Mass Fatality Plan

Utah Office of the Medical Examiner,
Utah Department of Health and Human Services
2024

Utah Department of
Health & Human Services
Medical Examiner

State of Utah

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January 22, 2024

To all key stakeholders

RE: Mass Fatality Plan of the Utah Office of the Medical Examiner

Dear Key Stakeholders,

The purpose of this communication is to share with you the Mass Fatality Plan of the Utah Office of the Medical Examiner (OME). We kindly request your organization review the plan at your earliest convenience. We welcome any feedback you might have for us and questions that will improve our ability to work together on our shared responsibilities in any mass fatality event. Your insights and expertise are critical in ensuring the effectiveness of our plan.

The OME is open to collaborating with your organization on any mass fatality exercises you have planned. Please direct any such requests as far ahead as possible and we will schedule an opportunity to discuss a potential collaboration. Thank you for your time and we look forward to the opportunity of working together to enhance our collective preparedness.

Sincerely,

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Utah Department of Health & Human Services
Medical Examiner

Utah Office of the Medical Examiner

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Department:	Document ID:
General	GEN-008.00

MASS FATALITY PLAN

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Approved By:	Signature:	Date:
Erik D. Christensen, M.D.		01/12/2024

RATIONALE: The Utah Office of the Medical Examiner (OME) developed a mass fatality plan (MFP) to describe how the OME will respond to any event resulting in a number of fatalities that overwhelms the OME's capacity, either locally or statewide. The MFP assigns roles and responsibilities to OME staff members, describes how OME staff will coordinate response activities with other agencies, and provides specific instructions and contact information for varied mass fatality incidents (MFIs), from aviation disasters to chemical releases to influenza pandemics.

Original Effective:	Revision:	Next Review Due:
01/12/2024	N/A	01/12/2026

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Executive Summary

The Utah Office of the Medical Examiner (OME) developed a mass fatality plan (MFP) to describe how the OME will respond to any event resulting in a number of fatalities that overwhelms the OME's capacity. The MFP assigns roles and responsibilities to OME staff members, describes how OME staff will coordinate response activities with other agencies, and provides specific instructions and contact information for varied mass fatality incidents (MFIs), from aviation disasters to chemical releases to influenza pandemics.

In the event of a MFI, the OME has the responsibility of removing remains from the scene of the MFI, certifying cause and manner of death, identifying decedents, and returning remains to next-of-kin when possible. These tasks will be accomplished in a manner that ensures the health and safety of responding personnel and respects the dignity of the victims throughout the process. The goal of the MFP is to coordinate the OME's response to MFIs and outline preparations for the contingencies arising from large numbers of bodies, while maintaining day-to-day operations.

When responding to an MFI, the OME will use the Incident Command System (ICS) to deploy resources and personnel and interact with other agencies responding to the event. This is part of the National Incident Management System (NIMS), which is designed to provide a standardized management approach to emergencies for all responding local, state, tribal, and federal government agencies.

The Chief Medical Examiner or designee (Chief) will be responsible for the activation and management of the OME MFP and will report to the Incident Commander (IC) in any situation with activation of higher-level plans. The Chief will determine which of the three levels of response (local, regional, state or higher) is needed and request appropriate aid, including Disaster Mortuary Operational Response Teams (DMORT). The Chief will designate a Director of Field Operations (DFO) who is responsible for coordinating the recovery of remains. A designated Communications Director will oversee interactions with other responding agencies. OME personnel, as well as volunteers qualified to assist with mortuary procedures and family aid, will report to the Chief or their designated supervisor and director.

Specifics of morgue operations will depend on the location and size of the MFI and are detailed in the plan. During the response to an MFI, OME personnel may be called upon to assume additional roles and responsibilities beyond their routine job descriptions and

work closely with first responders, hospital personnel, DMORT members, funeral directors, and non-governmental organizations providing victim assistance. OME's response is considered a component of Utah's Emergency Plans at the state Department of Emergency Management level, as well as a component of the Utah Department of Health and Human Services overall emergency response plans, drawing on OME's expertise in the safe handling and effective evaluation and identification of remains. OME's MFP provides a framework for a strategic response to a chaotic event with elements that can be scaled for size and tailored for the type of event.

Table of Contents

Abbreviations and Definitions

BSL	Biosafety Level
CDC	Centers for Disease Control and Prevention
Chief	Chief Medical Examiner or designee
CMO	Chief of Morgue Operations
COI	Central Office Investigators
Commander	Mass Fatality Incident Commander
DFO	Director of Field Operations
DHHS	Department of Health and Human Services
DMORT	Disaster Mortuary Operational Response
DOI	Director of Identifications
EMS	Emergency Medical Services
ER	Emergency Rooms
FAC	Family Assistance Center
FDMI	Field Deputy Medical Investigators
FDS	Field Deputy Supervisor
FTL	Fingerprint Team Leader
Gatekeeper	Director for Morgue Body Storage & Gatekeeper
HAZMAT	Hazardous Materials
IC	Incident Commander
ICS	Incident Command System
MDI	Medicolegal Death Investigator
ME	Medical Examiners
MFI	Mass Fatality Incident
MFP	Mass Fatality Plan
NIMS	National Incident Management System

OME	Utah Office of the Medical Examiner
OTL	Odontology Team Leader
PPE	Personal Protective Equipment
RT	Radiologic Technologist
SEC	Supervisor of Evidence Collection
UTSEOC	Utah Emergency Operations Center
VIP	Victim Identification Program

Introduction

Mass fatality planning is an often-overlooked component of emergency preparedness. Attention and resources tend to be focused on triage, surge capacity, evacuation, and medical management of survivors without much regard for the safe handling and removal of human remains. To be truly prepared for disasters of all causes and scope, local, state, and national agencies must create plans for appropriately responding to a MFI, which is defined as an event in which the number of human bodies to recover, examine, and identify overwhelms local resources.

Overall, the US has been relatively lucky, suffering only seven disasters (excluding wars) that resulted in one thousand fatalities or more. Prior to the 20th century, disasters were primarily natural in cause, shifting to more technologically-based events in more recent history. An epidemic of influenza in 1918 killed 650,000 US residents, with over 20 million victims worldwide. In more recent history, the bombing of the Alfred P. Murrah Federal Building in Oklahoma City in 1995 claimed 168 lives, the 2001 terrorist attacks claimed 2,972 victims in one day, and Hurricane Katrina, the deadliest hurricane to strike the Gulf Coast since 1928, claimed over 1,300 lives. In contrast, the 2004 tsunami in South Asia claimed 165,708 lives in Indonesia alone.

MFI planning must include detailed up-to-date operational procedures for safe, swift, and effective responses to diverse events, from pandemic influenza epidemics to terrorist attacks to nuclear detonations. Given the recognized role and unique expertise of medical examiners (MEs) in responding to fatalities of all types, MEs should be at the forefront of developing MFI response plans, working with multidisciplinary response teams to ensure that previously identified best practices are followed in the wake of catastrophe.

In order for Utah to be as highly prepared for an MFI as possible, the OME, the statewide, centralized medical examiner's agency, has written the following MFP in conjunction with the Utah Department of Health & Human Services. A multidisciplinary team developed the plan, with each member bringing unique experience and perspective. Drawing on the experience of other jurisdictions, published best practices, and knowledge of local challenges, the OME has assembled a plan that is as far-reaching yet as detailed as possible. While ideally this plan will never be needed, it is better to "hope for the best, but prepare for the worst."

The plan is presented in a general, “all-hazards” approach first, giving information about the roles of staff members, needed facilities, biosafety procedures, and responses that will be common to OME’s response to a MFI. More detailed information based on types of MFIs (aviation disasters, bioterrorism, pandemic infections, natural disasters, nuclear releases, etc.) is included in the appendices. These appendices include contact information for relevant participating agencies, special equipment and personnel needs for specific MFIs, and concerns that may be unique to certain types of MFIs. Copies of OME’s MFP will be available in both electronic and hard copy formats at the OME as well as being distributed to other responding agencies and stakeholders. Contact information will be updated annually, and, where possible, a general title or position will be given rather than the person currently occupying that position (Chief Medical Examiner, Director of Information Technology, Office Manager, etc.). Questions regarding the content of this plan can be directed to the OME at (801) 816-3850.

Notification and Activation of Plan

The OME investigates any death occurring in the state of Utah that is sudden, violent, untimely, unexpected, or when a person is found dead and the cause of death is unknown. This would include any MFI in our jurisdiction. The OME will take responsibility for the removal, storage, examination, identification, and certification of death of the fatalities.

The OME Central Office is located in Taylorsville, UT and has ten Forensic Pathologists who are designated as MEs. Medicolegal Death Investigators (MDIs) conduct scene investigations and live locally in or near the counties they serve. MDIs who work at the OME in Taylorsville are Central Office Investigators (COIs) while those outside the Taylorsville office are part-time or contracted investigators. Every county in Utah is served 24 hours a day and 7 days a week by an investigator.

In the event of a mass fatality, the county or city Emergency Manager would notify the OME using the current framework for all reported deaths. This framework would start by contacting the OME through the main number at (801) 816-3850.

The Chief will be responsible for the MFP activation and management and may appoint the Mass Fatality Incident Commander (Commander).

The OME may become aware of a MFI by a variety of sources: from the local first responder at the incident site, from the media, or from the state or other emergency notification system. The OME contact will notify the Chief as soon as there is a known or suspected MFI.

In many instances of a MFI, the Utah State Emergency Operations Center (UTSEOC) will be activated. In that situation, a representative of the OME appointed by the Chief will report to UTSEOC. The Chief will report to the Operations Section Chief during the period of the MFP activation. See UTSEOC for executive summary of OME interaction with UTSEOC and NIMS.

If the Governor of the State of Utah has declared a state of public health emergency, the OME will first consult with the Executive Director of DHHS, and the Commissioner of the Department of Public Safety (DPS), in order to implement and enforce measures to provide for the safe identification and disposition of human remains.

Organization Chart

When the OME becomes aware of an incident that may require activation of the MFP, the Chief will evaluate the incident to determine:

1) Jurisdiction over the incident
2) Potential or real number and location of remains
3) Condition of the bodies
4) Potential number of remains for autopsy
5) Level of difficulty in recovery
6) Types and numbers of personnel and equipment needed
7) Accessibility of the incident site
8) Possible biological, chemical, physical or radiological hazards
9) Level of personal protective equipment needed
10) Staffing needs

The Chief will then make a determination of the activation level of the plan. The Chief may alter the level of the response based on changing information or resources. The levels of response are:

1) Level 3 Response (Local)
    a. An incident deemed by the local Investigator (FDMI) as significant or high profile enough as to draw an unusual amount of media attention or outside agency response. However, the number and type of incident fatalities are within the capability of the resources (investigator availability, transportation and storage capability, equipment, etc.) available for the county in which the incident occurred. The UTSEOC may or may not be activated. An example would be a natural disaster with few fatalities.

    b. Notification should be made to the central office on-call or on-duty supervisor and pathologist via the on-duty COI for determination of additional notification or resource activation. The Chief may activate the MFP if the incident requires additional resources or the response of specialized personnel. This level of activation of the MFP will usually be managed by sending specialized personnel to the scene of the incident to assist the local investigator and by coordination of transportation of the fatalities to the central office.

2) Level 2 (Regional)

a. An incident deemed not within the capability of the resources available for the county in which the incident occurred. However, it can be handled appropriately with the assistance of the resources of the surrounding counties.

b. The UTSEOC may or may not be activated.

c. Notification should be made to the central office on-call or on-duty supervisor and pathologist via the on-duty COI for determination of additional notification or resource activation. The Chief will activate the MFP to provide additional resources and personnel to manage the incident. This level of activation can usually be managed by sending additional resources and personnel to the scene of the incident to assist in recovery and investigation, possible temporary storage of remains, and transportation of fatalities. However, the number of fatalities would not be beyond the capabilities of the resources of the central office.

3) Level 1 (State or higher)
   a. An incident deemed not within the capability of the resources available for the county in which the incident occurred and cannot be handled with the assistance resources of the surrounding counties or a declared disaster with large quantities of known, suspected, or anticipated deaths.

   b. The UTSEOC will probably be activated.

   c. After notification, the Chief will activate the OME MFP and appoint the Commander.

The MFP is based on ICS core concepts and organizational processes. It is designed to work within UTSEOC and NIMS. It is also adaptable for any size of MFI and can be expanded or contracted as need arises.

The IC or their designee may request assistance from state and federal agencies as necessary. Federal assistance may be sought by the Governor through the Regional FEMA Administrator as per the Stafford Act requesting the Presidential declaration of a disaster.

The IC will determine when to deactivate the plan.

Biosafety

Death scene investigators and autopsy prosectors (personnel involved in assisting or conducting autopsies) need to be protected from a variety of biohazards. These biohazards are sometimes suspected based on symptoms and other clinical information. Protections include policies and procedures, personal protective equipment (PPE), (please refer to PPE on and off procedures in Appendix I) and facility design. Investigators are exposed principally to blood borne pathogens (e.g., human immunodeficiency viruses and hepatitis viruses). However, when interviewing family members and representatives of a decedent who are sick with the same illness, investigators might also be exposed to airborne pathogens such as influenza viruses. Autopsy prosectors can be exposed to both bloodborne and airborne pathogens.

Risk Assessment

In a mass fatality event, the OME biosafety officer and Chief shall conduct a risk assessment and shall inform OME investigators, autopsy staff, volunteer staff (e.g. DMORT representatives), and the IC of the appropriate biosafety level for investigations and body removal as well as autopsy work. Biosafety Level (BSL) 2 is required to provide protection from bloodborne pathogens. Primary barrier equipment must be used such as face shields, gowns and gloves. BSL 3 is required to provide protection from airborne pathogens. More emphasis on primary and secondary barriers is enforced and access to the work area is strictly controlled. BSL 4 is required to provide protection from exotic viruses that cause highly fatal infections for which there is no cure (e.g., Ebola virus).

Autopsy

Facility Design

The present OME autopsy suite is designed to function at BSL 2. In the event of a risk assessment that indicates a need for a BSL 4 facility (e.g., potential viral hemorrhagic fever cases), the OME will consult with the Centers for Disease Control and Prevention (CDC) to develop an appropriate response. Potential appropriate responses could include not performing autopsies and obtaining skin biopsies for immunohistochemical analyses and transporting the bodies to a federal BSL 4 facility, such as the United States Army Research Institute of Infectious Diseases. In a mass fatality event that requires a portable morgue to handle remote autopsy examinations away from the main OME facility, the Chief and the OME Biosafety Officer shall discuss the biosafety requirements for such a facility with the IC. DMORT portable morgues can function at BSL 2. If BSL 3 is required, a unique temporary facility might need to be constructed. If BSL 4 is required, these cases should

not receive autopsies in a remote portable facility unless the facility has been certified as meeting BSL 4 standards.

Personal Protective Equipment (PPE)
OME personnel currently wear PPE that provides BSL 3 protection in all cases. Such protections should be maintained in a mass fatality event whether the autopsies are performed in the main facility or remotely. The PPE includes surgical scrubs, surgical gown, impervious apron, shoe covers, impervious sleeves, N-95 or powered air purifying respirator (PAPR), surgical cap and layers of surgical gloves (See Appendix I).

Policies and Procedures
The current policies and procedures allow OME prosectors to function at BSL 3. If the risk assessment is BSL 4, the Chief ME will consult with the CDC Office of Health and Safety to determine how to safely transport bodies to a BSL 4 facility.

Investigations and Body Removal

OME Investigators
The following tasks conducted by scene investigators have potential risks of exposure:

1) Scene Investigation
2) Handling of bodies, blood, fluids, tissue, or contaminated personal property accompanying bodies
3) External examination
4) Processing toxicology samples, evidence, or items of property from the body
5) Interviewing families and friends who were exposed to a decedent's illness prior to death

For purposes of understanding what precautions the investigators should take while conducting an investigation, responses can be divided into four categories – clean, blood contaminated, contaminated by other substances, and working with possibly infectious families.

Clean: A natural home death where there is no blood or body fluids present and the decedent and family members did not have flu-like symptoms or other symptoms that could be caused by an infectious disease. In this situation, the investigator must wear protective gloves at a minimum.

Blood contaminated: This term is an assumption about the condition of an item, person, or location. The assumption is that a soiling or potential soiling has occurred or can occur that

has the potential to injure, infect, or somehow harm a person or property. UNIVERSAL PRECAUTIONS: Universal precautions is an approach to infection control to treat all human blood and human body fluids as if they were known to be infectious for HIV, HBV and other bloodborne pathogens.

Required protective equipment: For those participating in an external examination or conducting a scene investigation in which there is a large amount of blood and body fluid present, a full suit is required, (including protective gloves, plastic apron, surgical mask, shoe covers, over sleeves, and protective eyewear), which must be worn for the duration of the examination and until the scene investigation is complete. For those participating in the handling of personal property accompanying bodies, items of property from the body or scene, processing toxicology samples, or conducting scene investigations that are clean (no blood or body fluids visible), protective gloves are required.

Contaminated by other substances: This term describes any situation in which body fluids are not present; however, other contaminants are most likely present that could pose a risk for responders. This would include nuclear, radioactive, chemical, or infectious agents. Processing these scenes requires coordination with hazardous materials (HAZMAT) personnel. HAZMAT personnel and potentially Federal DMORT Teams (e.g. weapons of mass destruction) will be required to decontaminate the scene and bodies before they can be processed by OME personnel.

Working with possibly infectious families: When OME Investigators need to interview family members who appear to be ill or are sneezing or coughing, they should request that the sick individual wear a surgical mask during the interview. In addition, the investigator should wear an N-95 and eye protection. At the conclusion of the interview and after exiting the dwelling, the investigator should wash their hands or use hand sanitizer.

Preventing Exposures

Investigators will encounter an extremely diverse range of potential scene situations. Investigators should assess each scene prior to entry to determine what contamination exists and the appropriate PPE to wear. Personnel should ensure that any cuts or abrasions are covered with bandages. Cross-contamination should be avoided in the sense that used PPE equipment must be removed and placed in a red biohazard waste container. Personnel should wash their hands with antimicrobial soap or hand sanitizer before touching any clean areas.

When handling sharp items, whether equipment, evidence, or other articles, every care must be made to prevent puncturing the skin. The recapping of needles should be avoided. If there is no alternative to re-capping a needle (i.e. no sharps container), the one-handed scoop method should be used. Place cap on counter top and “scoop” it up with the needle. After they are used, needles, scalpel blades, and other sharp items should be placed in puncture-resistant containers for disposal; the puncture-resistant containers should be located as close as practical to the use area. The puncture-proof container must be clearly labeled with "DANGER SHARPS".

Investigators should wash hands or use a hand sanitizer after removing gloves and other PPE. All equipment should be disinfected using solutions of 70% ethyl alcohol, 70% isopropyl alcohol, or 10% household bleach. If an employee is exposed to blood or other potentially infectious material, post exposure follow-up and prophylaxis is provided as outlined in OME policy on blood borne pathogen exposure. If exposure occurs on a weekend, the employee must report to the emergency room for follow-up. If an employee has been potentially exposed, the following protocols apply:

- STOP WHAT YOU ARE DOING
- Remove any contaminated PPE
- Wash exposed skin with soap and water for a minimum of five minutes
- Dispose of any contaminated clothes and materials appropriately
- Report incident to supervisor
- Report to EOC or a local ER or nearest emergency room for severe injuries

Non-OME Personnel

Emergency medical services (EMS), funeral homes, and contracted body removal services remove decedents from the location of death to a holding facility and to the central office. These personnel are responsible for their own protective equipment and procedures for exposure follow-up.

MFI Scene Evaluation, Organization, and Operation

The purpose of the initial scene evaluation is to identify risks and safety hazards that might still exist on the scene, estimate the number of decedents or remains, determine the difficulties in processing the remains and the personal effects, and to communicate the information to the Chief.

The first concern in any investigation is to ensure that the scene is safe to enter. Law enforcement, federal agencies, and/or HAZMAT teams will make the initial determination when the scene can be entered and processed. Potential safety risks include biological, chemical, and radioactive agents, as well as those imposed by weather and terrain. The second concern is to tend to injured survivors. When these concerns have been addressed, the recovery process can proceed.

When the incident scene is determined to be safe for recovery of bodies/remains, an investigator designated by the Chief as the DFO will supervise the recovery operation.

Initial body recovery may be done by untrained volunteers or by agents from many agencies, which can lead to difficulty in controlling and properly documenting the scene. It is imperative to have law enforcement secure the scene and the OME assume control of body retrieval as soon as possible. It is also imperative to remember that the site in many situations will be treated as a crime scene.

1) The DFO will be present at the scene and direct the activities of:
    a. Search and recovery
    b. Field supplies and equipment
    c. Field transportation
    d. Temporary body storage
    e. The transportation of remains

2) The DFO will be responsible for:
    a. Maintaining a record of all field activity
    b. Evaluating the staffing and resources needed to investigate deaths of individuals who were removed from the scene and transported to emergency rooms and hospitals

c. Determining whether to establish a morgue facility at the site or transport the remains directly to the central office facility
d. Identification of a temporary holding facility for remains
e. Communicating with the Commander and the central office on a regular basis
f. Coordinating with appropriate agencies to ensure that security is established around the scene so that access is controlled; and remains, personal effects, and evidence are not moved or disturbed
g. Establishing an investigation, search, and recovery
h. Supervising the storage of remains, personal effects, and evidence at a temporary storage site
i. Supervising the transport of remains, personal effects, and evidence to a permanent examination site
j. Dividing OME responders into appropriate teams with specific duties and designating team leaders

3) Search and recovery teams may consist of:
    a. OME investigators
    b. Forensic pathologists
    c. Forensic anthropologists
    d. Forensic odontologists
    e. OME photographers
    f. OME autopsy technicians
    g. Law enforcement or other representative from another agencies
    h. Volunteers
    i. Ideally one representative from each of the above in each team
    j. A team leader will be assigned by the DFO

Guidelines for the Search and Recovery Teams

Since search and recovery team members may encounter a diverse range of scene situations, they should assess each scene prior to entry to determine potential contamination and hazardous exposure in order to use the appropriate PPE. They should follow these guidelines:

1) Make sure any cuts or abrasions are covered with bandages
2) Remove dirty equipment before touching clean areas
3) Prevent puncturing skin when handling sharp tool, equipment or evidence
4) Avoid recapping needles
5) Place used sharp instruments in puncture-resistant containers for disposal

6) Label used sharp instrument containers “DANGER SHARPS”
7) Wash hands or use hand sterilizer after removing gloves and PPE
8) Disinfect all equipment after use
9) Wear appropriate clothing for the scene conditions

Equipment and supplies for search and recovery include the following:

1) Protective clothing
2) Body bags or disaster pouches
3) Refrigerated trucks
4) Commercial trucks to transport remains
5) Tents
6) Flags for marking locations
7) Pre-numbered ID tags for bodies and property
8) Biohazard bags
9) Permanent ink pens
10) Photography equipment
11) GPS devices
12) Gridding equipment (stakes, compasses, twine, etc.)
13) Cell phones, radios, or other communication device
14) Computer equipment with software
15) OME forms for individual case records, logs, etc.
16) ID badges for volunteers
17) Body boards for carrying bodies or remains
18) Clipboards
19) Flashlights
20) Evidence labels
21) Hardhats
22) Safety vests

Search teams should have the following clothing and should be adjusted to meet the conditions of the scene:

1) Heavy jacket
2) Work gloves
3) Raingear
4) Boots

Search teams will report to the staging area where:

1) A briefing by the DFO or IC will occur

2) Assignments will be given
3) Workers will be divided into teams

Initial Search

1) Search teams will conduct a thorough search of the disaster site using a line formation.
2) All remains will be marked with a locator flag.

Expanded Search

1) Teams will then establish a grid encompassing the site based upon the initial assessment of the scene
2) The site grid will then be further divided into grid squares. The sizes of the site grid and the grid squares are dependent upon size, location, terrain, and obstacles that exist at the site. All grid squares will be given specific labels (A1, A2, etc.)
3) Teams will be assigned to one grid square at a time and conduct a comprehensive search
4) A pre-numbered body identification tag will be attached to each body. The numbering system will not coincide with the numbering system used in the central office. Instead, it will differentiate the mass fatality victims. For instance, HR 0001 (Human Remains 1)
5) Each team will photograph and map remains and personal property that are located in their grid squares with GPS coordinates.

Personal Property

1) All items of property that are on the body should remain on the body (watches, rings, etc.)
2) A color-coded tag with the word “PROPERTY” and the grid square number printed on it is attached to all property or effects not attached to a body such as purses, briefcases, etc. The number should be PP001 (Personal Property 1)
3) When it is evident that the property belongs to a body, include the body tag number on the property tag
1) When it is not apparent to which body the property belongs, number the property tag with reference to the location of the most proximate bodies. For instance, a tag might read “10 feet S.W. of #23, 13 feet N. of #24, etc.”

Body Parts

1) When it is obvious that parts of the body belong to a particular torso, the recovery team shall place that part with the body to which it belongs

2) If it cannot be ascertained to which body a body part belongs, a color-coded tag shall be used with the words “PARTS” imprinted on it. Note and record the location of the body part in reference to the closest body BP 001 (Body Part 1)
3) Each body part will receive a pre-numbered body identification tag

When all remains and personal effects are documented, they may be removed by placing them in a disaster bag or body bag. The bags will be sealed with evidence labels that contain the grid number, date of collection, the number from the pre-numbered body identification tag, and the initials of the person verifying the contents. Additional photographs should be taken once the remains/evidence/property are removed. All efforts will be made to create an OME case number prior to removal from the scene utilizing portable computer tablets and software.

Each team will completely document all remains and personal effects recovered prior to being relieved of their duties or starting another grid square.

The Field Deputy Supervisor (FDS) will supervise the work occurring in the overall grid. All documentation should be turned over to the DFO before the end of shift change and before starting a new grid.

Emergency Room Deaths

In a MFI, first responders will report to a site and tend to sick and injured individuals. Many of those individuals will be transported to emergency rooms (ER) for treatment and may die from their illness or injuries. The DFO will need to establish an ER response team to attend to those decedents in a timely manner. The team should consist of one or more investigators depending on the number of deaths.

ER response team responsibilities

1) ER response team should make all efforts to remove the decedents to a holding facility as soon as possible so as to keep the ER rooms available for live individuals
2) Response teams should obtain all medical records and antemortem blood specimens, if collected
3) Identification photos should be taken of all decedents
4) In many ER deaths, family members will come to the hospital. They can make a positive identification and provide demographic information. When working with families who might be sick, in the case of pandemic influenza, bio-safety precautions must be taken. (Refer to appendix on pandemic influenza.)

Equipment Required

Since there is no need for search and recovery and no need to map bodies and their personal belongings, the equipment required is primarily PPE for the investigator, materials for properly packaging decedents, and cameras.

Removal and temporary storage of remains

The OME currently has agreements with funeral homes, hospitals, and EMS throughout the state for the removal and temporary holding of remains. These can be used in cases of a mass fatality but may quickly become overburdened. The DFO is responsible for identifying and securing a temporary holding facility and transportation to the facility

1) Temporary storage facilities (in order of preference)
    a. Funeral homes and hospital morgues
    b. Refrigerated trailers (DHHS)
    c. Refrigerated trailers (contracted)
    d. Temporary burial trenches
        i. About 5 feet deep
        ii. At least 700 feet away from drinking water sources
        iii. Bodies in body bags placed side by side, not stacked
    e. If trenches cannot be dug, group bagged bodies in clusters of 20 (not stacked) with two feet of dry ice in a low wall around each group and cover with tarps. Do not place regular ice on bodies

2) Transportation
    a. Contracted transporters and/or funeral homes
    b. Contracted long distance transporters that can be pulled into the response area for assistance
    c. EMS (however, they may be tied up tending to the injured)

3) Remains should be properly handled following these guidelines:
    a. In the event of muddy or wet conditions, body bags should be placed on wooden pallets
    b. All identification tags will be verified by the team leader before being removed from the site
    c. Body bags containing remains shall be placed shoulder-to-shoulder while awaiting transport and shall not be stacked
    d. Remains should be screened from public view as best as possible

4) Chain of custody of remains
    a. A team member shall be assigned to the temporary storage facility to oversee the receiving of remains
    b. An accurate log of the remains shall be maintained indicating the case number, the date and time the remains were received, the name of the transporter and the date and time the remains are released
    c. The team member at the storage facility shall ensure the facility is secure

Morgue Operations

The major purpose of morgue operations is to identify the remains and determine the cause of death.

Chief of Morgue Operations (CMO)

In any mass fatality, the activities in the morgue will be under the control of the CMO who will be appointed by the Chief. Depending on the type and extent of the mass fatality, the CMO may be the Chief or other faculty member. If the extent of the mass fatality requires operation of more than one shift per day, there may be a Deputy CMO.

Responsibilities of the CMO

1) Designate a Director for Morgue Body Storage and Gatekeeper (Gatekeeper). The Gatekeeper will manage the movement of remains and bodies into and out of the examination area from the storage facility (permanent or temporary). They will document entry and exit of all bodies or remains using the autopsy OME IT human remains tracking system designed for mass fatalities. The Gatekeeper should preferably be a senior autopsy technician knowledgeable in the OME IT mass fatality tracking system.

2) The number and complexity of the different examination stations will depend on the type and extent of the mass fatality. The CMO will determine the location and space for each station. The CMO will designate a Director of Autopsy Examinations and a Director of Identifications. Each station will have a team leader that will be assigned by either the Director of Autopsy Procedures or the Director of Identifications. The CMO will be responsible for determining which station and in which order the bodies or remains will circulate through the stations. In general, the different stations will include one or more of the following functions (If the morgue operations are conducted at the permanent OME, the recovery of personal effects/trace evidence, photography, specimen collection, and autopsy evaluation functions will likely take place at the same station.).
    a. Radiology
    b. Recovery of personal effects/trace evidence
    c. Photography
    d. Specimen collection
    e. Autopsy evaluation
    f. Anthropology

g. Odontology
h. Fingerprints
i. Specimen processing
j. Normal operations

3) Determine the need for additional professional/technical personnel to assist at the different stations by activating the established mass fatality forensic specialists resource plan. The plan includes names and contact information for forensic specialists that might be needed beyond the current professional staff. See appendix D for lists of forensic specialists and their contact information.
    a. Pathologists
    b. Anthropologists
    c. Odontologists
    d. X-ray technicians
    e. Autopsy technicians
    f. Radiologists

4) Designate a Director for Morgue Operations Supplies (Supplies Director).
The Supplies Director will be responsible for providing each station with adequate supplies and anticipating and communicating those needs to the Director of Finances. The Supplies Director may also serve as the Director for Morgue Office Personnel and/or the Director for Morgue Operations Security. The Supplies Director may be the same person in the OME who is responsible for maintaining inventory of readiness for a MFI.
    a. The Supplies Director has the following responsibilities:
        i. Order and purchase of supplies through the Director of Finances
        ii. Receive and verify all shipping documents
        iii. Maintain ordering and shipping records
        iv. Maintain supplies and rotating stock
        v. Perform inventory
        vi. Maintain housekeeping of warehouse

5) Designate a Director for Morgue Operations Personnel (Personnel Director).
The Personnel Director will track and post work schedules and coordinate relief personnel for the different stations.

6) Designate a Director for Morgue Operations Security (Security Director).

The Security Director will monitor and enforce security guidelines set up by the CMO for entry to and exit from the examination area and body accessioning area.

7) Conduct a briefing session at the beginning of each shift, which will include:
    a. Receive input from each function leader
    b. Give update of progress of mass fatality examinations
    c. Orient new staff
    d. Review safety features

In most mass fatalities, bodies/remains will pass through a succession of workstations each with its own function. The number of workstations for each function will depend on the size and type of the mass disaster. Effective and organized workstations at the morgue facility provide for an orderly and consistent operation and reduce the potential for error.

Function # 1 - Gatekeeper

The Gatekeeper is responsible for monitoring and documenting the entry into and exit from the examination area of all bodies and remains. This function will be under the control of the Gatekeeper. This function is not responsible for entry into or exit from the examination area of personnel; that is the responsibility of the Security Director.

In the permanent OME morgue, the Gatekeeper will operate out of the Body Recovery Area using two stations, one for entry and one for exit. In a temporary morgue, the Gatekeeper will set up a workstation to monitor the physical movement of bodies and remains into and out of the examination area. There will be either one or two workstations for this function depending on the size of the mass fatality. If two workstations are necessary, one workstation will handle entry and one workstation will handle exit. Each workstation will be manned by a data entry person knowledgeable in the OME database system and one or two autopsy technicians.

Responsibilities of the Gatekeeper (Morgue Clerk)

1) Assure that all bodies or remains enter or exit the examination area in a sealed body bag or other appropriately sealed container
2) Electronically enter the date, time, and identification information of each body or remains as it enters the examination area
3) Print labels and armbands as necessary
4) Weigh body bag with body or remains
5) Photograph body bag seal

6) Per instructions by the CMO, make a routing assignment through the different stations
7) Electronically enter the date, time, and identification information of each body or remains as it exits the examination area
8) If during examination at any of the stations, the body, remains, or personal
8) effects are split or merged, assure that the proper electronic entries are made and the exiting sealed body bag has the correct identification information
9) Assign escorts to accompany bodies or remains to and from the storage facility and to the proper workstations

Function # 2 - Radiology

The purpose of the radiology function is to capture radiologic images on each body or set of remains as necessary. The radiology team will have at least four members and will be led by a Radiology Supervisor who will be a radiologist, radiologic technologist (RT), or a senior autopsy technician with imaging experience. Other members of the team will include a Radiation Safety Leader and two autopsy technicians.

Responsibilities of Radiology Supervisor

1) Enter date, time, and type of examination into the OME mass fatality IT database
2) Perform radiographs as directed by CMO and Radiology Supervisor with as little disruption of body parts and personal effects as possible
    a. RT's and autopsy technicians performing radiographs will place a marker on each radiograph indicating the decedents' assigned identification number
    b. Specialized radiographs may be requested to aide specifically in identification with regard to incoming antemortem radiographs
3) Enter digital film data using the appropriate identification number into VIP System, the OME's mass fatality IT database.
4) Communicate needs for additional equipment, facilities, or supplies to the Supplies Director
5) Works with CMO to integrate post mortem radiologic examinations into the VIP System
    a. Maintain an electronic log of all images
        i. Images from all radiology modalities are reviewed in the Picture Archiving and Communications System (PACS)

Responsibilities of the Radiation Safety Leader

1) Address and monitor radiation safety issues
    a. Work with CMO to designate dedicated area to perform radiographs

2) Monitor radiation dosage of team members
    a. Temporary Thermoluminescent Dosimeters (TLD's) will be issued to team members working near the radiology area

Function # 3 - Photography/Evidence Collection

This function will be under the management of the Supervisor of Evidence Collection (SEC). The purpose of this function is to photograph the body or remains as received and recover any necessary evidence. This function will also involve recovery and documentation of personal effects, including clothing, and, if appropriate, repeat photographs after cleaning and recovery. Since this may be a time-consuming function in a MFI, there may be many stations performing this function each under the supervision of an evidence collection leader. Each station should have a photographer and two autopsy technicians, with at least one of them experienced in recovery and documentation of clothing and personal effects. A forensic pathologist may be assigned to this function if collection of evidence is an important feature of the MFI and would serve as the SEC. The SEC may cover more than one station. If more than one shift is necessary for this function, a Deputy SEC would be named.

Responsibilities of the SEC

1) Assign the body or remains to a station
2) Oversee opening of the body bag
3) Instruct the photographer in type and initial extent of photography of body or remains as is
4) Determine the extent and sequence of clothing and personal effect removal and documentation
5) Determine the extent and sequence of removal and documentation of evidence
6) Determine the extent of cleaning or preparation of body or remains prior to sending to the next function
7) Determine which function is appropriate for the next portion of the examination (autopsy/anthropology/odontology)

Function # 4 - Autopsy Evaluation

The management of the Autopsy Evaluation function is under the supervision of the Director for Autopsy Procedures. The purpose of this function is to document injuries and natural disease on the outside of the body or remains and to perform an internal examination, if appropriate, with documentation of injury and disease.

This function may have many stations. Each station will be led by an Autopsy Procedure Supervisor who will be a forensic pathologist.

Each station will have two autopsy technicians in addition to the forensic pathologist. One of the technicians will have experience in autopsy photography.

Responsibilities of the Director for Autopsy Procedures and the Autopsy Procedure Supervisors

1) Determine the extent of the examination; full autopsy or an external examination if the case is a body. If the case is only partial remains, determine extent of examination required
2) Perform examination
3) Collect evidence as indicated by case
4) Properly collect cultures as indicated by case type
5) Properly collect toxicology samples as indicated by case type
6) Collect proper samples for DNA analysis
7) If there is a possibility of commingled remains, separate remains
8) Re-label separately packaged potentially commingled remains as a subset of the original identification number (A, B, C, etc.)
9) Determine if the body or remains need to be sent to another function or back to the MOS for exit and re-storage

Function # 5 - Anthropology Evaluation

The management of this function is under the Anthropology Supervisor. The purpose of the anthropological examination is to evaluate fragmented, decomposed, mummified, burned, or skeletonized remains for identification, injury, or natural disease. The anthropology section may assist in two functional areas of the morgue: (1) assisting with the initial evaluation, documentation, and sorting of human remains from nonhuman remains and non-biological materials in the morgue triage, and (2) providing comprehensive forensic anthropological documentation of human remains in the morgue. The anthropologist may also be asked to provide additional types of analyses and support within the morgue. The anthropology function may have more than one station. If more than one station is necessary, each station will have an Anthropology Team Leader. Each station will have at least one forensic anthropologist and an autopsy technician. The autopsy technician will have photographic expertise.

Staffing and equipment needs may vary according to disaster-specific needs and the functional assignment of the section. Standard equipment needed to evaluate and

document anthropological findings include the Victim Identification Program (VIP) software for recording anthropological data for each decedent, measurement tools (including calipers, etc.), a ring-light magnifier with clamp base, a digital camera with standard and macro lenses, camera tripod, photo lights, ultraviolet (UV) flashlights, and small digital scale. Examination of small bone fragments to determine origin (human vs. non-human) and trauma analysis may require examination by microscope with dedicated fiber optic light source (trinocular stereoscope with adjustable boom stand and dedicated digital image camera system).

In the triage area, the Anthropology Supervisor will assess the remains using an event-specific probative index to identify remains such as dental fragments or orthopedic appliances that are more likely to lead to identification and assign the body/remains to an anthropology station.

At the anthropology station, the anthropology team leader will:

1) Log in and document remains as they are processed at the anthropology station
2) Complete standardized forensic anthropology report forms (VIP software)
3) Evaluate and document the condition of the remains
4) If the remains are fragmented, describe the anatomical structure(s) present, indicate side, and if possible, assess biological parameters such as age, sex, ancestry, etc.

Responsibilities of the Anthropology Team Leader

1) Document measurements and morphology for identification (age, sex, stature, ancestry, antemortem trauma, pathological conditions, anomalies/idiosyncratic variation (surgical hardware, etc.)
2) Process the body or remains for appropriate anthropological evaluation
3) Collect samples for toxicology and DNA as appropriate for case
4) Repeat photography or repeat radiology evaluation as necessary
5) If evaluation reveals a possibility of commingling of remains, separate remains into containers and label as a subset of the original identification number
6) Document, remove, and save non-human and non-biological materials for proper disposal
7) Interpret perimortem trauma in consultation with the pathologist
8) Obtain and isolate dental evidence in consultation with the odontologist
9) Interpret and compare antemortem and postmortem records/radiographs and assist in identification (ID)

10) Examine identified remains prior to release to confirm that the biological profile used for ID matches the biological parameters of the remains
11) Determine the next function necessary or notify Anthropology Supervisor for decision to send to Gatekeeper exit and re-storage

Function # 6 - Odontology Evaluation

This function is under the management of the Supervisor of Odontology. The purpose of the odontology function is to evaluate each dental element for identification characteristics and evidence of injury or natural disease. The odontology function may have more than one station. Each station will be the responsibility of the Odontology Team Leader. Each odontology station will include at least one dentist and a technician. Dental elements will arrive at the odontology function directly from triage, autopsy, or anthropology. A detailed description of the operations of the odontology function is found in Appendix W.

Responsibilities of the Odontology Team Leader

1) Assign dental evidence to an odontology station
2) Take dental radiographs with a portable dental radiograph machine
3) Take photographs of oral structures and dental evidence as per established protocol
4) Process and/or clean specimen for better analysis if appropriate
5) Examine and chart dental elements
6) Compare dental elements data with dental radiographs or records of putative victims for preliminary identification. All final identifications will be confirmed by the CMO
7) Determine if the body or dental elements are to be sent to another function or to the Gatekeeper for exit and re-storage

Function # 7 - Fingerprints

This function will be under the management of the Supervisor for Fingerprints. Since fingerprint comparison can provide for a positive identification, it is important in any MFI to obtain fingerprints whenever possible on all bodies or remains. Since fingerprint processing on remains that are fragmented, burned, or decomposed may be long and tedious, it will probably be necessary to have a separate station or stations for this function. Each station will be supervised by the Fingerprint Team Leader (FTL). Each station will include one or more technicians and may include a fingerprint specialist.

Responsibilities of the FTL or Fingerprint Specialist

1) Obtain antemortem prints

2) Establish a log of antemortem prints and their source
3) Establish files of antemortem and postmortem prints
4) Coordinate with CMO before processing prints
5) Initiate and maintain an examination log
6) Photograph friction ridge surfaces prior to processing
7) Collect any trace evidence prior to processing
8) Print all available friction ridge skin on fingers and all available friction ridge surfaces on hand and feet if necessary
9) Document fingerprint process if special techniques are necessary
10) Compare antemortem with postmortem prints
11) Initiate automated searches
12) Communicate with CMO regarding comparison findings

Function # 8 - Specimen Processing

This function will be under the supervision of the Supervisor of Evidence Collection (SEC). The purpose of the specimen processing function is to assure that all specimens collected for additional testing (trace evidence, toxicology, microbiology, DNA) are properly documented, packaged, stored, and delivered. The SEC will be a senior autopsy technician experienced in processing specimens. This function may require more than one team; one for each type of specimen (toxicology, trace evidence, DNA). Each team will have a team leader including at least two technicians.

Responsibilities of the SEC

1) Coordinate with each of the function leaders to receive and package specimens from the different stations
2) Document each specimen with its source, identification number, type of specimen, time of collection, and requested testing or type of storage
3) Properly maintain specimen in temporary storage (refrigeration, drying, etc.) prior to sending to proper long-term storage or to a laboratory
4) Maintain inventory of specimens
5) Coordinate with Director for Body Examination for needed equipment, supplies, or transportation

Function # 9 - Normal Operations

This function will be under the supervision of the Supervisor for Normal Autopsy Operations. The purpose of the normal operations function is to competently examine the non-mass disaster cases that routinely come to the medical examiner's office. A section/area of autopsy the room will be dedicated to normal autopsy operations.

Responsibilities of the Supervisor for Normal Autopsy Operations

1) Maintain communications with investigator assigned to normal operations to triage which cases need to be transported to central facility given the limited resources of the office
2) If morgue operations are at the central office, accept body directly from Gatekeeper
3) Photograph the body bag seal
4) Open the body bag and review information from investigations
5) Determine if radiology is necessary and, if so, use portable radiology unit
6) Conduct autopsy or external examination as necessary
7) Release body to Gatekeeper for exit and indicate readiness for next case
8) Assist mass fatality autopsy function if normal operations are completed

Mass Fatality Administration Support

The Commander will designate a Chief of Administrative Support (Admin Chief)

The duties of the Admin Chief are to:

1) Collect and analyze information on the current status of the MFI
2) Manage the resources to support the MFP
3) Obtain, order, maintain, and account for essential personnel, equipment, and supplies
4) Maintain incident facilities
5) Prepare summaries of incident progress
6) Arrange for transportation for support personnel
7) Maintain archives
8) Arrange for medical services to incident personnel as required
9) Manage demobilization of MFP
10) Provide daily summaries of incident progress to defined stakeholders electronically or by hard copy, as appropriate

Depending on the size of the MFI, the Admin Chief may designate directors of the following areas:

1) Director of Communications
2) Director of Information Technology
3) Director of Finances
4) Director of Family Assistance Center

Public Communications

The Admin Chief will assign a Director of Public Communications to be responsible for all public communications coming from the OME regarding the mass disaster. In many instances, the Admin Chief will also serve as the Communications Director.

Responsibilities of the Communications Director are to:

1) Work closely with UTSEOC and, when necessary, the Public Affairs Officer of DHHS in making public statements concerning the mass fatality. Information should be accurate, consistent, timely, and pertinent
2) If the Utah All Hazards Emergency Operations Plan has been activated, the Communications Director will coordinate information with the communications department of the All Hazards Emergency Operations Command Center and the Joint Information Center to coordinate public statements concerning the mass fatality
3) Maintain communication with the Director of the Family Assistance Center to assure that no personal information or identifications are released to the public prior to notification of families
4) Provide daily summaries of public information to authorized stakeholders electronically or by hard copy, as appropriate

The Communications Director will manage the OME information center for the mass fatality. Depending on the type and size of the mass disaster, the information center may be large or small. Members of the information center under the supervision of the Communications Director will include administrative and clerical employees of the OME and at least one information technology support person.

Responsibilities of the information staff are to:

1) Coordinate flow of information between the functional units such as between site operations and morgue operations
2) Keep staff appraised of developments and progress during the mass fatality
3) Attend briefings with other agencies involved in the mass disaster such as law enforcement, hospitals, funeral directors, etc.
4) Receive and triage all requests from outside agencies for support or for information
5) Deal with all media requests and logistics
6) Generate reports regarding recovery operations, number of victims, and identifications

7) Generate reports regarding health and safety issues related to the mass fatality

If the incident site is removed from the morgue site and from the information center, the Communications Director may assign an Incident Site Communications Supervisor to accommodate the media at the incident site. The Incident Site Communications Supervisor working with the Communications Director will assure that the media representatives have appropriate access when possible without creating safety hazards

The Communications Director will appoint Security Supervisors at the morgue operations site and the Family Assistance Center (FAC) whose duties are to:

1) Restrict media from entering the operational areas and the FAC
2) Establish briefing areas near but not in the incident site, the morgue, or the FAC
3) Issue one-time credentials for media personnel

Financial Support

The Admin Chief will, if necessary, designate a Director of Finances (Finance Director) to provide accounting, procurement, time recording, and cost analysis to support the operations associated with a MFI.

The Finance Director will follow State of Utah policies and procedures as purchases are made to support a MFI.

The responsibilities of the Finance Director are to:

1) Order supplies and equipment as necessary
2) Maintain copies of all transactions
3) Monitor and Reconcile expenditures per the State of Utah Procurement Policies and Procedures
4) Monitor all OME procurement cards
5) Increase limits on OME procurement cards through the state Purchasing/Finance necessary
6) Create index code to isolate expenses associated with MFI

Information Technology

In the event of activation of the MFP, the Admin Chief (Chief Medical Examiner) will coordinate with the Division of Technology Services at DHHS to designate a Director of Information Technology (IT Director) for the event.

The IT Director will be responsible for coordinating all IT systems to track decedents from first discovery to final disposition.

The IT Director will be responsible for maintaining communication systems among all components of the mass fatality plan system and between components of the plan and other involved agencies.

The IT Director will also provide all necessary computer support to all personnel working on the MFI including data entry, data entry security, backup of information, storage of data, and interoperability of information sharing with other agencies.

Religious and Cultural Considerations

A mass disaster will likely involve victims and families of different faith, religious, and cultural backgrounds.

It is recommended that all personnel involved in mass fatality management read this section.

Consideration must be given to the specific needs for the autopsy process, handling of the body and tissues, and support for the 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/cultural considerations must be addressed by all levels of 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/cultural considerations cannot be met, it is critical to convey why requests cannot be met and assure families of the OME's commitment to treating their loved ones with dignity and respect.

Data/information collection from families should include:

1) Obtain information on religious and cultural beliefs and death practices
2) Determine the language the victim's family is most comfortable communicating in
3) Provide appropriate interpreters if needed

Religious and cultural considerations should be dealt with in as sensitive of a manner as circumstances allow.

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

Communication with families should include:

1) Families need to be assured that the spokesperson is releasing accurate information that was officially issued by the OME
2) Warn families that only information from the OME and FAC is credible and that information from other sources may not be correct

3) Inform families where they will be notified of the identification of a family member as a victim, which family members are notified, and how they are contacted. Families should be given the choice to be notified at the FAC or at a location they choose that is convenient for them

The following are examples of some common questions that families may have that should be addressed:

How are identifications made?

1) Provide information on all methods of identification that will be used
    a. Explain what each method involves and its reliability
2) DNA testing, in particular, involves considerations that should be explained to families
    a. Make copies of Identifying Victims Using DNA: A Guide for Families, in the National Institute of Justice's Lessons Learned From 9/11: DNA Identification in Mass Fatality Incidents, September 2006. This guide is available in English and Spanish at: http://www.ncjrs.gov/pdffiles1/nij/214781.pdf
    b. Give families a realistic timeframe for DNA testing (may take 6-12 months before identifications can be made)
    c. Tell families that during the DNA identification process no material will be released until DNA testing of all common tissue is completed or at the discretion of the OME in consultation with families

When and how will victims' personal effects and belongings be returned to families?

1) A loved one's personal effects may be very important to the family
2) The process for recovering and returning personal effects must be established as soon as possible after the incident and understood by all involved agencies
3) The process needs to be communicated to families so that they understand it and know how long it will take until personal effects are returned, or if they cannot be returned, why not
    a. If the incident is the result of a crime, some or all personal effects may be evidence and cannot be returned until after the trial

Can families go to the incident site?

For many families, being able to go to the incident site is extremely beneficial. It allows them to feel close to their deceased loved ones, imagine their last moments, and honor them and say good-bye.

1) Visits to the incident site should always be coordinated with the organization that has jurisdiction at the site (OME, FBI for crimes, National Transportation Safety Board for commercial airline accidents, etc.)
    a. Spiritual care and mental health personnel should be present during visits and available to family members
2) If the visit takes place during recovery, work should stop to show respect
3) Visiting families should not be exposed to bodies, body parts, or personal effects
4) Separate visits should be arranged for families of surviving victims and for families of the deceased
5) Prepare families for what they will see. Describe the conditions, the destruction/wreckage, and the odors

What is the condition of the body/bodies?
A common wish of families is to know details of their loved one's final moments before and after death and a desire to know that their dignity was not affronted. How the condition is explained requires compassion, honesty, and tact.

1) Provide context—explain the condition of physical structures and how the location of a victim in relation to the cause of the incident affects the condition of the body
2) Assure family members that the body of their loved one is treated with the highest degree of respect and dignity, regardless of its condition
3) Avoid these words or phrases: "damage to the body," "fragmentation,""dismemberment," "pieces," "parts," "destroyed body parts," "damage to the body," and "the body is in bad condition"
4) Do use these words or phrases: "severe," "significant," "trauma to the body" or "condition of the body"
5) Often family members prefer the term loved one to victim
6) Take cues from the family and tell them what they want to know. The amount of information families can handle is usually revealed by the questions they ask and their feedback

Will an autopsy be performed?

1) The nature of the incident and the decision of the OME determine whether or not an autopsy is performed
2) Family requests, cultural customs, and religious beliefs that prohibit autopsies should be considered
3) If an autopsy is recommended, tell families why it is necessary

How do families know that the information they receive will be accurate?

1) Information regarding a MFI will become public through many sources such as print media, television, radio, and the Internet. Families need to learn about the death of a loved one from a credible source in a compassionate way, not through communications to the public
2) Remind families that information from any source other than officially recognized sources, which should be identified, may be inaccurate
3) Provide families with written records to ensure that they have correct information

Can families obtain copies of the OME's report?

1) Utah treats post-mortem Reports of Examination as private documents; only certain relatives and agencies are authorized to receive reports. Immediate family members, as defined in state law, is limited to a:
    a. spouse (legally married at the time of death; the State of Utah does not recognize so-called "common law" marriage, except in very limited circumstances)
    b. child of the deceased who is at least 18 years-old
    c. parent
    d. sibling
    e. grandparent
    f. grandchild
2) A legal representative, defined as a legal guardian of the deceased or a personal representative of the deceased's estate that was appointed by a court of competent jurisdiction, may also access these records. All immediate family members and/or legal representatives have equal access to medical examiner records without preference or priority.

Family Assistance Center

If the establishment of a Family Assistance Center (FAC) is determined to be necessary, the Admin Chief will coordinate with Emergency Preparedness Staff at DHHS to establish an FAC as described below.

The establishment of a FAC is necessary to facilitate the exchange of information and to address the families' needs. Families and friends may spend many long hours waiting anxiously for information about their loved ones. The FAC provides the families with accurate information in an appropriate manner and setting.

The FAC addresses the basic physical needs, including food, shelter, transportation, telephones, and emergency services that these families often will have.

The effective operation of a FAC depends on many organizations and individuals working together as a team, the establishment of a chain of command, and the selection of a site that is acceptable to all the individuals and agencies that will be working there.

The purpose of the FAC is:

1) To provide a private place for families to grieve
2) To protect families from the media and curiosity seekers
3) To facilitate information exchange between the OME and families so that families are kept informed and the OME can obtain information needed to assist in identifying the victims
4) To address family needs (responding quickly and accurately to questions, concerns, and needs - psychological, spiritual, medical, and logistical)
5) To provide death notifications and facilitate the processing of death certificates and the release of human remains for final disposition

The operations manager for the OME FAC will be the OME Grief Services Manager. The FAC operations manager oversees and operates the FAC for the OME and ensures that needed services are provided and available resources are maximized.

The following are the key assumptions underlying family assistance:

1) Expect eight to 10 family members or loved ones for each potential victim
2) Family members have high expectations regarding:
    a. The identification of the deceased

   b. The return of loved ones to them
   c. Ongoing information and updates
3) Family members will begin to come to the incident site almost immediately
   a. The FAC, with at least basic services, needs to be open and operating within 24 hours at most
4) FAC operations may be long-term
5) Responding to a MFI can be overwhelming, leading to traumatic stress. Support for responders is essential to monitoring and minimizing the impact

Establishment of FAC

Site Selection Factors: Many factors must be considered when selecting a site for a FAC. The type of disaster event and number of fatalities will affect site selection.

A FAC should be located close enough to the site of the disaster to allow the medical examiner personnel and others to travel easily among the site, morgue, and center but far enough from the site that families are not continually exposed to the scene.

If available, a neutral, nonreligious site such as a hotel or school is often an ideal choice for a FAC because some families may be uncomfortable coming to a religious structure. In addition, a hotel or school often can provide flexible, long- term accommodations.

Finally, those involved in site selection should plan for the many agencies that are part of that community's crisis response plan and consider what those agencies will need to do their jobs effectively.

Availability of Facility: The FAC should be established and opened as soon as possible after the incident. The center may be needed for as long as 3–4 weeks depending on the length of time necessary to recover the bodies.

Infrastructure: It is very important to estimate the number of family members and friends who may visit the center to determine whether the center's infrastructure is adequate to handle that number of people. The structure must offer adequate services and utilities including electrical power, telephone service, toilets, controlled heat and air conditioning, water, and sewage.

A determination must be made about whether the site can accommodate people with disabilities and other special or at-risk populations. In addition, a suitable site must allow for implementation of security measures.

Space and Floor Plan: The FAC needs to have a floor plan that will accommodate the simultaneous and effective performance of many functions for and delivery of services to the families and friends of the victims.

Operations Center and administrative offices: An operations center is necessary to allow the different service groups and organizations to meet. If representatives from all organizations are present at meetings, then victim services can be coordinated and efforts will not be duplicated.

Administrative offices should be available for all of the different service groups including mental health professionals, clergy/spiritual advisors/shamans, and medical examiners and organizations including the American Red Cross and Salvation Army. Since these administrative offices will hold files and confidential information generated by the FAC, they must be kept secure.

The FAC should have a separate entrance for its staff so they can check in, be briefed, and receive their assignments before they interact with the families.

General assembly room: A large room with a public address system should be available so that updates on the search and recovery process can be given at least twice daily to large gatherings of family members and friends. Activities in this room may require translator services.

Reflection room: The FAC should provide a space where the victims' families and friends can quietly reflect, meditate, pray, seek spiritual guidance, or observe religious practices. This space must be designed and furnished to respect diverse cultures and beliefs.

Death notification rooms: To provide privacy and to expedite the notification process, several rooms should be set aside for families to receive the information that their loved ones have been identified. Circumstances may dictate how death notification takes place. In most cases, it is preferable for death notification teams to be sent to the families' homes rather than requiring families to come to the FAC.

Counseling rooms: Several small rooms should be available to provide a private space where information such as antemortem data can be gathered from families and where families can receive counseling from clergy and mental health professionals. These rooms

can be used for family members to spend time together and to use the telephone to contact other relatives and friends.

The number of rooms necessary will vary depending on the number of fatalities. The following is a general rule: 100 or fewer fatalities will require 3–5 rooms, 101–200 fatalities will require 10–12 rooms, and more than 200 fatalities will require 15–25 rooms.

Counseling that is meant to convey positive identification of the loved one and emotional support for families should not be conducted in hotel rooms with bedroom furniture. If hotel rooms are the only rooms available, replace the bedroom furniture with couches and chairs.

Medical area: Family members and friends of the victims may require medical assistance.

Reception and registration for families: When family members and friends arrive at the FAC, the staff should greet them and gather information about who will be visiting the FAC. Staff will assign them an escort who will take them to a designated area where they may be more comfortable and can be located if necessary.

When families and friends leave the FAC, they should check out and leave their address so that they can be contacted with additional information and support and notification of their loved ones' deaths.

When adequate personnel are available, an escort may be assigned to each family group. Escorts may help the families with any need that arises during their stay at the FAC.

Procedural Considerations for Collection of Antemortem Data

Personnel at the FAC will be assigned to collect accurate and detailed antemortem information from the families and friends of the victims using the VIP Personal Information Form (Appendix BB).

This information may be gathered by experienced death investigators or funeral directors who have been well briefed on the information they need to collect from the families. If funeral directors are providing this service, it is critical that they act as representatives of the medical examiner's office and not as funeral directors.

Death certificate information can be collected at the initial interview to save the families from going through another interview at the funeral home.

Information includes the decedent's occupation, level of education, and the residency and name of the informant (person providing the information).

During antemortem data collection, it is important to reassure families that all information will remain confidential.

The American Red Cross can assist the OME by providing mental health professionals who may be needed during antemortem interviews or memorial services.

Victim advocates can identify community resources and refer the victims' families to them for help throughout the recovery process.

Conduct Death Notifications

The procedures for death notification are an important component of a sensitive family assistance plan. Whenever possible, death notification should be made by a team rather than an individual. The team may consist of a representative of the OME, a member of the clergy, a mental health professional, and possibly a medical professional. If the family's own pastor or other clergy member is present, the team clergy should play only a supportive role.

The notification team should be well briefed on the information being provided to the families so they can answer as many questions as possible.

The team should be given a fact sheet that contains relevant information that they can leave with the family for later reference because family members may forget to ask questions at the time of the notification.

Death notification teams also should be available to travel to meet with families who do not want to or are not physically able to come to the FAC.

Next-of-kin who are out of town should always be notified in person. When a death notification must be made in a distant location, the office charged with death notification responsibilities can contact the sheriff or chief of police in the distant community to request coordination of notification.

The American Red Cross or the state Victims of Crime Act (VOCA) can assist in providing a mental health professional.

The office charged with death notification responsibilities can provide the notifying law enforcement agency with a letter from the OME that contains information about the decedent and the office name and contact number in case the family has questions.

Staff conducting a death notification for a victim whose body is not intact must ask the family at the time of notification if they want to be informed about later identification of common tissue. After the family members make their decision, staff should provide them with a written copy of their decision as a reference for what they agreed to at that time.

Coordinate and manage many volunteers: The American Red Cross website offers several ideas about volunteer management and support services for disaster preparedness. This site also helps communities identify their own resources and teaches them how to avoid pitfalls as they develop a crisis response plan.

Determine fiscal responsibility for expenses: The expense of setting up the investigation site and providing family assistance accommodations varies depending on the event and the state in which it occurred. Document expenses under the management of the Director of Finances (see Financial Support Section).

Dispose of common tissue: After incidents such as high-impact aviation crashes, bombings, and tornadoes, some human tissue may not be identifiable. When the OME determines that all means of identification have been exhausted, the decision about the disposition of common tissue must be made. Typically, common tissue is interred at a memorial service to which the victims' families are invited. In a major aviation accident, the American Red Cross is the designated planning organization for memorial services and may also assist the OME.

Establish victims' suffering: The issue of victims' suffering can cause tension. On the one hand, there is a need to preserve evidence that establishes the amount of suffering the victim endured for use at the perpetrator's sentencing hearing when mass fatality incidents are a consequence of a terrorist or other homicidal act. On the other hand, there is great need to comfort families and answer their questions about how much their loved ones suffered before dying. During the recovery of bodies, the OME must sensitively convey information to families that is consistent with the information provided to the criminal investigation system.

Implement security measures: Access to the FAC must be controlled so families and friends of the victims have privacy and are not overwhelmed by the press, photographers, and the public.

Checkpoints may need to be established at entrances to the FAC and its parking lot.

A badge system can be implemented that gives family members and authorized workers easy access to the FAC.

Work with the media: The Commander will designate a Director of Communications to release information about the mass fatality event.

The press will have questions that only a representative of the OME can answer properly, including questions about the recovery operation, identifications, and condition of the bodies.

Information must be released to the media only by the designated Communications Director and not by any staff members of the OME.

A joint information center should be set up to coordinate the release of information, and no information should be released to the media unless it has been discussed with the families first.

Roles and Responsibilities
Team Leader, OME Family Assistance Center:

1) Grief Services Director oversees implementation and maintenance of OME's portion of FAC
2) Meets with representatives from Red Cross, Salvation Army, and other support services to determine location and scope of FAC
3) Oversees funeral directors, grief services employees, and volunteers in collecting victim information and kinship information for identification purposes

Assistant Team Leader, OME Family Assistance Center:

1) Grief Services licensed social worker, as designated by the team leader or the Chief
2) Assists in logistics of establishing and operating OME's portion of FAC
3) Performs tasks as required by FAC Team Leader

Administrator, OME FAC:

1) Provides clerical and administrative support to Team Leader and Assistant Team Leader
2) Acquire and help install phones and computers as needed by FAC
3) Arrange transportation and lodging as needed for arriving families in conjunction with other victim/family support service organizations

Plan Maintenance and Implementation

The OME Director of Operations will be responsible for updating and maintaining the MFP.

Maintenance and Implementation of the Plan will include:

1) Assure that a current issue of a hard copy of the Plan is present at key stations in the office and that hard copies have been distributed to appropriate state agencies

2) Assure that a current electronic copy of the Plan is available on the OME website and that the location on the web site is prominently displayed

3) Periodically advertise to appropriate agencies and individuals the existence of and location of the Plan

4) Train new employees in their role in a mass disaster and how to use the Plan

5) Continue to electronically update the appendices in the Plan including the phone lists, the available additional resources, and the available additional personnel

6) Notify key individuals and agencies of electronic updates in the Plan

7) Maintain a system or file for storage of information relative to the Plan between updates

8) Maintain information relative to the needs of the Plan that can be addressed with additional time or budget

9) Keep outdated copies of the Plan

10) Coordinate yearly meetings of the committee for review and update of the Plan. The committee will be chaired by the Director of Operations and will include the Chief ME and appropriate members of the key staff of the office as determined by the Director of Operations

11) On even numbered years, conduct discussion-based exercises of the Plan, which will include both orientation exercises and tabletop exercises

12) Orientation exercises will introduce or refresh staff to the Plan and collect feedback

13) Tabletop exercises will be held with scenario-based discussions to test various aspects of the Plan

14) It is recommended that during implementation of the Plan that local OME Medical Investigators are invited to Local Emergency Planning Committee Meetings (LEPC) that are chaired by county or city Emergency Managers

15) On odd numbered years, conduct operations-based exercises that will include drills to test performance of people and equipment, identify gaps in resources, clarify roles and responsibilities, and improve team performance

16) Evaluate discussion- and operation-based exercises

17) Based on committee review of the plan and discussion and operation-based exercises, revise and appropriately distribute the Plan

Summary

The OME is a medical examiner system that investigates any death that is sudden, violent, untimely, unexpected or when a person is found dead and the cause of death is unknown. This would include a mass fatality event. Because the system is statewide, the framework for responding to a mass fatality incident in any Utah location is already in place. The goal of this plan is to ensure a prompt, organized, safe, and prepared response to a mass fatality incident as a component of Utah's All-Hazard Emergency Plan.

Mass Fatality Action Plan Summary

In the event of an incident occurring in Utah involving mass fatalities, the county or city Emergency Manager involved would take one of two steps:

1) Notify the Department of Homeland Security and Emergency Management (DHSEM) watch officer or the State Emergency Operations Center (SEOC), if it is activated, that there have been fatalities, and the State EOC would then contact the DHHS Emergency Operations Center Representative (EOCR) and the Executive Directors of DHHS. In turn, DHHS would contact the Office of the Medical Examiner to begin implementation of the Fatality Management Plan (MFP) and/or

2) Would activate the OME using the current framework for all reported deaths. This framework would start by contacting the OME Central Office at (801) 816-3850.

The OME may also become aware of a MFI from the local first responder at the incident site, from the media, or other emergency notification system. The OME contact will notify the Chief as soon as there is a known or suspected MFI. The Chief will be responsible for the MFP activation and management and may appoint a Commander.

In some instances of a MFI, the SEOC will be activated. In that situation, a representative of the OME appointed by the Chief will report to the UTSEOC. The Chief will report to the Operations Section Chief during the period of the MFP activation, along with the DHHS EOC. The DHHS EOC will keep in continuous contact with the Executive Director of DHHS, and the ED at his discretion, may activate the DHHS Department Operations Center (DOC).

If the Governor of the State of Utah has declared a state of public health emergency, the OME will first consult with the ED of DHHS, through the Incident Command structure, in

order to implement and enforce measures to provide for the safe disposal of human remains.

When the OME becomes aware of an incident that may require activation of the MFP, the Chief, in concert with the Executive Director of DHHS, will evaluate the incident to determine:

1) Jurisdiction over the incident
2) Potential or real number and location of remains
3) Condition of the bodies
4) Potential number of remains for autopsy
5) Level of difficulty in recovery
6) Types and numbers of personnel and equipment needed
7) Accessibility of the incident site
8) Possible biological, chemical, physical or radiological hazards
9) Level of personal protective equipment needed
10) Staffing needs

The Chief will then make a determination of the activation level of the plan. The Chief may alter the level of the response based on changing information or resources. The levels of response are:

1) Level 3 Response (Local):
    a. An incident deemed by the local Investigator as significant or high profile enough as to draw an unusual amount of media attention or outside agency response. However, the number and type of incident fatalities are within the capability of the resources (investigator availability, transportation and storage capability, equipment, etc.) available for the county in which the incident occurred.

    b. The UTSEOC may or may not be activated. An example would be a natural disaster with few fatalities.

    c. Notification should be made to the central office on-call or on-duty supervisor and pathologist via the on-duty central office investigator for determination of additional notification or resource activation. The Chief may activate the MFP if the incident requires additional resources or the response of specialized personnel. This level of activation of the MFP will usually be managed by sending specialized personnel to the scene of the incident to

assist the local investigator and by coordination of transportation of the fatalities to the central office.

2) Level 2 (Regional)
    a. An incident deemed not within the capability of the resources available for the county in which the incident occurred. However, it can be handled appropriately with the assistance of the resources of the surrounding counties.

    b. The UTSEOC may or may not be activated.

    c. Notification should be made to the central office on-call or on-duty supervisor and pathologist via the on-duty central office investigator for determination of additional notification or resource activation. The Chief ME will activate the MFP to provide additional resources and personnel to manage the incident. This level of activation can usually be managed by sending additional resources and personnel to the scene of the incident to assist in recovery and investigation, possible temporary storage of remains, and transportation of fatalities. However, the number of fatalities would not be beyond the capabilities of the resources of the central office.

3) Level 1 (State or higher)
    a. An incident deemed not within the capability of the resources available for the county in which the incident occurred and cannot be handled with the assistance resources of the surrounding counties or a declared disaster with large quantities of known, suspected, or anticipated deaths.

    b. The UTSEOC will probably be activated.

    c. After notification the Chief ME will activate the MFP and appoint the Commander.

The MFP is based on ICS core concepts and organizational processes. It is designed to work within the UTSEOC and the NIMS. It is also adaptable for any size of MFI and can be expanded or contracted as need arises.

The Commander, in concert with the Executive Director of DHHS, may request assistance from state and federal agencies as necessary. Federal assistance may be sought by the

Governor through the Regional FEMA Administrator as per the Stafford Act requesting the Presidential declaration of a disaster.

The Commander, in concert with the DHHS Executive Director, will determine when to deactivate the plan.

Appendices A-DD

Appendix A

Hospital Contact Information

Color code:
Blue font - IHC Hospital
Orange font - Holy Cross Hospital

Name	Address	Contact Information
A.		
AirMed		MR: rosemarie.matagi@hsc.utah.edu
Allen Memorial Hospital	719 West 400 North Moab, UT 84532	P: (435) 259-7191 MRF: (435) 259-6968
Alta View Hospital	9660 South 1300 East Sandy UT 84094	O: (801) 501-2600 MRF: (801) 501-2697 Lab F: (801) 501-5011
American Fork Hospital	170 North 1100 East American Fork UT 84003	O: (801) (855) 3300 F: (801) (855) 3455 (385) 215-7047
Ashley Regional Medical Center	151 West 200 North Vernal UT 84078	O: (435) 789-3342 MRF: (435) 789-6128 Lab: (801) 501-2743 Lab F: (435) 781-6894
B.		
Bear River Valley Hospital	905 North 1000 West Tremonton UT 84337	O: 4335-207-4500 MRF: (435) 207-4655
Beaver Valley Hospital	1009 North 100 West Beaver, UT 84713	O: (435) 438-7100 MRF: (435) 438-7145
Blue Mountain Hospital	Blanding, UT	MRF: (435) 678-3992
Brigham City Community Hospital	950 South 500 West Brigham City, UT 84302	O: (435) 734-9471 MRF: (786) 206-0764
C.		
Castleview Hospital	300 North Hospital Drive Price, UT 84302	O: (435) 637-4800 MRF: (435) 636-4895 Lab F: (435) 636-4877

Central Valley Medical Center	549 North 400 East Nephi UT 84648	O: (435) 623-3000 MRF: (435) 623-3123
Cache valley Specialty Hospital		MRF: (786) 206-0764 Lab F: (435) 753-3812
Cedar City Hospital	1303 N Main St. Cedar City UT 84721	MRF: (435) 868-5617 (385) 215-7047 Lab F: (435) 868-5094
D.		
Davis Hospital & Medical Center (Holy Cross Hospital — Davis)	1600 West Antelope Dr. Layton, UT 84041	O: (801) 807-1000 MRF: (801) 807-7830 Lab F: (801) 807-7060
Davis Behavioral Health		MRF: (801) 774-0482
Delta Community Medical Center	126 South White Sage Ave. Delta, UT 84624	O: (435) 846-5591 MRF: (801) 442-0576
Dixie Regional Medical Center AKA St. George Regional Hospital	1380 East Medical Center Dr. St. George UT 84624	O: (435) 251-1000 MRF: (435) 251-2309 (385) 215-7047 Hospitalist: (435) 251-2992
E.		
Eastern Idaho Regional Medical Center (EIRMC)	3100 Channing Way, Idaho Falls, ID 83404	O: (208) 529-6111 MRF: (877) 865-9738
Evanston Regional Hospital	190 Arrowhead Dr., Evanston, WY 82930	O: (307) 789-3636 MRF: (307) 783-8185
F.		
Fillmore Community Medical Center	674 South Highway 99 Fillmore UT 84631	O: (435) 743-5591 Lab: (435) 743-1536 Lab F: (435) 743-6393 F: 437-743-6312 (385) 215-7047
G.		
Garfield Memorial Hospital	200 North 400 East Panguitch, UT 84759	O: (435) 676-8811 MRF: (435) 676-1540 (385) 215-7047
Gunnison Valley Hospital	64 East 100 North Gunnison, UT 84634	O: (435) 528-7246 F: (435) 528-2191 (Attn Med Rec) Lab (F): (435) 528-2193

H.		
Health South Rehabilitation Center	8074 South 1300 East Sandy UT 84094	O: (801) 561-3400 F: (801) 565-6771
Heber Valley Medical Center	1485 South Highway 40 Herber UT 84032	O: (435) 654-2500 MRF: (435) 654-2576
Heritage Park Care Center	2700 West 5600 South Roy UT 84067	O: (801) 825-9731 F: (801) 728-4224
Hill A.F.B Hospital	211 South 100 East Tooele UT 84074	O: (801) 777-6206 F: (801) 777-4831
Huntsman Cancer Institute		O: (801) 587-7000 F: (801) 585-0517
I.		
Intermountain LifeFlight		O: (801) 321-3330 F: (801) 321-3327
Intermountain Medical Center	5121 South Cottonwood St. Murray UT, 84157	O: (801) 507-7000 MRF: (385) 215-7047 Lab: (801) 507-2258 Lab F: (801) 507-2222
J.		
Jordan Valley Hospital (Holy Cross— Jordan Valley)	3580 West 9000 South West Jordan UT 84088	O: (801) 561-8888 MRF: (801) 285-5226 or (801) 601-2674 Lab: (801) 562-4201 (801) 601-2674 (alternate if other # isn't working) Lab F: (801) 562-4254
Jordan Valley Medical Center West (Holy Cross— Jordan Valley West)	3460 South 4155 West Valley City UT	O: (801) 964-3100 MRF: (801) 964-3467 Lab F: (801) 964-3638
K.		
Kane County Hospital	355 North Main St. Kanab UT 84741	O: (435) 644-5811 MRF: (435) 644-4114 Lab F: (435) 644-3587
Kolob Care Center		O: (435) 688-1207 F: (435) 688-8650

KPC Promise Hospital of Salt Lake	4252 Birkhill Blvd, Murray, UT 84107	O: (385) 425-0050 MRF:
L.		
Lakeview Hospital	630 East Medical Drive Bountiful UT 84010	O: (801) 299-2200 MRF: (786) 206-0764
LDS Hospital	8th ave & C St. Salt Lake City UT 84143	O: (801) 408-1100 MRF: (801) 408-5008 (385) 215-7047 Lab: (801) 408-1190 Lab F: (801) 408-2800
Logan Regional Hospital	1400 North 500 East Logan UT 84341	O: (435) 716-1000 MRF: (435) 716-5387 (385) 215-7047 Lab F: (435) 716-5442
Lone Peak Hospital		O: (801) 545-8000 MRF: (801) 545-8199
Layton Hospital	201 Layton Pkwy, Layton, UT 84041	MRF: (385) 215-7047 Lab: (801) 543-6029 Lab F: (801) 543-6036
M.		
McKay-Dee Hospital	4403 Harrison Blvd. Ogden UT 84409	O: (801) 387-2800 MRF: (801) 387-3358 (385) 215-7047 Lab: (801) 387-7366 Lab F: (801) 442-0973
Milford Valley Hospital	Box 640 Monument Valley UT 84536	O: (435) 387-2411 MRF: (435) 438-6380 (Attn Med Rec)
Mountain Point Medical Center (Holy Cross—Mountain Point)	3000 Triumph Blvd, Lehi, UT 84043	O: (385) 345-3000 F: (385) 345-3301 Lab F: (385) 345-3445
Memorial Clinic	2000 S 900 E Salt Lake City, UT 84105	O: (801) 464-7500 F: (801) 464-7558
Moab Regional Hospital	450 Williams Way, Moab UT 84532	Med Rec: (435) 719-3706 Med Rec (F): (435) 719-3719 (alt. 3549) wendyr@mrhmoab.org paulad@mrhmoab.org (main)

Monument Valley Health Center	P.O Box 360004 Monument Valley UT 84536	O: (435) 727-3000 F: (435) 727-3001
Mountain West Medical Center	2055 North Main Tooele UT 84074	O: (435) 843-3600 MRF: (435) 882-6491
Mountain View Hospital	1000 east 100 North Payson UT 84651	O: (801) 465-7000 MRF: (801) 465-7134 Stat MRF: (786) 206-0764 Lab F: (801) 465-7020
N.		
O.		
Ogden Regional Medical Center	5475 South 500 East Ogden UT 84405	O: (801) 479-2111 MRF: (786) 206-0764
Orem Community Hospital	331 North 400 West Orem UT 84057	O: (801) 224-4080 MRF: (801) 714-3269 (385) 215-7047
P.		
Primary Children's Hospital	100 Mario Capecchi Dr. Salt Lake City UT 84113	O: (801) 665-1000 MRF:(801) 662-3804 (385) 215-7047 Lab F: (801) 662-2114
Provo Canyon Behavioral Hospital	1350 E 750 N St, Orem, UT 84097	O: (801) 852-2273 MRF: (801) 227-2198 E: PCBHmedicalrecords@UHSINC.com
Q.		
R.		
Riverton Hospital	3741 West 12600 South Riverton, UT	O: (801) 285-4000 MRF: (201) 285-2079 (385) 215-7047
Renown Regional Medical Center (NV)	1155 Mill St, Reno, NV 89502	O: (775) 982-4100 MRF: (775) 982-3759
S.		
St. Marks Family Medicine	1250 East 3900 South Suite 260	O: (801) 265-2000 F: (801) 265-2008

	Salt Lake City UT	
Salt Lake Regional Medical Center (Holy Cross—Salt Lake)	1050 East South Temple, Salt Lake City UT 84102	O: (801) 350-4111 MRF: (801) 350-4390 Lab F: (801) 350-4276
St. George Regional Hospital	1380 E Medical Center Dr, St. George, UT 84790	O: (435) 251-1000 MRF: (385) 215-7047 Lab F: (435) 251-4530 Hospitalist: (435) 251-2992
San Juan Hospital	364 West 100 North Monticello, UT 84538	O: (435) 587-2116 MRF: (435) 587-2467 MR Email: bhall@sanjuanhealth.org (Brandi)
Sanpete Valley Hospital	1100 South Medical Dr., Mt. Pleasant UT 84647	O:(435) 462-2441 MRF: (804) 442-0647 (385) 215-7047
Sevier Valley Hospital	1100 North Main Richfield UT 84701	O: (435) 893-4100 MRF: (435) 893-0520 (385) 215-7047
Shriner's Hospital for Children	Fairfax Rd at Virginia St. Salt Lake City UT	O: (801) 536-3500 MRF: (801) 536-3867
St. Alphonsus Regional Medical Center	1055 N Curtis Rd. Boise, ID 83706	O: (208) 367-2121 MRF: (208) 367-2699
St. Marks Hospital	1200 East 3900 South Salt Lake City UT	O: (801) 268-7111 MRF: (877) 865-9738 or (855) 901-6104 Lab/Specimen Receiving O: (801) 268-7645 or (801) 268-7194 F: (801) 270-3325
South Davis Community Hospital	401 South 400 East Bountiful UT 84010	O: (801) 295-2361 MRF: (801) 298-0769
T.		
Tanner Clinic – Westside	1477 North 2000 W Clinton UT	O: (801) 773-4840 F: (801) 525-8194
Timpanogos Regional Medical Center	750 West 800 North Orem UT 84057	O: (801) 714-6000 Stat MRF: (786) 206-0764
U.		

University of Utah Medical Center	50 North Medical Dr. Salt Lake City, UT	O: (801) 581-2121 MRF: (801) 581-2177 Specimen Processing (F): (801) 585-2413 (P): (801) 581-2430
U of U Neuropsychiatric Institute	501 Chipeta Way Salt Lake City UT 84108	O: (801) 583-2500 MRF: (801) 587-3137
Uintah Basin Medical Center	250 West 300 North Roosevelt UT 84066	O: (435) 722-4691 MRF: (435) 725-2084
Utah State Hospital	1300 East Center St Provo UT 84603	O: (801) 344-4400 MRF: (801) 344-4223
Utah Valley Hospital	1034 North 500 West Provo UT 84605	O: (801) 357-7850 MRF: (801) 357-2460 (385) 215-7047 Lab : (801) 357-7041 Lab F: (801) 357-8396
Utah Valley Specialty Hospital	306 W River Bend Ln, Provo UT 84604	O: (801) 226-8880 MRF: (801) 226-5753
V.		
Valley Behavioral Health	1020 S Main St. Salt Lake City UT	O: (801) 539-7000 MR F: (385) 388-8670
Valley Mental Health	5965 South 900 East Salt Lake City UT	O: (801) 263-7100 MRF: (801) 424-4043
Veterans Administration Hospital	500 Foothill Blvd Salt Lake City UT 84720	O: (801) 582-1565 MRF: (801) 584-2518 Lab: Ext 4436 Safety Manager Brian Treasure: Ext 1226
W.		
Wasatch Mental Health		O: (801) 373-4760 MRF: (801) 373-0643
X.		
Y.		

Appendix B

Funeral Home Contact Information

Name	Phone Number	Email
Aarons Mortuary	(801) 394-5505	aarons.mortuary@gmail.com
Affordable Funeral and Cremation Solutions	(801) 393-2711	kenborup@hotmail.com
Affordable Funerals and Cremations	(435) 680-7035	dale@AFCFuneralHome.com
Affordable Funeral Services	(435) 586-3456	bryan@afscedar.com
Allen-Hall Mortuary (Nelson)	(435) 752-3245	allenobits@yahoo.com
Alternative Society of Utah Mortuary Crematorium	(801) 376-9494	susan@asuonline.net
Anderson & Sons Mortuary	(801) 756-3564	asmortuary@burnettech.com
Anderson Funeral Home (Goff affiliate)	(435) 623-0153	chad@goffmortuary.com
Ashley Valley Funeral Home	(435) 789-2834	jphillips@ashelyvalleyfuneral home.com
Berg Mortuary of Orem	(801) 224-2918	info@bergmortuary.com
Berg Mortuary of Provo	(801) 373-1841	info@bergmortuary.com
Brown Family Mortuary	(801) 754-3692	brownfamilymortuary@yahoo.com
Cache Valley Mortuary	(435) 787-8514	cachevalleymortuary@gmail.com
Crandall Funeral Home	(435) 783-4786	crandall@allwest.net
Cremation Center of Southern Utah	(435) 986-9100	russ@serenitystg.com
Dalton-Hoopes Funeral Parlor & Undertakers, Inc.	(435) 884-3031	dggr321@gmail.com
Didericksen Memorial	(435) 277-0050	jr@didericksenmemorial.com

Eternity Funeral Home	(801) 449-1568	jr@didericksenmemorial.com
Fausett Mortuary (Heritage F/C)	(435) 637-1181	fausettmortuaryutah@gmail.com
Fausett Mortuary of Emery County	(435) 381-2551	fausettmortuaryutah@gmail.com
Gillies Funeral Chapel	(435) 723-5236	office@gfc-utah.com
Heber Valley Funeral Home	(435) 654-5959	joe.probst@memorialutah.com probstjoe@gmail.com
Heritage Funeral & Cremation (Fausett)	(435) 986-0077	fausettmortuary@gmail.com
Heritage Funeral Home	(435) 687-5522	utahheritagefuneralhome@gmail.com
Hughes Heideman Mortuary	(435) 674-5000	mail@hughesmortuary.com
Hughes-McArthur Funeral Home	(435) 867-5566	
Hullinger Mortuary	(435) 722-2426	hullingermortuary@yahoo.com
Hurricane Valley Mortuary (Metcalf)	(435) 635-9922	desk@metcalfmortuary.com
Lakeview Memorial Mortuary	(801) 298-1564	royce.gibson@memorialutah.com
Leavitts Mortuary	(801) 394-5556	office@leavittsmortuary.com
Legacy Funerals & Cremations Management Inc.	(801) 300-7992	legacy@legacyfunderals.com
Lindquist Mortuary - Bountiful	(801) 292-5555	lom@lindquistmortuary.com
Lindquist Mortuary - Clearfield	(801) 825-6666	lom@lindquistmortuary.com

Lindquist Mortuary - Kaysville	(801) 544-5555	lom@lindquistmortuary.com
Lindquist Mortuary - Layton	(801) 771-6666	lom@lindquistmortuary.com
Lindquist Mortuary - North Ogden	(801) 782-6666	lom@lindquistmortuary.com
Lindquist Mortuary - Ogden	(801) 394-6666	lom@lindquistmortuary.com
Lindquist Mortuary - Roy	(801) 774-5666	lom@lindquistmortuary.com
Magleby Mortuary - Manti	(435) 835-2311	kelly@maglebymortuary.com
Magleby Mortuary - Richfield	(435) 896-5484	Services@maglebymortuary.com
Magleby Mortuary - Salina	(435) 529-3840	Kelly@maglebymortuary.com
McMillan Mortuary	(435) 688-8880	mcmillanmortuary@hotmail.com
Metcalf Mortuary	(435) 673-4221	desk@metcalfmortuary.com
Metcalf Mortuary - Hurricane	(435) 635-9922	desk@metcalfmortuary.com
Mitchell Funeral Home	(435) 637-2668	retzel@emerytelcom.net
Mosdell Mortuary	(435) 644-2214	mosdellmortuary@kanab.net
Myers Mortuary - Brigham City	(435) 723-8484	brigham@myers-mortuary.com
Myers Mortuary - Layton	(801) 544-0994	layton@myers-mortuary.com
Myers Mortuary - Ogden	(801) 399-5613	office@myers-mortuary.com
Myers Mortuary - Roy	(801) 825-2239	roy@myers-mortuary.com
Nelson Family Mortuary	(801) 405-7444	kenorbits@yahoo.com
Nickle Mortuary	(435) 864-3412	nicklemortuary@frontiernet.net
Nyman Funeral Home	(435) 753-7111	lonnie@nymanfh.com
Olpin Mortuary - Pleasant Grove	(801) 785-3503	patti@olpinmortuary.com

Olpin Stevens Funeral Home - Delta	(435) 864-4020	olpinstevensfuneralhome@gmail.com
Olpin Stevens Funeral Home - Fillmore	(435) 743-6261	olpinstevensfuneralhome@gmail.com
Peterson Family Funeral Home (Kramer)	(435) 789-1411	info@kramerfamilyfuneral.com
Pine View Mortuary	(435) 986-4222	desk@pineviewmortuary.com
Premier Funeral Services - Heber City	(435) 654-1161	jared@premierfuneral.com
Probst Family Funerals and Cremations	(435) 654-5959	clint@probstfamilyfunerals.com
Rasmussen Mortuary	(435) 462-2427	mortuary@cut.net
Rogers & Taylor Funeral Home (Rudd Affiliate)	(435) 257-3424	ruddfuneralhome@frontiernet.net
Rudd Funeral Home	(435) 257-5050	ruddfuneralhome@frontiernet.net
Russon Brothers Mortuary - Bountiful	(801) 295-5505	bountiful@russonmortuary.com
Russon Brothers Mortuary - Farmington	(801) 447-8247	farmington@russonmortuary.com
San Juan Mortuary	(435) 678-2612	amandapalmer6@hotmail.com
Serenicare LLC-Providence	(435) 753-6700	francis@serenicare.com
Serenity FH - St George (Serenicare closed)	(435) 986-9100	russ@serenitystg.com
Southern Utah Mortuary - Beaver	(435) 421-9500	southernutahmortuary@gmail.com
Southern Utah Mortuary - Cedar City	(435) 586-4040	southernutahmortuary@gmail.com
Spanish Valley Mortuary	(435) 259-3980	mearl@spanishvalleymortuary.com
Spilsbury Mortuary	(435) 673-2454	spilsburymortuary@infowest.com

Spring Creek Mortuary - Springville	(385) 325-3131	springcreekmortuary@gmail.com
Springer Turner Funeral Home - Richfield	(435) 896-6333	bruce@springerturner.com
Springer Turner Funeral Home - Salina	(435) 529-3821	bruce@springerturner.com
Sundberg-Olpin Mortuary	(801) 225-1530	somortuary@gmail.com
Sunset Valley Funeral Home	(435) 535-3335	sunsetvalleyfd@gmail.com
Tate Mortuary	(435) 882-0676	tatemortuary@tatemortuary.com
Thomson - Blackburn Vernal Mortuary	(435) 789-2611	info@bvmortuary.com
Utah Valley Mortuary	(801) 796-3503	uvfuneral@gmail.com
Walker Family Funeral Home - Payson	(801) 465-3846	mail@walkerpayson.com
Walker Funeral Home - Coalville	(435) 336-5521	walkermortuarymorgan@gmail.com
Walker Funeral Home - Spanish Fork	(801) 798-2169	mail@walkerspanishfork.com
Walker Mortuary - Morgan	(801) 829-6336	walkermortuarymorgan@gmail.com
Walker Sanderson Funeral Home	(801) 226-3500	office@walkersanderson.com
Walker Sanderson Mortuary - Provo	(801) 373-6668	office@walkersanderson.com
Warenski Funeral Home	(801) 763-5000	mail@warenski.com
Wheeler Mortuary	(801) 489-6021	wheelermortuary@msn.com
White Pine Funeral Services	(435) 709-6800	mark@whitepinefunerals.com
Wing Mortuary	(801) 768-9514	wingmortuary@mac.com

Appendix C

Police Department Contact Information

Name	Address	Contact Information
Alta	PO Box 8016 Alta, UT 84092	O: (801) 742-3522 F: (801) 742-1006 D: (801) 742-2033 E: AMO@townofalta.com
American Fork	75 East 80 North American Fork, UT 84003	O: (801) 763-3020 F: (801) 763-3030 D: (801) 851-4100 E: records@americanfork.gov
Beaver (Substation Through Bvcso)	PO Box 391 Beaver, UT 84713	O/D: (435) 438-2862 F: (435) 438-5184 or (435) 438-5206 E: sheriff@beaverutahsheriff.com
Blanding	167 East 500 North Blanding, UT 84511	O: (435) 678-2334 D: (435) 678-2916 or (435) 587-2237 F: (435) 678-1507 E: cityoffice@blanding-ut.gov
Bountiful	805 South Main Bountiful, UT 84010	O: (801) 298-6006 D: (801) 298-6000 E: policerecords@bountifulutah.gov
Brigham City	20 North Main Brigham City, UT 84302	O/D: (435) 723-3421 F: (435) 723-5011 E: police_records@bcutah.gov
BYU	B-66 ASB Provo, UT 84602	O: (801) 422-4051 F: (801) 422-0935 D: (801) 422-2222 E: police@byu.edu
Cedar City	PO Box 249 10 North Main St. Cedar City, UT 84720	O: (435) 586-2956 D: (435) 586-2955 F: (435) 586-2977 E: ccpdvips@cedarcity.org
Centerville	250 North Main Centerville, UT 84014	O/D: (801) 292-8441 F: (801) 296-2078 E: policerecords@centervilleut.com
Centerfield	PO Box 220071	O: (435) 258-5511

	Centerfield, UT 84622	D: (435) 258-3296 F: (435) 528-3300 E: tips@centerfield.org
Clearfield	55 South State St. Clearfield, UT 84051	O: (801) 252-2800 F: (801) 525-2861 or (801) 525-2861 D: (801) 525-2806 E: records@clearfieldcity.org
Clinton	2209 North 1500 west Clinton, UT 84015	O: (801) 614-0800 F: (801) 614-0832 D: (801) 451-4151 E: ClintonPoliceDept@gmail.com
Cottonwood Heights	1235 East Ft. Union Blvd Suite 100 Cottonwood Heights, UT 84047	O: (801) 944-7100 F: (801) 944-7105 D: (801) 840-4000 E: records@ch.utah.gov
MCSO (Substation, No Delta PD)	765 S. Hwy 99 Fillmore, UT 84631	O/D: (435) 743-5302 F: (435) 743-6324 E: sheriff@millardcounty.org
Draper	1020 East Pioneer Road Draper, UT 84020	O: (801) 567-6314 D: (801) 840-4000 F: (801) 576-6372 E: draperpolice@draper.ut.us
East Carbon	101 West Geneva PO Box 70 East Carbon, UT 84520	O: (435) 888-2081 F: (435) 888-5245 or (435) 888-2146 D: (435) 888-2100 E: sam@eastcarboncity-pd.com
Enoch	900 East Midvalley Rd Enoch, UT 84720	O/D: (435) 586-9445 F: (435) 586-8171 E: bailey@enochcity.org
Ephraim	5 South Main Ephraim, UT 84627	O: (435) 283-4602 F: (435) 283-4867 D: (435) 835-2191 E: colby.zeeman@ephraimcity.org
SPCSO (Substation, No Fairview PD)	PO Box 97 Fairview, UT 84629	O/D: (435) 835-2191 F: (435) 835-2143 E: dhatch@sanpetecountyutah.gov
Farmington	82 North 100 East Farmington, UT 84025	O/D: (801) 451-5453 F: (801) 451-5550 or 939-9250

		E: policedept@farmington.utah.gov
Fort Duchesne	Bureau of Indian Affairs Law Enforcement SVS. PO box 430 Fort Duchesne, UT 84026	O: (435) 722-2012 D: (435) 722-2911 F: (435) 722-3474 E: antonio.pingree@bia.gov
Garfield County Sheriff's Office	45 South Main Panguitch, UT 84759	O/D: (435) 676-8807 F: (435) 676-1185 E: gcso@color-country.net
Grantsville	429 East Main St. Grantsville, UT 84029	O: (435) 844-6881 F: (435) 884-0237 D: (435) 843-3316 E: chief@gransvilleut.gov
Gunnison	38 West Center PO Box 790 Gunnison, UT 84634	O: (435) 528-5532 F: (435) 528-5417 D: (435) 835-2191 E: email@gunnisonvalleypd.org
Harrisville	363 West Independence Blvd. Ogden, UT84404	O: (801) 782-4100 F: (801) 782-1600 D: (801) 629-8221 E: police@cityofharrisville.com
Herriman	5355 Main St, Herriman, UT 84096	O: (801) 858-0035 D: (801) 840-4000 E: records@herrimanPD.org
Heber	301 South Main St. Heber City, UT 84032	O: (435) 654-3040 F: (435) 654-3286 D: (435) 645-1411 E: tips@hcpd.ut
Helper	PO Box 221 Helper, UT 84526	O: (435) 472-3719 F: (435) 472-3514 D: (435) 637-0890 E: chrisgigliotti@helpercity.net
Hurricane	147 North 870 West Hurricane, UT 84737	O: (435) 635-9663 F: (435) 635-0620 D: (435) 635-4541 E: policedept@cityofhurrican.com
Kanab	140 East 100 South Kanab, UT 84741	O: (435) 644-5854 F: (435) 644-2403 D: (435) 644-2349

		E: tcram@kanab.utah.gov
Kaysville	58 East 100 North Kaysville UT, 84037	O/D: (801) 546-1131 F: (801) 544-1147 E: mailbox@kaysvillecity.com
Layton	429 North Wasatch Dr. Layton, UT 84041	O/D: (801) 544-1241 F: (801) 336-3521 E: policerecords@laytoncity.org
Lehi	580 West State St. Lehi, UT 84043	O: (801)768-7110 F: (801) 768-7115 D: (801) 343-4100 E: dconnolly@lehi-ut.gov
Lindon/Pleasant Grove	87 East 100 South Pleasant Grove, UT 84062	O/D: (801) 785-3506 or (801) 769-8600 F: (801) 785-6819 or (801) 769-8626 E: records@pgcity.org
Logan	62 West 300 North Logan, UT 84321	O: (435) 716-9300 D: (435) 753-7555 F: (435) 716-9306 E: kirsti.kjome@loganutah.org
Lonepeak	5400 Civic Center Dr. Suite 3 Highland, UT 84003	O: (801) 765-9800 F: (801) 763-1850 D: (801) 343-4000 or (801) 375-3601 E: police@lonepeakpolice.com
Mapleton	125 W Community Center Way Mapleton, UT 84664	O/D: (801) 489-9668 F: (801) 851-4119 E: chief@mapleton.org
Midvale (Precinct of UPD)	7912 South Main St. Midvale, UT 84047	OL (801) 567-7250 F: (801) 561-0379 D: (801) 840-4000 E: upd-recordsrequest@updsl.org
Moab	115 West 200 South Moab, UT 84532	O: (435) 259-8938 F: (435) 259-8915 D: (435) 259-8115 E: jgarcia@moabcity.org
Monticello	PO Box 1058 17 North 100 East Monticello, UT 84535	O/D: (435) 587-2273 F: (435) 587-2272 E: police@monticellopolice.net
Moroni	50 South 200 West Moroni, UT 84646	O/D: (435) 835-2191 F: (435) 436-8178

		E: cityhall@moronicity.org
Mt. Pleasant	115 West Main Mt. Pleasant, UT 84647	O/D: (435) 462-2724 F: (435) 462-2581 E: police@mtpleasantcity.com
Murray	5025 South State St. Murray, UT 84107	O: (801) 264-2673 F: (801) 264-2568 D: (801) 840-4000 E: policeadmin@murray.utah.gov
Naples	1420 East 2850 South Naples, UT 84078	O: (435) 789-9449 F: (435) 789-9458 D: (435) 789-4222 E: us40vernal@utah.gov
Nephi	21 East 100 North Nephi, UT 84648	O: (435) 623-1626 F: (435) 623-0309 D: (435) 623-1344 E: mhmorgan@nephi.utah.gov
North Ogden	505 East 2600 North North Ogden, UT 84414	O: (801) 782-7219 F: (801) 782-6958 D: (801) 629-8221 E: dquinney@nogden.org
North Park	2005 North 1200 East North Logan, UT 84341	O: (435) 753-7600 F: (435) 792-4326 E: Receptionist@northlogancity.org
North Salt Lake	17 South Main St. North Salt Lake, UT 84341	O/D: (801) 963-3877 F: (801) 835-8679 or (801) 936-7800 E: sgrogan@weber.ut.us
Ogden	2186 Lincoln Avenue Ogden, UT 84401	O: (801) 629-8067 F: (801) 629-8055 D: (801) 629-8221 E: opdrecordsrequest@ogdencity.com
Orem	56 North State Orem, UT 84057	O/D: (801) 229-7070 F: (801) 229-7136 E: policerecords@orem.org
Park City	445 Marsac Avenue Park City, UT 84060	O: (435) 615-5505 F: (435) 615-4971 D: (435) 615-5500 E: records@parkcity.org

Parowan	20 East Center St. Box 340 Parowan, UT 84761	O: (435) 477-3331 D: (435) 477-3383 F: (435) 477-8273 E: mrberg@parowanpd.org
Payson	405 West Utah Avenue Payson, UT 84651	O: (801) 465-5240 D: (801) 794-3970 F: (801) 465-5243 E: policerecords@payson.org
Perry	3005 South 1200 West Perry, UT 84302	O/D: (435) 723-6461 F: (435) 723-8584 E: scott.hancey@perrycity.org
Pleasant Grove	108 South 100 East Pleasant Grove, UT 84062	O: (801)785-3506 E: kbrown@pgcity.org
Pleasant View	520 West Alberta Dr. Pleasant View, UT 84414	O: (801) 782-6736 or (801) 782-8529 F: (801) 782-2058 or (801) 782-0539 D: (801) 629-8221 E: rhadley@pleasantviewpolice.com
Price	910 North 700 East Price, UT 84501	O: (435) 636-3190 F: (435) 637-1888 or (435) 637-0890 E: pricepolice@priceutah.net
Provo	351 West Center St. PO Box 1849 Provo, UT 84603	O/D: (801) 852-6210 F: (801) 377-7315 E: police_records@provo.utah.gov
Richfield	75 East Center St. Richfield, UT 84701	O: (435) 896-8484 F: (435) 869-9139 D: (435) 896-6471 E: trent@richfieldcity.com
Riverdale	4580 South Weber River Dr. Riverdale, UT 84405	O: (801) 394-6616 F: (435) 627-8213 D: (801) 629-8221 E: Police@riverdalecity.com
Riverton		O: (385) 281-2455 E: records@rivertonpd.org
Roosevelt	152 East 100 North Roosevelt, UT 84066	O: (435) 722-2330 F: (435) 722-2342 D: (435) 722-4558 E: gcarroll@rooseveltcity.com
Roy	5051 South 1900 West	O: (801) 774-1011

	Roy, UT 84067	F: (801) 774-1017 D: (801) 629-8221 E: pdrecords@roy.utah.org
Salina	90 West Main Box R Salina, UT 84654	O: (435) 529-3311 F: (435) 529-9820 D: (435) 896-6471 E: policesecretary@salinacity.org
Salem	30 west 100 South Salem, UT 84653	O/D: (801) 423-2770 F: (801) 423-3728 E: salemcity@salemcity.org
Salt Lake	315 East 200 South Salt Lake City, UT 84111	O/D: (801) 799-3000 F: (801) 799-3557 E: slcpdrecords@slcgov.com REC (O): (801) 799-3555
Sandy	10000 Centennial Pkwy Sandy, UT 84070	O: (801) 568-7200 F: (801) 568-7190 D: (801) 840-4000 E: pdrecords@sandy.utah.gov
Santa Clara	2721 Santa Clara Dr. Santa Clara, UT 84765	O: (435) 652-1122 F: (435) 652-1101 E: police@ivins.com
Santaquin	45 West 100 South Santaquin, UT 84655	O/D: (801) 754-1070 F: (801) 754-1697 E: police@santaquin.org
Saratoga Springs	1307 North Commerce Dr. Saratoga Springs, UT 84045	O: (801) 766-6503 F: (801) 768-0633 D: (801) 851-4100 E: cmetts@saratogaspringscity.com
Smithfield	PO Box 96 69 North Main St. Smithfield, UT 84665	O/D: (435) 563-8501 F: (435) 563-8532 E: info@smithfieldcity.org
South Jordan	1600 West Towne Ctr Dr. South Jordan, UT 84095	O: (801) 254-4708 F: (801) 253-2210 D: (801) 840-4000 E: policerecords@sjc.utah.gov
South Salt Lake	2835 South Main St. South Salt Lake City, UT 84115	O: (801) 412-3600 F: (801) 412-3601 D: (801) 840-4000

		E: policerecords@sslc.gov
South Ogden	3950 Adams Avenue South Ogden, UT 84403	O: (801) 629-8012 F: (801) 622-2817 D: (801) 629-8221 E: dparke@southogdencity.gov
Spanish Fork	775 North Main Spanish Fork, UT 84660	O/D: (801) 798-5070 F: (801) (804) 4740 E: sfpd@spanishfork.org
Springville	45 South Main Springville, UT 84663	O/D: (801) 489-9421 F: (801) 489-7726 E: police@springville.org
St. George	265 North 200 East	O: (435) 627-4301 F: (435) 627-4375 D: (435) 627-4300 E: records@sgcity.org
SPCSO (Substation, No Manti PD)	160 North Main Manti, UT 84642	O/D: (435) 835-2191 F: (435) 835-2143 E: dhatch@sanpetecountyutah.gov
SVCSO (Substation, No Monroe PD)	835 East 300 North Richfield, UT 84701	O/D: (435) 896-6471 F: (435) 896-6081 E: cherishcowley@sevier.utah.gov
Sunset	85 West 1800 North Sunset, UT 84015	O: (801) 825-1620 F: (801) 825-5124 D: (801) 450-4151 E: cheif@sunset-ut.com
Syracuse	1751 South 200 West Syracuse, UT 84075	O/D: (801) 825-4400 F: (801) 779-9365 E: police@syracuseut.gov
Taylorsville	2600 west Taylorsville Blvd. Taylorsville, UT 84118	O: (801) 955-2000 F: (801) 955-2099 D: (801) 743-7000 E: TVPD-records@taylorsvilleut.gov
Tooele	323 North Main St. Tooele, UT 84074	O: (435) 882-8900 F: (435) 882-7777 D: (435) 882-5600 E: records@tooelecity.org

Tremonton	102 S. Tremont St. Tremonton, UT 84337	O: (435) 257-3131 F: (435) 257-9546 E: records@tremontoncity.com
Unified Police Department	3365 South 900 West Salt Lake City, Utah 84119	F: (385) 468-9755 D: (801) 840-4000 E: upd-recordsrequest@updsl.org
University of Utah	1901 E. South Campus Dr. Salt Lake City, UT 84112	F: (801) 581-7193 D: (801) 585-2677 E: universityofutah@govqa.us
Utah State University	UT State University Logan, UT 84322	O/D: (435) 797-1939 F: (435) 797-3756 E: steve.mecham@usu.edu
Uta		E: tprior@rideuta.com
Vernal	437 East Main St. Vernal, UT 84078	O/D: (435) 789-5835 F: (435) 781-0780 E: vmendoza@vernal.gov
Washington City	95 North Main St. Washington City, UT 84780	O: (435) 986-1515 F: (435) 986-1679 E: police@washingtoncity.org
West Bountiful	550 North 800 West West Bountiful, UT 84087	O: (801) 292-4487 F: (801) 294-3560 D: (801) 451-4150 E: LWilkinson@WBCity.org
West Jordan	8000 South Redwood Rd. West Jordan, UT 84088	O: (801) 256-2000 F: (801) 562-2150 D: (801) 840-4000 E: Police.Records@westjordan.utah.gov
West Valley City	3600 South Constitution Blvd. West Valley City, UT 84119	O/D: (801) 840-4000 F: (801) 963-3333 REC (O): (801) 963-3388 E: helpdesk.records@wvc-ut.gov
Willard	80 West 50th South Willard, UT 84640	O: (435) 734-9881 F: (435) 723-6164 D: (435) 734-3800 E: tfielding@willardcity.com
Woods Cross	1555 South 800 West Woods Cross, UT 84087	O: (801) 292-4422 F: (801) 296-0678

		D: (801) 298-6000 E: records@woodscross.com

Appendix D

Sheriff's Office Contact Information

Name	Address	Contact Information
Beaver	2270 South 525 West PO Box 391 Beaver, UT 84713	O/D: (435) 438-2862 F: (435) 438-5206 E: sheriff@beaverutahsheriff.com
Box elder	52 South 1000 West PO Box 888 Brigham City, UT 84302	O: (435) 734-3800 D: (435) 723-6890 F: (435) 734-3867 E: mkandersen@boxeldercounty.org
Cache	1225 West Valley View Suite 200 Logan, UT 84321	O: (435) 755-1000 D: (435) 753-7555 F: (435) 755-7075 E: recordsrequest@cachesheriff.com
Carbon	240 West Main St. Price, UT 84501	O: (435) 636-3251 D: (435) 637-0890 F: (435) 636-3212 E: jeff.wood@carbon.utah.gov
Daggett	PO Box 219 95 North 100 West Manila, UT 84046	O: (435) 784-3255 or 784-3518 D: (435) 789-4222 F: (435) 784-3251 E: sheriff@daggettcounty.org
Davis	800 West State St. PO Box 618 Farmington, UT 84025	O: (801) 451-4120 or 451-4100 D: (801) 451-4150 F: (801) 451-4167 E: records@co.davis.ut.us
Duchesne	PO Box 985 Duchesne, UT 84021	O: (435) 738-2015 or 738-0196 D: (435) 738-2424 or 738-8484 F: (435) 738-2637 E: sheriff@duchesne.utah.gov
Emery	295 North Center St. PO Box 817 Castle Dale, UT 84513	O/D: (435) 381-2404 F: (435) 381-2200 E: molly.barnes@ecso.utah.gov
Garfield	375 North 700 West PO Box 370	O: (435) 676-2678 D: (435) 676-8807

	Panguitch, UT 84759	F: (435) 676-8239 or 676-1182 E: gcso@color-country.net
Grand	25 South 100 East Moab, UT 84532	O/D: (435) 259-8115 or 259-4321 F: (435) 259-8651 E: jwiggins@grandcountysheriff.org
Iron	2132 North Main St. Cedar City, UT 84721	O: (435) 867-7500 D: (435) 867-7550 F: (435) 867-7539
Juab	425 West Sheep Lane Dr. Nephi, UT 84648	O: (435) 623-1349 D: (435) 623-1344 F: (435) 623-2899 E: jfletcher@juab.utah.gov
Kane	971 E Kaneplex Dr. Kanab, UT 84741	O/D: (435) 644-2349 or 644-4916 F: (435) 644-2096 E: sheriff@knab.net
Millard	765 South Highway 99, Suite 1 Fillmore, UT 84631	O/D: (435) 743-5302 F: (435) 743-6324 E: DHare@co.millard.ut.us
Morgan	48 West Young St. PO Box 1047 Morgan UT 84050	O: (801) 829-0590 or 845-4037 D: (801) 629-8221 F: (801) 829-0605 E: cstark@morgancountyutah.gov
Piute	550 North Main St. PO Box 145 Junction, UT 84740	O: (435) 577-2893 D: (435) 896-6471 F: (435) 577-2893 E: psheriff@piute.utah.gov
Rich	20 South Main St. PO Box 38 Randolph, UT 84064	O: (435) 793-2285 D: (435) 946-3210 F: (435) 793-3122 E: dstacey@richcountysheriff.org
Unified	3365 South 900 West Metro Hall of Justice Salt Lake City, UT 84119	O/D: (801) 743-7000 F: (385) 468-9756 Records Office: (385) 468-9755 E: upd-recordsrequest@updsl.org
San Juan	297 South Main St. PO Box 788 Monticello, UT 84535	O/D: (435) 587-2237 F: (435) 587-2013 E: jtorgerson@sanjuancounty.org
Indian Reservation		FBI Special Agent Jarrod Girod

		E: jgirod@fbi.gov
Sanpete	1500 South Highway 89 PO Box 130 Manti, UT 84642	O/D: (435) 835-2191 or 835-2345 E: dhatch@sanpetecountyutah.gov
Sevier	835 East 300 North #200 Richfield, UT84701	O: (435) 896-2600 D: (435) 896-6471 F: (435) 893-2654 E: cherishcowley@sevier.utah.gov
Summit	6300 North Silver Creek Dr. #5 Park City, UT 84098	O: (435) 615-3500 D: (435) 615-3600 F: (435) 615-3523 E: asteed@summitcounty.org
Tooele	47 South Main St. Tooele, UT 84074	O: (435) 882-5600 D: (435) 843-3316 or 833-8300 F: (435) 882-5008 E: pweaver@tooeleco.org
Uintah	641 East 300 South Vernal, UT 84078	O/D: (435) 789-2511 or 781-5409 F: (435) 781-5412 E: sherifflabrum@uintah.utah.gov
Utah	3075 North Main St. Spanish Fork, UT 84660	O: (801) 851-4006 D: (801) 851-4000 F: (801) 851-4339 E: sheriffrecords@utahcounty.gov Det.'s Secretary: (801) 851-4010
Wasatch	1361 South Highway 40 Heber City, UT 84032	O: (435) 654-1098 D: (435) 654-1411 F: (435) 657-3580 E: Sheriff@wasatch.utah.gov
Washington	750 South 5300 West Hurricane, UT 84737	O: (435) 656-6500 D: (435) 634-5730 F: (435) 656-6599 E: records@washeriff.net
Wayne	18 South Main PO Box 219 Loa, UT 84747	O: (435) 836-2789 or 836-1308 D: (800) 356-8757 F: (435) 836-2189 E: waynesco@wcostate.ut.us
Weber	721 West 12th Street Ogden, UT 84404	O: (801) 778-6600 D: (801) 629-8221

		F: (801) 778-6667 or 778-6781 Rec: (801) 778-6618 E: wcsograma@co.weber.ut.us

Appendix E

Health Department Contact Information

For a comprehensive list of contacts within the different public health departments, refer [redacted]

Name	Address	Contact Information
Bear River	655 East 1300 North Logan, UT 84341	(435) 792-6500 F: (435) 792-6495
Central Utah	70 Westview Drive Richfield, UT 84701	(435) 896-5451 F: (435) 896-4353
Davis County	22 State Street Clearfield, UT 84015	(801) 525-5000 F: (801) 525-5151
Salt Lake County	2001 South State Street, Suite S2-600, Salt Lake City, UT 84190	(385) 468-4100 F: (385) 468-4106
San Juan	735 South 200 West, Suite 2, Blanding, UT 84511	(435) 587-3838 F: (435) 215-1893
Southeast Utah	149 East 100 South, PO Box 800 Price, UT 84501	(435) 637-3671 F: (435) 637-1933
Southwest Utah	620 South 400 East, Suite 400, St. George, UT 84770	(435) 673-3528 F: (435) 628-6425
Summit County	650 Round Valley Drive, Suite 100, Park City, Utah 84060	(435) 333-1500
Tooele County	151 N. Main Street Tooele, UT 84074	(435) 277-2440 F: (435) 277-2444
Tricounty	133 South 500 East	(435) 247-1177

	Vernal, UT 84078	F: (435) 781-0537
Utah County	151 South University Avenue Provo, UT 84601	(801) 851-7000 F: (801) 851-7009
Wasatch County	55 South 500 East Heber City, UT 84032	(435) 654-2700 F: (435) 654-2705
Weber/Morgan	477 23rd Street Ogden, UT 84401	(801) 399-7100 F: (801) 399-7110

Appendix F

Language Interpretation Contact Information

Name	Address	Contact Information
5 Star Interpreting		(801) 960-3046 VP: (801) 471-2917 E: scheduling@5starinterpreting.com
ASL Communication	40 East Horizon Ridge Parkway, Suite 102, Henderson NV 89002	(800) 908-3386 F: (702) 825-4655 E: service@aslcomm.com
CommGap International Language Services	7069 Highland Drive, Suite 201, Cottonwood Heights, UT 84121	(801) 944-4049 F: (801) 944-4046 E: orders@commgap.com
Inlingua Utah	602 East 300 South, Salt Lake City, Utah 84102	(801) 355-3775 E: wecanhelp@inlinguautah.com
InterWest Interpreting		(801) 224-7683 E: schedule@iwterps.com
Network Interpreting Service, Inc.	P.O. Box 145 Twin Falls, ID 83303	(800) 284-1043 VP number: (208) 425-7107 E: lindsey@networkinterpretingservice.com
Relay Utah Office (hard of hearing or speech problems)	168 North 1950 West, Suite 103, Salt Lake City, UT 84116	711 or (800) 346-4128 Spanish: (1-888) 346-3162
Sorenson Community Interpreting Services		(800) 659-4783 VP Number: (844) 720-1891 E: communityinterpreting@sorenson.com

Appendix G

OME Death Investigators' Contact Information

For a comprehensive list of all death investigators throughout the state of Utah, active and inactive, [redacted]

[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]

Appendix H

OME Consultants Contact Information

Name	Contact Information
Care Center of Utah	(801) 839-5485
Division of Professional Licensing	(801) 530-6628
Data Security Incident	(801) 538-6271
Department of Facilities Construction and Management	(801) 965-4840 Contact: Tiffany Turner
Donor Connect	(801) 521-1755
NMS Labs	(866) 522-2216
Trilogy Med Waste (Biohazard Waste Removal)	(801) (201) 4839 Contact: Jace Hansen
U.S. Tissue and Cell	(801) 583-0907
Utah Lions Eye Bank	(801) 585-6547 Contact: Wade McEntire
Unified State Lab	(801) 965-2400
University of Utah Pathology	(801) 581-2507
USL Bacteriology	(801) 965-2598
USL Virology	(801) 965-2584
Vital Statistics	(801) 538-6387

Appendix I

DHHS Internal Contact Information

DHHS Leadership Team (as of 11/06/2023)		
Executive Director: Tracy Gruber	Office of American Indian/Alaska Native Health & Family Services	Ozzy Escarate
	Office of Internal Audit	Randy Loveridge
Clinical Services		
Executive Medical Director: Dr. Michelle Hoffman Director of Clinical Operations: Krisann Humphreys Bacon	Division of Health Access	Ashley Moretz
	Office of Health Equity	Dulce Diez
	Center for Medical Cannabis	Richard Oborn
	Office of Primary Care & Rural Health	Marc Watterson
	Office of the Medical Examiner	Dr. Erik Christensen
	Division of Correctional Health Services	Dr. Marcus Wisner
Operations		
Deputy Director: Nate Winters Assistant Deputy Director: Amanda Slater	Office of Administrative Hearings	Eric Stott, J.D
	Ancillary Services	
	Assistant Attorneys General	Stephanie Saperstein
	Division of Human Resources Management	Monica Jimenez

	Division of Technology Services	Rachael Stewart
	Division of Finance & Administration	Don Moss
	Asst Division Director/Finance Director	Kevin Anderson
	Office of Administrative Services	Tyson Walker
	Office of Finance	Kevin Anderson
	Office of Procurement & Contract Management	Spencer Hall
	Division of Licensing & Background Checks	Carmen Richins
	Office of Background Processing	Daphne Lynch
	Office of Licensing	Simon Bolivar
	Division of Customer Experience	Donovan Bergstrom
	Office of Leadership, Development & Training	Lance Olsen
	Office of Ombuds	Angie McCourt
	Division of Continuous Quality & Improvement	Shannon Thoman-Black
	Office of Innovation	Abby Acton
	Office of Service Review	Carrie Bambrough

	Division of Data, Systems & Evaluation	Kyle Lunt
	Asst Division Director	TBD
	Office of Informatics & Data Systems	Valli Chidambaram
	Office of Information Privacy & Security	Ben Mehr
	Office of Research & Evaluation	Rick Little
	Office of Vital Records & Statistics	Linda Wininger
	Office of Legislative Affairs	Paul Ray
	Office of Public Affairs & Education	Joe Dougherty
	Assistant Director	Jenny Johnson
	Utah Developmental Disabilities Council	Libby Oseguera
Healthcare Administration		
Deputy Director: Nate Checketts Assistant Deputy Director: Tonya Hales	Division of Integrated Healthcare	State Medicaid Director: Jennifer Strohecker
	Assistant Division Director	Eric Grant
	Assistant Division Director	Brent Kelsey
	Assistant Division Director	Brian Roach

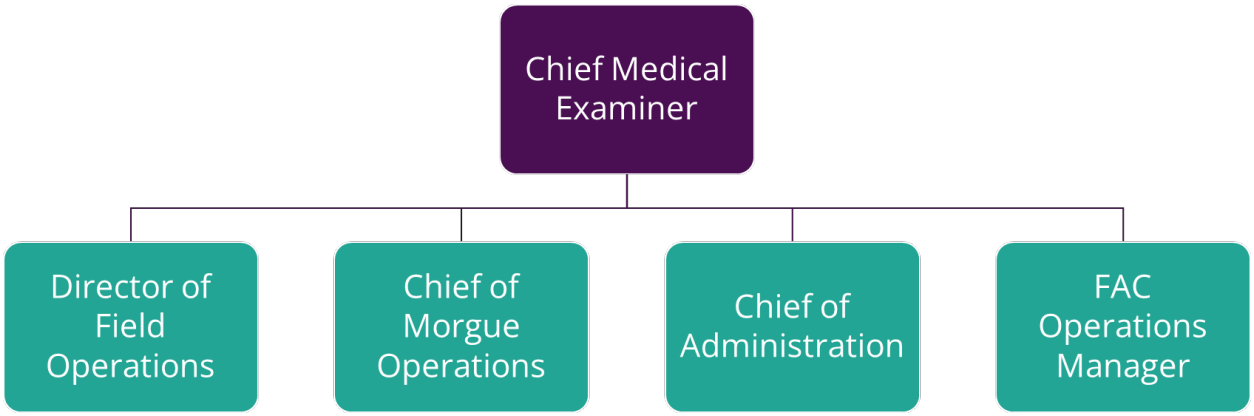
	Office of Eligibility Policy	Michelle Smith
	Office of Financial Services	Jamie Sorenson
	Office of Healthcare Policy & Authorizations	Jim Stamos
	Office of Managed Healthcare	Greg Trollan
	Office of Medicaid Operations	Shandi Adamson
	Office of Long-Term Services & Supports	Josip Ambrenac
	Office of Reimbursement, Coordinated Care & Audit	John Curless
	Office of Systems & Project Management (PRISM)	Jason Stewart
	Office of Substance Use & Mental Health	Brent Kelsey
	Utah State Hospital	*Dallas Earnshaw*
	Division of Aging & Adult Services	Nels Holmgren
	Office of Adult Protective Services	Nan Mendenhall
	Office of the Older Americans Act	Jacob Murakami
	Office of Public Guardian	Wendy Naylor

	Division of Services for People with Disabilities	Angella Pinna
	Assistant Division Director	TBD
	Utah State Developmental Center	Tim Mathews
Community Health & Well-Being		
Deputy Director: David Litvack Assistant Deputy Director: Heather Borski	Division of Child & Family Services	Tonya Myrup
	Assistant Division Director	Charri Brummer
	Assistant Division Director	Kevin Jackson
	Division of Family Health	Noel Taxin
	Office of Children with Special Healthcare Needs	Amy Nance
	Office of Coordinated Care & Regional Supports	Kim Kettle
	Office of Maternal & Child Health	Laurie Baksh
	Office of Early Childhood	Jennifer Floyd - interim
	Division of Juvenile Justice & Youth Services	Brett Peterson
	Assistant Division Director	April Graham

	Office of Recovery Services (Child Support Division)	Georgeia Wood
	Assistant Office Director	Kari Smith
	Assistant Office Director	Andrew Clement
	Division of Population Health	Janae Duncan
	Assistant Division Director	Melissa Dimond
	Office of Communicable Diseases	Jeff Eason
	Office of Emerging Infections	Nicole Bissonette
	Office of Health Promotion & Prevention	Anna Fondario
	Office of Emergency Medical Services & Preparedness	Dean Penovich
	Utah Public Health Laboratory	TBD

Appendix J

Organizational Chart



Appendix K

Religious/Spiritual Contact Information

District 1		
Resource	**Address**	**Contact Information**
Cornerstone Church	1175 West 600 North Salt Lake City UT 84116	(801) 363-6094
Miracle Rock Church	131 North 900 West Salt Lake City, UT 84116	(801) 595-0056
Our Lady of Guadalupe Church	715 West 300 North Salt Lake City UT 84116	(801) 364-2019
Unity Baptist Church	170 West 1000 North Salt Lake City UT 84116	(801) 595-0028
Worldwide Gospel Church	862 West 300 North Salt Lake City UT 84116	(801) 596-0776

District 2		
Resource	**Address**	**Contact Information**
Central Church of The Nazarene	1076 W Indiana Salt Lake City, UT 84104	(801) 328-0768
Jehovah's Witnesses Liberty Park	1606 S 1000 W Salt Lake City, UT 84104	(801) 972-3325

Jehovah's Witnesses Salt Lake City	1606 South 1000 West Salt Lake City, UT 84104	(801) 972-3325
Saint Michael Serbian Church	1606 S 1000 W Salt Lake City, UT 84104	(801) 908-9339
St. Patrick's Catholic Church	1058 West 400 South Salt Lake City, UT 84104	(801) 596-7233
Tongan United Methodist	1553 W Crystal Salt Lake City, UT 84119	(801) 972-1780

District 3		
Resource	**Address**	**Contact Information**
Cathedral of the Madeleine	331 East South Temple St. Salt Lake City, UT 84111	(801) 328-8941
Catholic Diocese of Salt Lake	27 C Street Lake City, UT 84103	(801) 328-8641
Episcopal Diocese of Salt Lake City	PO Box 3090 Salt Lake City, UT 84110	(801) 322-4131
First Presbyterian	12 C Street East Salt Lake City, UT 84103	(801) 363-3889
St. Mark's Episcopal	231 East 100 South Salt Lake City, UT 84111	(801) 322-3400

District 4		
Resource	**Address**	**Contact Information**
Central Christian Church	370 South 300 East Salt Lake City UT 84111	(801) 363-5559
Ebenezer Church of God in Christ	820 South 300 East Salt Lake City, UT 84111	(801) 355-8826
First Baptist of Salt Lake City	777 South 1300 East Salt Lake City, UT 84102	(801) 582-4921
First Christian Reformed Church	801 East 900 South Salt Lake City, UT 84105	(801) 359-4243
First Unitarian	569 South 1300 East Salt Lake City, UT 84102	(801) 582-8687
First United Methodist	203 South 200 East Salt Lake City, UT 84111	(801) 328-8726
Holy Trinity Greek Orthodox Church	279 South 300 West Salt Lake City, UT 84101	(801) 328-9681
Japanese Church of Christ	368 W 100 S Salt Lake City, UT 84101	(801) 363-3251
Korean Church of Utah	2018 East 2100 South Salt Lake City, UT 84109	(801) 486-1523
Metropolitan Community Church	825 South 600 East Salt Lake City, UT 84102	(801) 595-0052
Mt. Tabor Lutheran Church	175 South 700 East	(801) 328-0521

	Salt Lake City, UT 84102	
Newman Center	170 S University Street Salt Lake City, UT 84102	(801) 359-6066
Our Lady of Lourdes Catholic	670 South 1100 East Salt Lake City, UT 84102	(801) 364-5624
St. Paul's Episcopal Church	261 South 900 East Salt Lake City, UT 84102	(801) 322-5869
Trinity AME Church	239 East 600 South Salt Lake City, UT 84111	(801) 531-7374

District 5		
Resource	**Address**	**Contact Information**
1st Tongan Methodist	57 East 1300 South Salt Lake City, UT 84104	(801) 359-4244
Adventure Foursquare Church	662 East 1300 South Salt Lake City, UT 84105	(801) 973-0088
Calvary Baptist Church	1090 South State Salt Lake City, UT 84111	(801) 355-1025
Centenary United Methodist	1740 South 500 East Salt Lake City, UT 84105	(801) 485-9831
Central Indian Baptist Church	986 South 400 East Salt Lake City, UT 84111	(801) 364-0079

Faith Temple Pentecostal	1510 South Richards Salt Lake City, UT 84115	(801) 486-5970
Islamic Society of Salt Lake City	740 South 700 East Salt Lake City, UT 84102	(801) 364-7822
Sacred Heart Catholic Church	174 East 900 South Salt Lake City, UT 84111	(801) 363-8632

District 6		
Resource	**Address**	**Contact Information**
2nd Church of Christ Scientist	1165 South Foothill Salt Lake City, UT 84108	(801) 582-2995
All Saints Episcopal Church	1710 Foothill Drive Salt Lake City, UT 84108	(801) 581-0380
SL Jewish Community Center	2 North Medical Drive Salt Lake City, UT 84113	(801) 581-0098
Wasatch Presbyterian	1625 South 1700 East Salt Lake City, UT 84108	(801) 487-7576
Zion Lutheran	1070 South Foothill Salt Lake City, UT 84108	(801) 582-2321

District 7

Resource	Address	Contact Information
7th Day Adventist	2139 S Foothill Drive Salt Lake City, UT 84109	(801) 484-4331
Congregation Kol Ami	2425 Heritage Way Salt Lake City, UT 84109	(801) 484-1501
First Church of the Nazarene	1760 Fremont Drive Salt Lake City, UT 84104	(801) 486-0522
First Congregational Church	2150 S Foothill Drive Salt Lake City, UT 84109	(801) 487-1357
Redeemer Lutheran	1955 E Stratford Avenue Salt Lake City, UT 84106	(801) 467-4352

***** LDS Churches must be contacted through local Stake Presidents. The names and addresses of the Stake Presidents are available from LDS Church General Office, (801) 240-1000.

Appendix L

Cultural Resource Contact Information

Name	Address	Contact Information
Centro de la Familia de Utah	525 South 300 West Salt Lake City, Utah 84101	(801) 521-4473
Chamber of Commerce: Asian	P.O. Box 71502 Salt Lake City, UT84171	(801) 839-4540
Chamber of Commerce: Black	1747 South 900 West Salt Lake City, UT 84104	(801) 973-7932
Chamber of Commerce: Hispanic	1635 South Redwood Road Salt Lake City, UT 84104	(801) 532-3308
Chamber of Commerce: Latin American	5600 South Redwood Road Taylorsville UT 84123	(801) 651-1262
Chamber of Commerce: Pacific Islander	824 S. 400 W. Suite B113 Salt Lake City, UT 84101	(801) 721-7026 https://www.pik2ar.org/picc
Encircle	331 South 600 East Salt Lake City, UT 84102	(801) 613-7305
Indian Walk-In Center	120 West 1300 South Street Salt Lake City, UT 84115	(801) 486-4877
Jewish Family Services	1111 Brickyard Road Salt Lake City, UT 84105	(801) 581-1330
National Tongan American Society	2480 South Main Street, Unit 112, South Salt Lake, UT 84115	(801) 467-8712
Refugee & Immigrant Center	155 South 300 West, Suite 101, Salt Lake City, Utah, 84101	(801) 467-6060
Utah PRIDE Center	1380 South Main Street Salt Lake City, UT 84115	(801) 539-8800
Utah State Office of Ethnic Affairs 1	324 South State Street, Suite 500, Salt Lake City, UT 84111	(801) 538-8691

Appendix M

Cultural and Religious Reference Chart

Death, dying and disposition

The information below provides a brief summary related to cultural and religious preferences, beliefs, and traditions surrounding death. Attempts should be made to care for the deceased consistent with these preferences and with guidance from the family of the deceased.

BUDDHIST

1) BELIEFS: Buddhists believe in rebirth and that when they die they will be reborn again. The goal is to escape the cycle of death and rebirth and attain nirvana or a state of perfect peace. There are lots of different types of Buddhism and many different ways of dealing with death.

2) PREPARING: The dying person may ask a monk or nun in their particular Buddhist tradition to help them make the transition from life to death as peaceful as possible. Buddhists believe that a person's state of mind as they die is very important so they can find a happy state of rebirth when they pass away. Before and at the moment of death and for a period after death, the monk, nun or spiritual friends may chant from the Buddhist scriptures.

3) AT THE TIME: Buddhists believe the spirit leaves the body immediately but may linger in an in-between state near the body. In this case it is important the body is treated with respect so that the spirit can continue its journey to a happy state. The time it is believed to take for the spirit to be reborn can vary depending on the type of Buddhism practiced.

4) FUNERAL: Because there are so many different types of Buddhism, funeral traditions vary. Funerals will usually consist of a simple service held at the crematorium chapel. The coffin may be surrounded by objects significant to the person who has died. Monks may come with the family to the funeral and scriptures may be chanted.

5) BURIAL: The person may either be cremated or buried depending on their tradition. There may be speeches and chants on the impermanence of life.

6) AFTER: The grave may be visited by friends and family in remembrance of the person who has passed away. The importance of the gravesite will depend on the particular Buddhist tradition. Buddhists believe that it is just the physical body that lies in the grave because the person's spirit has been reborn. Buddhists will often do things to wish for the happiness of the deceased person. For example, in Southeast Asia, lay people give offerings to the monks in memory of the dead person.

CATHOLIC

1) BELIEFS: Catholics believe that there is an afterlife and that once a person dies they will see God face to face. If a person has committed a grave offence and has not repented at the time of death then that person would not enter into the full glory of heaven.

2) PREPARING: The sick and the elderly can receive the Sacrament of the Anointing of the Sick on a regular basis if they wish to. If they can't get to church on their own they will be taken there by other members of the church.

3) AT THE TIME: When a person is close to death the family or friends ask a priest to come and pray with the sick person and the Sacrament of the Anointing of the Sick is administered. This includes anointing with Holy Oils and the reception of the Sacraments of Reconciliation and Holy Communion. After the person has passed away the priest comforts the family and helps them prepare the funeral arrangements.

4) FUNERAL: The Catholic funeral rite is called the Order of Christian Funerals. Family and friends pray for the soul of the deceased person and ask God to receive their soul into his eternal glory. The Vigil of the Deceased (a prayer service) is held the night before the funeral. On the day of the funeral a Requiem Mass for the deceased person is celebrated. This includes scripture, prayers and hymns. Family and friends are invited to take part in the service.

5) BURIAL: At the grave or place where the body has been entombed the Rite of Committal is celebrated. Family members and friends along with the priest pray once again for the deceased person as they commit the body or cremated remains to the final resting-place. The gravesite is also blessed.

6) AFTER: Over the next year family members and friends often have Mass celebrated for the peace of the soul of the deceased person. On special occasions such as the

deceased's birthday, Christmas, or anniversary of the death, family and friends will often visit the grave. Flowers or other objects to remember the deceased are sometimes placed on the grave as a sign of respect.

PROTESTANT

1) BELIEFS: Christians trust they will go to heaven to be with God once they have died and so in some respects a funeral is a time of joy, although also sadness, as the person will be missed by friends and loved ones.

2) PREPARING: The church minister may come and visit the person and their family to discuss any concerns and to help the person to prepare for their death. Depending on the form of Christianity (i.e. Anglican, Presbyterian etc.) and the particular church, there may be slightly different customs that will be followed.

3) AT THE TIME: The church minister will offer any comfort or assistance the family needs to help them cope with the death and to organize the funeral. Friends will often send their sympathies in the form of cards and/or flowers to the deceased's family.

4) FUNERAL: A Christian may be either buried or cremated, depending on their preference. The ceremony will typically be held at the deceased person's church and conducted by the minister, but it could also be held at a funeral home. The ceremony may involve hymns, readings and prayer by both the minister and the deceased's family and friends. The casket may be present in the room during the ceremony and carried out at the end by pallbearers – usually members of the deceased's immediate family. There is often the opportunity for people to view the deceased and to say their last goodbyes before the deceased is buried.

5) BURIAL: If the deceased has been cremated the ashes may be scattered. Otherwise, the ashes or body will be buried in a cemetery and marked with a gravestone to remember the deceased.

6) AFTER: On special occasions such as the deceased's birthday, Christmas, or anniversary of the death, family and friends may come and visit the grave. Often, flowers or other objects to remember the deceased will be placed on the grave as a sign of respect.

CHURCH OF JESUS CHRIST LATTER DAY SAINTS (Mormon)

1) BELIEFS: Church of Jesus Christ Latter Day Saints (or Mormons as they are also known) believe that at death the body and the spirit separate. The spirit goes to the spirit world before being reunited with the body. The judgment will then occur and after that the person will live in Heaven with God.
2) PREPARING: The ward bishop and members of the church will offer support to the person who is dying and their family.

3) AT THE TIME: The ward bishop will go to the deceased's home and offer assistance to the family in making arrangements for the funeral.

4) FUNERAL: Funeral services are generally conducted by the bishop in a ward chapel or in a mortuary. Although people mourn the loss of a loved one, the funeral service is viewed as a celebration of the life of the deceased. The service will consist of a eulogy, doctrinal messages, music, and prayer. The funeral is designed to bring peace and solace, as church members believe families may be reunited in the life hereafter. Mourners often send flowers to the family to show their support.

5) BURIAL: Church members who have received temple ordinances are buried in their temple clothing. The grave is dedicated as a place of peace and remembrance for the family.

6) AFTER: The gravesite is considered to be a sacred place for the family to visit and place floral remembrances.

HINDU

1) BELIEFS: Hindus believe in reincarnation. When a person dies their soul merely moves from one body to the next on its path to reach Nirvana (Heaven). So, while it is a sad time when someone dies, it is also a time of celebration.

2) PREPARING: Family and a priest may come to pray with the dying person, sing holy songs and read holy texts. The priest may perform last rites.

3) AT THE TIME: Family will pray around the body soon after death. People try to avoid touching the body as it is considered unclean.

4) FUNERAL: The deceased will be bathed and dressed in white traditional Indian clothing. If a woman dies before her husband she will be dressed in red. The procession might pass by places that were important to the deceased. Prayers are

said at the entrance to the crematorium. The body is decorated with sandalwood and flowers. Someone will read from the scriptures. The head mourner is usually a male or the eldest son and he will pray for the body's soul.

5) BURIAL: Hindus are cremated as they believe burning the body releases the spirit. The flames represent Brahma (the creator).

6) AFTER: A priest will purify the family's home with spices and incense. A mourning period begins during which friends and relatives can visit the family and offer their sympathies. After the funeral, mourners must wash and change their clothing before entering the house. Shradh occurs one year later. This is either a one-off event or may become an annual event. Shradh is when food is given to the poor in memory of the deceased. Shradh lasts one month and a priest will say prayers for the deceased; during this time the family will not buy any new clothes or go to any parties.

JEHOVAH'S WITNESS

1) BELIEFS: Jehovah's Witnesses believe that when they die they go into a kind of sleep until God resurrects them from the dead. Those who gain entrance to heaven will live with God but the vast majority of mankind will be resurrected to a restored paradise on earth.

2) PREPARING: The church elders will visit the person, pray with them and share scripture to bring the person comfort.

3) AT THE TIME: No rituals are performed at time of death but an elder will give comfort to friends and family of the deceased.

4) FUNERAL: The funeral is usually held at the Kingdom Hall that the deceased attended or at the funeral home. The body may either be cremated or buried depending on the wishes of the deceased. Mourners will usually wear dignified clothing in muted colors out of respect for the deceased. A church elder runs the service with a sermon, prayers and singing.

5) BURIAL: A committal service may take place at the graveside if this is the wish of the family. It would include prayers and scripture, which will once again be led by the church elder.

6) AFTER: Mourners gather at the family's house so friends and relatives can offer their sympathies. Flowers and cards are usually sent. Family and friends may come and visit the grave in the coming years to remember the deceased.

JEWISH

1) BELIEFS: Beliefs may vary depending on whether the Jewish person is Orthodox, Reform, or Conservative. Jews believe that when they die they will go to Heaven to be with God. This next world is called Olam HaEmet or 'the world of truth'. Death is seen as a part of life and a part of God's plan.

2) PREPARING: Family and friends will gather. A rabbi may be called to offer comfort and to pray for the person who is dying.

3) AT THE TIME: The person's eyes are closed, the body is covered and laid on the floor and candles are lit. The body is never left alone. Eating and drinking are not allowed near the body as a sign of respect. In Jewish law, being around a dead body causes uncleanliness so often the washing of the body and preparations for burial will be carried out by a special group of volunteers from the Jewish community. This is considered a holy act.

4) FUNERAL: Jews may not be cremated or embalmed. In Israel a coffin might not always be used but outside of Israel a coffin is almost always used. The body is wrapped in a white shroud. Mourners have the opportunity to express anguish. Tears are seen as a sign of sadness and show that the mourner is confronting death. Mourners also tear their clothing as an expression of grief.

5) BURIAL: The burial takes place as soon as possible following the death. Pallbearers will carry the casket to the grave. A family member will throw a handful of earth in the casket with the body. This is to put the body in close contact with the earth. Jewish law says each grave must have a tombstone to remember the deceased.

6) AFTER: A candle is lit after returning from the cemetery to mark seven days of mourning called Shivah. This is when people can offer sympathies to the mourners. A meal is prepared by friends to help the mourners regain their strength. Each year the anniversary of the death is commemorated according to the Hebrew calendar. This day is observed as a solemn day of remembrance.

MUSLIM

1) BELIEFS: There are two types of Muslims – Shi'ite and Sunni, so beliefs and customs may be slightly different for each. Muslims believe that the soul continues to exist after death. During life, a person can shape their soul for better or worse depending on how they live their life. Muslims believe there will be a day of judgment by Allah (God). Until then, the deceased remain in their graves but on judgment day they will either go to Heaven or Hell. Muslims accept death as God's will.
2) PREPARING: Muslims should be prepared for death at any time, which is partly why daily prayers are so important. A dying person may wish to die facing Mecca, the Muslim holy city. Family members and elders recite the Muslim scripture called the Koran and pray for the person.

3) AT THE TIME: The eyes of the deceased will be closed and the body is laid out with their arms across their chest and head facing Mecca. The body will be washed by family or friends. It will be wrapped in a white shroud and prayers will be said.

4) FUNERAL: The body will be buried within 24 hours as Muslims believe the soul leaves the body at the moment of death. The funeral will take place at the graveside and involve prayer and readings from the Koran.

5) BURIAL: No women are allowed to go into the graveyard. Before burial a prayer will be recited. Mourners are forbidden from excessive demonstrations of grief. The body will not be cremated as this is not permitted in Islam. The deceased will be buried with their face turned to the right facing Mecca. A coffin is usually not used but a chamber dug into the grave and sealed with wooden boards so no earth touches the body. The grave will usually be simple without any fancy decoration.

6) AFTER: Three days of mourning follows where visitors are received and a special meal to remember the departed may be held. Mourners avoid decorative jewelry and clothing. Male family members go to visit the grave daily or weekly for 40 days. There will also be prayer gatherings at the home for 40 days. After one year there will be a large prayer gathering of family and friends. After that, male family and friends visit the grave and everyone remembers the deceased in prayers.

SCIENTOLOGIST

1) BELIEFS: Scientologists believe that humans are immortal spiritual beings called thetans who live several lives. Each thetan has a body and a mind, which exists from lifetime to lifetime. When a person dies they simply move into a new life.

2) PREPARING: The Scientology minister may visit the person who is dying and the family providing guidance and assistance at this point in their lives. After the person has passed away the minister will offer comfort to the family and help them to organize the funeral if required.

3) AT THE TIME: There are no particular protocols after the person has died – it is up to the family and the wishes of the deceased.
4) FUNERAL: The funeral service will be taken by the Scientology minister who will ask the mourners to remember that the deceased has simply moved into a new life and to wish them well. The minister will speak directly to the thetan acknowledging it for its contributions in this life, releasing it from any obligations and freeing it to move on to its new life. There will probably be a eulogy and reading from the Scientology scripture. It is up to family what else they want to include. The congregation is encouraged to say goodbye to the person.

5) BURIAL: A scientologist will usually be cremated but may also be buried. If the family goes to the gravesite some words will be said by the graveside.

6) AFTER: Usually families will receive mourners at their home after the funeral. Mourners may give their sympathies with flowers or cards. The deceased will be remembered on special occasions and flowers placed on the graveside.

SEVENTH DAY ADVENTIST

1) BELIEFS: Seventh Day Adventists believe that death is an unconscious sleep. When Christ returns to the earth he will awaken all those who believe in him and they will all go to be with God in heaven.

2) PREPARING: For a Seventh Day Adventist death is not something to be afraid of but is part of God's plan. The church minister or lay group leader may come and offer support to the person who is dying as well as their family.

3) AT THE TIME: Friends may visit and offer sympathies to the family. The church minister or lay group leader may offer assistance in helping with preparations for the funeral.

4) FUNERAL: The funeral will usually take place within a week. Friends may be able to view the deceased if that is what the family wishes. The service will usually take

place at the church, a chapel or crematorium and include music, singing, scripture readings, a sermon and prayers.

5) BURIAL: Seventh Day Adventists can be buried or cremated. There will be a committal ceremony at the graveside or crematorium. The minister or lay group leader will pray and read scripture as they commit the body to the earth.

6) AFTER: Friends may visit the family to offer help and offer words of comfort. They may also send flowers or food to the house.

SIKH

1) BELIEFS: Sikhs believe in reincarnation but also that if a person lives their life according to God's plan then they can end the cycle of rebirth in this life. They believe in an afterlife where the soul meets God

2) PREPARING: Friends and relations will be with the dying person and recite from the Sukhnami Sahib.

3) AT THE TIME: After passing away the deceased will be washed and dressed in clean clothes. If the deceased has fulfilled the Sikh baptismal ritual then the five symbols of Sikh membership will also be placed in the coffin.

4) FUNERAL: Friend and family drive in procession to the crematorium. Death is not seen as a sad occasion but an act of God and so it is forbidden to cry. There may be an opportunity to view the deceased. Hymns may be sung, prayers and the poem Sohila recited.

5) BURIAL: Cremation is the preferred method of disposition for Sikhs. A male family member will switch the cremation oven on. The ashes will be spread in running water and are traditionally sent to India.

6) AFTER: Afterwards the mourners will come to the temple for more hymns and readings as well as the distribution of parsad, a kind of bread/pudding, which is a symbol of God's blessing. For days after the death, Guru Granth Sahib will be read or sung regularly in order to ease the sorrows of the family.

Appendix N

Refugee Community-Based Organizations

Name	Contact Information	Language
Afghan and Middle East Women's Community	• Fatima Baher, (801) 604-3404 amewomenutah@gmail.com • Ruqia Qasim: ruqia.jung216@gmail.com • Shabir Baher: shabirbaher@gmail.com	Farsi Arabic
Afghan-American Cultural Society	Amanulla Rah, (801) 949-7952 jahangeer444@yahoo.com	Farsi
Association of Darmassalit Community in the United States	• Ibrahim Mohamed, (385) 232-1455 ibrahimdonga@gmail.com • Musa Mahamoud, (937) 520-4245 kourning@gmail.com • Abedelbaqi Adam, (801) 719-4310 yahya.adam2599@gmail.com	Arabic
Association of Eritrean Community in Utah	• Tesfaalem Mehari, (801)503-1955 letish1717@yahoo.com • Ermias Tekle, (801) 759-4546 tekle.ermias9@gmail.com • Solomon Jakumino, (801) 577-5218 ardadi27@yahoo.com	Tigrinya Konama
Association of Sierra Leoneans in Utah	• Fayia Momoh, (801) 865-1826 fbmanunited@aol.com • John Rogers, (801)548-5647 mctoshl27@gmail.com	Kissi Krio
Best of Africa	Valentine Mukundente, (801) 706-1227 vmukundente@yahoo.com	French
Bhutanese Community in Utah	• Bhim Sapkota, (801)654-43-92 bhimkrirwf@yahoo.com • Ryam Neupane, (801) 201-3228 ryam.4you@gmail.com • Tek Neupany, (801)638-8329 tbneopany2013@gmail.com	Nepali

	• D.P Baral, (801) 512-9670 dpbaral1976@gmail.com • Chnadra Parajuli, (801) 577-8137 chandra_parajuli2001@yahoo.com • Mukti Bhurtel, (801) 706-9213 muktilamchhane82@gmail.com	
Burmese Community	Win Zaw Aung, (801)815-8107 Thet.Aung@rescue.org	Burmese
Burundian Community in Utah	• Gustave Deogratiasi, (801) 792-0602 shabgust1@yahoo.com • Cosette Biyanke, (801) 837-4714 bibayehe@gmail.com • Rosa Ndayishimiye, (385) 222-8362 rose121956@hotmail.com • Suavis Kayange, (801) 970-4076 skanyange1@gmail.com	Kirundi
Caribbean Community of Utah and Friends	Olgan Saintelus, (509) 919-7780 theccutah@gmail.com	Spanish French
Chad Community in Utah	Albert Betoudji, (801) 250-7869 reoubeal@yahoo.com	French
Congolese Association of Utah	Jean Claude Iyamuremye, (801) 330-6233 iyamurjean16@gmail.com	Kinyarwanda
Equatoria Community Association of Utah	• Dominic Raimondo, (385) 495-8166 raimondodominic@yahoo.com • Edward Kitu, (801) 888-5119 edward.kitu@gmail.com • Kojang Kuteng, (801) 708-4845 kojangkuteng@yahoo.com • Hellen Otto, (801) 671-8167 ottohellen197@gmail.com • Christine Meling Simbe, (801) 837-9896 melingsimbebb@gmail.com • Ochieng Ociti Silvio, (801) 666-1342 mondaybongomin720@gmail.com	Arabic

Ethiopian Community Association of Utah	• Jojo Beyene, (801) 859-9616 jojo.beyene@utah.edu • Mike Mamo, (801) 502-5164 mikesmamo@gmail.com	Amharic
Friends in Service for Humanity	• Vincent Nwibiabu, (801) 661-0757 kadilast@gmail.com • Beatrice Mapendo, (801) 638-5331 beatricemapendo@yahoo.com • Mene Akata, (408) 561-0553 joinmene@gmail.com	English Swahili
GK Folks	Gloria Kajo Mensah, (808) 237-0543 gloria.mensah@gkfolks.org	
Jasmine Community of Utah	Nour Abdul Bari, (801) 231-4100 noor11975@hotmail.com	Arabic
Karen Community of Utah	• Poe Wah, (385) 227-3391 poewah5@gmail.com • Ler Wah, (801) 865-5270 pawpoeku@yahoo.com	Karen
Kirat Cultural Society of Utah (KCSU)	• Damber Rai, (801) 856-8801 cdamber078@gmail.com • Hari Subba, (801) 706-7866 harisubba20@gmail.com	Nepali
Kurdish Community of Utah	Kamal Bewar, (801) 979-3124 kamal.bewar@slcc.edu	Kurdish
Liberians United in Utah	• Francis Weah, (801) 657-6671 frweah@gmail.com • Newton Gborway, (385) 252-1474 newton_gborway@yahoo.com • Johnny Wulah, (801) 759-8918 jb0112001@yahoo.com	Kranh
Mabaan Community	Stephan Mouko, (801) 671-6997	Arabic
Massalit Community in Utah	Ahmed Isaak, (801) 604-7770 aisaak314@gmail.com	Arabic

Mesopotamia Community of Utah	• Alaa Mohamed, (801)708-1233 alaakareem40@yahoo.com • Zeyad Alframaji, (385) 444-8861 zeyadalmafraji@yahoo.com • Rajaa Madloom, (385) 204-9158 rejaa9@yahoo.com	Arabic
Myanmar Indigenous Communities of Utah	• Banyar Marn, (801) 651-0772 lawiai@yahoo.com • Bel Reh, (801) 347-7928 behrehhtoo@gmail.com • Khaing Min, (801) 808-1372 khaingmarn@gmail.com	Burmese Karenni Arakan
Nigerian Community	• Sarra Dehen, (801) 815-7960 sarraidehen@yahoo.com • Anne Uzolgwe, (801) 706-4729	
Refugee Support Services of Utah	• Abdullahi K. Kulmiye, (801) 613-9799 kulmiye.abdullahi@yahoo.com • Jamal Ayup, jamaalomar@yahoo.com • Abdi Jaamac, abdiyare064@gmail.com • Ebla Ibrahim, (801) 680-3591 ebla-ibrahim@hotmail.com • Fartan Shire, (712) 259-5935 icm38@hotmail.com	Somali
Rising Bhutanese Artist of Utah	• Krishna Rai, (801) 548-9102 curiousrai@gmail.com • Kiki Sharma Niroula, (801) 875-7640 chungku37@gmail.com • Youb Poudyel, (801) 209-2237 youbraj.poudyel@gmail.com	Nepali
Rohinga	• Umar Faruq Bin Mohamad Arif, (385) 267-7108 maungshwelin04@gmail.com • Frida, (732) 710-7908 • Jamila Alani, (385) 254-3488 • Mohamed Rafiq Bin Kassim, (385) 229-9304	Burmese

	rafiqkassim786@gmail.com • Mene Akata, (408) 561-0553 joinmene@gmail.com	
Rwandese Organization of Utah	• Esperance Rigumva, (801) 577-3510 espe84104@yahoo.com • Paul Hazimana, (801) 347-0257 gahacy@yahoo.fr	Kinyarwanda
Salt Lake American Muslims	Ghulam Hasnain, (801) 671-6709 saltlakeamerican@yahoo.com	
Somali Bajuni Community	• Jelani Aboud Athumani, (385) 216-3541 j.athumani@utah.edu • Naima Mohamed, (385) 315-5407 naimamohamed01@gmail.com • Hamid Ali, (385) 216-2429 hamidbaba12@yahoo.com • Ismail Mohamed, (801) 895-6174 ismail.bajuni@yahoo.com	Swahili
Somali Bantu Community of Utah	• Abdikadir Hussein, (801) 970-4668 ayhussein1@gmail.com • Osman Hassan, (801) 719-4129 osman1182@yahoo.com	Mai
Somali Community Self-Management	Abdirizak Ibrahim, (801) 864-2483 bahgado@hotmail.com	Somali
Somali Community Services of Utah	• Mahamud Osman, (801) 808-6807 mawosmaan@gmail.com • Aden Batar, (801) 859-6987 adenbatar@msn.com	Somali
Somali Youth Center	• Ali Bombolulu, (385) 445-1117 nureynichihaba@gmail.com • Fatima Dirie, (801) 837-1337 fatimad24@gmail.com	Somali Swahili
South Sudanese Community of Utah	Puok, (385) 234-9049 puokpuok@gmail.com	Nuer

Sudanese Community in Utah	• Tino Nyawelo, (801) 809-1089 tnyawelo@gmail.com • Santino Bol, (801) 860-8219 santinojuang@yahoo.com	Arabic
Sudanese Community of Utah State	• Asim Omer, (616) 617-4681 rockasam@yahoo.com • Hagir Kabor, backup2.hk@gmail.com • Jawaher Fadhel, (801) 654-2200 fadheljawaher@gmail.com • Martin Buba, (972) 343-8325 bubamarty77@yahoo.com • Musa Abdallah, (801) 558-8481 musahagar20@gmail.com • Salah Karim, (973) 342-8135 • salahdaoud29@yahoo.com	Arabic
Tanzanian Community of Utah	Simon Bundala, (801) 671-4650 simon77k@gmail.com	Swahili
Uduk Women Association	Hannah Basha, (385) 495-5823 bashah794@gmail.com	
Umoja Generation	• Jolly Karungi, (385) 299-2201 jollkaru9645@gmail.com • Fiston Mwesige, (385) 299-1329 fmwesige99@gmail.com • Cecilia Nahimana, (801) 674-5687 cecilianhimana@gmail.com	Swahili
United African Women of Hope	• Antoinette Uwanyiugira, (801) 654-6325 antoinetteuwanyim@gmail.com • Bridgibritte Rwakabuba, (801) 381-2371 b_rwakabuba@yahoo.com • Suzanne Bucyanayandi, suzannebucyanayandi@gmail.com • Francoise Nyirasafari, (801) 589-4501	French Swahili

	nsfrancoise@gmail.com • Paualin, (385) 695-4476 uwasepaldy@gmail.com	
United Africans of Utah	• Fode Doumbia, (801) 520-9167 fode.doumbia@gmail.com • Amadou Niang, (801) 450-6172 niangam2@yahoo.com • Alban Gozo, (801) 808-7734 albangozo@gmail.com	
United Congolese of Utah	• Jupuy Kukembila, (801) 699-9992 jupuykouke@yahoo.fr • Kitenge Kasongo, (801) 702-9463 kitenge.kasongo@yahoo.com • Caroline Isia Basongo, (801) 347-7370 • Ndiwei Herve Nteme, (805) 406-2494 • Patience Kitomboka Bambo, (385) 267-4030	Swahili
United for a Bright Future	Venant Nsabimana, (210) 812-6659 88venant@gmail.com	Kinyarwanda
United South Sudanese People's Association in state of Utah	• Anet Akot, (801) 865-5996 akotawol@gmail.com • Emmauel Walla, (801) 888-9657 ewwalla@yahoo.com • Atem Deng, (801) 600-6554 aatemd@gmail.com • Michael Juma Ade, (801) 949-9074 michaelade@live.com • Michael Marial, (713) 363-1627 khokmarial7@gmail.com • Adhel Akol Awan, (801) 654-4990 adhalawan32@gmail.com • Nyok Dau, (801) 907-0637 deanyok@q.com	Arabic Dinka Kakua

United Sudanese Community of Utah	• Abdalrazik Abdulla, (385)210-7199 aalrazig@icloud.com • Mahjoub Ali, (801) 666-1655 mahjoubali1957@gmail.com • Layla Adam, (801) 548-7552 laylaadam347@gmail.com • Zakeya Ali, (801) 403-9606 ali.zakeya@gmail.com	Arabic
United Uduk	• Kalifa Uda, (801) 666-0238 khalifauda0@gmail.com • Mariam Mudung, (385) 313-7807 mmudung@yahoo.com • Peter Gasmalla, (801) 674-7418 petergasmalla9@gmail.com	Uduk
Utah Community and Refugee Partnership Center	• Steven Gentry, (801) 830-5446 steven.gentry@ucrpc.org • Andrew May, (801) 368-0610 andrew.may@ucrpc.org • Phil Malula, (801) 243-7929 phil.malula@ucrpc.org • Leonard Bagalwa, (801) 471-5912 leonard.bagalwa@ucrpc.org	
Utah Refugee Civic Community	• Faisal Alsalmany, (801) 979-3225 eng_uot@yahoo.com • Koffi Djagba, (801) 915-9774 djagba75@gmail.com	Arabic French
Utah Refugee Sports	• David Mabior, (801) 979-4807 mabiorjr@hotmail.com • Newton Gborway, (385) 252-1474 newton_gborway@yahoo.com	
Women of Action	• Gilberthe Mwendanga, (801) 931-0050 gmwendanga@gmail.com • Yvette Bwende, (801) 381-3375 yvettebwende@gmail.com	Swahili

Women of the World	Samira Harnish, (208) 890-8635 samira@womwnoftheworld.org	
Ye Setoch Gudaye (Ethiopian)	• Jojo Beyene, (801) 859-9616 y.beyene@utah.edu • Betty Taye, (801) 903-0366 • Dibabe Hope Newman (801) 376-2143 dibabehope@gmail.com • Bulale Hunde, (801) 671-4501 • Eden Geta, (801) 620-0837	Amharic

Appendix O

Bereavement Resource Contact Information

Name	Contact Information
211 Utah	2-1-1 or (888) 826-9790 Phone app is available. https://211utah.org/
Al-Anon & Alateen Family Groups	(888) 425-2666 https://al-anon.org/
Caring Connections	(801) 585-9522 E: caringconnections@utah.edu https://nursing.utah.edu/caring-connections
Latino Behavioral Health Services	(801) 935-4447 E: contact.lbhs@gmail.com https://latinobehavioral.org/contact-us/
Local Mental Health Authorities	https://dsamh.utah.gov/contact/location-map
National Alliance for Mental Illness (NAMI) Helpline	(800) 950-NAMI (6264) Text: 62640 E: helpline@nami.org
National Disaster Distress Helpline	(800) 985-5990 Para Español, presiona “2.”
National Suicide Prevention Lifeline	(800) 273-TALK (8255)
Safe UT	(833) 372-3388 Phone app is available. https://safeut.org/
Substance Abuse and Mental Health Service Administration Helpline	(800) 662-HELP (4357) Text zip code to HELP4U (435748) to find help near you.
Suicide and Crisis Lifeline	9-8-8
The American Foundation for Suicide Prevention (AFSP)	9-8-8 Text TALK to 741741 E: utah@afsp.org
The Bradley Center	(801) 302-0220 https://bradleycentergrief.org/
The Sharing Place	(801) 466-6730

	F: (801) 466-0422 https://www.thesharingplace.org/
Utah Support Advocates for Recovery Awareness (USARA)	(385) 210-0320 E: support@myusara.com https://www.myusara.com/
Veterans Crisis Lifeline	9-8-8 then press 1 Text 838255 https://www.veteranscrisisline.net/

Appendix P

Locally Available Assets

Deployable assets owned by the Utah Department of Health and Human Services that 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 Morgue	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)	30	Distributed to hospitals and coalitions across the state	Contact HCC or 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 Warehouse)	(385) 239-2967	3 Each small MF100 collapsible, portable unit for single room entry/exit anterooms ECU2.
BioSeal Mass Fatality Response Systems	6	Salt Lake County, Weber, Washington counties	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 & 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) 239-2967	Supplies needed for mass fatality response supported by DHHS Office of the Medical Examiner.
Mass Fatality Trailer	1	Salt Lake City (DHHS Warehouse)	(385) 239-2967	Towable trailer for deployable field site response; rakes, shovels, buckets, backboards, mega movers, safety glasses, work gloves, zip ties, tags and notepads.
PPE (personal protective equipment)	B/I [1]	Salt Lake City (DHHS Warehouse)	(385) 239-2967	N95 and surgical masks, gloves, isolation gowns, face shields, protective coveralls
Support Items Cache	B/I	Salt Lake City (DHHS Warehouse)	(385) 239-2967	Generators, field toilets and sinks, cots, litters, blankets, radios, lighting, body bags, heaters, fans

[1] Based on incident

Appendix Q

IT Support

In the event of a mass fatality plan, Utah's Division of Technology Services' (DTS) primary objectives include ensuring organizational stability for the OME, facilitating swift and efficient restoration or expansion of services, preemptively establishing alternative operational methods, and reducing operational disruptions during the event.

DTS will help maintain critical applications and databases, such as: Utah Medical Examiner Database (UMED), Office of Vital Records and Statistics (OVRS), and Utah Mortality Application Portal (UMAP). UMED operates efficiently using a mobile hotspot due to its minimal bandwidth requirements and does not necessitate VPN access. UMAP serves as the foundational application for UMED and EDEN.

Additionally, DTS is tasked with establishing satellite sites, such as alternative government facilities or open-air sites. A Special Business Agreement (SBA) is in place to provide desktop support between DTS and Utah Department of Health and Human Services (this includes the OME) for on-call and after business hour needs.

Appendix R

Examination of Partially and Fully Skeletonized Remains

I. PROCEDURE AND PRACTICE

A. Put a plug in the table so small bones do not fall through the hole and get lost.

B. After the pathologist has completed their initial exam and before rearranging any bones, please use paper bags to secure each of the hands and feet so that small bones are not mixed up or lost. Please label the bags with the appropriate information- for example “Left Hand” or “Right Foot” or “Foot- unknown if right or left” or even “Bones from sock.”

C. Photographs
   1. Remains as received- clothing in place
   2. Remains laid out/without clothing
   3. Photographs of hands before removal if tissue is still present- see section (H.2.) for further instruction about removal of hands.
   4. Close-ups of all teeth still in the mouth from multiple angles.
   5. Anything unusual- surgical hardware, obvious injuries, etc.
   6. Clothing- make sure to get good overalls as well as close-ups of tags, logos, and sizes.
   7. Personal effects
      a) Make sure to get clear close-ups of identifying information on personal effects if present.

D. Paperwork
   1. Provide the doctor with a skeleton diagram if requested.
   2. Toxicology Request Form (Exhibit A)
      a) See the toxicology section (E) for details.
   3. Autopsy Worksheet (Exhibit B)
      a) Please fill out all of the usual fields on the autopsy worksheet. Be sure to select autopsy, partial, or external. Fully skeletonized remains are considered an external. If the decedent is still partially fleshed and cut open and organs removed, then it is considered an autopsy.

4. Body Inventory and Release Sheet (Exhibit C)
    a) Please fill out all of the usual fields on the inventory form. Remember to specify autopsy or external. List personal effects and clothing. Package personal effects and clothing as usual.
5. All of the other usual paperwork should be completed according to standard operating procedures.

E. Toxicology
1. Collect a sample of maggots if present (try to fill an NMS liver cup)
2. If no maggots are present, collect pupa casings (try to fill up to three NMS liver cups because we need about 6 grams of pupa casings)
3. Fill out the tox form and label the samples according to the following SOPs: Filling Out The OME Toxicology Analysis Request Form, MOR-020.00; Filling Out Form Labels and Toxicology Labels, MOR-061.00.
4. Ask the doctor if they would like to send soft tissue (if present), bone, maggots (if present), or pupae casings (if present) for toxicology testing or to save in case of future testing.
    a) If the doctor needs time to decide, place the sample(s) in the "waiting for vitreous/hospital samples" area in the tox fridge and put the tox form on the side of the fridge with a note indicating that the doctor is still deciding about toxicology testing.
    b) If the doctor wants toxicology testing, order an 8052TI. For maggots or pupa casings, when doing an NMS requisition, in the "Special Instructions" field on the first page, specify whether the sample is maggots or pupa casings. When adding the sample on the second page, choose "Other" for the field on the left. Nothing needs to be specified for the field in the middle. Add the date and time collected on the right.
    c) To order an 8052TI on bone, muscle, or some other tissue type, choose "tissue" for the left-hand field and the specific tissue type (bone, muscle, etc.) in the middle field. Add the date and time collected on the right.
5. If the doctor wants sample(s) collected but does not want to order testing, collect the sample and label it normally but note on the tox form that the samples were placed in the doctor's save bin. Follow the protocol

for putting samples in the save bin and documenting them on the save bin log.

6. If the doctor does not want toxicology testing or does not want toxicology samples collected, please write that on the tox form and enter it into UMED as follows:
    a) Add LIMS request
    b) Enter the synopsis given by the doctor under synopsis.
    c) Under suspected drugs list any drugs the doctor specified.
    d) Check off the box "Send directly to the reference lab." This will hide the sample from the state lab and avoid confusion.
    e) In the "Reference Lab Requested Tests" field, type either "no tox collected" or "no testing requested, samples in doctor's save bin"
    f) Enter the storage date, time, and who by as usual. If no tox samples were collected, the current date and time and your own name is fine.
    g) UMED currently requires you to enter sample information for at least one sample, so if no sample was collected, enter the following:
        1) Sample type: other
        2) Sample type, specify: N/A
        3) Sample container: other
        4) Other (specify): N/A
        5) Collection date and time: current date and time
        6) Collected by: N/A
        7) Sample volume: 0

F. Postmortem Dental X-rays
    1. Ask the doctor if they want postmortem dental x-rays. If they say yes, please make sure the case number is on the board, and that the need for postmortem dental x-rays is indicated on the whiteboard next to the special procedures cooler.

G. Anthropology Exam

1. Ask the doctor if they want Dr. Kopp to conduct an anthropological examination and if so write it on the whiteboard next to the special procedures cooler.

H. Sending Hands for fingerprints
   1. If the skin of the hands is present, ask the doctor if they want the hands sent to the crime lab for fingerprinting. If so, write it on the whiteboard next to the special procedures cooler.
   2. Cut off the hands after the doctor's approval has been obtained. Place each hand in a paper bag. Label the bag with a form label and "left hand" or "right hand" depending on which it is. Notify investigations that the hands are ready to be taken up to the crime laboratory.

II. EXCEPTIONS

N/A

III. REFERENCES

A. OME Toxicology Analysis Request Form, MOR-020A.00 (Exhibit A)
B. Autopsy Worksheet, MOR-001C.00 (Exhibit B)
C. Body Inventory and Release Sheet, MOR-001A.00 (Exhibit C)
D. Filling Out The OME Toxicology Analysis Request Form, MOR-020
E. Filling Out Form Labels and Toxicology Labels, MOR-061

Exhibit A

OME Toxicology Analysis Request Form, MOR-020A.00

OME Toxicology Analysis Request Form

4431 South 2700 West Taylorsville, UT 84119 (801) 965-2400	Evidence Receiving Phone# (801) 965-2451 Evidence Receiving Fax # (801) 968-1315

Date of Death	Initial Synopsis	
	Suspected Drug(s)	

Item #	Sample Type	Container Type/Volume	Collected Date/ Time	Tests Requested (✓ all that apply)	Collected By
	Blood _____	Gray _____ ml		☐ Volatiles ☐ Drugs of Abuse ☐ Rx screen	
	Blood _____	Gray _____ ml			
	Blood _____	Red _____ ml		☐ CO	
	Vitreous	Red _____ ml		☐ Volatiles	
	Urine	Red _____ ml		☐ Drugs of Abuse	
	Bile	Red _____ ml			
	Gastric ☐ Retained at OME	Cup _____ ml			
	Liver ☐ Retained at OME	Cup _____ g			

Reference Lab	Option 1: Screen at lab. If positive, send to Reference Lab for quantitation. Option 2: Send directly to Reference Lab for quantitation.	
Drug(s), Test(s)	**Item # to test**	**Option**
1.		☐ Option 1 ☐ Option 2
2.		☐ Option 1 ☐ Option 2
3.		☐ Option 1 ☐ Option 2

Chain of Custody	Date	Time	By
Stored in OME fridge			
Released by OME			
Received at lab			

DOB:

Issue Date: June 5, 2012

Page 1 of 1

Exhibit B

Autopsy Worksheet, MOR-001C.00

MOR-001C.00

OFFICE OF THE MEDICAL EXAMINER **Body ID:** Y ☐ N ☐ **SD Card #:**

Taylorsville, Utah

Autopsy Worksheet - Case #

Name: **DOB:** **DOD:**

Dr: **Asst:** **OME Invest:**

Invest Summary:

Autopsy / Partial / Exam **Date/Time:** ____ : ____ **Inv. Agency:**

Witnesses _____ **Height** (cm/in): / **Eye Color:**

Print name & agency: _____ **Weight** (kg/lbs): / **Hair Color:**

_____

Disposition of Clothing: **Release to FH:** Y ☐ N ☐ **Released to LE Agency:** Y ☐ N ☐

Photos	Date	By
Intake		
Overall		
I.D.		
Other		
Clothing		

X-Rays #	Date	By
A/P		
A/P		
A/P		
LAT		
LAT		

Prints	Date	By
Fingerprints		
Thumbprints		
Footprints		
Palmprints		

Weight	Description
Brain	
Neck	
Heart Measurements	
	LV: IVS: RV: TV: PV: MV: AV:
R Lung	
L Lung	
Liver	GB: Y ☐ N ☐
GI Tract	Appendix: Y ☐ N ☐
Spleen	
R Kidney	
L Kidney	
Reproductive	Uterus: Y ☐ N ☐ Ovaries: R ☐ L ☐ Testes: R ☐ L ☐
Body Cavities	Pleural R: Pleural L:
	Pericardium: Peritoneal:
Body Fluids	Bile: Urine:
	Gastric:

DNA Spot Card: Y ☐ N ☐ **Save Jar:** Y ☐ N ☐ **Brain Fixed:** Y ☐ N ☐ **Other Orgs Fixed:** Y ☐ N ☐

Histology	Serology/Virology	Cultures	Clinical

Exhibit C

Body Inventory and Release Sheet, MOR-001A.00

MOR-001A.00

BODY INVENTORY AND RELEASE SHEET **CASE #**

	Dr:	Name:	
	Card #:	Address:	
	Autopsy / Partial / Exam	DOB:	DOD:

INVENTORY

#	Clothing	Color/Remarks
	Hat/Cap	
	Gloves	
	Scarf	
	Coat	
	Jacket	
	Sweater	
	Sweatshirt	
	Vest	
	Tie	
	Shirt	
	Trousers	
	Belt	
	Underpants	
	Undershirt	
	Religious Garment	
	Dress	
	Skirt	
	Bra	
	Night Gown	
	Bathrobe	
	Pajamas	
	Bedroom Slippers	
	Socks	
	Shoes	
	Boots	

#	Miscellaneous	Description
	Wrist Watch	
	Ring	
	Ring	
	Ring	
	Piercing	
	Bracelet	
	Bracelet	
	Earrings	
	Necklace	
	Wallet	
	Purse	
	US Dollars	
	US Coins	
	Keys	
	ID Card	
	Eyeglasses	
	Cell Phone	
	Meds Retained	

Visual Inspection By:	Date / Time:
Note any portion of the body not examined on intake and reason:	
Bag Seal #	
Transporting Agency Name:	
Print:	
Signature:	

All property was turned over to: ☐ mortuary ☐ the law enforcement agency for evidence.

I represent the _____ Mortuary / Funeral Home and declare that this agency has been authorized by (name) _____ the (relationship) _____ of the above named deceased to remove the body of the deceased and to prepare it for disposition. The receiving mortuary has assured that the authorized party has the legal standing to make arrangements.

Released By:		Released To (Print):
Date:	Time:	Released To (Signature):

Appendix S

Pandemic Infectious Disease

Pandemic influenza is one type of MFI, with numbers in the hundreds of thousands, with which the U.S. has had experience, albeit in 1918. During the H1N1 Spanish influenza epidemic of 1918-1919, between 50 and 100 million people are estimated to have died worldwide, with 650,000 deaths reported in the US, particularly in young, previously healthy people. The recent experience with COVID-19, caused by the coronavirus known as SARS-CoV-2, and its associated increase in these natural deaths led to significant excess mortality, highlighting the need for planning around such events. It is likely that ME/Cs will be the first to recognize unusual patterns of infectious disease-related deaths. Although both influenza and SARS-CoV-2 are considered particular risks to the elderly, such deaths and illnesses in the U.S. show a pattern of occurrence in younger people and in deaths occurring outside of hospital facilities. In the 2003-2004 flu season in the US, 153 flu-related deaths among children were reported to the CDC, occurring in 40 states. Approximately a third (31%) of these children died outside of healthcare settings, and 29% died within three days of the onset of illness. Similarly, during the COVID-19 pandemic, nearly 10% of all COVID-19 related deaths in Utah occurred suddenly enough to fall under the jurisdiction of the Office of the Medical Examiner in Utah. Rapid deaths outside of hospitals, such as these, will fall under ME/C jurisdiction and require ongoing communication between ME/C offices, the state public health laboratory, and state public health departments to ensure appropriate public health measures are taken as quickly and comprehensively as possible following autopsies of such deaths that are unusual in their temporal occurrence, affecting larger than usual numbers of people, or causing death rapidly after onset of symptoms.

1) Special Considerations
    a. Deaths during pandemics might occur both within and outside of a hospital. Unattended deaths fall under the jurisdiction of OME. However, attended natural disease deaths are certified by care-taking physicians. Given the importance to public health of accurate mortality tracking, the OME will, in consultation with the Department of Health and Human Services, manage these functions for both unattended deaths as usual, and review cause of death for all attended deaths.
    b. As a pandemic worsens, it is possible that full autopsies cannot be performed in all cases; diagnoses can be confirmed by culture or PCR from a nasopharyngeal swab.
    c. When hospitals and funeral homes have numbers of fatalities that exceed their capacity to manage the bodies, they can contact their county

emergency management for guidance including biosafety retrieval, storage, and disposal of remains. The OME will not be responsible for storage of bodies. The OME will provide technical advice on best practices.

d. Maintaining both normal OME operations and handling pandemic fatalities in light of staff shortages caused by illness or unwillingness of key staff members to leave their families or risk exposure might be impossible. In such a situation, the office will triage only the most important cases for autopsy and focus on transporting other bodies to storage facilities to be processed as staffing allows.

2) Diagnosis
    a. At autopsy, obtain a nasopharyngeal swab for viral culture and PCR and bilateral bacterial lung cultures as individuals with viral illnesses often have secondary bacterial pneumonia and individuals presenting with pneumonia often have antecedent influenza. Also, obtain histologic samples from main bronchus and trachea so that can be used, if necessary, for immunohistochemistry. In early cases, pathologists should conduct widespread histologic sampling to characterize the pathologic effects (myocarditis, encephalitis, primary or secondary pneumonia, etc.) of a potentially novel respiratory virus and to help guide clinicians with treatment strategies. Once the numbers of fatalities have exceeded the capacity for autopsy, nasopharyngeal swabs can be obtained by the investigators or pathologists in conjunction with an external examination in order to confirm the diagnosis.
3) Steps to be taken
    a. The Chief Medical Examiner will contact Incident Commander or State Epidemiologist when fatal cases are initially recognized.
    b. When fatalities exceed the capacity of hospitals and funeral homes, arrange for local body storage (county level) in conjunction with emergency management officials
    c. Determine whether additional regional or central storage facilities for bodies will be necessary
        i. One OME refrigerated trailer for storage or mobile morgue facilities will be available for overflow storage capacity at the OME.
        ii. If refrigerated trailers to not meet the needs for storage, consider rail containers (2 to 4 degrees C or 36 to 40 degrees F) or renting/purchasing local refrigerated trucks

iii. If refrigerated trailers or rail containers are not available and additional storage is needed, bodies can be buried in temporary trench graves
    1. About 5 feet deep
    2. At least 700 feet away from drinking water sources
    3. Single layer of bodies
iv. If trenches can't be dug, group bodies in clusters of 20 (single layer) with 2 feet of dry ice in low wall around each group and cover with tarps
v. Do not put regular ice on bodies

d. Perform autopsies on designated remains
    i. Perform external examinations on all remains if possible
    ii. Confirm identity for all decedents
e. Establish a Family Assistance Center as needed
f. Maintain contact with DHHS Incident Command structure

Appendix T

Bioterrorism (BT)

The numbers of fatalities resulting from bioterrorist attacks in the U.S. have been low. Letters with anthrax spores resulted in five deaths in 2001, shortly after the September 11 terrorist attacks. However, the lethality of potential bioterrorist agents such as Y. pestis, B. anthracis, and hemorrhagic fever viruses is high. Deaths as a consequence of bioterrorism are homicides and therefore fall under medical examiner jurisdiction.

Biologic agents are categorized based on their risk to national security, with high risk, Category A agents, which include B. anthracis, Y. pestis, F. tularensis, Clostridium botulinum, smallpox virus, and hemorrhagic fever viruses such as Ebola and Marburg viruses, able to be easily disseminated and/or transmitted person-to-person and with high potential mortality. Category B agents are more moderate in their morbidity and mortality and are less easy to disseminate. Category C agents are emerging infections that have high potentials for easy dissemination and resulting morbidity and mortality.

The OME might be alerted to a potential act of bioterrorism by the occurrence of an endemic disease at an unusual time or location, clusters of patients from one location, or large numbers of rapidly fatal cases.

1) Special Considerations
    a. Specific guidance for medical examiners to manage bioterrorism fatalities is provided in: Centers for Disease Control and Prevention. Medical Examiners, Coroners, and Biologic Terrorism: A Guidebook for Surveillance and Case Management. MMWR 53 (No. RR-8):1-36, 2004. This report covers background information, biologic agents, consequent clinicopathologic diseases, autopsy procedures, diagnostic tests, biosafety risks and autopsy precautions, surveillance issues, operational and evidentiary concerns, and federal resources for support. The OME will follow the guidance in this report. Multiple hard copies of the report are in the OME morgue and throughout the office. A full copy of the report can be found at https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5308a1.htm

    b. Ideally, complete autopsies with extensive histologic, microbiologic, and serologic testing will be performed on any cases suspected of being the victims of bioterrorism.

c. In the case of a large-scale bioterrorist attack, full autopsies with extensive tissue sampling on all cases might become impossible if the numbers of fatalities exceed the capacity of the medicolegal death investigation system. With some bioterrorism-related diseases (smallpox, viral hemorrhagic fevers), diagnoses can be made with immunohistochemistry on skin samples without an autopsy.

d. Chain of custody must be maintained for these cases as legal proceedings will require autopsy reports and laboratory test results as evidence in prosecution of cases.

e. When bioterrorism is suspected, the OME must work with the IC to determine what biosafety level will be required for OME and non-OME personnel retrieving remains and evidence and if prophylactic vaccination or antibiotic administration will be needed.

f. The OME will be the content expert for the safe handling of bodies and the gatekeeper for law enforcement personnel's access to infectious disease experts, epidemiologists, and public health responders.

2) Diagnosis
   a. Diagnostic specimens and testing will be obtained as under guidance in 1a above. Testing for suspected BT agents (Categories A and B) can be performed at UPHL, except for Arenaviruses (Category A), and Alphaviruses, epsilon toxin of Clostridium perfringens, and Staphylococcus B toxin (Category B). Only tuberculosis testing (Category C) can be performed at UPHL. All other Category C agent testing would be referred to the CDC.

3) Steps to be taken
   a. The Chief will contact the IC or State Epidemiologist when fatal cases are initially recognized or clinical cases are occurring.

   b. Determine whether additional regional or central storage facilities for bodies will be necessary.
      i. Utilize the three OME refrigerated trailers/mobile morgues. If trailers are not available or body number exceeds capacity, request refrigerated trucks or rail containers (2 to 4 degrees C or 36 to 40 degrees F).

ii. If refrigerated trucks or rail containers are not available and additional storage is needed, bodies can be buried in temporary trench graves:
    1. About 5 feet deep
    2. At least 700 feet away from drinking water sources
    3. Single layer of bodies
iii. If trenches can't be dug, group bodies in clusters of 20 (single layer) with 2 feet of dry ice in low wall around each group and cover with tarps.
iv. Do not put regular ice on bodies.

c. Perform autopsies on designated remains.
    i. Perform external examinations on all remains if possible.
    ii. Confirm identity for all decedents.

Appendix U

Medical Examiners, Coroners, and Biologic Terrorism: A Guidebook for Surveillance and Case Management

Medical examiners and coroners (ME/Cs) are essential public health partners for terrorism preparedness and response. These medicolegal investigators support both public health and public safety functions and investigate deaths that are sudden, suspicious, violent, unattended, and unexplained. Medicolegal autopsies are essential for making organism-specific diagnoses in deaths caused by biologic terrorism. This report has been created to 1) help public health officials understand the role of ME/Cs in biologic terrorism surveillance and response efforts and 2) provide ME/Cs with the detailed information required to build capacity for biologic terrorism preparedness in a public health context. This report provides background information regarding biologic terrorism, possible biologic agents, and the consequent clinicopathologic diseases, autopsy procedures, and diagnostic tests as well as a description of biosafety risks and standards for autopsy precautions. ME/Cs' vital role in terrorism surveillance requires consistent standards for collecting, analyzing, and disseminating data. Familiarity with the operational, jurisdictional, and evidentiary concerns involving biologic terrorism-related death investigation is critical to both ME/Cs and public health authorities. Managing terrorism-associated fatalities can be expensive and can overwhelm the existing capacity of ME/Cs. This report describes federal resources for funding and reimbursement for ME/C preparedness and response activities and the limited support capacity of the federal Disaster Mortuary Operational Response Team. Standards for communication are critical in responding to any emergency situation. This report, which is a joint collaboration between CDC and the National Association of Medical Examiners (NAME), describes the relationship between ME/Cs and public health departments, emergency management agencies, emergency operations centers, and the Incident Command System. Multiple hard copies of the report are in the OME morgue and throughout the office. A full copy of the report can be found at https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5308a1.htm.

Appendix V

Conventional Explosives

While much recent preparedness planning focuses on bioterrorism or the use of chemical or radiologic weapons, historically most victims of terrorist attacks have been injured by conventional explosives. Even recently in the U.S., conventional bombs have wrought significant destruction, from the first attack on the World Trade Center (WTC) in 1993, which killed six people, to the destruction of the Murrah Federal Building in Oklahoma City using fertilizer and fuel oil to kill 168 people.

As opposed to bioterrorism attacks and natural disasters, explosions often result in fragmentation of bodies, which usually results in recovery of remains over a period of time. Other unique factors in mass disasters from explosives are the need to preserve forensic evidence to assist law enforcement agencies in their investigations, and the need for rigid safety procedures during recovery.

The following steps are to be taken:

1) Law enforcement and OME will respond to the scene and assess safety issues.
2) If there is a potential for chemical contamination, law enforcement or OME will contact the local HazMat personnel.
3) If there is a potential for radioactive contamination, the law enforcement or OME will contact the State Director of Homeland Security and Emergency Management.
4) If there is an assessed need for heavy equipment or stabilization of the explosion site, recovery personnel will not enter the scene until safety issues are addressed.
5) If the State Emergency Operation Plan is activated, recovery personnel will enter the scene and assist in recovery under the direction of the IC.
6) Document remains on site after safety of site ensured. All remains should individual identification numbers and GPS location.
7) Establish temporary morgue to hold remains at site until they can be transported to a more permanent processing site.

Additional Morgue procedures for fragmented remains are as follows:

1) All bodies and fragments are received at the morgue based on their recovery identification numbers.
2) All bodies and fragments are photographed and x-rayed.
3) Intact bodies are scanned by CT.
4) Depending on the number of remains, the forensic odontologist is notified and may elect to activate additional forensic odontologists.

5) Depending on the number of bodies and remains, the forensic anthropologist may elect to activate additional forensic anthropologists.
6) The bodies and remains are examined by forensic pathologists with a special goal to recover and retain forensic evidence.
7) Body handlers and forensic pathologists take special caution to avoid injury during handling of bodies and removal of shrapnel.
8) Appropriate samples are taken of fragmented remains for potential DNA evaluation.
9) Fragmented remains are retained under their recovery identification numbers for possible identification after DNA evaluation.

Appendix W

Nuclear Detonations/Radioactive Contaminations

Any mass disaster that results in contamination of individuals or the surrounding environment with radioactive material requires a unique approach to recovery of victims, handling of personal effects, examining and disposal of the remains. Management of large numbers of radioactive victims would be beyond the scope off the state facilities and would require federal assistance. Assets available to states are listed in FEMA's "Nuclear/Radiological Incident Annex to the Response and Recovery Federal Interagency Operational Plan: https://www.fema.gov/sites/default/files/documents/fema_incidentannex_nuclear-radiological.pdf.

In any death or deaths where contamination with radioactive material is strongly suspected, the OME should contact the State Director of Homeland Security and Emergency Management to determine whether or not to activate the State Emergency Operations Plan. In incidents where there is a death or low numbers of deaths with a low suspicion of radioactive contamination, the OME should respond with a Gieger Counter to determine the possibility of radioactive contamination. If a Geiger Counter is not readily available the OME responder should not transport the victim(s) until the possibility of contamination is confirmed or eliminated. Assistance with radioactive monitoring is available.

As with other MFIs, the OME will report to the designated IC to coordinate the retrieval, processing, decontamination, and disposal of human remains. The OME must work within the contamination control boundaries established by the IC and use any required radiation monitoring equipment provided for both their own safety and for determining the radiation levels and decontamination needs of the remains.

1) Steps to be taken if there are a large number of fatalities from an obvious incident involving contamination with radioactive material. In such a situation there will have been activation of the State Emergency Operations Plan and probably a federal response.
    a. Contact IC upon arrival at scene. OME reports to IC.
    b. All OME personnel adhere to instructions provided and will enter the scene with an escort.
    c. IC will provide information to OME personnel regarding radiation hazards, monitoring requirements, and when remains are safe to remove from site.

d. Assess the scene and document photographically, but do not touch human remains other than placing a Radioactive Tag on the remains for radiation monitoring.
e. Department of Energy recommends leaving bodies in place for a minimum of 72 hours following the incident.
f. Non-OME personnel will conduct radiologic survey of remains and identify contaminated areas.
g. Follow the decontamination measures put in place by non-OME staff who will conduct a gross decontamination of contaminated remains and personal effects.
h. Authorized non-OME personnel will monitor remains following decontamination and will determine if double gloving, double bagging, etc. are needed.
    i. Remains will be decontaminated in the “hot zone” (75 feet around incident site), re-surveyed, and moved to the “warm zone” (contamination reduction zone).
    ii. Re-surveyed for radiation in the warm zone and decontaminated again if needed.
    iii. Once “radiologically clean,” remove from site, place Radiation Tag on body bag, and custody is transferred to OME.
    iv. iv. Move bodies/remains to morgue for additional autopsy/identification procedures.
    v. Non-OME radiation personnel will be responsible for proper disposal of all decontamination and autopsy waste.
    vi. Non-OME radiation personnel will determine if a radioactivity report will need to be attached to the death certificate.

2) Radiation Protection Precautions in the Morgue
    a. Establish a triage station for a technician with a survey meter.
    b. Bodies registering more than 100 millirem per hour should be moved to an isolated refrigerated area (refrigerator truck) to allow for radioactive decay to decrease the dose rate.
    c. Bodies with no contamination can be handled in the main morgue.
    d. Bodies with measurable contamination below 100 millirems per hour will be examined in the isolation suites.
    e. The radiation safety officer will establish worker’s doses measured on the dose rates from the decedents and the number to be processed.

f. Utilize one person at the table at a time when possible. Worker's not actively involved in the examination should move away from the work area.
g. If the victim contains radioactive shrapnel, remove it from the body as soon as possible and place it in a bucket with forceps (not hands) and place bucket at least 30 feet from the work area.
h. If there is internal contamination, do not perform an autopsy unless absolutely necessary.
i. After the victim identification and forensic examination are completed, the victim is moved to a secondary decontamination area where dry vacuum with a HEPA filter or spray and wet wipe is performed until the body meets the decontamination standard set by the radiation officer.
j. If autopsy is necessary and there is no internal contamination try to wait until exterior of body is decontaminated.

Appendix X

Chemical Releases

The appropriate decontamination procedures for accidental or intentional chemical releases will depend on the specific agent, and the OME may not handle remains until decontamination is complete. The NIMS includes a HAZMAT Branch Director and Victim Decontamination Unit Leader who will direct the response activities of medical personnel attending to survivors as well as ME/C handling potentially contaminated remains. Hazmat scenes are under the IC of the responding fire department or agency jurisdiction. The IC could request external resources from all over the state, if needed.

1) In consideration of the Department of Justice/Department of Defense Guidelines, the following steps are to be taken.
    a. Obtain the following information from the IC:
        i. Type of release and potential hazards
        ii. Estimated number of remains
        iii. Location of scene and accessibility of remains
        iv. Location of incident command post

    b. Form evaluation team with hazmat directors and law enforcement agencies.

    c. Check and confirm required level of PPE.

    d. Perform evaluation
        i. Determine relevant issues (fragmentation, needed excavation, etc.)
        ii. Take initial photographs
        iii. Assess the number of remains and locations and determine the initial number of autopsies

    e. Coordinate specific operations with law enforcement, hazmat, DMORT, DHHS, etc.
        i. Coordinate security requirements with IC
        ii. Designate locations for holding morgue and temporary morgue
        iii. Hazmat unit directors will determine chemical monitoring methods and safe handling procedures and when and where PPE must be worn. The county or city and/or state emergency management office will have contact information for hazmat response capabilities and department of health resources.

iv. Only trained, certified, and authorized OME personnel will be permitted into the hazardous environment
v. Establish autopsy criteria
vi. Create infrastructure to process remains
vii. Establish effective communications between holding morgue, temporary morgue, FAC, and OME headquarters
viii. Avoid 24-hour operations whenever possible

f. Remains processing
    i. Assign tasks to each agency assisting in recovery
    ii. Determine order in which each agency's personnel will enter the site to perform tasks
    iii. Use waterproof tags for remains and personal effects
    iv. Triage remains: autopsy or external examination
    v. Bodies/remains will move from a hot zone through decontamination and monitoring to a warm zone and to a cold zone when cleared by hazmat unit director (similar to the procedure for decontamination following nuclear events)
    vi. OME personnel will take custody of bodies/remains for autopsy and identification only when remains are determined as clean by hazmat directors

g. Holding morgue
    i. Establish private area at incident site for:
        1. Evidence collection
        2. Initial external evaluation
        3. Initial ID check
        4. Removal and tagging of personal effects
    ii. Determine if law enforcement is needed to help identify evidence and the need for additional procedures (swabs, clothing samples, etc.)
    iii. Obtain refrigeration units based on situation and bulk storage for personal effects (could use 55-gallon drums or unused paint cans)
    iv. Establish an area to perform decontamination
        1. Water and bleach/decontamination agents
        2. Minimize run-off of contaminated water
        3. Use double body bags; the first sealed with duct tape

h. Transportation and storage

i. Obtain refrigerated vehicles: trucks, railroad cars, portable morgue trailers
    1. Do not stack remains (use shelving units)
    2. Do not place remains higher than waist level of workers

i. Morgue operations
    i. Determine if all morgue operations can be centralized in one location or if several smaller locations will be needed
    ii. Establish morgue flow
        1. May need to perform detailed decontamination and monitoring if remains are not previously verified clean
        2. Perform autopsies on designated remains
        3. Perform external examinations on all remains
        4. Perform identification procedures

j. Final disposition
    i. Determine location for storage until final disposition
    ii. Determine if a public health hazard exists
    iii. Dispose of remains
        1. Returned to families (sealed casket or voluntary cremation)
        2. Government-sponsored disposition (burial or cremation)

Appendix Y

Natural Disasters

In most natural disasters pertinent to Utah including floods, earthquakes, tornados, blizzards and forest fires, fatalities will be due to traumatic injuries or drowning resulting in largely intact remains without the fragmentation seen in bombings and airline crashes and will be without the immediate infectious threats resulting from pandemics and bioterrorism. In Utah with a large geographical territory and a low population, a natural disaster will unlikely involve very large numbers of bodies. Since the health risk to the general public resulting from numbers of dead bodies in minimal, and OME should work with the assigned information officers to convey reassurance to the public.

Local infrastructure may be badly damaged, presenting logistical challenges and significant delays for the arrival of supplies and personnel, as was seen in the case of Hurricane Katrina. The practical problems associated with a mass fatality due to a natural disaster include bodies spread over a large area, difficulty in getting access to the victims, difficulty in finding and recovering the victims and difficulty in transporting and storing victims to prevent decomposition.

1) Steps to be taken
    a. OME will contact the Incident Commander (IC) to determine what level of response is needed
    b. The Chief Medical Investigator of the OME will make a preliminary determination of the extent of disaster location, and estimate numbers and locations of remains
    c. The Chief Medical Investigator will appoint a Director of Field Operations responsible for coordinating the recovery of remains who will work with law enforcement/search and rescue personnel to create approach and needed resources, including those no longer available locally
    d. The Director of Field Operations will identify or establish (in coordination with the Incident Commander) a field command base where recovery personnel will receive assignments and safety instruction
    e. The Chief Medical investigator in consultation with the Director of Field Operations and the Incident Commander will, if necessary, activate DMORT
    f. The Director of Field Operations will designate locations for Holding/Temporary Morgue
    g. The Director of Field Operations will request refrigerated trucks or mobile morgues to the Holding/Temporary Morgue if necessary

h. The Director of Field Operations will institute field recovery operations as described earlier in this plan (Page 18) and determine additions and alterations of the recovery process unique to the type of natural disaster
i. The Director of Field Operations will determine storage, transportation and disposal needs with particular emphasis on preventing decomposition of bodies
    i. If available, refrigerated trucks are preferred for temporary storage
    ii. If refrigerated trucks are not available and there are too many bodies for immediate transportation, bodies may be buried in temporary burial trenches
        1. About 5 feet deep
        2. At least 700 feet away from drinking water sources
        3. Bodies in body bags placed side by side, not stacked
            a. If trenches cannot be dug, group bagged bodies in clusters of 20 (not stacked) with two feet of dry ice in a low wall around each group and cover with tarps. Do not place regular ice on bodies.
    iii. Take samples for DNA analysis if there is inability to transport bodies before decomposition

Appendix Z

Fires

Most preparedness planning information for fires focuses on medical triage and treatment of surviving burn victims and coping with the resource strains on local burn units. ME/Cs will be working closely with other investigating agencies in cases of fires not only for victim identification and determination of cause of death but with determination of the cause of the fire and its movement and effects throughout the burned area. Fires with multiple victims are all too common, from house fires to hotels to nightclubs, and all ME/C jurisdictions need to have a plan in place to handle large numbers of burn victims.

1) Special Considerations
    a. Interagency cooperation: accidental fires versus arson/government agency involvement (Branch Davidian compound)
    b. Accelerants/solvents present on remains; potential need to preserve and collect evidence
    c. Commingled remains
    d. Storage of victims while awaiting identification

2) Steps to be taken
    a. As with other mass fatalities, OME will contact either the IC or Fire Marshal in charge of scene
    b. Determine safety of scene and extent of destruction
    c. Attempt to locate a manifest of potential victims (building occupants)
    d. Work with the fire department and law enforcement to assign needed tasks and determine the order of each agency entering the scene
    e. Document the scene with photographs, video, mapping, etc.
    f. Establish a holding morgue for collection of remains at the scene
    g. Determine where more extensive processing, autopsying, and identification will be done, either close to the scene or transport the remains to OME
    h. Identify storage capability for remains

Appendix AA

Aviation Disasters

Unlike nuclear detonations and bioterrorism, most ME/C offices will have had experience with airplane-related fatalities, even if only small aircraft with few fatalities. The crash of a commercial airliner with hundreds of potential fatalities would severely strain most ME/C offices and should be included in MFI preparedness planning.

The FBI is the primary law enforcement agency for all aviation crashes. The NTSB has absolute authority over the aircraft wreckage and legal authority to investigate and to determine the cause(s) of air crashes. The ME/C is responsible for the deceased except if the crash is located on exclusive federal jurisdiction (e.g. air force base). The ME/C's objective is to determine what, if any, human factors caused or contributed to the initiation of the crash.

1) Type of crash
    a. Large commercial airliner versus small private aircraft
    b. When crash occurred: on take-off or landing will have larger, more intact remains, mid-air collisions or explosions result in extreme fragmentation and scattering of remains
    c. Location of debris field: remote areas, water, heavily populated areas
    d. Fires: either on plane causing crash, or after impact

2) Special considerations
    a. Recognition of data recorders, for retrieval and analysis by FAA or NTSB
    b. Presence of jet fuel on bodies and evidence
    c. Difficulty of retrieving remains, particularly in remote or challenging areas
    d. Resources available to retrieve and identify all remains
    e. Mapping of remains and personal belongings
    f. Most likely will not have widespread disruption of communication or risk of infection as with other MFIs
    g. Storage of remains while awaiting identification and release
    h. Need for holding morgue at crash site
    i. Transportation of remains to morgue
    j. Contact other forensic pathologists, odontologists, and anthropologists, particularly those with aviation disaster expertise
    k. Implementation of Federal Family Assistance Plan for Aviation Disasters

3) Utah Federal Aviation Administration: part of FAA's Northwest Mountain Region (with WA, OR, ID, MT, WY, and CO)

   Federal Aviation Administration, Northwest Mountain Region
   2200 S. 216th Street
   Des Moines, WA 98198
   Phone: (206) 231-2393

4) Steps to be taken
   a. Contact the IC
   b. Assist IC with restricting access to site and debris fields
      i. Establish a secure perimeter and entry/exit corridors (check identification to limit entry and preserve the scene)
   c. The IC and/or Supervisor of Search and Recovery will survey the crash site and debris field, and if possible, conduct an aerial survey
      i. Note essential information, such as number of bodies, security issues, worker safety issues, and special requests by investigating agencies
      ii. Develop a search plan for the area and identify the number of personnel, equipment, and special resources needed
      iii. Brief the Search and Recovery Unit members prior to commencing activities
   d. Mark outlying debris, remains, and personal effects using a visible indicator
      i. Equipment needed: GPS, pin flags, clothes pins with bright colored flagging tape, spray paint, etc.
   e. Obtain manifest of passengers and crew on board and determine needed resources
   f. If needed, contact search and rescue personnel familiar with retrievals in rugged or challenging landscapes (mountains, deep canyons, remote desert locations, cadaver dog services, etc.)
      i. Cadaver dog service
         1. Rocky Mountain Rescue Dogs, Inc.
            1042 Fort Union Blvd #334
            Midvale, UT 84047
            (801) 943-0108 (Any staff member that answers this emergency line could assist; however, if needed, a point of contact is Marie Ginman.)
   g. Decide whether to process remains near crash site or transport to OME
   h. Federal guidance for family assistance plan: https://www.ntsb.gov/tda/tdadocuments/federal-family-plan-aviation-disasters-rev-12-2008.pdf

i. Assign tasks by agency, working with IC and FAA

i. Documentation of the crash site
    i. When applicable, the site will be divided into sectors and then grids.
        1. Equipment needed: stakes, heavy duty string, metric fiberglass measuring tapes, North arrows with scale, GPS units
    ii. Photography
        1. Equipment needed: digital cameras with removable digital storage cards, standard and telephoto lenses for existing digital SLR camera body, digital SLR tripod
    iii. Mapping
        1. Equipment needed: GPS, Total station and prisms
        2. Sketch mapping of grids
            a. Equipment needed: clipboards, compasses, grid paper, scale rulers, and GPS units
    iv. Description and numbering of remains and items recovered, including reference to location found
        1. Equipment needed: clip boards
j. Blood samples gathered from all remains at the scene, prior to removal (lessens impact of decomposition in the field)
    i. Equipment needed: blood spot cards, large supply currently at ME/C
k. After full documentation of crash site (remains, personal effects, debris), coordinate removal of remains with responding agencies
l. In conjunction with IC, FAA and NTSB, identify an area where debris can be moved to (hangar, warehouse, etc.)
m. Process and hold at temporary morgue or arrange for transportation to more permanent morgue facility
n. Establish morgue work flow
    i. Perform autopsies on designated remains
    ii. Collect additional samples from pilots/crew for FAA Tox Boxes
        1. Equipment needed: FAA Tox Boxes provided by FAA
    iii. Perform external examination on all remains
    iv. Perform identification procedures
o. Determine disposition of remains and unidentified common tissue

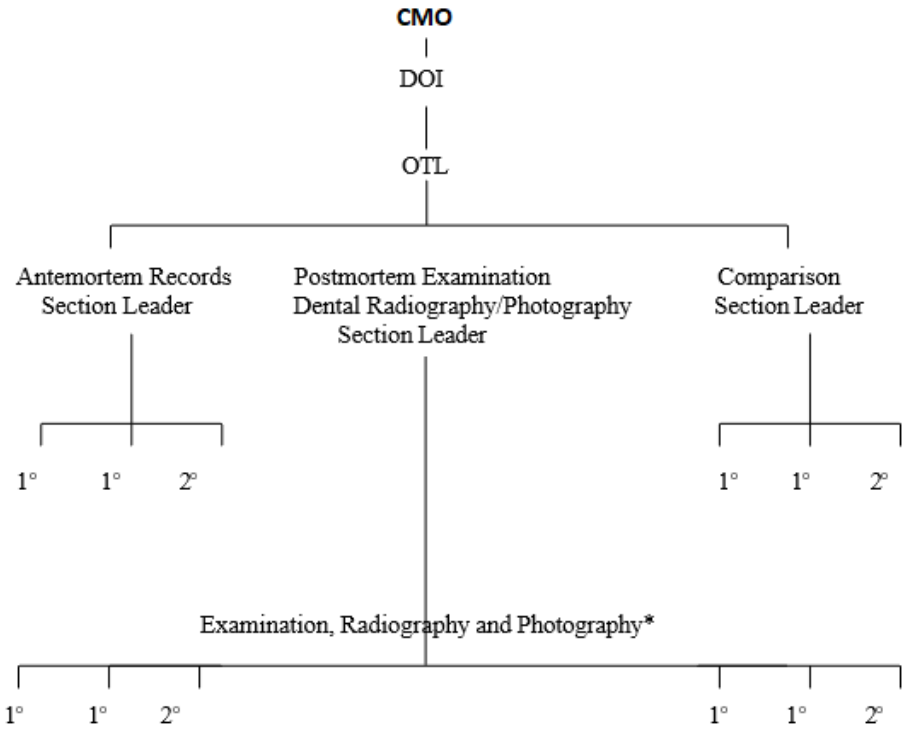
Appendix BB

UT OME Odontology Manual

Odontology Team Organization

The odontology team will be led by the Odontology Team Leader (OTL), under the direction of the Chief of Morgue Operations (CMO) and Director of Identifications (DOI) of the Utah Office of the Medical Examiner.

The Odontology team will consist of the OTL and members of the antemortem section, postmortem exam/dental radiography/dental photography section, and comparison section.



Each team consist of at least two members

*More or less personnel may be needed, depending on the magnitude of the disaster.

1° Primary Team - Initial response Team
2° Secondary Team - Back-up or relief for Primary Teams

The composition of each section may vary depending upon the size of the incident. In all cases, an experienced forensic odontologist will be the leader of each section. All team

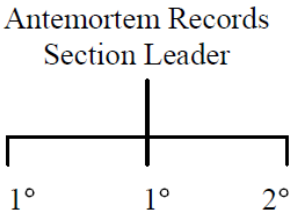
members should be knowledgeable in all team positions, so they placed on different section teams as needed.

Antemortem Section

Functions:

A. Assist in the collection of antemortem records. Copy all antemortem records received.
B. Prepare packet for antemortem records, log and file the records
C. Interpret antemortem records received, scan antemortem x-rays and produce a composite dental chart for manual and computer comparison.
D. Enter all dental information (including x-rays) into WinID3 and set up file system for easy retrieval of the hard copies of the original and copied records

Personnel:



Each team consists of at least two members

A. Section and alternate

B. Teams consisting of at least two members:
    1. One dentist interprets antemortem records and produces a composite dental chart of findings.
    2. A second dentist reviews findings and confirms accuracy of interpretation and entry in the composite chart and computer database.
    3. One auxiliary
    4. Each member may be needed to assist in collection of antemortem records

C. If manpower allows, secondary teams should be established for relief of primary teams.

Antemortem Section Leader and Member Responsibilities:

Antemortem Section Leader

A. On call 24 hours per day.
B. Upon notification by OTL, will initiate contact of section members.
C. Will designate one member of subsection as alternate supervisor.
D. After initial meeting with OTL supervisor, will set up work schedule for section members and insure that members respond.
E. If needed, will make arrangements to collect antemortem records.
F. Check all antemortem records for accuracy of transcription prior to computer entry and deliver to comparison section after signing antemortem form with section member.
G. Attend all programs concerning antemortem record collection and processing.

Antemortem Section Members

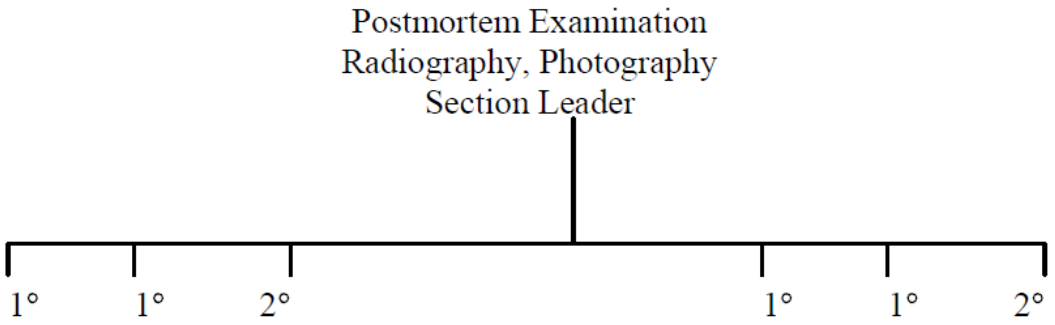
A. Must be able to respond within 12 hours of notification.
B. Proficient with interpreting written and computerized antemortem dental records and in the generation of a composite dental record from them. This includes knowledge of the various domestic and international charting methods and familiarity with the dental forms and computer database entry procedures used by the odontology team.
C. Familiar with copying and scanning procedures for written as well as radiographic records.
D. Proficient in using WinID.

Postmortem Section

Functions:

A. Asist at disaster site for search/recovery of dental evidence if requested.
B. Take dental radiographs of teeth and oral structures.
C. Conduct dental examination and record findings into WinID or paper chart.
D. Take dental photographs per protocol of remains.

Personnel:



Each team consist of at least two members

A. Section leader and alternate
B. Teams consisting of at least two members (at least two must be dentists):
    1. One dentist positions x-ray sensor during the radiographic exam, resects (if necessary and allowed) and examines the remains. (#1)
    2. Another dentist or auxiliary uses the Nomad x-ray unit to expose the x-rays during the radiographic exam, and reviews/ verifies examination and recordings for accuracy. (#2)
    3. Dentist or auxiliary opens new postmortem record in WinID, directs the x-ray and clinical examination and records examination into computer. (#3). This function may be done by #1 or #2 if necessary.
C. Roving dental photographer will take photographs of the dentition per protocol.
D. Roving assistant to the teams will assist as needed.
E. After establishing available manpower following notification of a disaster, primary teams will be organized for initial response.
F. Secondary teams will be established for relief of primary teams if manpower allows.

Postmortem Section Leader and Member Responsibilities:

Postmortem Section Leader

A. On call 24 hours per day.
B. Upon notification by OTL, will initiate contact of section members.
C. Will designate one member of subsection as alternate supervisor.
D. After initial meeting with OTL supervisor, will set up work schedule for section members and insure that members respond.

E. Will make arrangements for collection and/or delivery of required equipment and supplies.
F. If requested will organize dental personnel for search teams at disaster site.
G. Supervise postmortem examinations and radiography of all dental remains, insuring accuracy and quality of both, prior to submission of records to comparison section.
H. Attend all programs concerning the examination and radiography of postmortem dental remains.

Postmortem Section Members

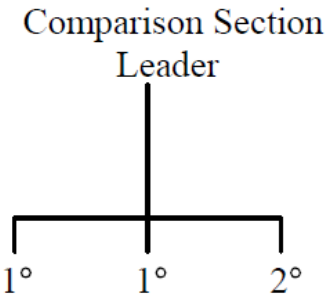
A. Must be able to respond within 12 hours of notification.
B. All dentists in this section will be familiar with oral autopsy procedures.
C. All members in this section will be familiar with the use of the Nomad x-ray unit, Dexis digital x-rays system and radiographic techniques used for dental remains.
D. All members must be familiar with the postmortem protocol manual in the use of WinID.
E. All members are required to attend meetings and training sessions concerning postmortem examination and radiography.

Comparison Section

Functions:

A. Organize all antemortem and postmortem dental records for manual and/or computer comparison.
B. Compare the records to make the identifications.
C. Once the identification has been established assist in the copying and return of antemortem records.
D. Complete antemortem packets for victims identified which include:
    1. Originals and copies of antemortem records
    2. Antemortem computer composite form
    3. Postmortem examination chartings (printout from WinID)
    4. Comparison form
    5. Report identifying remains
E. Communicate with postmortem examination team and/or victim's dentist to resolve any discrepancies between antemortem and postmortem records.
F. Deliver packets to OTL and justify the identification.

Personnel:



Each team consist of at least two members

A. Section leader and alternate.
B. Comparison teams consisting of at least two members (two must be dentists):
    1. One member at a computer terminal assisting and/or entering comparison information.
    2. One dentist compares antemortem records with postmortem records to establish an identity.
    3. One dentist reviews comparison and confirms accuracy.
C. After establishing available manpower following notification of disaster, primary teams will be formed for initial response.
D. If manpower allows, secondary teams should be established for relief of the primary teams.
E. Antemortem Section may be combined with Comparison Section depending on size of incident.

Comparison Section Leader and Member Responsibilities:

Comparison Section Leader

A. On call 24 hours per day.
B. Will act as alternate for OTL in his absence and be familiar with his responsibilities.
C. Will designate one member of the section as alternate supervisor.
D. Upon notification by OTL, will initiate contact of the section members.
E. Will make arrangements for the collection and/or delivery of the necessary equipment and supplies.
F. After initial meeting with OTL supervisor, will set up work schedule for section members and insure that members respond.
G. Check accuracy and completeness of comparisons and records prior to submission to OTL.

H. Attend all programs concerning the Odontology Team.

Comparison Section Members

A. All members will be familiar with the use of antemortem and postmortem record forms and be trained in the procedures of using manual and computer for initial comparison.
B. Members will be familiar with copying procedures for forms and radiographs.
C. Members required to attend training sessions on comparison procedures and techniques.

Odontology Team Leader (OTL)

A. Will act as liaison between the Team and the CMO and DOI.
B. Will keep appropriate agencies informed of the activities of the Team including meetings, training and mock disaster exercises.
C. Will be on call 24 hours per day.
D. Upon notification of the need for Team activation, the OTL will contact section supervisors and alternates so they may begin contacting their members of the potential need of their services.
E. Upon establishment of manpower needs, the OTL will meet with the section supervisors and assist in establishing work schedules.
F. Will supervise the set-up of required equipment.
G. Will supervise all aspects of the odontology team.
H. Will verify and present all dental identifications to the DOI or designate.
I. Will be familiar with all aspects of the Team and function where needed.
J. Organize Team meetings, training sessions and mock drills to insure competency of the Team and its members.
K. Will appoint section supervisors.
L. Will attend all programs concerning the Team or make arrangements for an alternate to attend.

Antemortem Section Requirements

Facility Requirements:

A. At least two phone lines for local and long distance phone calls.
B. Electrical outlets for lights and x-ray view boxes.
C. Tables and chairs for each team.
D. Internet access

Equipment:

A. X-ray View Boxes
B. Access to Copy Machine
C. Computers and peripherals (two flatbed transparency scanners, two printers, backup storage devices)
D. Computer software – Adobe Photoshop, WinID, Dexis, Microsoft Office , Adobe Professional

Supplies:

A. Adhesive Labels
B. Clipboards (Legal Size)
C. Felt tip pens, indelible, red & black
D. Loupes (Optional)
E. Magnifying Glass (Optional)
F. Envelopes and manila folders, legal size
G. Note Pads
H. Security Badges
I. Stapler and remover
J. Transparent Tape
K. X-ray Mounts
L. X-ray Copy Film (if x-rays will be copied)
M. Pens, pencils, sharpeners, erasers
N. Hanging files and file boxes or cabinets

Postmortem Section Requirements

Facility Requirements:

A. Suitable lighting including flashlights and/or headlamps
B. Work surface large enough to accommodate individual remains for each team.
C. Table or desk and chair(s) for laptop computer(s).

Equipment:

A. Two NOMAD x-ray units
B. Two Dexis digital x-ray sensors
C. Two laptop computers load with current version of WinID3, Dexis software and networked to other dental computers in AM and comparisons sections
D. Two digital SLR cameras with appropriate storage media, lenses, photography mirrors, and cheek retractors
E. Stryker saw and lopping shears

Instruments and Supplies:

A. Adhesive Labels
B. Boxing Wax and clay
C. Clipboards
D. Note pads, pencils, pens
E. Manila Envelopes (legal size)
F. Felt Tip Pens, indelible, red & black
G. Flashlight and/or Headlamp
H. Magnifying Glass or Loops (optional)
I. Isopropyl alcohol
J. Saran Wrap and tape
K. Small step ladder
L. X-ray holder sleeves
M. Paper towels
N. Dish soap/water in sterilizer tray
O. ABFO scales
P. Mouth Mirrors (disposable)
Q. Explorers
R. Scalpel Handles with Blades
S. Hemostats, Large and Small
T. 4 Molt mouth props (2 large, 2 small)
U. Toothbrushes
V. Tongue Blades
W. Zip-Lock Bags
X. Gauze Sponges (4x4)
Y. Cotton Rolls and swabs
Z. Blue absorbent pads

Comparison Section Requirements

Facility Requirements:

A. At least two phone lines for local and long distance phone calls
B. Electrical outlets for lights and x-ray view boxes
C. Tables and chairs for each team
D. Internet access

Equipment:

A. Access to Copy Machine
B. Two X-ray View Boxes

C. Computers and Peripherals (flatbed transparency scanner, two printers, backup storage devices)
D. Computer software – Adobe Photoshop, WinID, Dexis, Microsoft Office, Adobe Professional

Supplies:

A. Adhesive Labels
B. Paper Clips
C. Clipboards
D. Felt Tip Pens, indelible, red & black
E. Film Mounts
F. Loupes
G. Magnifying Glasses
H. Envelopes and manila folders, legal size
I. Masking Tape
J. Paper Pads (8 112 " x 1 I')
K. Pens, pencils, Sharpeners, and Erasers
L. Rubber Bands
M. Scissors
N. Security Badges
O. Stapler and remover
P. Transparent Tape
Q. Hanging files and file boxes or cabinets

Protocols upon Activation

OTL and Section Leaders:

A. Upon notification the OTL will contact all section leaders or their alternates.
B. The section leaders will contact their section members and keep a list of who will be available and when they will be available. The list will be referred to later upon establishment of manpower needs.
C. The OTL will make sure that all equipment and supplies are readily available.

Members of the Odontology Team:

A. If needed, will be notified by the OTL or section leader. They are not to call the Medical Investigator's office.
B. Upon notification of potential need, member will review responsibilities of section, and the detailed protocol for their section

C. Will need to notify scheduled patients and adjust office schedule to meet the needs of the Team.

Postmortem WinID/Dexis Protocol

Personnel:

Postmortem section leader Personnel for Stations 1-3

#1 - Performs Dental Autopsy
#2 - Assists #1 and operates Aribex Nomad X-ray generator
#3 – Enters data into computer and controls pace of examination

Photographer – Acquires and manages all images for all stations

Rover – Monitors stations supplies and equipment. Substitutes for any position as needed.

3 - Open WinID3 (by postmortem leader only on initial startup)
Click on the "WinID3.4.9 Icon" Choose the network shortcut "XXXX.mdb".

#3 directs the exam. Correct radiographs and data entry are imperative. Do things according to protocol at your pace. Do not let #1 and #2 get ahead of you.

Postmortem

A. Receive gurney from the tracker.
B. #3 click on "Add New", choose "Postmortem" and a RED Bordered Screen will open.
C. Enter the Body number and the full name of person entering record. Next verify (by voice confirmation) the number by repeating the number to the tracker. Once you have number confirmation, click OK.
D. The Unique case number will appear automatically.
E. Enter the 'Post Mortem Condition' field in the 'Name' tab.
F. Click on the 'Identifiers' tab and fill in the 'Sex' field (only if it can be determined), and in the fields of 'P1' and 'P2' enter the following:
    1. P1: enter the name of the photographer
    2. P2: enter the words "per protocol".
        a) After the photographer is done with his photographs, he will report the number of pictures taken. Enter this number in front of the "per protocol".
G. While you are performing steps D – F,

1. The #1 and #2 position will be cleaning the mouth and getting the oral cavity ready for charting and x-rays, using isopropyl alcohol, soap, water, 4x4 gauze and paper towels. Any post mortem exfoliated teeth are replaced if possible.
2. Once the area is cleaned, the photographer will take the following pictures:
    a) Body label under the chin for the facial photo.
    b) Anterior edge of teeth (slightly open to reveal the Maxillary and Mandibular incisal edges.
    c) Maxillary occlusal view.
    d) Mandibular occlusal view.
    e) Any additional photos that will aid in the identification.

H. Once the photos are done prepare to record the post mortem x-rays.

I. Click on the 'Graphics' tab and then click on the '**DEXIS'** button. The **DEXIS** window opens over top of the WinID window.

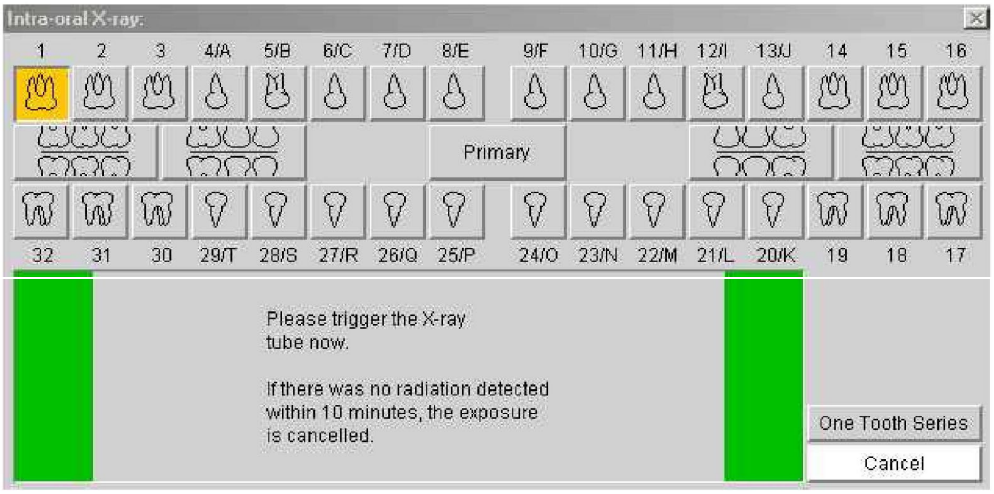
J. **DEXIS** will create the new **DEXIS** file with the same body number.

K. Make sure the 'tooth icon' is highlighted if a full mouth series is to be taken 

L. Click on the 'x-ray icon'  . A dialog box will appear, just click the 'DONE' button.

M. Click on the 'OMI FMX.button. Make sure the correct serial number of the x-ray sensor is highlighted. Check with OTL if unsure. This will begin an 18-film series sequence automatically prompting which area of mouth is to be exposed next.

You will see a screen that looks like:



For this operation the sequence is:

1. Max R. Molar

10. Mand R. Molar

2. Max R. Premolar
3. Max R. Bitewing Projection
4. Mand L. Molar
5. Mand L. Premolar
6. Mand L. Bitewing Projection
7. Max L. Molar
8. Max L. Premolar
9. Max L. Bitewing Projection
11. Mand R. Premolar
12 Mand R. Bitewing Projection
13. Max R. Canine
14. Max Centrals
15. Max L. Canine
16. Mand L. Canine
17. Mand Centrals
18. Mand R. Canine

N. Direct #1 to place the sensor using the Orange colored odontogram as your guide. (Green bars indicate **DEXIS** is 'ready').

***#3 should periodically look to see if #1 is placing the sensor in the correct location!!*

O. The #1 will place the sensor and the #2 will trigger the x-ray.
    1. When the green bars turn to red, the sensor is fully exposed. The #3 should yell '**radiation'** to tell the #1 and #2 that the sensor is exposed.
    2. The x-ray will appear in the area between the green / red bars.
    3. #3 should make the judgment of whether to accept or retake the x-ray and inform the #1 of the decision.
    4. A **persistent yellow dot** means that the radiation levels needs to increase (#2 should check the Nomad and increase the exposure time). A **persistent red dot** means that the radiation levels needs to decrease (decrease the exposure time).

P. Continue to follow the changing odontogram until the series is completed. There will be no excuse for a poor quality x-ray (cone-cuts, missing the apex, or poor angulations, etc.). Retakes can be taken immediately by pressing the "back" button to allow a retake while sensor still placed in the same area of the mouth. <u>If you need to re-shoot an x-ray, do so immediately.</u> It avoids unnecessary changes in equipment and positioning.

Q. When the set is complete, verify that all images are optimal (remake if necessary) and arranged with no overlapping images. Use the home ICON (you cannot come back after next step)
    1. Click on an x-ray and it will enlarge. You can adjust brightness and contrast by placing the cursor in the x-ray, holding down the left mouse button, and dragging the cursor.
R. Once you are satisfied with your adjustments, have the #1and #2 review and if they accept, verify that all images are optimal and arranged with no overlapping images you are ready to save and export. Use the home ICON to get rid of overlap.
S. Click on the 'Export file' icon.
T. On the pop-up window that appears, click on the 'Export All' button. Make sure that all the checkboxes have a checkmark in them.
U. Click on the 'Export All to WinID'.
V. When this pop-up window disappears, the x-rays have been exported.
W. Minimize 'DEXIS'. You should see the WINID post mortem form.
X. Click on the 'Name' tab. Then click on the 'Add graphic' button.
    1. A dialog box will open that has all the files of the x-rays that will be linked to WinID. Navigate to the file where the name matches the Patient ID number. For instance, if your patient is 10-101010, then the x-ray file to link to WinID post mortem is '10-101010.jpg'.
    2. Select the proper .jpg file and then click the 'Open' button.
    3. The path to this file will appear in the textbox next to the 'Add graphic' button.
Y. Click on the 'Graphic' tab and you should see the x-rays on the screen in WinID.
Z. Click on the 'Dental' tab.
AA. Chart the teeth. #3 to call out the teeth numbers and the #1 will reply with an answer. Record the answer.
    1. #3 or the #1,2 will need to look at the X-rays to make a determination. To refer to the x- rays, maximize the **DEXIS** screen. These are the most accurate x-rays.
    2. Record any significant comments in the 'Comment' tab.
BB. Once charting is completed, verify the chart with the #1 by reading back your odontogram.
CC. Review all entries for quality control. Be sure that in the "Identifiers' tab that in the **'P2' field that you have the actual number of photographs taken.**
DD. **CLOSE DEXIS NOW**
EE. Call for tracker and sign off on the following:
    1. Dental examination

2. Dental Radiographs
3. Dental Photographs
4. Number of photographs taken.

FF. Confirm the body ID number with tracker.

GG. Release the body to the Tracker.

HH. Close WinID post mortem window and wait for next case.

Postmortem Dental Photography Protocol

Beginning of day procedures:

A. Create a new folder on the desktop of one of the PM laptop computers for today's photo session. entitled "MM.DD.YY photos" (where MM is the month, DD the day and YY the last digits of the year).
B. Set up the camera equipment.
C. Check the number of available exposures remaining on the Compact Flash Card by looking at the "Top Control Panel" to make sure you have enough memory for the days work.
D. Take a sample photo & check the camera settings for optimal operation.
E. Delete the sample photo.

Photograph protocol:

A. When the Tracker brings a new case to the Dental Section, prepare a label with case number.
B. 1st photo: close up of the label with case number.
C. 2nd photo: Full-face photo with case number label visible in the field. (prior to cleaning teeth)
D. Allow the dental autopsy team to clean up the teeth & any removable appliances.
E. 3rd photo: Anterior teeth close-up.
F. 4th photo: Maxillary arch photo.
G. 5th photo: Mandibular arch photo.
H. Supplemental photos as needed (i.e. unique restorations, removable appliances, malocclusions, etc.)
I. Final photo: close up of the label with case number.
J. Count how many photos were taken (include label photos in the count).
K. Initial & sign the tracker's paperwork for Dental Photography & fill in the space for number of photos taken (includes label photos in the count).
L. Tell total photo count to the person on the dental postmortem computer.

Photographic file management:

Transfer photo files from the camera to the photo computer.

A. Plug camera into USB port on computer.
B. Open WinID, postmortem records and go to the case number. Check all tabs (name, identifiers, dental, comments and graphics) for proper entries.
C. Go to "graphics" window and click on "Dexis".
D. Click on "camera" icon.
E. Scroll through "import images" until drive "e" appears, which is the Nikon camera (or other camera).
F. Double click on the "e" drive, "DCIM", and "100ND2HS" (or other)
   *The above process can also be done with the images stored on jump drive or memory card (see below)**
G. Find the first image of the case by referring to the corresponding case number in the photo log and click on it once to highlight it. Click the "import" button once.
H. After a moment the highlighted image number moves to the next image. Continue importing until the last image of the case is imported.
I. Click "done" and the images appear on the screen. Use the "rotate" tool to rotate any images as needed.
J. Close Dexis and backup files onto the Jump Drive.
   ** If the images have been transferred from the camera to a jump drive or file folder then do the following:*
K. Open WinID, postmortem records and go to the case number. Check all tabs (name, identifiers, dental, comments and graphics) for proper entries.
L. Go to "graphics" window and click on "Dexis".
M. Click on the "pen" icon. 
N. Click on the "import" icon.
O. Scroll through the directories until the drive or folder with the images appears.
P. Find the first image of the case by referring to the corresponding case number in the photo log and click on it once to highlight it. Click the "import" button once.
Q. After a moment the highlighted image number moves to the next image. Continue importing until the last image of the case is imported.
R. Click "done" and the images appear on the screen. Use the "rotate" tool to rotate any images as needed.
S. Close Dexis and backup files onto the Jump Drive.

Antemortem WinID/Dexis Protocol

A. Prepare a manila envelope with a new number for these records.
    1. Use a preprinted number (from the sheet of tear off numbers), and tape to outside of envelope.

2. Attach preprinted large label to outside of envelope and complete it.

B. Record on the master "Records Received" sheet the records received.
   1. Number
   2. Date
   3. Name, gender, date of birth, social security number
   4. Received from
   5. Records received (type and number of each)

C. Prepare an antemortem dental chart/worksheet.

D. Reading x-rays with view box and all chartings, written treatment notes, lab slips, etc. complete the antemortem dental chart/worksheet. This needs to be done by two dentists to verify and confirm the findings, signed by each and presented to section leader to reconfirm.

E. Enter the dental charting and any comments of unusual findings from the antemortem dental chart/worksheet into the WinID database. This will be done by two persons to verify the proper WinID coding.

F. From the "graphics" tab in WinID open Dexis to scan radiographs. Make sure x-rays are scanned "dot down", and they are not touching each other. Don't worry about proper sequence at this point. If FMX, BWs, or PAs are mounted, remove from mount and just place individual films on scanner glass. After scanning, adjust for proper orientation and brightness/contrast, and export the radiographs into the WinID folder. Then from the "name" tab in WinID, link the graphic of these radiographs. (Leave Dexis open) ***Specifically***:
   1. Click on the 'Graphics' tab and then click on the '**DEXIS'** button. The **DEXIS** window opens over top of the WinID window. **DEXIS** will create the new **DEXIS** file with the same ID number.
   2. Make sure the "tooth icon"  is highlighted if a full mouth or partial series of x-rays is to be scanned,
   3. If a panographic x-ray is to be scanned highlight the icon with the body profile. 
   4. Click on the 'scanner button' instructions.  A dialog box will appear, and follow scanner instructions. Resolution for scanning should be 300dpi for fmx, PA and BW x-rays, or 150 dpi for panographic x-rays.
   5. Arrange x-rays in Dexis to correspond to proper tooth numbers.
   6. When the set is complete, verify that all images are optimal (rescan if necessary) and are arranged with no overlapping images. Use the "home" icon (you cannot come back after next step)

a) Click on an x-ray and it will enlarge. You can adjust brightness and contrast by placing the cursor in the x-ray, holding down the left mouse button, and dragging the cursor.

7. Once you are satisfied with your adjustments, have another team member review and if they accept, verify that all images are optimal and arranged with no overlapping images and you are ready to save and export.
8. Click on the 'Export file' icon.
9. On the pop-up window that appears, click on the 'Export All' button. Make sure that all the checkboxes have a checkmark in them.
10. Click on the 'Export All to WinID'.
11. When this pop-up window disappears, the x-rays have been exported.
12. Minimize 'DEXIS'. You should see the WINID post mortem form.
13. Click on the 'Name' tab. Then click on the 'Add graphic' button.
    a) A dialog box will open that has all the files of the x-rays that will be linked to WinID. Navigate to the file where the name matches the Patient ID number. For instance, if your patient is 10-101010, then the x-ray file to link to WinID post mortem is '10- 101010.jpg'.
    b) Select the proper .jpg file and then click the 'Open' button.
    c) The path to this file will appear in the textbox next to the 'Add graphic' button.
14. Click on the 'Graphic' tab and you should see the x-rays on the screen in WinID.
15. Scan any photographs into Dexis as necessary. (Ask section leader) (Close Dexis)

G. Place all records, x-rays, notes and antemortem chart/worksheet into the envelope and file alphabetically by last name with other antemortem records.

Dental Comparison Protocol

A. Use WinID "best match" algorithm to sort for most likely matches on either an antemortem or postmortem record. There are five match windows that will appear giving different information on "hits", "misses" "possible" and "no-info". Use one of these to begin the comparison process.
B. Usually begin with the postmortem records and work forward through the postmortem records unless instructed otherwise.
C. Become familiar with using the "filtering" button at bottom of the record window to filter for specific characteristics.
D. Click on potential match and view odontogram and graphic in WinID. Use arrow button continue searching next most likely matches.

E. To view x-rays of individual case close-up, go to the "graphic" tab in WinID then click on "Dexis". This will open the original Dexis x-ray file. Here you may enlarge, enhance, invert, etc. to help in you comparison.
F. If there is a possible match, pull the manila antemortem file envelope and examine closely.
G. Use the entire antemortem record (charts, x-rays, health history, treatment notes, lab slips, insurance filings etc.) to aid in the process. Don't hesitate to call the provider if more information is needed. Photographs showing teeth might help. Ask section leader for guidance in using Photoshop for digital enhancement, superimposition and resizing of photos.
H. Confer with other team members and section leader on the comparison.
I. Prepare a Dental ID Record describing the comparison and have it signed by one other team member and the section leader. You will need to justify the comparison verbally to the section leader.
J. Once identified change the "Disposition" in the pull down window on the "name" tab in WinID to "Identified" on both the newly identified postmortem record, and the antemortem record.
K. Complete the "Identified as:" blank on the label on the outside of the manila antemortem file envelope with the postmortem remains number, and place all of the records back into the envelope.
L. Prepare a one page Word report with embedded graphics to justify the comparison/identification.
M. Give the section leader the completed envelope and the report.

Antemortem Dental Record **ID#_____**

Last: _____ First: _____ MI: ___
Date: _____ Sex: _____ Race: _____ Age/DOB : _____
Height: _____ Weight: ____ Eye: _____ Hair: _____ Blood Type: ___

Utah Department of Health & Human Services
Medical Examiner

Team Member: _____

Confirm by: _____

Type, Date and Number of X-Rays _____

_____

Codes	
Primary Codes	**Secondary Codes**
M – Mesial	A – Annotation
O – Occlusal	B – Deciduous
D – Distal	C - Crown
F – Facial	E - Resin
L – Lingual	G - Gold
I – Incisal	H - Porcelain
U – Unerupted	N - Non-Precious
V – Virgin	P - Pontic
X – Missing	R - Root Canal
J – Missing Cr	S - Silver Amalgam
/ - No Data	T - Denture Tooth
	Z - Temporary

Comments: _____
Section Leader_____
_____
ID As: _____

				Description	Code
1	18				
2	17				
3	16				
4	15	A	55		
5	14	B	54		
6	13	C	53		
7	12	D	52		
8	11	E	51		
9	21	F	61		
10	22	G	62		
11	23	H	63		
12	24	I	64		
13	25	J	65		
14	26				
15	27				
16	28				
17	38				
18	37				
19	36				
20	35	K	75		
21	34	L	74		
22	33	M	73		
23	32	N	72		
24	31	O	71		
25	41	P	81		
26	42	Q	82		
27	43	R	83		
28	44	S	84		
29	45	T	85		
30	46				
31	47				
32	48				

Post Mortem Dental Record **ID#:** _____

Date: _____ Sex: _____ Race: _____ Estimated Age: ____

Utah Department of Health & Human Services
Medical Examiner

Height: _____ Weight: ____ Eye: _____ Hair: _____ Blood Type: _____

Used only when computer down

Code	Description				
					1
				17	2
				16	3
		55	A	15	4
		54	B	14	5
		53	C	13	6
		52	D	12	7
		51	E	11	8
		61	F	21	9
		62	G	22	10
		63	H	23	11
		64	I	24	12
		65	J	25	13
				26	14
				27	15
				28	16
				38	17
				37	18
				36	19
		75	K	35	20
		74	L	34	21
		73	M	33	22
		72	N	32	23
		71	O	31	24
		81	P	41	25
		82	Q	42	26
		83	R	43	27
		84	S	44	28
		85	T	45	29
				46	30
				47	31
				48	32

Team member: _____

Confirm: _____

Type and Number of X-Rays _____

_____

WinID Codes	
Primary Codes	**Secondary Codes**
M - Mesial	A - Annotation
O - Occlusal	B - Deciduous
D - Distal	C - Crown
F - Facial	E - Resin
L - Lingual	G - Gold
I - Incisal	H - Porcelain
U – Unerupted	N - Non-Precious
V - Virgin	P - Pontic
X – Missing	R - Root Canal
J – Missing Cr MPM	S - Silver Amalgam
/ - No Data	T - Denture Tooth
	Z - Temporary

A: _____

B: _____

Body ID As: _____

Comments: _____

_____

 Dental

Utah Department of Health & Human Services
Medical Examiner

Identification Record **Ante ID#: _____** **Post ID#: _____**

Last: _____ First: _____ MI: _____

Sex: _____ Race: _____ Age/DOB : _____

Height: _____ Weight: ____ Eye: _____ Hair: _____ Blood Type: _____

				Ante	Post
1	18				
2	17				
3	16				
4	15	A	55		
5	14	B	54		
6	13	C	53		
7	12	D	52		
8	11	E	51		
9	21	F	61		
10	22	G	62		
11	23	H	63		
12	24	I	64		
13	25	J	65		
14	26				
15	27				
16	28				
17	38				
18	37				
19	36				
20	35	K	75		
21	34	L	74		
22	33	M	73		
23	32	N	72		
24	31	O	71		
25	41	P	81		
26	42	Q	82		
27	43	R	83		
28	44	S	84		
29	45	T	85		
30	46				
31	47				
32	48				

A: _____
B: _____
C: _____

Comparison of antemortem and postmortem dental records and radiographs. Describe matching dental characteristics.

Date: _____

Time: _____

- ❑ Positive ID
- ❑ Possible ID
- ❑ Unidentified
- ❑ Insufficient Data:

_____

Print Name and
Signature of Examiners:

_____
_____
_____
_____

Describe records and radiographs utilized:

_____
_____
_____
_____

Comments:

_____
_____
_____

Approved: _____

ANTEMORTEM RECORDS RECEIVED Page # ___ of ___

CASE #	DATE	NAME (Last, First)	M/F	DOB	SSN	Recv'd from	Type & number of records

WinID3 Codes - Primary Codes

M - *mesial* surface of tooth is restored.
O - *occlusal* surface of posterior tooth is restored.
D - *distal* surface of tooth is restored.
F - *facial* surface of tooth is restored.
L - *lingual* surface of tooth is restored.
I - *incisal* edge of anterior tooth is restored.
U - tooth is *unerupted*
V - non-restored tooth - *virgin*
X - tooth is missing- *extracted*
J - tooth is missing *postmortem* or the clinical crown of the tooth is not present for examination. Also used for avulsed tooth. The root or an open socket is present, but no other information is available.
I - *no information* about tooth is available

Secondary Codes

A - an *annotation* is associated with this tooth. Specifics of the annotation/anomaly may be detailed in the comments section.
B - tooth is *deciduous*
C - *crown*
E - *resin* filling material.
G - *gold* restoration.
H - *porcelain*.
N - *non-precious* filling or crown material. Includes stainless steel.
P - *pontic*. Primary code must be X to indicate missing tooth.
R - *root canal* filled.
S - *silver* amalgam.
T - *denture* tooth. Primary code must be X to indicate missing tooth.
Z - *temporary* filling material. Also indicates *gross caries* (used sparingly).

MODFL-S mesial occlusal distal facial lingual silver amalgam restoration
DL tooth has distal lingual restoration
MODFL-CG gold crown
MODFL-CHR endodontically treated tooth with porcelain crown
MI-E mesial incisal resin
X tooth missing
V-B virgin deciduous tooth
MO-SB mesial occlusal silver amalgam in deciduous tooth
X-PN missing tooth replaced with non-precious pontic
X-T missing tooth replaced with denture tooth
J missing postmortem or clinical crown missing because of fracture
MO-AZ mesial occlusal temporary filling (or caries) on tooth with an anomaly
V or V-A tooth with mesial and distal caries
X-AHNP implant retained porcelain crown with non-precious metal
V-AE or V tooth with occlusal sealant
O or O-AE tooth with very shallow occlusal resin, but has been prepared with a bur
X-AHNP Maryland bridge pontic (non precious with porcelain)
ML-AN abutment tooth of Maryland bridge with connector on mesial lingual surfaces
MO-ABS retained deciduous tooth with MO amalgam restoration, no permanent successor
MOD-ES or **MOD-AES** tooth with an MO amalgam and a DO resin restoration

WinID3 Users Manual

WinID3 is a computer program that will assist the forensic dentist or forensic investigator in establishing and maintaining a missing persons / unidentified bodies database. WinID3 is also useful in mass disaster situations.

WinID3 is a Windows based program developed with Microsoft Visual Basic 6 and Microsoft Access2000. WinID3 uses ADO data structures. WinID3 will run on Windows95, Windows98, Windows ME, Windows 2000, Windows NT, and Windows XP platforms.

To start WinID3 double click the WinID3 icon. The WinID3 database called sample.mdb comes pre-loaded with sample data and graphics. Additional copies of Sample.mdb are available for download at Winid.com.

The data structures of WinID3 are contained in a Microsoft Access Database named sample.mdb. The database contains two tables of interest to users; the Ante table, and the Post table. Each table will contain one or more antemortem or postmortem respectively. Each record contains a large number of fields. Each field contains a specific type of information such as age or race or height.

WinID3 and the underlying Microsoft Access Database can be readily modified in Microsoft Access to include additional fields and generate reports. Care should be taken to append additional fields to the ends of the database tables as WinID3 expects certain fields to be in a specific location in some calculations.

Installation

To place WinID3 on your computer follow either the download instructions or the install from CD Rom instructions.

Download

To download and install WinID3 on your computer: Start your browser, log-on to the Internet, and navigate to http://winid.com. Select FTP-download files from the menu at the left. Read the directions on the page, then click the link to ftp://ftp.winid.com. Click on the WinID3 directory. There are 7 files in this directory. Highlight all 7 files, right click, and select copy to folder. Select a folder to accept the 7 files. The download may take 45 minutes or more depending on the speed of your modem and link. After the files have been downloaded, log-off from the Internet. Run setup.exe to install WinID3. The default directory to install WinID3 into is C:\program files\WinID3.

CD Rom

To install WinID3 from CD Rom place the disk into the CD Rom drive. Select RUN from the START button. Type in D:\setup.exe. Press OK. The default directory to install WinID3 into is C:\program files\WinID3. Your computer may have another drive letter associated with the CD Rom drive, if so change the D:\ in the above example to the appropriate letter.

Finish the Installation
The setup program that installs WinID3 will also place several coding forms, the users manual and coding help files into the WinID3 folder. Make a note of the directory in which WinID3 is installed.

WinID Icon
To place the WinID icon on your desktop right click on the desktop in any location that does not contain an icon. Choose NEW then choose Shortcut. Press the BROWSE button on the create shortcut window. Navigate to C:\program files\WinID3 Select winid3.exe and press OK. Now press NEXT and then FINISH. The WinID3 icon is now on your desktop.

Screen Resolution
Check the screen resolution of your computer. WinID3 needs the resolution set to 800 x 600 or greater. WinID is optimized for a screen resolution of 1024 x 768.

Small Fonts
WinID3 will give a message on start-up if you screen does not display small fonts. Check the size of your fronts. To change the font size press the Start button, choose Settings, choose Active Desktop, choose Customize My Desktop, and select the Settings tab. If running Windows95 select Small Fonts on the dropdown list box. If running Windows98 press Advanced, now select Small Fonts on the dropdown list box.

WinID3 uses that folder in which WinID3 was installed as the default directory. All files associated with WinID3 are best kept in this directory. These would include database and graphic files. The default installation directory is C:\program files\WinID3.

Security of the data is as good as the physical security of the mass disaster operations site.

Backup, Backup, Backup

Updates
Updates are available from time to time on WinID.com. From the FTP site on winid.com, select the Updates directory. Download the file WinID3.exe Replace the current WinID3.exe

in the WinID3 directory with the newly downloaded file WinID3.exe. This will complete the update. From the WinID3 Help menu select about to find the version number of WinID3 that you are using.

Using WinID3

Network Issues

WinID3 has been successfully used in network installations where each individual computer has a copy of winid.exe and the database for the specific incident has been placed on the server.

Multiple users should be aware that newly entered data and records may not be updated to all computers in the network until the Ante or Post screen containing the new data has been closed and then reopened. The closing and reopening assures repainting of current data to the screen of current interest.

Navigation

When WinID3 starts up, two screens are visible, the Antemortem and postmortem screens. Either screen can be brought to the front and made the current record by clicking its title bar, or by clicking directly on the screen or by pressing the Ante or Post items on the menu at the left. The screens can be moved to the most convenient positioning for the task at hand.

Each screen has several tabs at the top. Clicking one of the tabs will take you to a specific page. Similar data fields have been grouped on each tabbed page. One tabbed page will present the dental data for the dental record and the odontogram. Another tabbed page will display the linked graphic.

Arrows at the bottom of the screen allow a different record to be displayed on the screen. Single arrows move to the next or previous record. Double-arrows move to the first or last records.

When the filter is not in use, all records can be viewed by using the First-Previous-Next-Last arrows. Using the filter will display a subset of all the records available as defined by the filter.

Entering Data

The name of the current database is displayed along the lower right hand corner of the WinID3 screen

The *current record* is that record which is to the front, either Ante or Post. The ID# of the current record is displayed in the title bar of the current record.
Use the tab button to go to the next field. Pressing the tab button when at the last field on a page will navigate to the next page. Pressing the tab button while holding the shift button moves backwards to the previous field. The mouse can be used to move to any field, or to click on a tab to go to a different tabbed page.

Data may be entered onto any field on any page. The ID# cannot be changed. This is intentional and serves to keep ID# as unique entries. If necessary the ID# of a record can be changed in Microsoft Access. Most fields can accommodate up to 25 characters, the comment fields can hold 250 characters. Some fields have a down- arrow. Press the arrow to see a list of choices, or type in an entry.

Some data fields require a valid date. Once initialized the date field must contain a valid date. WinID3 will substitute 9/9/9999 as a placeholder date for invalid date entries.

Age, height and weight entries require a valid numerical entry. If the correct value is not known, use a numeral zero.

WinID3 uses WinID3 codes for entering dental characteristics. WinID3 dental codes are an extension of CAPMI codes. Col. Lew Lorton of the US Army developed CAMPI. The default value for all dental entries is the / (slash - no information available).

By default all new records have their disposition set to active. Change the disposition to identified when the case is IDed. When a record is Ided, enter the matching antemortem or postmortem case number in the Ided as field. Records may be filtered by their disposition status.

At the right of the dental page are a series of buttons that allow information to be entered for a complete dental arch with one button. Teeth can be marked as virgin, missing, replaced with denture or no information.

A series of *User Defined / Site Specific* fields and comment boxes are available. These fields can be used to enter and hold values that been established to accomplish the mission at hand. These fields can be filtered and manipulated in Microsoft Access. Microsoft Access can also be used to generate reports for this data. Data in user specified fields can be filtered by entering a custom filter string from the filter screen.

Menus (across the top)

The *File* menu will display message boxes with information about how to rename the current database or the Save the current database to a different location. The file menu also allows another database to be selected as the current database. Database replication issues make it impossible to copy sample.mdb while WinID3 is running.

Sample.mdb contains the sample data and graphics for WinID3, create a new database with a unique name for each project or deployment.

Changes to the data of the current database are saved immediately. Saving the current database at the end of a WinID3 session is not necessary.

The file menu allows a *New* database to be constructed. The new database will contain two dummy records that serve as placeholders. The dummy records should be deleted after new records are entered. Do not delete the last Ante or Post record. WinID3 requires at least one record in the Ante and Post tables. Deleting the last record will cause WinID3 to not function properly.

The FILE menu has an *Exit* selection that will properly close WinID3.

The *Display* menu allows the user to toggle between US units of measure and the US tooth numbering system; and metric units of measure and the FDI tooth numbering system. English, French, German or Spanish languages can also be selected.

Pressing the *Graphics* Menu Item will drop down a menu. There are three items on the drop down menu.

Clicking the *Ante - Modify PATH of linked graphics* menu item will bring up an input box that will allow the path of graphics files linked to all of the Ante records to be changed at one time. This feature is used to point WinID3 to the location of graphic files found in a different location than was specified when the Ante records were last modified. This feature is helpful when all Ante graphics file are located on a floppy disk, CD or DVD. Enter the path to be added to the graphic files in the input box. Once changed this action cannot be reversed. Accept the default *Remove All Path* to remove all paths associated with the graphics files. *Remove All Path* is useful when all the graphics files are stored in the same folder (directory) as WinID3.exe is stored. Press CANCEL to stop any changes from taking place.

Clicking the *Post - Modify PATH of linked graphics* menu item will bring up an input box that will allow the path of graphics files linked to all of the Post records to be changed at one time. This feature is used to point WinID3 to the location of graphic files found in a different location than was specified when the Post records were last modified. This feature is helpful when all Post graphics file are located on a floppy disk, CD or DVD. Enter the path to be added to the graphic files in the input box. Once changed this action cannot be reversed. Accept the default *Remove All Path* to remove all paths associated with the graphics files. *Remove All Path* is useful when all the graphics files are stored in the same folder (directory) as WinID3.exe is stored. Press CANCEL to stop any changes from taking place.

The *View additional graphics* menu item will launch a Windows Explorer window. In Windows Explorer navigate to a graphics file to be displayed. Double click the graphics file to display the graphic. When finished with the graphic, close or minimize the windows to return to WinID3. The default graphics viewer should already be designated for jpg, gif and bmp type files. To set the default viewer for these file types: From the Start button select *Settings*, then *Folder Options*. The *File Type* tab allows the program that will run jpg, gif and bmp type files to be identified and selected as default. Iexplore is a good choice for default viewer.

The *Window* menu allows the various visible screens to be arranged in different ways.

The *Help* menu allows the help file to be displayed and the about window to be displayed. Help can be displayed on various topics by pressing the F1 button. Many controls on the screens of WinID3 have tool tips where information will be displayed if the mouse pointer lingers over the control.

Menu screen (along the side)

The *GoTo* allows rapid movement to a specific Ante or post record by entering an ID#

Ante opens the Antemortem screen, or brings the Antemortem screen to the front.

Post opens the postmortem screen, or brings the postmortem screen to the front.

The Ante, Post and GoTo screens should be minimized, not closed, when not needed. Once closed these screens take several seconds to reopen due to issues associated with repopulating recordsets.

Add New allows a new Antemortem or postmortem record to be added. When *Add New* is pressed a box will appear that will request the ID# of the new record. The ID# is used as the index of the database. Each record must have a unique, not-duplicated ID#. For an Antemortem record the last name with or without middle initial makes a good choice for ID#. For a postmortem record use a number or a combination of digits and letters. In many situations the accession number of the remains is utilized. The name of the person entering the record must also be entered. These entries are mandatory. A new record will not be created unless both ID# and name are entered successfully.

The *Delete* button will remove the current record. Once removed the record cannot be restored. Care should be used in removing the last record in a database, as this will delete the database.

Pressing *Grid* will bring up a table for the current record. When the filter is not in use, the table contains all fields for all records in either the Ante or Post collections. The grid is displayed in a large table format. Either the Ante or Post grid will be displayed depending on which screen is to the front. Each grid corresponds to a table in the underlying Microsoft Access Database. Click a column header to sort on that field. The sort and filter buttons on the grid allow a filter expression to be entered to modify the display of the grid. Highlight a specific cell in the data grid then press GoTo to navigate to that specific record and to close the data grid.

Status opens the status screen. The status screen displays counts of Antemortem and postmortem records as grouped by their disposition category. The status report may be printed and used as a daily report.

Persist O+G opens an odontogram screen and a graphics screen for the current record. The odontogram screen displays an odontogram of the dental data of the current record. The graphics screen displays the graphic linked to the current record. These screens can be dragged to any location. Multiple odontogram and graphics screens can be displayed simultaneously for many records.

Exit closes all open windows, closes the database and properly exits from WinID3. Always use the *Exit* to leave WinID3.

The *Best Match* button brings up a new window with four tables. The calculations used to form the four tables may take a considerable period of time in large databases. The tables

display the best matches to the current record in ranked order. Each table displays the best matches ranked by different criteria. Double clicking a listing from one of the tables displays a comparison window where identifier comparisons, dental comparisons or graphic comparisons can be viewed.

On the comparison screen the *Next Record* and *Previous Record* buttons will allow the user to scroll up or down the list from where the record was chosen, and allow visualization of the identifier comparison, dental comparison or graphic comparison tabbed pages. This feature allows quick comparisons of many records. A comparison report can be printed. Exact matches to identifier and dental matches are indicated in green.

The *Best Match* button can be used with both antemortem and postmortem records. Best Matches are returned for the current record.

The *Print* button will print the current record.

List Tool

The list tool box will memorize and then print a list of antemortem or postmortem record numbers. The ANTE button placed the current Antemortem record on the list. The POST button placed the current Postmortem record on the list. The AP and PP buttons will print the current list. The AC and PC buttons will clear the list. The contents of both lists are cleared when the list tool is closed.

Filter Button

The *Filter* button is located along the lower edge of the Ante and Post screens. The *Filter* button allows the filter screen to be displayed. The filter screen is composed of two tabbed pages, one for identifier information the other for dental information.

By default the filter will always pass *active* records. Other identifier information can be used to filter the records.

Two types of dental filters are available. One used the LIKE operator, the other used the = (equals) operator. The LIKE operator will pass any occurrence to the specified WinID3 primary code. The = operator will pass only exact matches to the specified WinID3 primary code. Toggle between LIKE and = by pressing the number of a specific tooth. Yellow background indicates LIKE, purple indicates =.

In general it is better to use loose filters that return too many records than it is to use tight filters that return too few records.

Once a filter is in place only the filtered records can be displayed in the Ante or Post screens. A red *Filter in Use* box is displayed. Clicking on the red *Filter in Use* box will display the current filter expression. To change the filter, cancel the current filter and construct a new filter. A list previously used filters is available. Double click on a previously used filter expression to use that filter again.

Use the filter to restrict the number of comparisons used with *Best Match*. First filter the Post records, select an Ante record then press Best Match or filter the Ante records, select a Post record then press Best Match.

Mirror Record Button

The *Mirror Record* Button on the name page of the Ante and Post screens constructs a copy of the current record with a mirror image of its dental information. This feature is useful in situations where the right-left orientation of radiographs cannot be determined. The mirrored record will have the same ID# as the current record with **M* appended to the ID#.

Rectify Dental Data

Occasionally dental data can be corrupted and cause a *type mismatch* error when best match is used. The dental data will need to be rectified to correct this problem. The Ante and Post dental data will each need to be rectified separately. The *Rectify Data* button is a small-unmarked button on the dental page of both the Ante and Post screens. The button is located in the lower right hand corner of the box that contains the button that allows all entries to be marked as no information. Press this button to start the rectification process.

Coding Forms

Microsoft Word document files that contain WinID3 Antemortem and postmortem coding forms are included in the setup files of WinID3. Open either Data-a.doc or Data-p.doc in Microsoft Word. The coding from will be displayed. Print copies as needed. The file coding.doc is also available. This file gives examples of WinID3 dental coding.

Graphics

WinID3 will handle and display images. The images may be of radiographs, photographs of the victim, personal effects, accident scene photographs, or other information best presented in a visual format.

There are three necessary steps to place an image for use by WinID3.
1) Create an electronic image.
An electronic image can be created by a digital camera, obtained from video capture of a displayed image, or produced by a scanner. Digital cameras and video capture are best for 3-D images, while a scanner with a transparency attachment is best for flat subjects such as radiographs. Once the image has been captured, save the image in *.bmp, or *.gif or *.jpg format. GIF and JPG allow for compression and will have smaller files sizes. A BPM image will display quickly as there will be no need to decompress the image. When linking a graphic, be sure to include the full path of the saved image. As an example, the full path of the graphic stored in the graphics folder, known as test1.bmp would be c:\graphics\test1.bmp

2) Edit the image
Once you capture an image electronically, you can view and edit it with image editing software. Editing an image allows you to get rid of unnecessary details and modify the image's dimension and graphic size so the image will quickly fill the screen space allotted by WinID3.

Picture It!, PhotoDeluxe, PhotoShop, Paint Shop Pro, and LivePix are commercially available image editors. Free and shareware editors may be found at http://www.tucows.com, or http://www.shareware.com. You can also use Microsoft's Picture Editor, which is shipped with the Microsoft Office Suite.

WinID3 will display images that are less than 2000 pixels in width and less than 2000 pixels in height. WinID3 will only display BMP, GIF and JPG formats.

Time taken to arrange radiographs to be displayed will be rewarded with graphics that are easy to use in the comparisons screen. Arrange that radiographs so that the most significant radiographs are along the top of the image. The most significant radiographs may be the most recent set of bitewings or a panoramic radiograph. Using the image editing software adjust the height of the most significant radiographs so that they are about 200 pixels tall.

3) Link the graphic to a WinID3 record
Display the record to be associated with the graphic. Go to the record's Names and Numbers tabbed page. Press the *Add Graphics* button. Navigate to and highlight the desired graphic. Press open. Go to the graphics tabbed page to see the graphic displayed. Comments, additions and corrections are welcomed.

Appendix CC

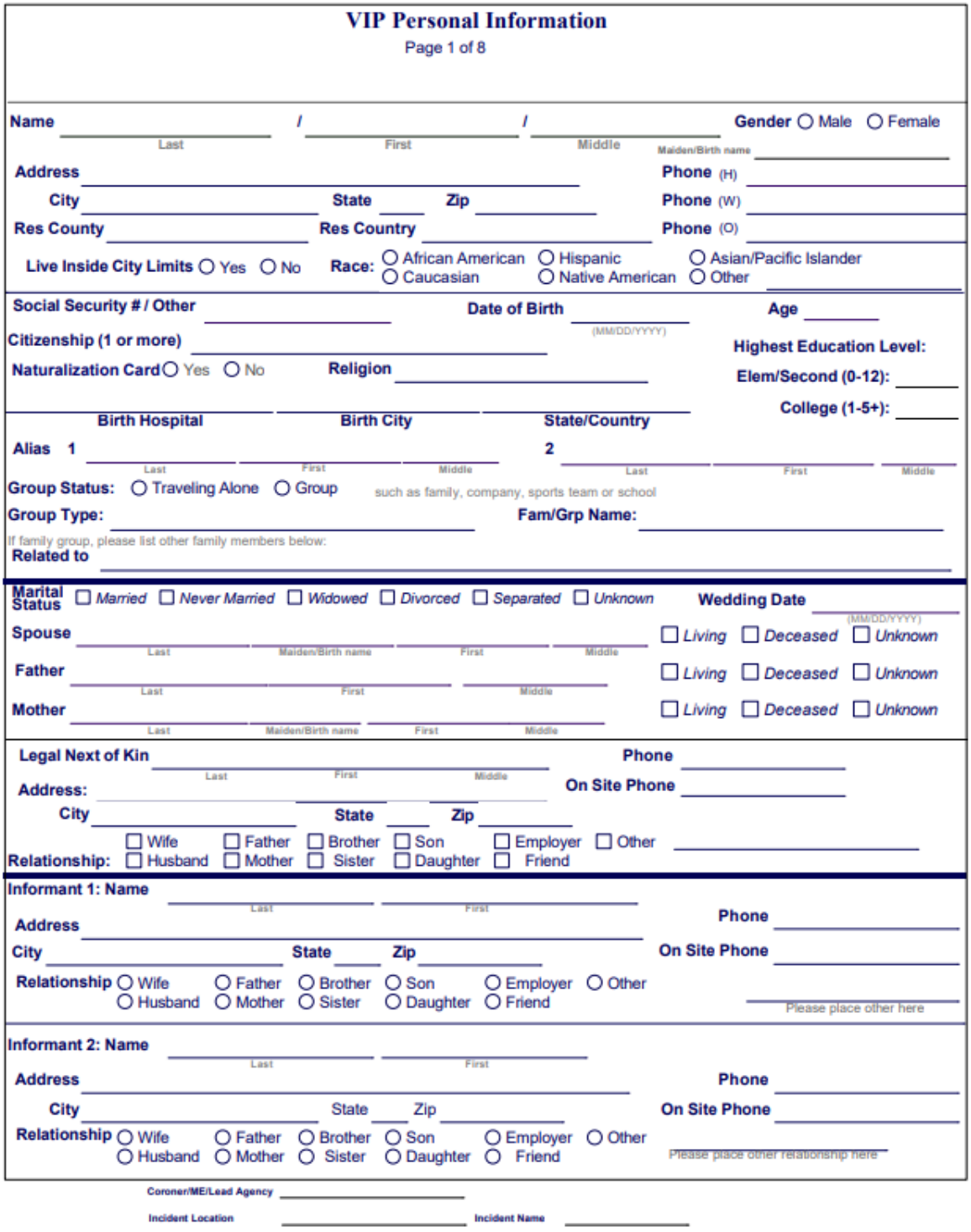
Human Forensic Identification Guide

The U.S. Department of Justice, National Institute of Justice published *Mass Fatality Incidents: A Guide for Human Forensic Identification* to assist all jurisdictions nationwide in creating new mass fatality plans, specifically in the area of forensic-victim identification. The procedures presented can help ME/C fulfill their legal duties, even when the number of victims exceeds their agency's daily operating capacity. The guide is divided into six main sections: (1) initial response considerations; (2) arriving at the scene; (3) processing the scene; (4) identification of human remains in the areas of ME/C, administration/morgue operations, forensic anthropology, DNA analysis, fingerprints, odontology, radiology, and antemortem data collection; (5) disposition of human remains, personal effects, and records; and (6) other related issues, such as reimbursement, implementing a transition plan, mutual assistance agreements, release and control of information, stress management, and language, cultural, and religious considerations. The 83-page plan can be found at https://www.ojp.gov/pdffiles1/nij/199758.pdf.

Appendix DD

VIP Personal Information Questionnaire

This form provides a format for the complete documentation of all victim information. If information is not applicable, “NA” should be entered in that space. If the information is unknown, “UNK” should be entered in that space. It is imperative that each space is marked since this will illustrate that a question was not overlooked. The form has been attached to the subsequent pages and can also be found at http://www.dmort4.com/DMORT4/downloads/VIP%20Personal%20Information%20Form.pdf.



VIP Personal Information

Page 1 of 8

Name _____ / _____ / _____ **Gender** ○ Male ○ Female
Last First Middle Maiden/Birth name _____

Address _____ **Phone** (H) _____

City _____ **State** ____ **Zip** _____ **Phone** (W) _____

Res County _____ **Res Country** _____ **Phone** (O) _____

Live Inside City Limits ○ Yes ○ No **Race:** ○ African American ○ Hispanic ○ Asian/Pacific Islander ○ Caucasian ○ Native American ○ Other _____

Social Security # / Other _____ **Date of Birth** _____ (MM/DD/YYYY) **Age** _____

Citizenship (1 or more) _____ **Highest Education Level:**

Naturalization Card ○ Yes ○ No **Religion** _____ **Elem/Second (0-12):** _____

College (1-5+): _____

Birth Hospital _____ **Birth City** _____ **State/Country** _____

Alias 1 _____ (Last First Middle) **2** _____ (Last First Middle)

Group Status: ○ Traveling Alone ○ Group such as family, company, sports team or school

Group Type: _____ **Fam/Grp Name:** _____

If family group, please list other family members below:

Related to _____

Marital Status ☐ *Married* ☐ *Never Married* ☐ *Widowed* ☐ *Divorced* ☐ *Separated* ☐ *Unknown* **Wedding Date** _____ (MM/DD/YYYY)

Spouse _____ (Last Maiden/Birth name First Middle) ☐ *Living* ☐ *Deceased* ☐ *Unknown*

Father _____ (Last First Middle) ☐ *Living* ☐ *Deceased* ☐ *Unknown*

Mother _____ (Last Maiden/Birth name First Middle) ☐ *Living* ☐ *Deceased* ☐ *Unknown*

Legal Next of Kin _____ (Last First Middle) **Phone** _____

Address: _____ **On Site Phone** _____

City _____ **State** ____ **Zip** _____

Relationship: ☐ Wife ☐ Husband ☐ Father ☐ Mother ☐ Brother ☐ Sister ☐ Son ☐ Daughter ☐ Employer ☐ Friend ☐ Other _____

Informant 1: Name _____ (Last First)

Address _____ **Phone** _____

City _____ **State** ____ **Zip** _____ **On Site Phone** _____

Relationship ○ Wife ○ Husband ○ Father ○ Mother ○ Brother ○ Sister ○ Son ○ Daughter ○ Employer ○ Friend ○ Other

Please place other here

Informant 2: Name _____ (Last First)

Address _____ **Phone** _____

City _____ State ____ Zip _____ **On Site Phone** _____

Relationship ○ Wife ○ Husband ○ Father ○ Mother ○ Brother ○ Sister ○ Son ○ Daughter ○ Employer ○ Friend ○ Other

Please place other relationship here

Coroner/ME/Lead Agency _____

Incident Location _____ **Incident Name** _____

VIP Personal Information

Page 2 of 8

Name _____ / _____ / _____ ○ Male ○ Female
(Last / First / Middle)

Dentist Name _____

Address _____

City _____ **State** ____ **Zip** _____

Phone _____

- ☐ Extensive Dental Work
- ☐ Lower dentures
- ☐ Upper dentures
- ☐ Upper & Lower
- ☐ Partial Plate
- ☐ Braces
- ☐ No teeth
- ☐ Most/all teeth
- ☐ Dental Films
- ☐ Bridge
- ☐ Other _____

Dentist 2 _____

Address _____

City _____ **State** ____ **Zip** _____

Phone _____

Medical Radiographs? ○ Yes ○ No

Physician(s) _____

Address _____

Medical Radiographs Location	Potential Type of Radiographs - and dates taken if known

Objects in Body: ☐ Pacemaker ☐ Steel plate ☐ Shrapnel ☐ Bullets ☐ Needles ☐ Other _____ (Please place other objects here)

Old Fractures: ○ Yes ○ No Description: _____

Surgery ☐ Gall Bladder ☐ Laparotomy ☐ Breast Implants ☐ Appendectomy ☐ Caesarean ☐ Open heart ☐ Tracheotomy ☐ Mastectomy ☐ Other _____ (Please place other surgery here)

Unique Characteristics ○ Yes ○ No Description of: Scars, Operations, birthmarks, burns, missing organs, amputations, other special characteristics _____

Prosthetic ○ Yes ○ No **Prosthetic Location/Description** _____

Prints on File: ○ Yes ○ No **Prints Located** _____

☐ Fingerprints ☐ Footprints

Employer & Address Please list last employer if retired - Information on additional employers should be placed on page 6 _____

Type of Business _____

Occupation _____

VIP Personal Information

Page 3 of 8

Name _____ / _____ / _____ ○ Male ○ Female
(Last / First / Middle)

Height inches ○ Less than 24 ○ 24-36" ○ 37-48" ○ 49-60" ○ 61-72" ○ 73-84" ○ 85-96" ○ Over 96"

Weight in Pounds ○ less than 10 ○ 11-20 ○ 21-40 ○ 41-60 ○ 61-80 ○ 81-100 ○ 101-120 ○ 121-140 ○ 141-160 ○ 161-180 ○ 181-200 ○ 201-220 ○ 221-240 ○ 241-260 ○ 261-280 ○ 281-300 ○ Greater than 300

Eye Color ☐ Blue ☐ Green ☐ Grey ☐ Brown ☐ Hazel

Eye Status ☐ Missing R ☐ Glass R ☐ Cataract R ☐ Blind R ☐ Missing L ☐ Glass L ☐ Cataract L ☐ Blind L

Optical ☐ Glasses ☐ Contacts ☐ None **Description** _____

Hair Color ☐ Auburn ☐ Blonde ☐ Brown ☐ Black ☐ Gray ☐ Red ☐ Salt & Pepper ☐ White ☐ Other _____ (Please place other here)

Hair Colored ○ Yes ○ No ○ Unknown **Color** _____ **Hair Style** _____

Hair Accessory ☐ Wig ☐ Toupee ☐ Hair Piece ☐ Hair Transplant

Hair Length ○ Short 1-3" ○ Medium 4-8" ○ Long 8-12" ○ Very Long 12-24" ○ Over 24" ○ Bald

Hair Description _____

Facial Hair Color ○ Blonde ○ Brown ○ Black ○ Gray ○ Red ○ Salt & Pepper ○ White ○ N/Applicable

Facial Hair Type ○ Beard ○ Beard & Moustache ○ Moustache ○ Clean Shaven ○ Goatee ○ N/Applicable

Facial Hair Style ○ Fu Manchu ○ Handle Bar ○ Whiskers Under Lower Lip ○ Mutton Chops ○ Pencil Thin Upper Lip ○ Full Upper Lip

Facial Hair Notes _____

Ear Lobes ○ Attached ○ Unattached ○ Unknown **Circumcision** ○ Yes ○ No ○ Unknown ○ NA

Fingernail Type ○ Natural ○ Artificial ○ Unknown **Length** ○ Extremely Long ○ Long ○ Medium ○ Short

Fingernail Color _____ **Fingernail Characteristics** ☐ Bites ☐ Mishapen ☐ Decorated ☐ Stained

Description _____

Toenail Color _____ **Toenail Characteristics** ☐ *Bites* ☐ *Mishapen* ☐ *Decorated* ☐ *Stained*

Toenail description _____

Complexion: ○ Light ○ Medium ○ Dark ○ Acne ○ Tanned ○ Olive ○ Ruddy

Tan Mark Description _____

Tattoo(s ○ Yes ○ No **Description/ Body Location** _____

Can family draw a picture?

Tattoo Photos ○ Yes ○ No ○ Unknown ○ NA **Tattoo Photo Location** _____

Body Piercing(s)? ☐ Yes ☐ No

Body Piercing Location(s) _____

Body Piercing Description _____

VIP Personal Information

Page 4 of 8

Name _____ / _____ / _____ ○ Male ○ Female
Last First Middle

A= Data not available B= Photo C= Further information available on page 6

#	Clothing Items	Material	Color	Description	Size	A	B	C
01	Hat					☐	☐	☐
02	Overcoat					☐	☐	☐
03	Scarf					☐	☐	☐
04	Gloves					☐	☐	☐
05	Jacket					☐	☐	☐
26	Suspenders/Braces					☐	☐	☐
14	Sweater					☐	☐	☐
09	Vest					☐	☐	☐
07	Tie					☐	☐	☐
08	Shirt					☐	☐	☐
15	Blouse					☐	☐	☐
06	Undershirt					☐	☐	☐
18	Chemise/Camisole					☐	☐	☐
19	Bra					☐	☐	☐
11	Underpants					☐	☐	☐
20	Girdle					☐	☐	☐
17	Slip					☐	☐	☐
10	Trousers/Slacks					☐	☐	☐
23	Shorts/walking					☐	☐	☐
13	Dress					☐	☐	☐
16	Skirt					☐	☐	☐
12	Socks					☐	☐	☐
21	Hose/Stockings					☐	☐	☐
22	Tights					☐	☐	☐
24	Belt					☐	☐	☐
25	Belt Buckle					☐	☐	☐
27	Other 1					☐	☐	☐
28	Other 2					☐	☐	☐
29	Other 3					☐	☐	☐
30	Other 4					☐	☐	☐

VIP Personal Information

Page 5 of 8

Name _____ / _____ / _____ ○ Male ○ Female
Last First Middle

Shoes

A= Data not available B= Photo C= Further information available on page 6

#	Material	Color	Description	Label	Size US	Size cm	A	B	C
01 Shoes							☐	☐	☐

Watch

A= Data not available B= Photo C= Further information available on page 6

#	Type	Material	Color	Description	Make	Inscription			
01	Digital						☐	☐	☐
02	Analog						☐	☐	☐
03	Other						☐	☐	☐

04 Worn ☐ Right Wrist ☐ Left Wrist ☐ Finger ☐ Pin On ☐ Pocket Watch

05 Band ☐ Leather ☐ Metal ☐ Other Specify Other Band Color

Jewelry

A= Data not available B= Photo C= Further information available on page 6

#	Jewelry	Material Color	Stone Color	Description	Inscription	Where Worn			
01	Wedding Ring						☐	☐	☐
02	Finger Rings						☐	☐	☐
03	Ear Rings						☐	☐	☐
04	Earclips						☐	☐	☐
05	Neck Chains						☐	☐	☐
06	Pendant Chain						☐	☐	☐
07	Other Chains						☐	☐	☐
08	Bracelets						☐	☐	☐
09	Medic Alert						☐	☐	☐
10	Other2						☐	☐	☐
11	Other3						☐	☐	☐
12	Other4						☐	☐	☐
13	Other5						☐	☐	☐

Use this space for more info regarding jewelry:

VIP Personal Information

Page 6 of 8

Name _____ / _____ / _____ ○ Male ○ Female
Last First Middle

Wallet: Description _____
Contents _____

Purse: Description _____
Contents

Other Personal Effects

Ever in Armed Forces? ○ Yes ○ No ○ Unknown Military Branch _____

Military Service Number _____ Nation Served _____

Approximate Service Date _____

Additional Data

VIP Personal Information

Page 7 of 8

Name _____ / _____ / _____ SS# _____
Last First Middle

○ Male ○ Female

Potential Living Biological Donors

Mother/Father of Missing Individual

Name	Age	Address	Phone	DNA Collected	Consent Form Signed
				○ Yes ○ No	○ Yes ○ No
				○ Yes ○ No	○ Yes ○ No

Brother and Sisters of Missing Individual

Name	Age	Address	Phone		
				○ Yes ○ No	○ Yes ○ No
				○ Yes ○ No	○ Yes ○ No
				○ Yes ○ No	○ Yes ○ No
				○ Yes ○ No	○ Yes ○ No
				○ Yes ○ No	○ Yes ○ No
				○ Yes ○ No	○ Yes ○ No
				○ Yes ○ No	○ Yes ○ No
				○ Yes ○ No	○ Yes ○ No

Spouse of Missing Individual

Name	Age	Address	Phone		
				○ Yes ○ No	○ Yes ○ No

Children of Missing Individual

Name	Age	Address	Phone		
				○ Yes ○ No	○ Yes ○ No
				○ Yes ○ No	○ Yes ○ No
				○ Yes ○ No	○ Yes ○ No
				○ Yes ○ No	○ Yes ○ No
				○ Yes ○ No	○ Yes ○ No
				○ Yes ○ No	○ Yes ○ No
				○ Yes ○ No	○ Yes ○ No
				○ Yes ○ No	○ Yes ○ No

Primary donor for Nuclear DNA Analysis

An "appropriate family member" for **nuclear DNA Analysis** is someone that is biologically related to and only one generation removed from the deceased. The following are the family members who are appropriate donors to provide reference specimens, and in the order of preference (family members highlighted in bold print are the most desirable):

1. Natural (Biological) **Mother and Father**, OR
2. **Spouse** and Natural (Biological) **Children**, OR
3. A Natural (Biological) Mother or Father and victim's biological children, OR
4. Multiple Full Siblings of the Victim (i.e., children from the same Mother and Father

VIP Personal Information

Page 7 of 8

Name _____ / _____ / _____ SS# _____
Last First Middle

○ Male ○ Female

Potential Living Biological Donors

Mother/Father of Missing Individual

Name	Age	Address	Phone	DNA Collected	Consent Form Signed
				○ Yes ○ No	○ Yes ○ No
				○ Yes ○ No	○ Yes ○ No

Brother and Sisters of Missing Individual

Name	Age	Address	Phone		
				○ Yes ○ No	○ Yes ○ No
				○ Yes ○ No	○ Yes ○ No
				○ Yes ○ No	○ Yes ○ No
				○ Yes ○ No	○ Yes ○ No
				○ Yes ○ No	○ Yes ○ No
				○ Yes ○ No	○ Yes ○ No
				○ Yes ○ No	○ Yes ○ No
				○ Yes ○ No	○ Yes ○ No

Spouse of Missing Individual

Name	Age	Address	Phone		
				○ Yes ○ No	○ Yes ○ No

Children of Missing Individual

Name	Age	Address	Phone		
				○ Yes ○ No	○ Yes ○ No
				○ Yes ○ No	○ Yes ○ No
				○ Yes ○ No	○ Yes ○ No
				○ Yes ○ No	○ Yes ○ No
				○ Yes ○ No	○ Yes ○ No
				○ Yes ○ No	○ Yes ○ No
				○ Yes ○ No	○ Yes ○ No
				○ Yes ○ No	○ Yes ○ No

Primary donor for Nuclear DNA Analysis

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4. Multiple Full Siblings of the Victim (i.e., children from the same Mother and Father

VIP Personal Information

Page 8 of 8

Name _____ / _____ / _____
Last First Middle

Interview Location _____ Interview Date _____ Interview Time _____
(MM/DD/YYYY)

Interviewer Info:

Interviewer Name _____ _____
First Last

Interviewing Organization _____

Interviewer **Home** Information

Interviewer Address _____
Street, City State, Zip

Interviewer home phone _____

Interviewer cell phone _____

interviewer work phone _____

Interviewer **On-Site** Information

interviewer onsite address _____
Street, Hotel, Room #

interviewer onsite phone _____

interviewer onsite cell _____

Reviewer Info:

Reviewer Name _____

Reviewer Signature _____

Reviewing agency _____

Coroner/ME/Lead Agency _____

Incident Location _____ **Incident Name** _____

VIP/DMORT Program

Requested Records List

Victim Last/First/Middle

Case #

Informant LAst/First/Middle

Address

Informant phone

On Site Phone

Dental

Type	Location	Contact	Phone	Date Ord	Date Rec

Prints

Radiographs

Medical Records

Photo Requests

Requested Records Notes