILCS 3305, Illinois Emergency Management Agency Act, as amended. (hyperlink provided at: 20 ILCS 3305)

3.4   Federal Emergency Management Agency, Robert T. Stafford Disaster Relief and Emergency Assistance Act, P.L. 93-288, as amended, 42 U.S.C. 5121 et seq. (hyperlink provided at: 42 U.S.C 5121 et seq.)

3.5   State of Illinois, Illinois Compiled Statues, 55 ILCS 5/3-3, Counties Code, Coroner. (hyperlink provided at: 55 ILCS 5/3-3)

3.6   State of Illinois, Illinois Compiled Statues, 225 ILCS 41, Funeral Directors and Embalmers Licensing Code. (hyperlink provided at: 225 ILCS 41)

4. Terminology / Definitions

4.1   Authority Having Jurisdiction (AHJ): The organization, office, or individual responsible for approving equipment, materials, an installation, or a procedure. (NFPA 2008)

4.2   Coroner / Medical Examiner: County official, regardless of title, with the legal authority to conduct victim identification, determine cause and manner of death, and manage death certification.

4.3   Demobilization: The orderly, safe, and efficient return of an incident resource to its original location and status. (NIMS 2008).

4.4   Decontamination: The removal of hazardous substances from employees and their equipment to the extent necessary to preclude the occurrence of foreseeable adverse health effects. (OSHA 1910.120)

4.5   Decontamination (Emergency): The physical process of immediately reducing contamination of individuals in potentially life-threatening situations with or without the formal establishment of a decontamination corridor. A goal of emergency decontamination is reducing dose to a lower level; however it may not be possible to completely eliminate contamination.

4.6   Emergency Operations Center (EOC): The physical location at which the coordination of information and resources to support incident management (on-scene operations) activities normally takes place. An EOC may be a temporary facility or may be located in a more central or permanently established facility, perhaps at a higher level of organization within a jurisdiction. EOCs may be organized by major functional disciplines (e.g., fire, law enforcement, medical services), by jurisdiction (e.g., Federal, State, regional, tribal, city, county), or by some combination thereof. (NIMS 2008)

4.7   Emergency Responder: Emergency response providers include federal, state, and local government, fire, law enforcement, emergency medical and related personnel, agencies, and authorities. (Homeland Security Act of 2002)

4.8   Emergency Response: The performance of actions to mitigate the consequences of an emergency for human health and safety, quality of life, the environment and property. It may also provide a basis for the resumption of normal social and economic activity. (International Atomic Energy Agency 2006)

4.9   Fatality Management: Fatality Management is the capability to effectively perform scene documentation; the complete collection and recovery of the dead, victim's personal effects, and items of evidence; decontamination of remains and personal effects (if required); transportation, storage, documentation, and recovery of forensic and physical evidence; determination of the nature and extent of injury; identification of the fatalities using scientific means; certification of the cause and manner of death; processing and returning of human remains and personal effects of the victims to the legally authorized person(s) (if possible); and interaction with and provision of legal, customary, compassionate, and culturally competent required services to the families of deceased. All activities should be sufficiently documented for admissibility in criminal and/or civil courts. Fatality management activities also need to be incorporated in the surveillance and intelligence sharing networks, to identify sentinel cases of bioterrorism and other public health threats. Fatality management operations are conducted through a unified command structure. (TCL 2008)

4.10   Incident Action Plan: An oral or written plan containing general objectives reflecting the overall strategy for managing an incident. It may include the identification of operational resources and assignments. It may also include attachments that provide direction and important information for management of the incident during one or more operational periods. (NIMS 2008)

4.11   Incident Command: The Incident Command System organizational element responsible for overall management of the incident and consisting of the Incident Commander (either single or unified command structure) and any assigned supporting staff. (NIMS 2008)

4.12   Incident Commander (IC): The individual responsible for all incident activities, including the development of strategies and tactics and the ordering and release of resources. The IC has overall authority and responsibility for conducting incident operations and is responsible for the management of all incident operations at the incident site. (NIMS 2008)

4.13   Jurisdiction: A range or sphere of authority. Public agencies have jurisdiction at an incident related to their legal responsibilities and authority. Jurisdictional authority at an incident can be political or geographical (e.g., Federal, State, tribal, local boundary lines) or functional (e.g., law enforcement, public health). (NIMS 2008)

4.14   Mobile Support Team: A group of individuals designated as a team by the Governor or Director to train prior to and to be dispatched, if the Governor or the Director so determines, to aid and reinforce the State and political subdivision emergency management efforts in response to a disaster.

4.15   Multi-agency Coordination System (MACS): A system that provides the architecture to support coordination for incident prioritization, critical resource allocation, communications systems integration, and information coordination. MACS assist agencies and organizations responding to an incident. The elements of MACS include facilities, equipment, personnel, procedures, and communications. Two of the most commonly used elements are Emergency Operations Centers and MAC Groups. (NIMS 2008)

4.16   Personal Protective Equipment (PPE): The equipment provided to shield or isolate a person from hazards (TRACEM) that can be encountered at hazardous materials/WMD incidents. (NFPA 2008)

4.17   Professional Services: Professions, Trades and Occupations. If such disaster as is described in Section 4 occurs in this State and the services of persons who are competent to practice any profession, trade or occupation are required in this State to cope with the disaster and it appears that the number of persons licensed or registered in this State to practice such profession, trade or occupation may be insufficient for such purpose, then any persons who are licensed elsewhere to practice any such profession, trade or occupation may, if a member of a mobile support team or unit of another state rendering aid in this State pursuant to the order of the Governor of their home state and upon the request of the Governor of this State, or if otherwise requested so to do by the Governor or the Director of this State, during the time the disaster continues, practice such profession, trade or occupation in this State without being licensed or registered in this State.
(20 ILCS 3305/16 from Ch. 127, par. 1066) (Source: P.A. 85-1027.)

4.18   Target Capabilities List (TCL): A capability may be delivered with any combination of properly planned, organized, equipped, trained, and exercised personnel that achieve the intended outcome. The TCL is designed to assist Federal, State, local, and tribal entities in understanding and defining their respective roles in a major event, the capabilities required to perform a specified set of tasks, and where to obtain additional resources if needed.

4.19   Technical Decontamination: The process designed to remove hazardous contaminants from responders and their equipment and victims. It is intended to minimize the spread of contamination and ensure responder safety. Technical decontamination is normally established in support of emergency responder entry operations at a hazardous materials incident, with the scope and level of technical decontamination based upon the type and properties of the contaminants involved. In non life-threatening contamination incidents, technical decontamination can also be used on victims of the initial release. (NFPA 2008)

4.20   Termination: Termination in the context of this standard is the end of fatality management operations, investigative work, and demobilization of personnel and resources assigned to an area of operations. This will include documentation of hazards present and conditions found.

4.21   Unified Command (UC): An Incident Command System application used when more than one agency has incident jurisdiction or when incidents cross political jurisdictions. Agencies work together through the designated members of the UC, often the senior persons from agencies and/or disciplines participating in the UC, to establish a common set of objectives and strategies and a single Incident Action Plan. (NIMS 2008)

4.22   Unified Area Command: Version of command established when incidents under an Area Command are multi-jurisdictional. (NIMS 2008)

4.23   Volunteer: For purposes of the *National Incident Management System*, any individual accepted to perform services by the lead agency (which has authority to accept volunteer services) when the individual performs services without promise, expectation, or receipt of compensation for services performed. See 16 U.S.C. 742f(c) and 29 CFR 553.101. (NIMS 2008)

5. Summary of Practice

5.1   This guide is based off of existing resources and experience related to development of fatality management guidelines. This experience base is translated into a guide for response organizations with a goal of building operational guidelines for fatality management from initial incident response through final and permanent disposition

of remains. This standard is intended to enhance the ability, knowledge, skill, and understanding of personnel, agencies, and jurisdictions that are responsible for primary or supportive actions of fatality management.

5.2   This guide shall be incorporated as a reference in Emergency Operation Centers (EOCs), emergency operation plans, and multi-agency coordination systems (MACS) to assist in policy formulation and development of strategic objectives consistent with objectives and needs of the Incident Commander (IC). For incidents involving mass fatalities, EOCs and/or MACs should be operating at least at the local level. It is imperative that representatives at the EOC and/or MAC be aware of and understands this guide, and operates in concert with emergency response partners.

5.3   Whenever any coroner/medical examiner is informed that human remains of any person are found within the county whose death is suspected of being sudden or violent, whether apparently suicidal, homicidal, accidental, or undetermined shall go to the place where remains are located. Coroner/Medical Examiner shall take charge of the same and shall make a preliminary investigation into the circumstances of the death.

5.4   The Coroner/Medical Examiners shall be promptly notified whenever a person discovers skeletal remains, in accordance with Illinois Compiled Statues. (hyperlink provided at: 20 ILCS 3440\3)

6. Significance and Use

6.1   All levels of response personnel must plan, develop, implement, train, and exercise to standardized guidelines that encompass policy, strategic, operational, and tactical decisions prior to response and recovery operations. Use of this guide is recommended for all levels of the response structure.

6.2   Policies and procedures documented in this guide should be used within the context of the larger event that caused the mass fatality.

6.3   Documents developed from this guide shall be referenced and revised as necessary and reviewed on a two-year cycle (minimum requirement). Reviews shall consider new and updated requirements and guidance, technologies, and other information or equipment that might have a significant impact on management and outcome of fatality management efforts.

7. Planning for Fatality Management

7.1   AHJs are responsible for providing planning, resources, training, and meeting the required safety protocols necessary to implement standardized procedures compliant with NIMS, IEOP, County EOP(s), IAPs, and/or site safety plans. (See Annex – A1)

7.2   Response to an event is coordinated and managed by local government responders. Upon request, state assets may be deployed to assist and provide additional personnel and resources.

7.3   State government may provide and/or augment emergency services that exceed capabilities of a local government operation.

7.4   Planning: AHJs shall develop a fatality management annex meeting the specific requirements of this guide. The annex and related documents shall be revised as necessary, in accordance with Section 6.3.

     7.4.1   Annex Components:

          7.4.1.1   Purpose: Provides an overview section of what the AHJ will use to conduct fatality management throughout a disaster.

          7.4.1.2   Situation and Assumptions: Describes situations or events that trigger the implementation of the Fatality Management Annex. This section will also describe assumptions that are being made in response posture, resource allocation and availability, and issues affecting the AHJ.

          7.4.1.3   Concept of Operations: Describes the relationships and actions of organizations assigned responsibilities (primary or supportive) for fatality management; and what actions will be taken to direct, provide for, and coordinate efforts. AHJ's should determine:

               7.4.1.3.1 Who is in charge during fatality management operations;

               7.4.1.3.2 What authorities, limitations, and exceptions apply to responding personnel;

               7.4.1.3.3 How notification and activation procedures will work;

               7.4.1.3.4 What relationships are in place for resource support through mutual aid or letters of agreement;

               7.4.1.3.5 What staff composition and management structure will be used during an incident;

7.4.1.3.6 What specific services will be provided to victims, families, and the public;

7.4.1.3.7 What specific safety precautions will be put in place for responders performing fatality management;

7.4.1.3.8 What communications procedures will be implemented;

7.4.1.3.9 What internal and external reporting requirements are in place;

7.4.1.3.10 What guidelines are in place for accountability and tracking of resources, victims, and response personnel; and

7.4.1.3.11 What demobilizing procedures are in place for facilities and responders.

7.4.1.4 Organization and Assignment of Responsibilities: Establishes the fatality management organization that will respond. This includes:

7.4.1.4.1 What tasks are to be performed by organizations and positions; which includes an overview of agency responsibilities.

7.4.1.4.2 When two or more organizations perform the same kind of task, one should be given primary responsibility, and the other(s) should be given a supporting role. For the sake of clarity, a matrix of organizations and areas of responsibility (including functions) should be included to summarize the primary and supporting roles. (See Appendix – X1)

7.4.1.5 Annex Development and Maintenance: Assigns responsibility for overall coordination, review, and maintenance of the annex.

7.4.2 Each jurisdiction will develop specific standard operating procedures and guidelines for effectively responding to and coordinating a fatality management incident. Procedures and guidelines will be directly related to and consistent with emergency operations plans (EOP) as applicable, and be coordinated with other agencies likely to have a role in fatality management response and recovery.

7.5   Resources: Organizations shall develop an equipment and resource needs assessment for personnel and materials needed in support of fatality management. (See Appendix – X2)

  7.5.1 Logistical considerations should include the use, support, sustainment, and identified need for personnel, equipment, commodities, facilities, vendors, health, welfare, and morale. (See Appendix – X3)

  7.5.2 Organizations shall develop a response profile based on an equipment and resource needs assessment and implement a strategy to acquire equipment and resources that are necessary. Resource shortfalls and gaps should be identified by this process and are prioritized and addressed through a variety of initiatives. (See Annex – A2)

  7.5.3 Mutual Aid Agreements should be implemented and maintained in plans and/or procedures to ensure organizations have personnel and resources available to overcome short-falls, provide for limited use equipment or specialized equipment, and have access to subject matter expertise and skills during fatality management operations. AHJs should enter into mutual aid agreements that promote regionalized and collaborative sharing of limited assets. (See Annex – A3)

  7.5.4 Volunteer rosters from recognized and organized associations may be incorporated into fatality management planning. Plans and or procedures to ensure associations have personnel resources available to overcome shortfalls should be maintained.

    7.5.4.1   Volunteers used in fatality management should be considered for assignment based on certification, qualification and subject matter expertise.

    7.5.4.2   Volunteers should be managed as any other resource within the IC/UC structure.

  7.5.5 Mobile Support Team and/or Professional Services may be requested and activated by the State Emergency Operations Center to assist local units of governments in support of resource or service requests.

  7.5.6 Equipment and materials will be maintained in accordance with the manufacturer's recommendations, including recommended maintenance frequencies.

7.6   Funding: AHJs should strive to leverage funding streams to maximize the ability to provide for a comprehensive approach to fatality management planning. Funding streams are inclusive of governmental, non-governmental, and private sources that can be allocated towards improvement, sustainment, and on-going maintenance of both fatality management annex and equipment.

    7.6.1   Jurisdictions must be NIMS compliant to apply for and receive preparedness funds through U.S. Department of Homeland Security and be consistent with grant guidance. (www.dhs.gov)

    7.6.2   These grants require specific metric achievement for approved expenditure/receipt. Fatality management capabilities, outcomes, preparedness tasks, and measures/metrics are defined in TCL documentation. (See Annex - A4 and Appendix – X1)

7.7   Training: Personnel having primary or supportive responsibility for fatality management shall have the level of training that will enable them to perform tasks safely. The training shall include proper use of equipment and guidelines developed by organizations. The minimum level of training for responders, as determined by the AHJ, shall be the current version of the following:

    7.7.1 NIMS.

    7.7.2 Jurisdiction's appropriate plans, procedures, job aids, instructional materials and training requirements.

    7.7.3 Any Federal, state, county, or local regulatory requirements that apply.

7.8   Safety: Safety considerations by the AHJ are paramount to the success of operations. The following safety issues will be considered in planning activities:

    7.8.1   Organizations shall use hazard risk assessments to institute safe working environments.

    7.8.2   Equipment is obtained, maintained, and deployed to carry out fatality management tasks.

    7.8.3   Strategic, operational, and tactical command elements will ensure use of PPE and self-protection guidelines.

    7.8.4   Feasibility of operations will be based on life safety of responders and the difficulty of fatality management operations.

8. Fatality Management Response and Recovery

8.1   The following sections establish guidance for safe and efficient fatality management. They include minimum requirements for developing incident action plans, implementing, evaluating, and terminating fatality management efforts.

8.2   Evaluating fatality management response

  8.2.1   Organizations shall provide responders with the training and resources necessary as determined by the Coroner/Medical Examiner to conduct fatality management tasks; determine the scope and magnitude of the problem; identify resource requirements and prioritization; identify and implement procedures for victim handling and identification; and predict potential outcomes from any actions taken.

    8.2.1.1   Coroners/Medical Examiners will assess the scene and evaluate the need to establish a fatality management structure using Fatality Management Initial Assessment Form: (See Appendix – X4)

      8.2.1.1.1 Type of Mass Fatality Incident: Responders should be aware of the hazard(s) that may have necessitated the need for fatality management operations.

      8.2.1.1.2 Fatality Estimate: Responders should identify the potential or real number of fatalities.

      8.2.1.1.3 Condition of fatalities: Responders should identify and assess the condition of fatalities.

      8.2.1.1.4 Secondary hazards: Responders should determine the potential or realized threat posed from secondary hazards. Recognition of thermal, radiological, asphyxiate, chemical, etiological, and mechanical harms (TRACEM) presented by a primary hazard. (See Annex – A5)

    8.2.1.2   Identify conditions that have potential effects on fatality management operations including geography, atmospheric conditions, location, environment, topography, and availability of adequate personnel and equipment.

      8.2.1.2.1 Type / Condition of Scene: Responders should assess scene conditions for safety and accessibility.

8.2.1.2.2   Responders should conduct an evaluation to determine the difficulty in recovering or removing fatalities.

8.2.1.2.3   Responders should determine accessibility to incident sites and area of operations. Considerations include the potential for hazards identified in 8.2.1.1.1.

8.2.1.3   From the onset of response, efforts should be made to determine whether the incident was accidental or intentional. Caution should be exercised at all times by response personnel to ensure scene safety is not compromised and evidence or crime scene information is preserved. Coroner/Medical Examiner personnel on-scene shall direct removal and collection of evidence to preserve the chain-of-custody.

8.3   Incident Action Planning

8.3.1   Coroners/Medical Examiners, in coordination with the ICS command and general staff should interpret disaster intelligence to predict likely outcomes of fatality management operations.

8.3.2   Based on outcomes identified in 8.3.1, assist in the development of the IAP for the incident. (hyperlink provided at: NIMS ICS Forms)

8.3.2.1   Available personnel, equipment, supplies, knowledge of the emergency operations plan/situation, individual agency response plans and standard operating procedures of the organizations and IC/UC should be considered in development of the fatality management tactical plan, a component of the IAP.

8.3.3   Fatality management considerations for the IAP shall include the following:

8.3.3.1   Type of incident hazard(s) present that have potential or realized affects on fatality management operations.

8.3.3.2   Type of resources needed to promote safe and efficient operations (subject matter experts, law enforcement, fire service, state/local professionals, equipment and/or material).

8.3.3.3   Security for fatality management personnel, facilities, victims, and families.

8.3.3.4   Safety and protective action recommendations for fatality management area of operations.

8.3.3.5   Location, size, staffing, and security of family assistance center.

8.3.3.6   Communication plan requirements and/or procedures.

8.3.3.7   Name and contact information for fatality management public information liaison officer.

8.3.3.8   Investigation procedures and preservation of evidence.

8.3.3.9   Provisions for critical incident stress debriefing of personnel.

8.3.3.10   Re-supply and sustainment of personnel, supplies and equipment.

8.3.3.11   Decontamination operations shall be incorporated into the IAP, consistent with event specific guidance, and incorporate specific processes for removal of contaminants from emergency responders, equipment, and evidence. If body fluids are involved the bloodborne pathogen exposure control plan (29 CFR 1910.1030) will be followed.

8.3.3.12   Emergency decontamination operations shall be consistent with the hazardous materials annex in the local emergency operation plan.

8.3.4   Documentation shall be in accordance with statutory requirements of federal, state, and local organizations.

8.3.5 Identify and brief on the following for all fatality management operations.

8.3.5.1   Self-protection concepts including isolation, decontamination as agreed upon by the mass fatalities staff (emergency, formal, and technical).

8.3.5.2   Resources required for operations (see section 7.5).

8.3.5.2.1 Equipment including that used for identification, collection, storage, recording/documentation, sampling, and monitoring.

8.3.5.2.2   Life Safety - Equipment and resources necessary to ensure life safety of fatality management personnel.

8.3.5.3   Decontamination considerations for contaminated fatality management personnel/responders.

8.3.6 Implementing fatality management response

8.3.6.1   Fatality management staff will be briefed prior to each operational period. ICS processes and doctrine will be followed. (See Appendix – X5) *NOTE: IAP Operational periods are defined in coordination with IC/UC and may run non-concurrent with other functional elements.*

8.3.6.2   Fatality Management activities directed and approved by IC/UC should be documented and recorded using appropriate ICS forms (appendix).

8.3.6.3   Changes to the IAP must be approved by the IC/UC prior to implementation.

8.3.6.4   Staff should be de-briefed at the end of each operational period.

8.3.6.5   A Family Assistance Center (FAC) will be established (See Appendix – X6).

8.3.6.6   Participate in joint information system

8.3.6.6.1   Identify a fatality management public information officer.

8.3.6.6.2   Prepare routine briefings as required on fatality management operations for IC/UC PIO and media. (See Annex – A6 and Appendix – X7)

8.3.6.6.3   Participate in IC/UC PIO – Joint Information Center briefings.

8.3.7   Evaluating fatality management response

8.3.7.1   Evaluate fatality management outcomes in accordance with the approved incident action plan.

8.3.7.1.1 Institute corrective actions, as necessary, with the approval of IC/UC.

8.3.7.2   Appropriate ICS forms shall be submitted on a schedule identified by Planning Section Chief.

8.3.8   Terminating the fatality management response.

8.3.8.1   Termination Criteria

8.3.8.1.1 Final disposition of identified remains.

8.3.8.1.2 Final disposition of unidentified remains as determined by the Coroner/Medical Examiner.

8.3.8.1.3 Fatality management resources are demobilized.

8.3.8.2   Fatality management demobilization plan should include (See Appendix - X8).

8.3.8.2.1 Documentation of incident actions in accordance with the operating policy and procedures of the Coroner / Medical Examiner.

8.3.8.2.2 Debriefing on-site.

8.3.8.2.3 Critical Incident Stress Debriefing.

8.3.8.2.4 Post-Incident Analysis.

8.3.8.2.5 Restoration of facilities and resources to pre-incident condition.

8.3.8.2.6 Other criteria established in the Incident Demobilization Plan.

9. County and Municipal Duties and Responsibilities

9.1   The Coroners/Medical Examiner is Primary Agency responsible for coordinating and implementing fatality management operations.

    9.1.1   Activate Fatality Management Operations

    9.1.2   Conduct scene evaluation, documentation, and removal of fatalities from scene

    9.1.3   Conduct morgue operations

    9.1.4   Manage ante-mortem data

    9.1.5   Conduct victim identification

    9.1.6   Conduct final disposition

    9.1.7   Demobilize Fatality Management Operations

9.2   Associated and suggested appropriate support agencies are included in support functions appendix:

9.3   County and municipal organization's tasks and/or responsibilities are listed in (See Appendix – X1). Jurisdictions should use the Fatality Management Task Responsibility Matrix to determine organizational primary and secondary assignments.

10.   State Agency Duties and Responsibilities

10.1   The IEOP identifies and assigns specific areas of responsibility for performing essential functions in response to an emergency or disaster. Areas of responsibility for fatality management, by State agencies that must be addressed are included in the following:

    10.1.1   Primary Agency

        10.1.1.1   Illinois Department of Public Health

            10.1.1.1.1   Provide primary coordination for the State's health and medical operations from the State Emergency Operations Center (SEOC).

10.1.1.1.2   Provide communication and coordination with Illinois Coroners and Medical Examiners Association (ICMEA) SEOC Liaison Officer (LNO).

10.1.1.1.3   Coordinate assistance for health and medical services, equipment, and supplies.

10.1.1.1.4   Perform surveillance, collect data, and ensure information is tabulated and reported to command and control elements.

10.1.1.1.5   Coordinate and communicate with ICMEA and LHDs to accept and receive ICMEA assistance to CEOC locations as necessary.

10.1.1.1.6   Coordinate with IDHS on the activation and mobilization of Medical Reserve Corps volunteers by Local Health Departments.

10.1.1.1.7   Provide guidance on scene safety operations and handling of potentially contaminated remains in coordination with ICMEA and IEPA.

10.1.1.1.8   Provide consultation and technical assistance as required through enabling authority.

10.1.1.1.9   Provide other mission elements as directed through the IEOP and enabling authority.

10.1.2   Support Agencies

10.1.2.1   Department of Central Management Services

10.1.2.1.1   Implement emergency procurement of approved supplies for facility management operations in accordance with Illinois rules, regulations, and policy.

10.1.2.1.2   Coordinate with State agencies and ICMEA throughout procurement to ensure appropriate types, quantities, and specifications are met for fatality management purchases.

10.1.2.1.3   Provide material support necessary to fatality management operations.

10.1.2.1.4   Provide support for transportation of personnel, equipment and supplies.

10.1.2.1.5   Procure equipment and supplies not available through State sources from commercial vendors or suppliers.

10.1.2.1.6   Provide other mission elements as directed through the IEOP and enabling authority.

10.1.2.2   Illinois Department of Human Services

10.1.2.2.1   Coordinate with IDPH and ARC to establish and staff Family Assistance Centers.

10.1.2.2.2   Coordinate with IDPH and ARC to establish Critical Incident Stress De-Briefing facilities for response personnel.

10.1.2.2.3   Activate mental health services to disaster victims living in shelters or other disaster relief centers.

10.1.2.2.4   Provide interpreters for deaf, translation of information into brail, and alternative populations.

10.1.2.2.5   Provide material support necessary to fatality management operations.

10.1.2.2.6   Manage psychosocial issues related to mass fatalities, including the needs of first responders and families of deceased.

10.1.2.2.7   Coordinate with IDPH the activation and mobilization of Medical Reserve Corps volunteers by Local Health Departments.

10.1.2.2.8   Provide other mission elements as directed through the IEOP and enabling authority.

10.1.2.3   Illinois Emergency Management Agency

  10.1.2.3.1   Coordinate and manage disaster response and recovery operations.

  10.1.2.3.2   Provide, direct, and coordinate logistical/resource operations with the assistance of the designated support agencies.

  10.1.2.3.3   Coordinate requests and approval of mutual aid assets in support of operations.

  10.1.2.3.4   Coordinate and collaborate on joint public information releases between state agencies, local government EMA and LHD, and federal counterparts.

  10.1.2.3.5   Implement other mission elements as directed through the IEOP and enabling authority.

10.1.2.4   Illinois Environmental Protection Agency

  10.1.2.4.1   Provide technical advice regarding disinfection and decontamination operations and protocols.

  10.1.2.4.2   Provide technical assistance regarding graves and disposal options.

  10.1.2.4.3   Provide other mission elements as directed through the IEOP and enabling authority.

10.1.2.5   Illinois State Police

  10.1.2.5.1   Provide and/or coordinate traffic control and expedited routing for resources.

  10.1.2.5.2   Provide personnel and equipment to protect property and to enforce laws of the State.

10.1.2.5.3   Provide sworn law enforcement personnel for force protection and security at burial locations, assistance centers, joint information centers, and other facilities designated in the AOR.

10.1.2.5.4   Provide sworn law enforcement personnel for control of incident and site access.

10.1.2.5.5   Activate specialized staff and equipment for scene security, intelligence gathering, and crime scene preservation/analysis.

10.1.2.5.6   Provide other mission elements as directed through the IEOP and enabling authority.

10.1.2.6   Illinois Department of Military Affairs/Illinois National Guard

10.1.2.6.1   Assist with the provision of personnel and equipment for the transportation or relocation of resources which includes personnel, supplies, and equipment.

10.1.2.6.2   Provide personnel for identification of fatalities with AOR.

10.1.2.6.3   Provide security for critical facilities and resources.

10.1.2.6.4   Provide support to law enforcement agencies.

10.1.2.6.5   Implement other mission elements as directed through the IEOP and enabling authority.

10.1.2.7   Illinois Department of Transportation

10.1.2.7.1   Provide personnel and equipment for the transportation or relocation of resources which includes supplies and equipment.

10.1.2.7.2   Activate mutual aid and letters of agreement to secure refrigerated vehicles.

10.1.2.7.3   Erect or construct temporary sites for burial based on technical assistance provided by ICMEA, IEPA, and IDPH.

10.1.2.7.4   Coordinate with ISP to determine routing and delivery of resources to approved areas.

10.1.2.7.5   Provide other mission elements as directed through the IEOP and enabling authority.

10.1.2.8   American Red Cross (State Emergency Operations Center Liaison)

10.1.2.8.1   Assist with the provision of personnel and equipment necessary for operation of Family Assistance Centers and Staff Processing Centers.

10.1.2.8.2   Coordinate with IDPH and IDHS on the activation of the Aviation Incident Response Team or other crisis counseling personnel if requested.

10.1.2.8.3   Provide critical incident stress debriefs and crisis counseling as directed, and in coordination with IDPH and IDHS.

10.1.2.8.4   Direct and coordinate activation of local ARC assets to assist in the opening and management of facilities used in support of fatality management operations.

10.1.2.8.5   Provide other mission elements as directed through the IEOP and enabling authority.

10.2   State of Illinois resources may be available to augment local capability for response operations based upon the following established response and short-term recovery prioritizations:

10.2.1   Life Safety

10.2.2   Search and Rescue

10.2.3   Debris Removal to affect higher priority missions (order of priority)

10.2.3.1   Primary transportation and evacuation routes

10.2.3.2   Secondary transportation routes and staging areas

10.2.3.3   Tertiary transportation routes and staging areas

10.2.4   Implementation and maintenance of site security

10.2.5   Temporary restoration of critical infrastructure (order of priority)

10.2.5.1   Power restoration

10.2.5.2   Potable water

10.2.5.3   Waste water treatment facilities and equipment

10.2.5.4   Telecommunications

10.2.6   Debris removal not required for life safety and evacuation missions

10.2.7   Temporary health and welfare

10.2.8   Shelter, food, and medical assistance

10.2.9   Permanent debris removal and relocation

10.2.10   Preservation and security of crime scene evidence of localized areas of interest

10.2.11   Delivery of critical incident stress de-briefing to responders and citizens

11.   State of Illinois Mutual Aid Agreements

11.1   Mutual Aid Agreement between NEMA and States

11.1.1   Emergency Management Assistance Compact (EMAC)

11.2   Mutual Aid Agreement between IEMA and Organization

    11.2.1   Mutual Aid Box Alarm System (MABAS)

    11.2.2   Illinois Law Enforcement Alarm System (ILEAS)

    11.2.3   Combined Agency Response Team (CART)

    11.2.4   Mutual Aid Response Network (MARN)

    11.2.5   Illinois Deaf and Hard of Hearing Commission (IDHHC)

    11.2.6   Illinois Coroners and Medical Examiners Association (ICMEA)

11.3   Mutual Aid Agreement between Other State of Local Agency and Organizations

    11.3.1   Illinois Public Health Mutual Aid System (IPHMAS)

    11.3.2   Mobile Support Team (MST)

    11.3.3   Illinois Public Works Mutual Aid Network (IPWMAN)

    11.3.4   Incident Management Team (IMT)

11.4   Response Asset of State or Local Agency and Organization

    11.4.1   Illinois Medical Emergency Response Team (IMERT)

    11.4.2   Illinois Nurses Volunteer Emergency Needs Team (INVENT)

    11.4.3   Illinois Veterinary Emergency Response Team (IVERT)

    11.4.4   Illinois Telecommunicator Emergency Response Taskforce (ILTERT)

    11.4.5   Volunteer Management Support Team (VMST)

    11.4.6   Voluntary Agencies Active in Disaster (VOAD)

12.   Acronyms

AHJ	Authority Having Jurisdiction
ARC	American Red Cross
ASTM	American Society for Testing Materials International
CART	Combined Agency Response Team
CDC	Centers for Disease Control and Prevention
C/ME	Coroner/Medical Examiner
DHS	Department of Homeland Security
DMORT	Disaster Mortuary Operational Response Team
EOC	Emergency Operations Center
EMAC	Emergency Management Assistance Compact
EMAP	Emergency Management Accreditation Program
EPA	Environmental Protection Agency
ERG	Emergency Response Guidebook
ERP	Emergency Response Personnel
ESF	Emergency Support Functions
FAC	Family Assistance Center
FBI	Federal Bureau of Investigation
FEMA	Federal Emergency Management Agency
HAZMAT	Hazardous Materials
IAP	Incident Action Plan
IC	Incident Commander
ICMEA	Illinois Coroners and Medical Examiners Association
ICP	Incident Command Post
ICS	Incident Command System
IDHHC	Illinois Deaf and Hard of Hearing Commission
IDOT	Illinois Department of Transportation
IDPH	Illinois Department of Public Health
IFDA	Illinois Funeral Directors Association
IPHMAS	Illinois Public Health Mutual Aid System
IEMMAS	Illinois Emergency Management Mutual Aid System
IEOP	Illinois Emergency Operations Plan
ILEAS	Illinois Law Enforcement Alarm System
ILTERT	Illinois Telecommunicator Emergency Taskforce
IPWMAN	Illinois Public Works Mutual Aid Network
IMERT	Illinois Medical Emergency Response Team
IMT	Incident Management Team
INVENT	Illinois Nurses Volunteer Emergency Needs Team

IVERT	Illinois Veterinary Emergency Response Team
MABAS	Mutual Aid Box Alarm System
MACS	Multiagency Coordination System
MARN	Mutual Aid Response Network
MFIC	Mass Fatalities Incident Center
NDMS	National Disaster Medical System
NFPA	National Fire Protection Association
NIMS	National Incident Management System
NIST	Nuclear Incident Support Team
NRF	National Response Framework
NTSB	National Transportation Safety Board
OSHA	Occupational Safety and Health Administration
PIA	Post Incident Analysis
PPE	Personal Protective Equipment
TCL	Target Capabilities List
TRACEM	Thermal, Radiological, Asphyxiate, Chemical, Etiological, Mechanical
UC	Unified Command
UAC	Unified Area Command
US	United States
VMST	Volunteer Management Support Team
VOAD	Volunteer Organizations Active in Disasters
WMD	Weapons of Mass Destruction

Standard Guide for
Fatality Management in Illinois

REFERENCE	APPENDIX DESCRIPTION
X1	Fatality Management Task Responsibility Matrix
X2	Equipment and Resource Needs Assessment
X3	Logistical Considerations
X4	Coroner/Medical Examiner Fatality Management Initial Incident Assessment Form
X5	Operational Period Briefing Agenda
X6	Family Assistance Center
X7	Message Mapping Worksheets
X8	Job Action Sheet – Demobilization

**Standard Guide for
Fatality Management in Illinois**

REFERENCE	ANNEX DESCRIPTION
A1	Illinois Emergency Operations Plan The Illinois Emergency Operations Plan (IEOP) serves as the overall concept of operations for State agencies when responding to and recovering from a major emergency or disaster impacting the State of Illinois. The development and maintenance of the IEOP is a cooperative effort of State government agencies coordinated by the Illinois Emergency Management Agency (IEMA). The IEOP is more than a single document that describes the overall concept of disaster response and recovery and must be considered in that context. The comprehensive plan includes emergency plans internal to State agencies, hazard specific plans such as the Illinois Plan for Radiological Accidents, and detailed procedures that are designed to guide emergency workers in performing specific functions at a disaster site. Many of these documents contain sensitive or confidential information and therefore, distribution and viewing must be controlled. In Illinois, there is a possibility of the occurrence of disasters of unprecedented size and destruction resulting from natural hazards, technological hazards and acts of terrorism involving the use of weapons of mass destruction or other means. The IEOP in the comprehensive context is designed to address these and all other hazards that currently exist or may be realized in the future. Specific contingency plans and detailed procedures are maintained by individual agencies with the authority and expertise to perform certain functions. Agency specific plans and procedures are incorporated in the IEOP by reference only. In the event of a major emergency or disaster, all responding agencies will implement their plans and procedures within the concept of operations as described in the IEOP. It is critical that the State of Illinois be prepared to effectively conduct emergency operations at all times. The IEOP must continually be reviewed, maintained and updated to reflect the changes in response capability of the State of Illinois. IEMA, pursuant to the Illinois Emergency Management Agency Act, will coordinate the periodic updates and revisions to the IEOP.
A2	*Emergency Management Standard 2007 by EMAP* *Overview* Resource management involves the pre-disaster, systematic identification of resource requirements, shortfalls and inventories. 4.8.1 The program has a resource management system that includes implementing procedures that address the identification, location, acquisition, storage, maintenance and testing, timely distribution and accounting for services and materials to address the hazards identified by the program.

Standard Guide for
Fatality Management in Illinois

REFERENCE	ANNEX DESCRIPTION

	4.8.2 Resource management objectives shall be established by conducting a periodic gap analysis.
	
	4.8.3 Resource needs and shortfalls are identified by the program and are prioritized and addressed through a variety of initiatives, which include the budget process, executive process, mutual aid agreements, memoranda of understanding, contractual service agreements or business partnerships and steps necessary to overcome any shortfalls.
	
	4.8.4 The resource management system includes procedures that address the following:
	
	    (1) activating those processes prior to and during a disaster
	    (2) dispatching resources prior to and during a disaster
	    (3) deactivating or recalling resources during or after a disaster
	
	4.8.5 The program maintains a system and a plan for obtaining internal and external resources.
	
	4.8.6 The program shall have a process in place that accepts, manages, and distributes the donation of goods and materials, services, personnel, financial resources and facilities, solicited and unsolicited. The donations management process shall address the coordinating of donations with needs.
	
	Emergency Management Accreditation Program (EMAP)
	(hyperlink provided at - http://www.emaponline.org/)

A3	<u>Mutual Aid Requirements</u>
	▪ What parties are entering into the agreement,
	▪ What the purpose of the agreement is;
	▪ What the terms of the agreement are;
	▪ When is/can the agreement be activated,
	▪ What resources are available under the agreement;
	   - Quantity approved or available;
	   - Type (resource typed – FEMA);
	   - Capabilities, limitations, and purpose;
	   - Specialized operating requirements; and
	   - Timeframe to respond to area of operations.
	▪ What procedures are in place to request and activate resources;
	▪ What information is required for activation of resources;
	▪ What timeframe resources are activated for standard deployment;
	▪ What demobilization or recall provisions are in place;
	▪ What limitations, liabilities, immunities, or insurance provisions are in place

REFERENCE	ANNEX DESCRIPTION

	when the agreement is activated;
	▪ What command or supervision and control resources will operate under;
	▪ What reimbursement provisions are in place for the agreement to include at minimum;
	  - Equipment rates established for hours of use, mileage, fuel costs, maintenance, or repair;
	  - Materials and supplies furnished by the resource provider for operations of equipment; and
	  - Personnel costs established for hourly rates, fringe benefits, worker's compensation, and applicable overtime rates as appropriate.
	▪ What payment processes or requirements are active under the agreement; and
	▪ What records or documentation is required for provisions covered by the agreement.

A4	Target Capability List (TCL) – Capability Definition *Fatality Management* Capability Definition Fatality Management is the capability to effectively perform scene documentation; the complete collection and recovery of the dead, victim's personal effects, and items of evidence; decontamination of remains and personal effects (if required); transportation, storage, documentation, and recovery of forensic and physical evidence; determination of the nature and extent of injury; identification of the fatalities using scientific means; certification of the cause and manner of death; processing and returning of human remains and personal effects of the victims to the legally authorized person(s) (if possible); and interaction with provision of legal, customary, compassionate, and culturally competent required services to the families of deceased within the context of the family assistance center. All activities should be sufficiently documented for admissibility in criminal and/or civil courts. Fatality management activities also need to be incorporated in the surveillance and intelligence sharing networks, to identify sentinel cases of bioterrorism and other public health threats. Fatality management operations are conducted through a unified command structure. Outcome Complete documentation and recovery of human remains and items of evidence (except in cases where the health risks posed to personnel outweigh the benefits of recovery of remains). Remains receive surface decontamination (if indicated) and, unless catastrophic circumstances dictate otherwise, are examined, identified, and released to the next-of-kin's funeral home with a complete certified death certificate. Reports of missing persons and ante mortem data are efficiently collected. Victims' family members receive updated information prior to the media release. All hazardous material regulations are reviewed and any restrictions on the

Standard Guide for
Fatality Management in Illinois

REFERENCE	ANNEX DESCRIPTION
	transportation and disposition of remains are made clear by those with the authority and responsibility to establish the standards. Law enforcement agencies are given all information needed to investigate and prosecute the case successfully. Families are provided incident specific support services. Relationship to National Response Plan ESF Annex This capability supports the following Emergency Support Functions (EFSs): ESF # 4: Firefighting ESF # 8: Public Health and Medical Services ESF # 9: Urban Search and Rescue ESF #10: Oil and Hazardous Materials Response ESF #13: Public Safety and Security
A5	Secondary Hazard Additional hazards which may be found at any incident; derived from thermal, radiological, asphyxiate chemical, etiological, and mechanical harms. Secondary hazards may be a result of the primary threat and resultant affect on people, infrastructure, and the environment. Steps in identifying and planning for secondary hazards: 1. Identify primary hazards associated with the jurisdiction. 2. Identify and list potential or realized secondary hazards. *(example: Flooding – Secondary Hazard: Levee Failure)* 3. Identify what life safety or response considerations that must be made based on secondary hazard(s). 4. Develop a hazard-specific worksheet that lists both the primary and secondary hazards. 5. Collaborate on planning efforts to resolve or develop strategies, procedures, and job-aids safely addressing secondary hazards during response and recovery.
A6	National Incident Management System (NIMS) *Component II: Communications and Information Management,* *2, Communications Standards and Formats* *d. Joint Information System and Joint Information Center* The Joint Information System (JIS) and the Joint Information Center (JIC) are

Standard Guide for
Fatality Management in Illinois

REFERENCE	ANNEX DESCRIPTION

designed to foster the use of common information formats. The JIS integrates incident information and public affairs into a cohesive organization designed to provide consistent, coordinated, accurate, accessible, and timely information during crisis or incident operations.

The JIC provides a structure for developing and delivering incident-related coordinated messages. It develops, recommends, and executes public information plans and strategies; advises the IC, UC, and supporting agencies or organizations concerning public affairs issues that could affect a response effort; and controls rumors and inaccurate information that could undermine public confidence in the emergency response effort. It is the central point of contact for all news media at the scene of an incident. Public information officials from all participating agencies/organizations should co-locate at the JIC.

Component IV: Command and Management, C. Public Information, 2, System Description and Components

b. Joint Information System

The Joint Information System (JIS) provides the mechanism to organize, integrate, and coordinate information to ensure timely, accurate, accessible, and consistent messaging across multiple jurisdictions and/or disciplines with NGOs and the private sector. The JIS includes the plans, protocols, procedures, and structures used to provide public information. Federal, State, tribal, territorial, regional, or local Public Information Officers and established JICs are critical supporting elements of the JIS. Key elements include the following:

- Interagency coordination and integration.
- Gathering, verifying, coordinating, and disseminating consistent messages.
- Support for decision-makers.
- Flexibility, modularity, and adaptability.

Glossary of Key Terms

Joint Information System (JIS): A structure that integrates incident information and public affairs into a cohesive organization designed to provide consistent, coordinated, accurate, accessible, timely, and complete information during crisis or incident operations. The mission of the JIS is to provide a structure and system for developing and delivering coordinated interagency messages; developing, recommending, and executing public information plans and strategies on behalf of the Incident Commander (IC); advising the IC concerning public affairs issues that could affect a response effort; and controlling rumors and inaccurate information that could undermine public confidence in the emergency response effort.