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Disaster Response Team

"Standing Together To Serve Those in Need"

<u>RESPONSE PLAN</u>

MassFatalities Weapons of Mass Destruction Terrorism Weather Events

Created June 2007

Disaster Response Team Purpose

The Maryland State Funeral Directors Association has trained and partially funded a disaster team that is capable of handling a mass fatalities incident. The Maryland DRT can and will perform all the necessary functions required to resolve the incident, which includes but is not limited to, embalming, funeral directing, shipping, logistics, safety, security, Family Assistance Center operation and all aspects of mass fatality response, as well as all the necessary paperwork involved for the resolution of the incident. This team can be activated by the Office of the Chief Medical Examiner, State of Maryland, by the Maryland State Department of Emergency Management, by the Maryland State Department of Health & Mental Hygiene, by the Maryland State Office of Homeland Security, by the Federal Emergency Management Agency and by the United States Office of Homeland Security. When called upon by local fire or police the Team will respond in conjunction with the previously mentioned agencies. This Team can be activated in whole or in part and may even respond to surrounding mutual-aid states as requested.

It has happened before and it can happen again!

The Team leadership consists of the following individuals and respective assignments:

State Team Commanders - James Bruzdzinski, CFSP -Millers, MD

Deputy Co-Commanders -Pamela A. Hovatter, CFSP - Davidsonville, MD

MISSION

The MSFDA DRT recognizes the fact that an incident may happen at any given time and location within its jurisdictional boundaries. The resolution of such an incident can only be achieved by trained, qualified, committed and dedicated volunteers working in concert as a team. This team must be continually updated with the newest training and education available. Therefore, the MSFDA DRT will strive to maintain that idea and goal for the utmost benefit of the residents and transients of the jurisdictional boundaries it serves.

PURPOSE

The MSFDA DRT has volunteer teams to assist with incidents from minor to major and under all categories, including but not limited to, fires, accidents, terrorist events, mass fatalities and weather events/incidents. These teams work in concert with <u>all</u> responding agencies as mutual aid teams. Depending on the exact event, local, state or national Red Cross shall/may respond.

CONCEPT OF OPERATIONS

As disaster conditions permit and an estimate can be made of the dead, injured or missing, a temporary Family Assistance Center (in compliance with local authorities such as Emergency Management, Law Enforcement, State Medical Examiners Office) shall be established. Secondary Family Assistance Centers should be plotted in the event of a recurring incident. Documentation units will start at this point.

MORTUARY RESPONSE TEAM FOCUS

The MSFDA DRT will ONLY respond for disaster incidents and when so authorized by proper state authorities. These will include the Office of the Chief Medical Examiner, State of Maryland ; by the Maryland State Department of Emergency Management; by the Maryland State Department of Health & Mental Hygiene; by the Maryland State Office of Homeland Security, by the Federal Emergency Management Agency and by the United States Office of Homeland Security. The team is to establish the means and methods for the sensitive, respectful care and handling of deceased human remains in multi-death disaster, including but not limited to; evacuation, identification, embalming (as authorized), counseling and facilitating the release of identified remains to the next of kin or their representatives as so authorized. All or part of the team may be activated.

ASSUMPTION

A major earthquake in the central United States or a hurricane on the east coast, for an example could affect an area much larger than local agencies can handle on their own. Any catastrophic event may result in extensive property damage and possibly a large number of deaths, which may require extraordinary procedures. When multiple deaths occur, and when requested by the medical examiner or other proper authorities, and when required or requested the response team will aid in the selection and activation temporary morgue site. The remains will be recovered and taken to the morgue site for identification and sanitary preservation in preparation for final disposition as designated by the medical examiner. Personal effects on the remains will be collected and kept in a secure place. Necessary information will be compiled and processed for the medical examiner.

As an assist group to the medical examiner and other government agencies, the MSFDA-DRT will maintain a resource manual of needed supplies, equipment, vehicles and personnel. The Disaster Response Team may also assist in identifying and acquiring the necessary resources.

DIRECTION AND CONTROL

When a disaster occurs, the governing authorities should immediately contact the MSFDA-DRT through its offices or through staff members that are listed in the addendum. They, in turn, will notify the appropriate members of the Disaster Response Team.

STAGING

The Operations Officer will locate a suitable area for staging of personnel, FA C, communications, supplies and vehicles.

Personnel will meet at the staging area every shift to receive assignments. If possible, transportation will be provided to move personnel to assigned areas for each shift and again receive the ending shift workers to transport them back to the staging area. In the event no mass transportation is available, then car-pooling will be initiated so the nominal area for parking may be reserved for other responding agencies and families.

Supplies will be transported to an assigned to a specific area and will be called for as the situation dictates.

BRIEFING AND DEBRIEFINGS

All responders are required to attend briefings before each shift and then report to their assignments. Team leaders will be contacted upon arrival at assigned area. Debriefings will be held after each shift and responders are **REQUIRED** to attend these debriefings. Failure to do so will result in the immediate dismissal of the responder. The briefings will be conducted by qualified personnel, and overseen by MSFDA DRT Wellness Team Leaders.

ASSIGNMENTS

Assignments will vary throughout the task. If an individual receives an assignment that the individual believes he/she cannot accomplish, then an immediate request for re-assignment should be made. No responder will be allowed to work in the temporary morgue and/or the medical examiner morgue and then transfer to the Family Assistance Center (FAC). However, a responder may first work the FAC and then transfer to the temporary morgue or medical examiners morgue. Any responder that is injured or becomes ill should immediately report to the team leader under which he/she is assigned.

MARYLAND STATE FUNERAL DIRECTORS ASSOCIATION DISASTER RESPONSE TEAM

Any part or all of this team may be activated considering the extent of the event. Different components of the MSFDA-DRT may be activated under certain circumstances. MSFDA-DRT will respond under the authority of the Incident Commander of said incident. The incident depicts which elements of the team are needed. Agency policies and procedures should <u>always</u> govern our actions.

RESPONSE

The Team will respond with the Incident Command System in place to all incidents it is called to including all or some of the following Task Force(s) as needed:

- Command Team
 Operations Team
 Office Team
 Planning Team
 Documentation Team
 Second(a) Team(a)
- 6. Scene(s) Team(s)

7. Family Assistance Center Team

8. Logistics Team

- 9. Finance Team
- 10. Demobilization Team
- 11. Transportation Team
- 12. Wellness Team

1. **Command Team**: Team Leader, Safety Officer, Liaison Officer, and Public Information Officer (PIO). The PIO is the ONLY authorized person to speak to the media. Command Team also serves as the Assessment Team and/or authorizes an assessment team.

2. **Operations Team**: Operation Officers and team members fall under the direct supervision of the Command team Leaders; they are the direct liaison for the Command Leaders to the entire team. They will oversee and direct the incident communications from the Command Staff

3. **Office Team**: Phones, cellular telephones, radios, paperwork, and faxes. This team is responsible for the accurate verification/credentials of volunteers coming to assist and proper name tag identification will be handed out here and returned here. Housing reservations on day one of incident fall under this teams responsibilities.

4. **Planning Team**: Plans response according to authorized agencies, weather service, and volunteer supplies. Team responses come from planning team after 4-12 hours.

5. **Documentation Team**: Scribes EVERYTHING said, ordered, deployed, issued, re-called, etc. EVERYTHING MUST BE DOCUMENTED. This team is also responsible for after action report to be submitted to higher authorities (Command Team)

6. **Scene(s) Team(s)**: Teams that respond to actual scene or scenes. There may be more than one scene response team to multiple areas. In a recurring event/incident, more than one scene team may be applicable.

7. **Family Assistance Center Team**: Professionals that deal with people every day will take most information. Police agencies, fire agencies, and funeral directors will most likely be meeting the families first to take information. Secondary information should be taken by MSFDA-DRT FAC Team to establish the immediate needs of these families.

8. **Logistics Team**: Responsible for the inventory, acquiring and dissemination of supplies as needed for the teams.

9. **Finance Team**: Keeps responsible, simple and direct records of expenditures in the incident. Overwhelming costs may also comprise the state and federal level Red Cross.

10. **Demobilization Team**: Responsible for the activation and closing of any or all parts of the MSFDA-DRT Team(s) deployed, to include supplies, inventory and authority to activate/demobilize any or all sections of the MSFDA-DRT Team.

11. **Transportation Team**: Responsible for the moving of MSFDA-DRT volunteers, teams, and public. Securing local bus (s) is advisable before an incident occurs.

12. **Wellness Team**: Responsible to conduct briefing and debriefing sessions, at the beginning and end of each work shift. Making recommendations and bringing to the attention of the State Commanders and/or Operations officer for position reassignments, time off or discharge from the event, any Team member not complying with the required attendance or having other difficulties.

MASS FATALITIES RESPONSE

1. Whenever an affected area's local resources are overwhelmed by the incident, additional assistance shall be called. Front line response will include funeral directors, ministers and counselors. **See Office of the Chief Medical Examiners Response Plan**

2. Immediate needs will include, but are not limited to:

Family Assistance Center, which is under the control of the OCME. Red Cross will assist this Center by staffing with volunteers to nourish families and workers. Additional secondary MSFDA DRT response will include what immediate needs are for affected families. This includes taking different information than the OCME has requested of the family. In conjunction with the local emergency management, a FAC should be in a large church, school building, fair grounds or large enough building to accommodate the families and workers. A large parking area is essential for this FAC.

3. Scene Work: Recovery work, identification, and processing of deceased will come under the jurisdiction of other agencies (fire, police, OCME) and the MSFDA-DRT response will be to assist these agencies with any compatible needs (food, clothing, supplies, etc.).

4. Command Staff: Will accept and discharge responsibilities to operate the team response under the Incident Command System (JCS) or Incident Management System (IMS), and will work in a unified command capacity. One MSFDA-DRT volunteer will sit with multiple agencies in the Joint Command Center and have access to MSFDA-DRT Office Operations for authorities and responsibilities.

5. Other Team Divisions: Shall respond as requested by the Command Staff and Team Leader and as the incident dictates.

TERRORISM RESPONSE

1. MSFDA-DRT's main function in this response is supportive. The incident will dictate the needs of the public and the response of MSFDA-DRT. Counselor from MSFDA-DRT will be responding with police, fire and emergency management officials. Command Team will be on standby alert for responses required by the Incident Commander. Shelters would most likely be needed in the event of a recurring incident (i.e.-Columbine school shooting, Los Angeles bank robbery). NO MSFDA-DRT volunteer will be a front line responder in any terrorism event. Evacuations may be called for under Police or Fire Authority in any terrorism event and MSFDA-DRT should assist in any manner possible.

TERRORISM DEFINED: USC Title 22, Section 2656f(d): Premeditated, politically motivated violence perpetrated against noncombatant targets by sub-national groups or clandestine agents usually intended to influence an audience.

TARGETS: Examples of targets, soft and hard: Crowds, hospitals, apartments, petroleum plants, schools, colleges, restaurants, food supplies, water supplies, sporting events, monuments, national icons, etc.

WEATHER EVENTS

The Command Team will cause assisting with housing transients or families with shelters under extreme weather events. Blizzards, ice storms, floods, tornadoes, hurricanes, fires and earthquakes will comprise weather events. Shelters should be authorized and setup within guidelines conducive to emergency warning statements. Priorities will include food, clothing, sheltering and emergency notifications to families of weather bound victims. Some weather events may last for days, so be prepared for a lengthy operation.

ETHICS

All members of the Disaster Response Team will conduct themselves with the highest level of professionalism at all times, complying with all OSHA rules and regulations, local, state and federal laws and the expected ethical treatment of the victims, their families and all aspects of the response to incidents.