



TRUMBULL COUNTY COMBINED HEALTH DISTRICT (TCCHD) Mass Fatality Response Annex

Version 1.0
Date Adopted: November 28, 2018
Jurisdictions Covered by this Plan:
Trumbull County Combined Health District and
Warren City Health District
Date of Last Revision: 1 August 2018
Date of Last Review: 1 August 2018

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INTRODUCTION

APPROVAL AND IMPLEMENTATION

The Trumbull County Combined Health District (TCCHD) **Mass Fatality Response Annex (MFRA)** provides operational guidance to responding to acute mass fatality incidents as related to public health emergency preparedness in Trumbull County. This Annex encompasses both the Trumbull County Combined Health District (TCCHD) and the Warren City Health District (WCHD). TCCHD will be used throughout the Annex but the plan pertains to and is endorsed by both health districts. This Annex would be implemented during an incident that requires TCCHD to execute the policies and procedures contained in this plan in response to a mass fatality incident in Trumbull County. For the purposes of this Annex, mass fatality is defined as an event in which the number of deaths during the event exceeds the ability of usual local response systems to manage them. This annex will be implemented in conjunction with the **TCCHD Emergency Response Plan – Basic Plan (ERP)** and its Annexes and Appendices and the **Trumbull County Emergency Operations Plan (EOP)**.

EXECUTIVE SUMMARY

The **TCCHD Mass Fatality Response Annex** is an incident specific plan that provides guidance for the management of public health’s response to acute mass fatality incidents that occur within Trumbull County. This Annex becomes activated when the number of deaths during an incident exceeds the ability of usual local response systems to manage them within Trumbull County without assistance. It coexists with the **TCCHD ERP-Basic Plan** and is an Annex to this plan.

This Annex identifies public health’s roles and responsibilities for mass fatality response operations in Trumbull County. This plan is to be used in conjunction with the more detailed **TCCHD ERP-Basic Plan** and its Attachments and Appendices and other TCCHD Annexes that might be needed depending on the incident. Additionally, this Annex is designed to work in conjunction with the **Trumbull County Emergency Operating Plan (TC-EOP)**, administered by the Trumbull County Emergency Management Agency (TC-EMA).

The successful implementation of the **TCCHD Mass Fatality Response Annex** is dependent upon the collaboration of Trumbull County partner agencies and organizations that are either the lead for fatality management or responsible for crucial resources and tasks during a mass fatality incident in Trumbull County.

SIGNATURE PAGE

The Trumbull County Combined Health District (TCCHD) **Mass Fatality Response Annex (MFRA)** provides the guidance for coordination of public health resources and response to lead agencies during a mass fatality incident in Trumbull County. During a mass fatality incident, lead agencies such as the coroner, local government and healthcare systems may become overwhelmed and exhaust their resources. Therefore, this Annex will be used to provide assistance with mitigation of mass fatalities throughout Trumbull County.

All TCCHD program areas are directed to provide training and exercise these plans in order to maintain the overall preparedness and response capabilities of the agencies. TCCHD will maintain this plan, reviewing it and reauthorizing it at least annually; and utilize exercise or real event After Action Reports (AAR) to make changes and updates.

This **Mass Fatality Response Annex** is hereby adopted, and all TCCHD program areas are directed to implement it.

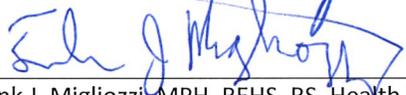
This plan has been approved and adopted by the following individuals at TCCHD:



Robert Biery, Jr., Board President
Trumbull County Combined Health District

11/28/2018

Date

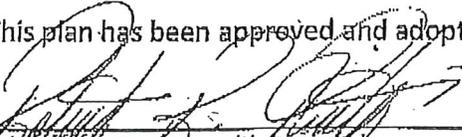


Frank J. Migliozzi, MPH, REHS, RS, Health Commissioner
Trumbull County Combined Health District

11-29-18

Date

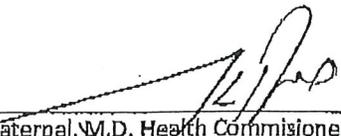
This plan has been approved and adopted by the following individuals at WCHD:



Robert Pizzi, Deputy Health Commissioner
Warren City Health District

11-14-18

Date



Subash Khaterpal, M.D. Health Commissioner
Warren City Health District

11/19/2018

Date

RECORD OF CHANGES

The Health Commissioner authorizes all changes to the **TCCHD Mass Fatality Response Annex**. Change notifications are sent to those on the distribution list. The following should be completed when changes are made:

1. Add new pages and destroy obsolete pages.
2. Record changes on this page.
3. File copies of change notifications behind the last page of this Annex.

Date	Revision Number	Version Number	Description of Change	Pages Affected	Reviewed or Changed By (Name & Title)

For questions about this plan, contact:

Sandra Swann, RN, BSN
Director of Nursing
Emergency Preparedness Coordinator
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RECORD OF DISTRIBUTION

A single hard copy of the **TCCHD Mass Fatality Response Annex** is distributed to each person in the positions listed below.

Date Received	Program Area	Title	Name
	TCCHD	Health Commissioner	Frank Migliozi, MPH, REHS/RS
	WCHD	Deputy Health Commissioner	Robert Pinti
		Title	Name
		Title	Name

This Annex is available to all staff and agency partners through the TCCHD internet site. One hard copy and one electronic copy can be found in the TCCHD Department Operations Center (DOC). Additionally, each Department Coordinator possesses an individual electronic copy. Staff may view the plan via the internet at any time or request to view one of the available hard copies.

SECTION I

1.0 PURPOSE

The purpose of the **Mass Fatality Response Annex (MRFA)** to the **TCCHD Emergency Response Plan – Basic Plan (ERP)** is to outline the operational concepts, responsibilities, and actions of TCCHD public health during a mass fatality incident in Trumbull County. TCCHD is not the lead agency for mass fatality incidents but would provide support to the lead agencies (TC Coroner, TC Medical Examiner, Emergency Management Agency (EMA), and TC Law Enforcement) related to the following operations:

- EDRS (Vital Statistics) Technical Assistance
- Reporting of known deaths
- Resources Support
- Guidance for Management of Contaminated Remains
- Public Health Authorities

Before an effective response can take place, certain plans, procedures and protocols need to be established. The **TCCHD MFRA** defines NIMS compliant roles and responsibilities for supporting a mass fatality incident in Trumbull County. Trumbull County mass fatalities lead and partner agency response strategies are outlined in the **Trumbull County Emergency Operations Plan (TC EOP)** Annex I – Medical Annex and Tab 1 to this Annex - Mortuary Services Multiple-Death Disaster Situation. These lead and partner agencies include the coroner, medical examiner, funeral directors, ambulances, EMS, hospitals and healthcare facilities, pathologists, American Red Cross (ARC), dentists, x-ray technicians, and law enforcement.

Furthermore, the purpose of this Annex is to develop strategies to enhance the ability of the local public health agencies to work with the lead jurisdictional authorities (e.g. county coroner, medical examiner, emergency management, and law enforcement) and effectively integrate with them during a mass fatality incident. It will identify the roles and responsibilities of TCCHD public health, actions to be taken during a mass fatality incident, and develop a coordinated approach for the management of resource when responding to a mass fatality incident.

2.0 SCOPE

This Annex is applicable to mass fatality operations within Trumbull County to be carried out by TCCHD Public Health. A mass fatality incident is defined as an occurrence of multiple deaths that overwhelm the usual routine capability of Trumbull County.

Through prior planning and sound medical practices, a mass fatality incident can be handled efficiently and humanely.

The TC Coroner has jurisdiction over mass fatalities within Trumbull County. When the TC Coroner deems the number of fatalities exceed local resources and capabilities to effectively handle a mass fatality incident, they may request that the TC EMA Director activate the TC Emergency Operations Center (EOC) and Annex I of the EOP and call in local agencies to provide assistance and support with the incident. When requested, TCCHD will provide mass fatality support and assistance as detailed in this Annex. If local resources and capabilities to effectively handle a mass fatality incident are exceeded then the TC EMA Director can request state-level assistance or request mutual aid from another jurisdiction.

3.0 SITUATION

1. The State Revised Code assigns responsibility for fatality management to the TC Coroner/Medical Examiner.
2. The **TC EOP** addresses mass fatality in Annex I – Medical Annex and Tab 1 to this Annex - Mortuary Services Multiple-Death Disaster Situation.
3. Tab 1 addresses the responsibilities of the trained mortuary response team and other local funeral service personnel when activated to assist under the direction of the TC Coroner.
4. The Annex I and Tab 1 of the **TC EOP** was developed with the support and approval of each agency/partner with roles in either plan, namely:
 - TC Coroner
 - Trumbull County Combined Health District
 - Warren City Health District
 - Mercy Healthcare System St. Joseph Hospital
 - Steward Healthcare Trumbull Regional Medical Center
 - American Red Cross NE Region
 - TC Mental Health and Recovery Board
 - TC Emergency Medical Services
 - TC Law Enforcement
 - TC Funeral Directors
5. **TC EOP** – Annex I assigns lead responsibility to the TC Coroner’s Office. They will coordinate local resources utilized for the collection, identification and disposition of deceased persons.
6. The TC Coroner along with other county governmental and partner agencies will work together to manage the safe recovery of the deceased with dignity and respect, but prioritize providing care to the living.

7. The need, amount and type of specific support services and resources will vary with the type of incident.
 8. Any major natural or manmade disaster may result in extensive property damage and possibly a large number of deaths which may require extraordinary procedures.
-

4.0 ASSUMPTIONS

1. TCCHD's Mass Fatality Response Annex encompasses both the TCCHD jurisdiction and the Warren City Health District (WCHD) jurisdiction.
2. The TC Mass Fatality Response Annex is not a stand-alone plan, but is used in conjunction with the TCCHD ERP-Basic Plan and the TC EOP.
3. Prior to activation of this Annex, a local emergency will have been declared or will be anticipated.
4. Notification of a mass fatality incident will be communicated to all applicable agency partners as outlined within this or other applicable plans.
5. A significant mass fatality incident may rapidly exhaust local response resources and capabilities, thus requiring assistance from regional response partners and the State of Ohio.
6. Mass fatality incidents can occur anywhere without warning causing multiple casualties and fatalities within a short period of time.
7. A mass fatality incident within a community may create high levels of anxiety, misperception, and panic.
8. During a mass fatality incident, rumors and misinformation can be expected.

SECTION II

5.0 CONCEPT OF OPERATIONS

5.1 SCOPE OF RESPONSIBILITIES

TCCHD is a support agency for Annex I (Medical Annex) of the ***TC Emergency Operation Plan***. Annex I includes provisions for accomplishing those necessary actions related to lifesaving transport, evacuation, treatment of the injured, disposition of the dead, and crisis mental health services during response operations as a result of a natural or man-made disaster. Although Public Health Operations are addressed in a separate annex (Annex H – Public Health), close coordination is required to fulfill the overall responsibility of safeguarding and minimizing the adverse health factors which may affect persons during and/or after an emergency or disaster.

Annex I of the ***TC EOP*** includes assignments and responsibilities for Trumbull County response agencies during a mass fatality incident. The task lists for each response agency includes their duties expected and these obligations are available 24/7 during an emergency or disaster.

Within the Trumbull County Combined Health District, the divisions with primary responsibility for execution of this Annex are:

- Nursing Division and Epidemiologist
- Environmental Division
- Administrative Division

Within the Warren City Health District, the divisions with primary responsibility for execution of this Annex are:

- Vital Statistics Division
- Nursing Division
- Environmental Division
- Administrative Division

The expected support response functions of each of these division program areas are detailed below. For simplicity purposes, similar divisions for both health districts will be addressed together as TCCHD.

5.1.1 NURSING DIVISION SUPPORT FUNCTIONS

The Nursing Division, which accommodates the TC Epidemiologist at TCCHD, will support the lead agencies (e.g. Coroner, Medical Examiner, EMS, and Law Enforcement) in acquiring supplies and resources (e.g. PPE) and providing subject matter expertise regarding disease exposure, decontamination, and maintain awareness of operations to anticipate challenges. Nursing Division staff will assist the lead agencies with ensuring the careful and respectful tracking of decedents, body parts, and personal effects if needed.

The TC Epidemiologist will support the reporting of known deaths through the querying of ODRS to identify pediatric influenza deaths. Pediatric Influenza death is a Class B reportable condition, requiring that it be reported by the end of the next business day. The Epidemiologist can query ODRS to identify pediatric deaths from influenza. No other disease-related deaths are tracked in ODRS.

During an incident with a significant number of influenza deaths, the Nursing staff and/or Epidemiologist will provide a count of pediatric influenza deaths each workday to local, regional and state partners or as needed. The nursing staff will be in contact with the coroner’s office and the hospitals for updated case numbers. There is sometimes a delay in reporting of a pediatric influenza death due to confirmatory laboratory testing by the coroner if the death was sudden. The death will be logged into ODRS when it is confirmed an influenza death.

The table below details the timelines that are mandated by law for the reporting of pediatric influenza deaths:

Day Death Occurred	Day Law Requires Entry into ODRS*	Day Death would be Included in Query of Pediatric Deaths*
Monday	COB on Tuesday	Wednesday
Tuesday	COB on Wednesday	Thursday
Wednesday	COB on Thursday	Friday
Friday	COB on Monday	Tuesday
Saturday	COB on Monday	Tuesday
Sunday	COB on Monday	Tuesday

***Holidays will delay these timelines by one full business day.**

The TCCHD Nursing Division also oversees the TC Medical Reserve Corps volunteers. TCCHD will ensure that volunteers are appropriately screened and trained to assist partner agencies as requested.

During a mass fatality incident, the TC Coroner/Medical Examiner will contact the TC EMA to notify the Ohio Funeral Directors Association who will activate the Mortuary Response Team and set up a Family Assistance Center if needed. The Nursing Division staff will support the

coroner and response team by providing staff to assist with duties at the Family Assistance Center if requested.

5.1.2 VITAL STATISTICS DIVISION SUPPORT FUNCTIONS

Warren City Health District (WCHD) houses Vital Statistics (VS) for Trumbull County. This division maintains a full time supervisor and staff dedicated to the registration and maintenance of birth and death records in Trumbull County. They are the primary responsibility for the vital statistics efforts in the county and play a key role in processing the death certificates completed and signed by the physician and/or coroner.

Under usual circumstances when a death is due to natural causes, a physician must sign the record. The funeral director will bring in a signed, completed death certificate to the WCHD Vital Statistics office. The Vital Statistics Clerk will verify completion of the record, log on into the Electronic Death Registration System (EDRS) and complete the appropriate tabs to electronically register the record and/or approve the burial permit. If final disposition of the remains is cremation, a signed record from the physician with the cause of death must be presented to the WCHD Vital Statistics office before a permit authorizing cremation can be issued.

In the event of a mass fatality, all death certificates must be signed by the Coroner. Death certificates will be entered into EDRS as usual. In the event that EDRS is inoperable, the Vital Statistics staff will provide “paper/hard/manual” death certificate forms to funeral director and coroners for use. All pertinent information will be entered into EDRS as soon as the system allows.

If necessary, a “paper/hard/manual” disposition permit will be issued from the Vital Statistics office to allow for final disposition of the deceased’s remains. If final disposition is cremation, a completed death certificate must be signed by the coroner before a permit authorizing cremation can be issued.

During a mass fatality incident, the Director of Health can direct the Bureau of Vital Statistics to create a marker in the EDRS Mass Fatality table that will link a specific fatality to an incident. Seven days after an EDRS fatality marker is established, WCHD VS staff will query EDRS for deaths associated with the mass fatality incident. Once querying is available, updates to death counts can be provided on a daily basis. Once all death certificates have been registered in EDRS by all local stakeholders, EDRS can be queried for a final, official death count for an incident. The length of time it will take for all death certificates to be registered is entirely dependent on the nature of the incident. In complex incidents, the final count may take months to identify.

All relevant policies and procedures for vital statistics in the county are maintained by WCHD. **Appendix 1 – Vital Statistic Reporting Guidance** is a CDC reference guide for certification of deaths in the event of a natural, human-induced or chemical/radiological disaster.

5.1.3 ENVIRONMENTAL DIVISION SUPPORT FUNCTIONS

The Environmental Division will support the lead agencies (e.g. Coroner, Medical Examiner, EMS, and Law Enforcement) in acquiring supplies and resources (e.g. temporary interment sites, short and long term storage) if needed. Staff will work with state and federal agencies to manage certain environmental issues such as decontamination, determining safe return to facilities and both water and soil sampling as requested.

5.1.4 ADMINISTRATIVE DIVISION SUPPORT FUNCTIONS

The Administrative Division (Health Commissioner, Deputy Health Commissioner, and Directors) will support the lead agencies (e.g. Coroner, Medical Examiner, EMS, and Law Enforcement) with situational awareness and public messaging. This division will work with County and City Prosecutors in coordination with other stakeholders to facilitate the exercise of critical public health authorities that are needed during a mass fatality response, in particular authorities related to the conveyance and final disposition of remains.

5.2 GUIDANCE FOR MANAGEMENT OF CONTAMINATED REMAINS

TCCHD anticipates that guidance will be needed whenever there are contaminated remains. In a mass fatality incident involving potential contamination, TCCHD in coordination with local, state and federal partners, will provide guidance on the handling and final disposition of contaminated remains.

TCCHD will work closely with local, federal, and state partners to develop appropriate guidance. Preparation and guidance for infectious remains is led by TCCHD Epidemiologist who will work with ODH Bureau of Infectious Disease (BID) for direction and information. Preparation and guidance for remains with chemical or radiological contamination is led by the Environmental Director(s) who will work closely with ODH Bureau of Environmental Health and Radiation Protection (BEHRP) for direction and information.

All TCCHD partners can be found in Appendix 5 of the **TCCHD Emergency Response Plan-Basic Plan**. Some state and federal partners that would be specific to this Annex include but are not limited to:

- Ohio Department of Health
- Centers for Disease Control and Prevention
- Ohio Environmental Protection Agency
- US Environmental Protection Agency
- State Coroners Association
- State Funeral Directors Association
- DMORT Team
- Ohio State Emergency Management Agency
- Ohio Department of Agriculture
- USDA

The guidance for each potential element of contamination in which public health would be involved is detailed below.

5.2.1 INFECTIOUS DISEASE / BIOLOGICAL CONTAMINATION

If the fatalities are occurring due to an infectious disease or biological agent, TCCHD Nursing Division(s) staff and Epidemiologist will consult with ODH BID. TCCHD communicable disease staff and Epidemiologist will work closely with ODH BID to develop timely and appropriate guidance for disease contaminated remains. Guidance will address appropriate PPE and final disposition of remains, as well as potential health impacts from the infectious disease or biological agent(s).

TCCHD Public Health is the local lead agency for infectious disease in Trumbull County. TCCHD will provide this guidance to local partners (e.g. Coroner, EMS, Law Enforcement, and Healthcare Facilities) regarding what precautions and PPE should be taken and will assist in determining if autopsies can occur and final disposition of remains.

Other federal partners such as the Centers for Disease Control (CDC) may be consulted depending on the infectious disease or biological agent.

5.2.2 CHEMICAL CONTAMINATION

If the fatalities are occurring due to a chemical release or spill, TCCHD Environmental Division will consult with the TC HazMat Team, the TC EMA, and the Ohio Environmental Protection Agency (EPA) for advice on the chemical, environmental containment, decontamination of the bodies and if there are restrictions on burial.

The local lead agency for chemical release or spill in Trumbull County is the TC Hazmat Team and the TC EMA. The **TC EOP** addresses chemical releases and spills in Annex O – Hazmat

Response Plan and facilitates the Local Emergency Planning Committee (LEPC) of which TCCHD is a member. The state lead agencies include the Ohio EPA and the Ohio EMA. TCCHD Environmental Division(s) will work closely with these partners to develop timely and appropriate guidance for chemically contaminated remains. Guidance will address appropriate precautions and PPE, decontamination of remains, final disposition of remains, and potential health impacts from the chemical contamination.

TCCHD will provide this guidance to local partners (e.g. Coroner, EMS, Law Enforcement, and Healthcare Facilities) regarding what precautions and PPE should be taken and will assist in determining if autopsies can occur and final disposition of remains.

Other federal partners such as the US EPA and USDA may be consulted depending on the environmental impact of the chemical agent.

5.2.3 RADIOLOGICAL CONTAMINATION

If the fatalities are occurring due to a radiological release or accident, TCCHD Environmental Division will consult with the TC HazMat Team, the TC EMA, Ohio EPA, and ODH BEHRP for advice on environmental containment, decontamination of the bodies and if there are restrictions on burial.

The local lead agency for a radiological release or accident in Trumbull County is the TC Hazmat Team and TC EMA. The **TC EOP** addresses Radiological Disasters in Annex M – Radiological Protection. The state lead agencies include the ODH BEHRP, Ohio EPA, and Ohio EMA. TCCHD Environmental Division(s) will work closely with these partners to develop timely and appropriate recommendations and guidance for remains contaminated with radiation. Recommendations will be provided for (a) appropriate PPE and (b) dosimetry and/or exposure assessments for anyone who is handling these remains. Guidance will address appropriate precautions, decontamination of remains, final disposition of remains, and potential health impacts from the radiation contamination.

TCCHD will provide recommendations and guidance to local partners (e.g. Coroner, EMS, Law Enforcement, and Healthcare Facilities) regarding what precautions and PPE should be taken and will assist in determining if autopsies can occur and final disposition of remains.

It is anticipated that a large-scale radiological release that results in mass fatality deaths would require population monitoring. TCCHD will recommend that individuals who handle radiological remains be included in these population-monitoring efforts. Guidance on potential health impacts from confirmed exposure will be provided. TCCHD will assist local partners to provide the population monitoring for the incident if requested. Population monitoring is addressed in the **TC EOP Annex M – Radiological Protection**.

Other federal partners such as the US EPA, Nuclear Regulatory Commission and Department of Energy (DOE) may be consulted depending on the environmental impact of the radiological agent.

5.3 PUBLIC HEALTH LEGAL ISSUES DURING A MASS FATALITY INCIDENT

During a mass fatality incident at the local level, TCCHD will contact the Trumbull County Prosecutor's Office and the ODH Office of General Counsel prior to issuing any public health orders. When TCCHD reaches out to discuss the issuance of public health orders, the following should be engaged:

- Prosecutor's Office
- TCCHD Attorney(s)
- TCCHD Medical Director(s)
- TCCHD Infectious Disease Physician
- TC Coroner's Office
- TC EMA
- TC Hazmat
- ODH Office of General Counsel
- Subject Matter Experts (as applicable)

During a mass fatality incident that crosses county borders, state borders or at a state level, the Ohio Department of Health will direct the local health department efforts and advice on public health orders that will affect more than one jurisdiction and/or state. Orders will be drafted by Office of General Council at ODH with review and input from engaged personnel. The process for issuing these orders is the same as for any other orders; only the topic and engaged personnel may vary.

During a mass fatality incident, TCCHD will engage the county prosecutors' office and the TCCHD contracted Attorney for legal advice and direction as early as possible in the incident and maintain continued engagement throughout the response and recovery phases.

The following outline the authorities held by Public Health that directly relate to mass fatality incidents. They include but are not limited to disposition of remains, including order for immediate burial and destruction of contaminated/infected property as applicable.

5.3.1 APPLICABLE PUBLIC HEALTH AUTHORITY RELATED TO THE AGENT THAT CAUSED THE FATALITIES

In regard to legal authorities during a mass fatality incident, it is important to note that the causal agent of the mass fatality incident will trigger different bodies of law that apply to the incident.

The following is a list of public health laws that relate to infectious disease as the causative agent. This list is not all inclusive; other laws may apply depending on the incident.

1. ORC 3707.19 Disposal of body of person who died of communicable disease.

The body of a person who has died of a communicable disease declared by the department of health to require immediate disposal for the protection of others shall be buried or cremated within twenty-four hours after death. No public or church funeral shall be held in connection with the burial of such person, and the body shall not be taken into any church, chapel, or other public place. Only adult members of the immediate family of the deceased and such other persons as are actually necessary may be present at the burial or cremation.

Effective Date: 10-01-1953.

5.3.2 APPLICABLE PUBLIC HEALTH AUTHORITY RELATED TO DISPOSITION OF REMAINS

The following is a list of public health laws that relate to disposition of remains, including order for immediate burial. This list is not all inclusive, other laws may apply depending on the incident.

1. ORC 3707.19 Disposal of body of person who died of communicable disease.

The body of a person who has died of a communicable disease declared by the department of health to require immediate disposal for the protection of others shall be buried or cremated within twenty-four hours after death. No public or church funeral shall be held in connection with the burial of such person, and the body shall not be taken into any church, chapel, or other public place. Only adult members of the immediate family of the deceased and such other persons as are actually necessary may be present at the burial or cremation.

Effective Date: 10-01-1953.

2. 4717.23 Prohibited acts by operator of facility prior to cremation.

(A) No crematory operator or crematory facility shall cremate or allow the cremation of dead human body, other than one that was donated to science for purposes of medical

education or research, until all of the following have occurred: (1) A period of at least twenty-four hours has elapsed since the decedent's death as indicated on a complete, non-provisional death certificate filed under section 3705.16 of the Revised Code or under the laws of another state that are substantially equivalent to that section, unless, if the decedent died from a virulent communicable disease, the department of health or board of health having territorial jurisdiction where the death of the decedent occurred requires by rule or order the cremation to occur prior to the end of that period;

3. ORC 517.23 Disinterment of body buried in cemetery.

(B) No disinterment shall be made pursuant to this section and section 517.24 of the Revised Code if the decedent died of a contagious or infectious disease until a permit has been issued by the board of health of a general health district or of a city health district.

5.3.3 APPLICABLE PUBLIC HEALTH AUTHORITY RELATED TO DESTRUCTION OF CONTAMINATED/INFECTED PROPERTY

The following is a list of public health laws that relate to destruction of contaminated/infected property. This list is not all inclusive, other laws may apply depending on the incident.

1. ORC 3707.12 Destruction of infected property.

The board of health of a city or general health district may destroy any infected clothing, bedding, or other article that cannot be made safe by disinfection, and shall furnish to the owner of the articles a receipt, of which the board shall keep a complete and accurate copy, for articles so destroyed. The receipt shall show the number, character, condition, and estimated value of the articles destroyed. When a building, hut, or other structure has become infected with a dangerous communicable disease, and cannot, in the opinion of the board, be made safe by disinfection, the board may have the building, hut, or other structure appraised and destroyed.

Effective Date: 04-09-1981.

5.3.4 OTHER RELEVANT OHIO LEGAL AUTHORITY TO A FATALITY INCIDENT

The following is a list of public health and state laws that relate to the safe handling, storage and disposition of human remains. This list is not all inclusive, other laws may apply depending on the incident.

1. ORC 313.12 Notice to coroner of violent, suspicious, unusual or sudden death.

Defines when a coroner/medical examiner must be notified to investigate a death.

2. ORC 313.05 Appointment of deputy coroners and other personnel.

Defines the appointment process and powers of deputy coroners appointment process and powers of deputy coroners.

3. ORC 2105.35 Determination and evidence of death.

Defines under what circumstances a person may be declared dead when missing.

4. ORC 3705.16 Statement of facts in certificates.

Death certificate – “Each death or fetal death that occurs in this state shall be registered with the local registrar of vital statistics of the district in which the death or fetal death occurred, by the funeral director or other person in charge of the final disposition of the remains.” “The funeral director or other person in charge of the final disposition of the remains shall present the death or fetal death certificate to the attending physician of the decedent, the coroner, or the medical examiner, as appropriate for certification of the cause of death.”

5. ORC 3705.17 Burial permit required - records to be kept.

Describes the procedure for issuing a disposition (burial) permit. “The body of a person whose death occurs in this state shall not be interred, deposited in a vault or tomb, cremated, or otherwise disposed of by a funeral director until a burial permit is issued by a local registrar or sub-registrar of vital statistics.”

6. ORC 3705.29 Prohibited acts.

List of prohibited activities concerning death reporting.

7. ORC 5121.11- Burial or cremation of indigent patient or resident.

The state shall bear the expense of the burial or cremation of an indigent resident who dies in a state institution operated by the department of developmental disabilities under section 5123.03 of the Revised Code or in a state correctional institution if the body is not claimed for interment or cremation at the expense of friends or relatives or is not delivered for anatomical purposes or for the study of embalming in accordance with section 1713.34 of the Revised Code. The managing officer of the institution shall provide at the grave of the person or, if the person's cremated remains are buried, at the grave of the person's cremated remains, a metal, stone, or concrete marker on which shall be inscribed the name and age of the person and the date of death.

8. ORC3705.071-Copy of death certificate of child to be sent to county of residence.

On receipt of a death certificate of a person who was under eighteen years of age at death, the local registrar of vital statistics shall determine the county in which the person resided at the time of death. If the county of residence was other than the county in which the person died, the registrar, after registering the certificate and no later than four weeks after receiving it, shall make a copy of the certificate and send it to

the local registrar of vital statistics of the county in which the person resided at the time of death.

9. ORC 3705.18- Authorization for final disposition of body transported into state.

When a death occurs outside the state and the body is transported into this state for burial or other disposition, the body must be accompanied by an authorization for final disposition issued in accordance with the laws and health regulations of the place where death occurred. The authorization that accompanied the body shall be accepted as authorization for burial, cremation, or other disposal in Ohio. The person in charge of place of burial shall endorse and forward the authorization for final disposition that accompanied the body to the local registrar of vital statistics of the registration district in which burial was made.

10. OAC3701-5-08-Investigation of delayed filing of certificates of death and fetal death.

The medical certificate of death shall be completed and certified by the attending physician who attended the deceased, or by the coroner, within forty-eight hours after death, unless the results of an autopsy or chemical or biological examination are pending.

11. OAC 3701-5-06 Medical certification of cause of death; sufficient cause for filing provisional certificate of death or fetal death.

Describes the timeline and procedure for death and disposition certificates

12. OAC 3701-5-07- Filing of the certificate of death when the cause of death is not known.

When the results of a coroner's investigation or a medical examination to determine the cause of death are not known within five days from the date of death, the coroner or attending physician, as applicable, shall certify the certificate of death, enter " pending" or "pending - not drug related" in the cause of death portion, and return the certificate to the funeral director or other person in charge of final disposition. The funeral director shall immediately file the certificate of death or fetal death report with the local registrar. If there is no funeral home, the agent shall file the death certificate with the local registrar. When the cause of death has been determined, the coroner or attending physician, as applicable shall complete the supplementary medical certification form prescribed and provided by the director. The coroner or physician shall file the form with the local registrar as an addendum to the previously filed certificate of death no later than six months after the date of death.

13. OAC 4731-14-01 Pronouncement of death.

Defines who can pronounce an individual deceased and under what circumstances

SECTION III

6.0 DOCUMENT ACRONYMS

Acronyms related to the ***TCCHD Mass Fatality Response Annex*** are in ***Appendix 2 – MFRA Annex Acronyms***.

7.0 AUTHORITIES AND REFERENCES

The following list of Authorities and References includes Executive Orders, Agency Directives, statutes, rules, plans and procedures that provide authorization and operational guidelines for mass fatality response.

7.1 AUTHORITIES

1. ORC 3707 – Board of Health - <http://codes.ohio.gov/orc/3707>
 2. ORC Chapter 3705 – Vital Statistics - <http://codes.ohio.gov/orc/3705>
 3. ORC Chapter 3701 – Department of Health - <http://codes.ohio.gov/orc/3701>
 4. ORC Chapter 313 – Coroner - <http://codes.ohio.gov/orc/313>
 5. ORC Chapter 2105 – Descent and Distribution - <http://codes.ohio.gov/orc/2105>
 6. ORC Chapter 4731 – Physicians; Limited Practitioners - <http://codes.ohio.gov/orc/4731>
 7. ORC Chapter 717 – Specific Powers - <http://codes.ohio.gov/orc/717>
 8. ORC Chapter 517 – Cemeteries - <http://codes.ohio.gov/orc/517>
 9. OAC Chapter 3701 – Department of Health – Administration and Director - <http://codes.ohio.gov/oac/3701>
 10. OAC Chapter 4731 – State Medical Board – ORC - <http://codes.ohio.gov/oac/4731>
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7.2 REFERENCES

1. TC Emergency Operations Plan (EOP) – Annex I, Annex M, and Annex O
2. Barishansky R & Mauzurek A; June 8, 2011; The Public Health Role During Mass Fatality Incidents; retrieved from www.domesticpreparedness.com/healthcare

3. Vital Statistics Reporting Guidance; October 2017; A reference Guide for Certification of Deaths in the Event of a Natural, Human-induced, or Chemical/Radiological Disaster; retrieved from www.cdc.gov/nchs/nvss/reporting-guidance.htm
4. State of Ohio EOP – Emergency Support Function #8 Public Health and Medical Services
5. ODH Mass Fatality Response Annex Rubric Guidance Sample Document – Version 3
6. State of Ohio Acute Mass Fatality Management Plan – Planning Guidance for Local Jurisdiction Guidance retrieved from <http://ema.ohio.gov/Documents/Plans/OtherLocalPlanDevelopment/OhioAcuteMassFatalityGuidanceForLocalJurisdictions.pdf>

8.0 ATTACHMENTS AND APPENDICES

APPENDIX 1 – ACRONYMS

APPENDIX 2 – VITAL STATISTICS REPORTING GUIDANCE

APPENDIX 3 – TC COLD STORAGE INVENTORY

APPENDIX 4 – TC FUNERAL HOME LISTING