Mass fatality operations plan

Annex to DHHS emergency operations plan

August 2025

Utah Department of
Health & Human
Services

Promulgation statement

A mass fatality incident (MFI) results in a number of deaths above what is normally managed by medicolegal and emergency response systems. It may be several days before the DHHS Office of the Medical Examiner (OME) personnel, response organizations, partner agencies, or private mortuaries can respond to, process, and recover decedents as a result of a major disaster.

Mass fatality incidents may occur anywhere in Utah as the result of natural, accidental, or man-made catastrophic events, or public health emergencies. Primary responsibility for the investigation, recovery, management of human remains, management of death certification, and notification of next-of-kin of a family member falls under the authority of the state OME.

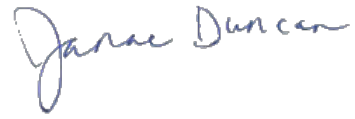
The Utah Department of Health and Human Services (DHHS) Mass fatality operations plan was developed to outline DHHS roles and responsibilities to support the OME. The focus is to respond and provide appropriate aid to the OME, local health departments (LHD), and regional healthcare coalitions (HCC) in the response to a MFI.

The goals of this plan are to:

1. Enhance the ability of the DHHS and local jurisdictions to support the OME, funeral homes, and local healthcare facilities.
2. Create an interoperable and integrated approach to MFI for all affected, responding and supporting agencies.

These goals will enable the OME, local jurisdictions, healthcare facilities, and external partners to efficiently respond and manage a surge in decedents as a result of any disaster.

Approval and implementation



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Introduction

Purpose

The purpose of the DHHS Mass fatality operations plan is to appropriately align DHHS capabilities and resources with mass fatality incidents (MFI). DHHS will work with external partners to understand their plans to improve communication and coordination when needed across jurisdictions. This plan is an annex to DHHS' Emergency operations plan (EOP) and compliments the OME Mass fatality plan. This plan complies with the National Incident Management System (NIMS) organizational plan structure.

The DHHS Mass fatality operations plan outlines strategies to enhance the ability of state and local jurisdictions to work together during a MFI. This plan identifies roles and responsibilities, actions to be taken during the state response to support impacted jurisdictions, and develops a coordinated approach to manage resources while responding to a MFI.

Scope

This plan outlines the leadership, response, and coordination role of DHHS in a MFI with partners including the Division of Emergency Management (DEM), local health departments (LHD), healthcare coalitions (HCCs), other government agencies, emergency responders, and other key partners.

DHHS recognizes that disaster response is inherently local, and local jurisdictions will develop their own plans for response based on their role, responsibilities, needs, and capacities. Therefore, it is not the intent of this plan to instruct outside agencies on their response.

This plan supports the OME Mass fatality plan which describes the procedures and protocols the OME uses during a MFI.

Objectives

The primary plan objectives are:

- Other DHHS operational units will support the OME's response to coordinate resource requests and collaborate with partners as needed.
- Other DHHS operational units will assist in the management of a mass fatality event.
- Mitigate risk to incident responders.
- Specify the command and control structure, who will activate the plan, and criteria for levels of activation.
- Assist in the coordination and establishment of a family assistance center (FAC).
- Other DHHS operational units will help coordinate and provide teams for grief counseling and consultation as needed.
- Identify strategies to mitigate risks to health for people who live in impacted areas.

Planning assumptions

This plan is based on the following basic mass fatality incident assumptions:

1. All incidents begin and end at the local level but the state OME is responsible to determine the circumstances, manner, and cause of all violent, sudden, unusual, or unattended deaths. These overlapping responsibilities will require close coordination between state and local authorities.
2. Incidents result in a surge of deaths above which is normally managed by a community's usual medicolegal, healthcare, and funeral service capacity. Recognition of an MFI is based on capacity and not a specific number of fatalities.
3. The event triggering a MFI will likely have other response functions activated resulting in an incident action plan with various objectives including fatality management.
4. The medicolegal, healthcare, and funeral service systems, as well as all response agencies will continue to experience a "normal" case load as well as the additional case load from the MFI.
5. The OME, hospitals, and funeral homes have limited fatality surge space or equipment.
6. Technological hazards and most natural disasters require a relatively short-term response in a more limited geographic area. The response infrastructure is usually intact, which allows mutual aid agreements and the Emergency Management Assistance Compact (EMAC) to be activated. Federal assets are also typically available.
7. The federal government or Utah National Guard assistance may not be available to local jurisdictions in widespread incidents such as a pandemic. For planning purposes, it is assumed that these resources will not be available during a pandemic.
8. Human remains will always be treated with dignity and respect regardless of the incident circumstances, and when possible, in accordance with religious and spiritual beliefs.
9. Human remains do not pose additional health risks to the community when handled appropriately.
10. Those who handle physical remains may be at risk of bloodborne or body fluid exposure requiring universal precautions and proper training for handling the deceased.
11. It is more important to ensure accurate and complete death investigations and identification of the deceased than it is to quickly end the response.
12. The Utah Electronic Death Entry Network (EDEN) will be operational. Final disposition of human remains requires a death certificate. There may be some circumstances where a death certificate is not complete and may be delayed for 6 months to a year.
13. State and local response agencies, healthcare professionals, mental health professionals, social service organizations, and religious leaders will need to integrate and coordinate within the mass fatality management process at all levels to make sure the response process is understood, and can be properly implemented and communicated to responders and to the general population.
14. State emergency management, local emergency management, and health department coordination capabilities will remain intact and will work together to support all levels of fatality management.
15. Communication and coordination networks are operating in conjunction with the state emergency operations center (EOC), DHHS department operations center, and state communication and coordination networks.
16. It may be necessary to use DHHS emergency response team, UHERT, or volunteers to assist in the duties of responding to a large number of descendants.

17. The Division of Professional Licensing office may implement regulatory flexibilities for staff and volunteers in order to efficiently respond to a MFI (see State Code 58-9-305 and Administrative Rules R156-9-401, 402 and 403).

Concept of operations

Plan activation

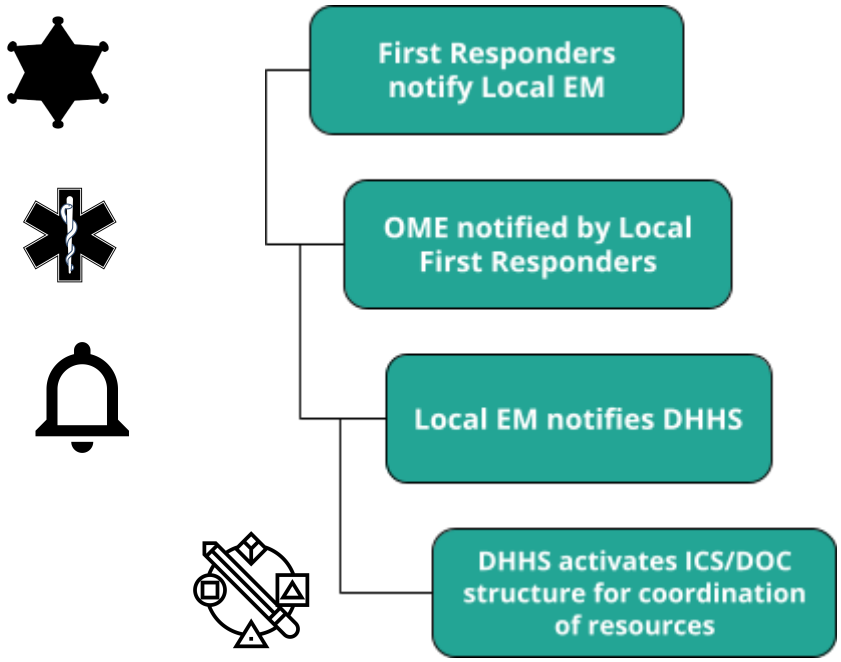
The DHHS Mass fatality operations plan may be activated any time the OME or local jurisdictions require assistance and resources to respond to a MFI. DHHS may be notified of a MFI by local jurisdictions via the 24/7 disaster assistance phone number managed by OPR

1-866-364-8824 (1-866-DOH-UTAH).

After the initial MFI notification, DHHS emergency response staff may organize a conference call with the local responding jurisdiction to discuss the situation and determine the appropriate response actions.

- As the need for a state response is established, the DHHS executive director's office or response leadership may recommend activation of the Department operations center (DOC) and Incident Command Structure (ICS) structure, fully or partially (see DHHS EOP for additional information).

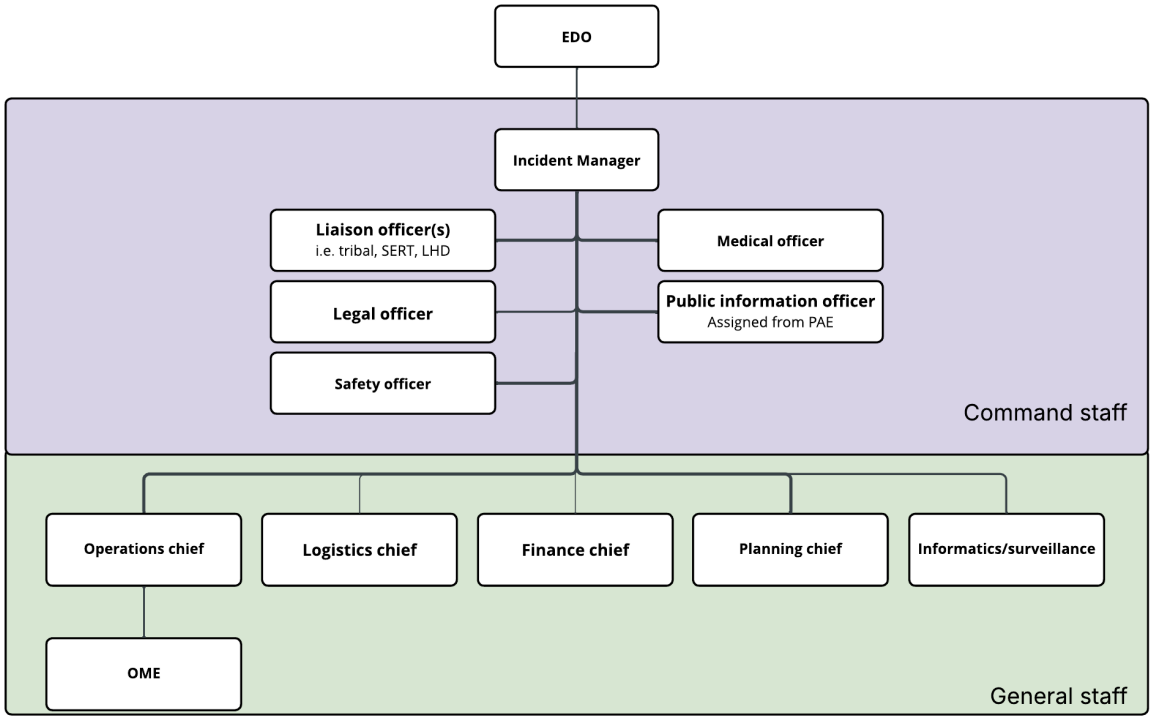
Mass fatality incident notification preferred flow



Command and control

DHHS staff activated during a MFI are structured according to the DHHS Incident Command System (ICS) structure (see figure 1). The scale of the ICS response is based on need as determined by the DHHS incident manager.

Figure 1: DHHS ICS structure



Organization and assignments

DHHS organizational unit	Responsibilities/resources
Office of Preparedness and Response (OPR)	• Will provide: ○ Support services to the local jurisdictions as requested. ○ Planning support ○ Logistical support for requested resources. ○ Coordination and integration of overall state public health efforts. ○ Public health assistance to the affected area. ○ Medical countermeasure (MCM) support.

	• Activate and staff the DOC.
	• Coordinate directly with federal health and medical authorities.
	• Support procurement and administration of pharmaceuticals for pre/post-exposure prophylactics.
	• Support requests for MFI equipment and supplies.
	• Use DHHS resources and request resources from jurisdictional or federal partners when necessary.
	• Assist affected jurisdiction(s) in the identification of a site to establish a FAC.
	• ICS staff will support DHHS' Continuity of operations plan activation if necessary.
	• ICS staff may coordinate resources with support agencies to assist the OME in obtaining:
	  ○ Temporary interment or interim storage of human remains until final disposition can be accomplished.
	  ○ Storage area (with refrigeration) where remains can be processed for family members.
	  ○ A storage area for personal effects—local procedures for inventorying personal effects may be incorporated into federal inventory procedures.
	  ○ Coordinate resource requests as required between LHDs, tribes, and federal partners.
	• Coordination and integration with DEM and other ESFs.
	• Will coordinate with both the DHHS and DEM tribal liaisons

Office of Communicable Disease	• Provide epidemiological support and coordination between LHDs, CDC, and federal HHS. • Identify strategies to prevent risk to the health of the people living in impacted areas. • Coordinate the initiation of appropriate disease control measures at all levels of public health, including local and tribal health departments, schools, and healthcare facilities. • Provide incident-specific guidance on appropriate preventive protections for responders engaged in mass fatality operations. • Determine mortuary affairs policy recommendations and coordinate with the affected LHDs and tribal public health department(s). • Support operations by providing information about health issues such as immunizations, food safety, water purification, and hygiene. • Support state, county, local, and tribal organizations in conducting public health disease surveillance.
Office of Vital Records	• Make sure funeral establishments, county vital records, and

and Statistics	regional ME offices use EDEN to complete and register all deaths occurring in Utah. • Assist county vital records staff to make sure death events are registered in a timely manner and that required jurisdictional forms are used. • Issue death certificates and help county vital records issue death certificates. • Denote disaster records from the normal office records. • Responsible for the processing, registration and security of court orders of presumptive death. If a decedent is subsequently identified, an amended death certificate may be issued and all related documents are moved to the identified remains file. • Assist affected county(s) in the operation of deceased (victim) family reception center(s) during identification and death certification processes when necessary.
Office of the Medical Examiner	• Involved in preparation for a catastrophic incident to be ready to manage all deaths.
Office of Substance Use and Mental Health	• Coordinate mental health resources and teams.
Division of Data, Systems, and Evaluation, and Division of Population Health Informatics Program	• Provide data system expertise to reduce redundant processes. • Make sure all data collected is in an electronic format for easy access, processing, and analysis (no external spreadsheets). • Provide development of a system or enhance an existing system if needed. • Coordinate and implement interoperability between public health information systems to ensure timely collection of death data. • Coordinate and implement interoperability with response partners (hospitals, local health departments, other state agencies, federal agencies, etc.) to ensure timely collection of data. • Make sure that all data collected follows established security and privacy requirements. • Centralize data activities and be the location for any data requests.
Office of Public Affairs and Education	• The DHHS public information officer (PIO) may create press releases for the media, conduct press conferences, provide updates, and assist the county PIOs' work with the media as part of a joint information center (JIC).

Partners	Responsibilities/resources
Healthcare coalitions	• Work with LHDs and relevant jurisdictional authorities to establish effective support for healthcare system resiliency and medical

	surge. • Facilitate information sharing among participating healthcare organizations and with jurisdictional authorities to promote common situational awareness.
Local health departments	• DHHS will provide support services to the local jurisdictions as requested during an incident to provide and coordinate health and medical resources between local, state, and federal agencies.
Utah National Guard's Region VIII Homeland Response Force (HRF)	• DHHS will provide coordination with the HRF team and the OME during an incident.
Federal partners: • Administration for Strategic Preparedness and Response • Federal Emergency Management Agency	• Disaster Mortuary Operational Response Teams (DMORT). • MCM for responder prophylactics (PREP, PEP) and treatments. • NDMS Teams of Responders

Communication and information sharing

Emergency public information

- Coordination of department media releases or public information will be through the DHHS Office of Public Affairs and Education (PAE).
- DHHS PAE staff and media liaisons will coordinate with LHD PIOs to release incident information and updates.
- Additional coordination with other public information representatives may occur through the joint information system (JIS)/joint information center (JIC).
- Call centers may be used to support DHHS. The call takers are provided official information from the joint information center/joint information system (JIC/JIS) to pass along to callers.
    - DHHS operates telephone hotlines to provide health information and resources for programs. Based on the scope, scale, and impacted populations, official information may be shared internally with these program leads. For additional hotlines, visit DHHS Utah health information site.
    - DHHS maintains a memorandum of agreement with the Utah Poison Control Center to set up a 24-hour hotline (800) 222-1222.
    - DHHS may submit a mission request to the state of Utah Emergency Operations Center (SEOC) to provide official information to Utah 2-1-1, supported by the United Way of Utah.

Information sharing

The DOC will coordinate with all response partners to:

- Coordinate flow of information between partners.
- Keep staff apprised of developments and progress during the incident.
- Attend briefings with other agencies involved in the mass disaster such as law enforcement, hospitals, funeral directors, etc.
- Receive and triage all requests from outside agencies for support or information.
- Generate reports and documentation regarding recovery operations, number of victims, and decedent identifications.
- Generate reports regarding health and safety issues related to the MFI.

Resource allocation

The DOC incident manager will work in conjunction with the OME and logistics chief to determine the allocation of available resources as they are requested. DHHS resource requests may include equipment and supplies. Personnel can be assigned if available.

Deployable assets owned by the DHHS may be used in mass fatality operations. Note: the total numbers of equipment and supplies listed in the tables below may fluctuate over time. Numbers provided here are best estimates at the time of plan development and serve only as general guides for planning purposes.

Resource	#	Location(s)	Contact #	Description
Portable refrigerated trailer	1	Weber County Sheriff yard	801-778-6682	53’ insulated semi-trailer—self-contained refrigeration unit. Includes 14 (4) tray heavy duty rolling cadaver racks, 56 cadaver trays with cam straps, rear motion-controlled LED area and ramp lighting, power cable for interior lighting, crates, and straps.
Environmental containment units (ECUs)	10	Distributed to hospitals and coalitions across the state	Contact HCC or Emergency Response Coordinator (ERC) lead	Regionally pre-positioned equipment to protect sensitive healthcare environments/airborne contaminants/patient isolation. Includes HEPA filtering for one 2500 sq ft room, negative pressure HEPA corridors.
Environmental containment unit 2 system (ECU2)	3	Salt Lake City (DHHS OPR warehouse)	385-306-3238	3 Each small MF100 collapsible, portable unit for single room entry/exit anterooms ECU2.
BioSeal Mass Fatality Response Systems	5	Salt Lake County, Weber, Washington	Contact HCC or ERC lead	One re-closable container on pallet with tools needed to ensure absolute containment of whole or partial human/animal remains. Packaging for about 1,200 adult bodies. Requires forklift and

		counties		truck to move.
BioSeal Portable Systems	12	Salt Lake, Utah, Cache, Uintah, Emery, Sevier, Grand, Weber, Washington counties	Contact HCC or ERC lead	Case with power and tools for absolute containment of about 12 adult bodies. Easily transportable.
Mass fatality recovery kits	4	Salt Lake City (DHHS Warehouse)	385-306-3238	Supplies needed for mass fatality response supported by DHHS Office of the Medical Examiner.
Mass fatality trailer	1	Salt Lake City (DHHS warehouse)	385-306-3238	Towable trailer for deployable field site response; rakes, shovels, buckets, backboards, mega movers, safety glasses, work gloves, zip ties, tags, and notepads.
Personal protective equipment	B/I[1]	Salt Lake City (DHHS warehouse)	385-306-3238	N95 and surgical masks, gloves, isolation gowns, face shields, protective coveralls
Support items cache	B/I	Salt Lake City (DHHS Warehouse)	385-306-3238	Generators, field toilets and sinks, cots, litters, blankets, radios, lighting, body bags, heaters, fans

Federal resource requests

U.S. Department of Health and Human Services (HHS) resources may be available via a formal request through the HHS regional emergency coordinator. Requested HHS resources are intended to support Utah and its health response partners, including local public health agencies, hospitals, and emergency medical services (EMS). These resources may include, but are not limited to, the following:

- **U.S. Public Health Service Commissioned Corps Teams**—Deployment of personnel trained in key public health response functions, including mass care, casualty collection, epidemiology, mental health, recovery support, and community outreach.
- **National Disaster Medical System (NDMS)**—Provision of personnel, equipment, medical supplies, and associated wraparound services. Support may include coordination with partner hospitals for patient movement and definitive care. Specific NDMS assets being requested include:
    - Disaster Medical Assistance Teams
    - Disaster Mortuary Operational Response Teams (DMORT), including portable morgue resources
    - Victim Identification Center, including portable identification resources
    - National Veterinary Response Team

[1] Based on incident

- Trauma and Critical Care Team

Operations

Field Medical examiner investigator

DHHS will coordinate with federal teams to support field operations.

Family assistance center

If it becomes necessary to establish a family assistance center (FAC) , the OME administrative chief will coordinate with the local emergency manager and DHHS OPR staff to establish a FAC.

The purpose of the FAC is to:

- Provide information about missing or unaccounted persons and the deceased to families.
- Provide services for the families of the deceased.
- Protect families from the media and public curiosity.
- Facilitate information exchanges between the OME and families. Families will remain informed and the OME can obtain information needed to assist in identifying the victims.
- Address family needs (respond quickly and accurately to questions, concerns, and needs—psychological, spiritual, medical, and logistical).
- Provide death notifications, provide information on obtaining death certificates, and the release of human remains for final disposition.

For more information on the FAC see the OME mass fatality plan.

Special considerations

Religious and cultural considerations

Early in the response process, discussion should occur with appropriate religious and community leaders, including tribal representatives.

A mass disaster will likely involve victims and families of different faith, religious, and cultural backgrounds. Consideration must be given to the specific needs and sensitivities in the autopsy process, care of the body, organs, and tissue, and support for grieving families and friends. MFIs will very likely involve victims from communities for whom postmortem investigations are unwelcome and/or require a prompt burial.

Family concerns and religious or cultural considerations must be addressed by all levels during mass fatality management with the understanding that not every family request can be met. Sensitivity to family concerns during this difficult time is paramount.

When family concerns and religious or cultural considerations cannot be met, it is critical to convey why requests cannot be met to assure families of the OME's commitment to treating their loved ones with dignity and respect.

For more information on religious, cultural, and tribal considerations and communication with family members see OME's mass fatality plan.

Exercises

This plan will be exercised every 3 years or after any major updates. This can be done as a discussion-based exercise like a tabletop or operations-based exercise. Real-world responses count as exercising the plan.

Plan maintenance

DHHS plan review and revision involves 3 types of edits:

1. Minor technical revisions
2. Major technical revisions
3. Complete plan overhaul

In collaboration with partners, DHHS OPR takes the lead in reviewing and revising the plan to make sure:

1. The plan is evaluated using the Homeland Security Exercise and Evaluation Program guidelines and includes after action reporting and improvement planning following real-world responses, drills, and exercises. DHHS and partner participation will vary and is dependent on the scope of the exercise or event. Improvement planning will involve jurisdictional and community partner feedback and collaboration. The associated corrective actions, lessons-learned, and best practices will be integrated as appropriate.
2. All plans will be shared with leadership for review and approval. Plans that are classified as "confidential" will be shared with the planning team to allow for feedback before the plan is finalized.
3. Plan revision will occur through review by DHHS and partners at least every 3 years, or in conjunction with exercises or a real-world event.
4. Plan revision can be accomplished through email, virtual, or in-person meetings. Plan revision will include a new plan with an effective start date.

Change log

Document version	Location Of change	Description	Changes made by
March 2025	Entire document	Complete overhaul of plan	Evan Crook, Adam Smith, Andrea Baxter,

Appendices

Appendix 1: Acronyms

DEM	Utah Division of Emergency Management
DHHS	Utah Department of Health and Human Services
DMORT	Disaster Mortuary Operations Response Team
DOC	Department operations center
ECU	Environmental containment unit
EDEN	Electronic Death Registration Network
EMAC	Emergency Management Assistance Compact
EMS	Emergency medical services
EOC	Emergency operations center
EOP	Emergency operations plan
ERC	Emergency response coordinator
FAC	Family assistance center
HCC	Healthcare coalition
HHS	Federal Department of Health and Human Services
HRF	Utah National Guard's Region VIII Homeland Response Force
ICS	Incident command system
JIC	Joint information center
JIS	Joint information system
LHD	Local health department
MCM	Medical countermeasure
MFI	Mass fatality incident
NDMS	National Disaster Medical System
NIMS	National Incident Management System
OME	Office of the Medical Examiner
OPR	Office of Preparedness and Response
PAE	Office of Public Affairs and Education
PIO	Public information officer