Fatality Management Plan
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Coconino County Health and Human Services (CCHHS) and the Coconino County Health and Human Services Medical Examiner’s Office approve this document as the official Fatality Management Plan for Coconino County. This document supersedes any previous plan as of the date below. The below signatory authorizes updates to the Appendices and minor changes to this plan without a new signature.

Signature Page

Michael Otto, Michael Otto
Director and Chief Health Officer
Coconino County Health and Human Services

Lawrence Gough, Lawrence Gough
Chief Medical Examiner
Coconino County Health and Human Services
Quick Reference Action Sheets — Tactical two page

The Quick Reference Guide consists of two pages which provide a guide for trained emergency responders to assess and address problems which might arise from a large and/or complex fatality incident. These pages have been placed at the front of the plan for easy access. These pages are designed to be “ripped out” of the plan to guide response activities quickly. The plan starts on page 6.

1. Assess the incident:
   a. How many decedents are there?
   b. Where are they located? Are they close to Flagstaff? Are they remote?
   c. What is the current cooler capacity of the Medical Examiner’s Office? Funeral Industry?
   d. How complex is the incident?
   e. What is the condition of the decedents? (Fragmented, Chemical, Biological, Radiological or Nuclear (CBRN) contamination, decomposing, weight)
   f. How accessible are the decedents? (stairs, tight spaces, roads, trails, cliffs and heights)
   g. What are the circumstances of death?
   h. What cultural or traditional elements exist for the decedents?

2. Recommend activation of the plan for:
   a. Incidents with 6+ decedents
   b. Incident is excessively remote (trails or canyons)
   c. Incident is a CBRN incident
   d. Multiple decedents in a fragmented state
   e. Incidents of media or public interest creating a security hazard

3. Determine the need for additional resources.
4. Seek out additional guidance and assistance if necessary.
5. If needed, contact partners for decontamination. Contact experts in HAZMAT.
6. Consider if decedents will be processed on scene, close to scene, or transported to Medical Examiner’s Office, consider storage limitations (ME: 27 Max).
7. If transportation is an issue, contact partners or consider deployable storage assets.

(Continued on next page)
Coconino County Resources (As of Jan 2020)

<table>
<thead>
<tr>
<th>Resource</th>
<th>County’s Capability or Limits</th>
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<tbody>
<tr>
<td>Medical Examiners’ Office</td>
<td>• Storage Max: 27 (Daily internment average is 7-10. Expect 17-20 spaces available)</td>
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<tr>
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<td>• 2 Exam Tables</td>
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<tr>
<td>Licensed Medical Examiners</td>
<td>2 individuals</td>
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<tr>
<td>Forensic Investigators</td>
<td>3 individuals</td>
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<tr>
<td>Forensic Technicians</td>
<td>2 individuals</td>
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<tr>
<td>Administrative Manager</td>
<td>1 individual</td>
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<tr>
<td>Transportation Vehicles (Medical Examiner)</td>
<td>2 trucks (Carries 2 full sized decedents)</td>
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<tr>
<td>Vital Recorders (Both ME and HHS)</td>
<td>HHS: 2 staff personnel</td>
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<td></td>
<td>ME: 0 vital records staff available during incident</td>
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Resource Request considerations
Consider the following for in-state resource sourcing. Make sure these resources are briefed on cultural sensitivity of the decedents as required.

| Public Health Emergency Preparedness               | Maricopa County Medical Examiner                                                          |
| Coconino County Emergency Management               | Pima County Office of Medical Examiner                                                    |
| Federal Bureau of Investigation                    | Yavapai County Medical Examiner’s Office                                                   |
| Navajo Nation                                      | Mohave County Medical Examiner’s Office                                                   |
| Bureau of Indian Affairs                           | Pinal County Office of the Medical Examiner                                               |
| Local law enforcement and fire agencies            |                                                                                            |

Repeat at least daily (EOC Personnel assisting ME’s Office)
1. Check in with Medical Examiner(s) regarding storage, investigation, and transportation.
   a. Determine current time to complete investigation and transportation.
   b. Determine estimated time to complete remains release.
   c. Record this information on an ICS 214 form (available at the EOC).
2. Update HHS Leadership, Operations Section Chief, and EOC Manager regarding remains release time
   a. Coordinate between the Medical Examiner’s Office and the objective time of complete remains release.
   b. Consider cost and time impacts of additional resources.
   c. Request additional resources to accomplish desired remains release time.
3. Coordinate information pathways between the EOC, Medical Examiner’s Office, Health Care partners, Law Enforcement and the Assistance Centers.
## Record of change

<table>
<thead>
<tr>
<th>Date</th>
<th>Change</th>
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Executive Summary

The Coconino County Fatality Management Plan addresses the actions and resources the county has available during a fatality management incident. This plan includes the most updated information as of the save date (seen at the bottom of the page). The plan is flexible and able to be implemented in part or in full to respond to an incident.

This plan meets the accreditation requirements and recommendations of many agencies. This plan addresses only the direct fatality management aspect of an incident. This plan is to be used in conjunction with the County’s Emergency Operation Plan, Health and Human Services All-Hazard Plan, the Community Service and Resiliency Center Plan, and other relevant plans and procedures to manage the entire incident.

This plan is meant as a guide, not as a prescription of actions, to emergency response agencies. Each emergency response must use a best fit approach to manage an incident.

This plan guides emergency responders in assisting the Coconino County Health and Human Services (CCHHS) Medical Examiner’s Office during an incident which overtaxes the Office’s resources. The Chief Medical Examiner, in consultation with Health and Human Services Leadership, will decide when the complexity of the incident exceeds the office’s capability and request assistance from the Fatality Management Network.

Fatality Management Network is a grouping of emergency responders which can assist the Medical Examiner’s Office when an event exceeds their capability. This group includes the Medical Examiner’s Office, CCHHS Public Health Emergency Preparedness (PHEP) program, Coconino County Emergency Management, Chief Health Officer of Coconino County, and (if activated) the local Emergency Operations Center.

The Board of Supervisors, Elected Leadership, and other county leaders play a very important part in disaster response; however, this plan is specific to only the Medical Examiner’s activities and assistance. The responsibilities of these leaders are addressed in the Health and Human Services All-Hazard Plan and the Coconino County Emergency Operations Plan.

Prepared by:

Coconino County Health and Human Services
Public Health Emergency Preparedness Program
and
Medical Examiner’s Office
Introduction
Coconino County Health and Human Services Public Health Emergency Preparedness (PHEP) and the Coconino County Health and Human Services Medical Examiner’s Office participated in a planning process for emergency situations which would overwhelm Medical Examiner’s Office. This plan is the result of the planning process.

Scope and assumptions
The plan’s scope is death of individuals considered Medical Examiner’s Cases defined by Arizona Revised Statutes. The plan covers the Public Health Emergency Preparedness (PHEP) Core Capability of Fatality Management and the specific functions below (CDC, 2019, p. 52).

A. Function 1: Determine the public health agency role in fatality management
B. Function 2: Identify and facilitate access to public health resources to support fatality management operations
C. Function 3: Assist in the collection and dissemination of antemortem data
D. Function 5: Support fatality processing and storage operations

This plan does not address the provision or coordination of Behavioral and Mental Health services, PHEP Core Capability Fatality Management - Function 4: Support the provision of survivor mental/behavioral health services (CDC, 2019, p. 52). Those services are addressed in the Community Services and Resiliency plan. This plan also does not address mass fatality of a pandemic illness. Those deaths are addressed in the Outbreak Response Plan. And finally, this plan should not be used alone. The scope is only on those operations pertinent to fatality management. The Coconino County Emergency Operation Plan and Public Health All-Hazards Plan address incident operations and coordination including Emergency Operations Center management.
Decision Support

This section defines a fatality management incident, key questions for a response, and information flows.

Concept of an Incident

Figure 1 Flowchart of an Incident

When an incident occurs, first responders are the first on scene and will inform the Fatality Management Network, detailed on page 9, of a need for Medical Examiner’s services and a potential incident requiring a higher level of coordination regarding fatality management. The Medical Examiner will consult with Health and Human Services leadership and decide to activate the plan. Once activated, the Medical Examiner will contact the Fatality Management Network and inform them of plan activation. When the plan assistance is no longer needed, the Medical Examiner and assistance partners would return to normal operations.

Defining fatality management incidents

Defining what constitutes a fatality management versus a “normal” incident is a dynamic and complex challenge. The County therefore will rely upon the Chief Medical Examiner or their designee in consultation with Health and Human Services leadership to identify when the complexity is beyond the normal operations of their office.

As a reference activation is likely for the following incidents:

1. Incidents with more than 6 decedents
2. Incident is excessively remote (trails or canyons)
3. Incident is a Chemical, Biological, Radiological, Nuclear (CBRN) incident
4. Multiple decedents in a fragmented state
5. Incidents of media or public interest creating a security hazard

Many different hazards local to Coconino County may create a fatality management incident, CCHHS therefore uses the above criteria and the decision process above to guide activation. The CCHHS Medical Examiner’s Office notes an incident might overwhelm resources in parts or in full, for example, a large traffic accident may overwhelm investigation and a mass shooting might overwhelm autopsy. In either case, the plan will activate to bring additional resources to
achieve reasonable response times. This paragraph satisfies requirements of ADHS PHEP Contract Requirements of 2019-2020 (ADHS, 2019).

**Important questions to define the incident for Health and Human Services**

These key questions determine resource needs for a fatality management response:

1. How many decedents are there?
2. Where are they located? Are they close to Flagstaff? Are they in a remote location?
3. What is the current cooler capacity of the Medical Examiner’s Office? Funeral Industry?
4. How complex is the incident?
5. What is the condition of the decedents? (Fragmented, CBRN, decomposing, weight)
6. How accessible are the decedents? (Stairs, tight spaces, roads, trails, cliffs and heights)
7. What are the circumstances of death?
8. What cultural or traditional elements exist for the decedents?

The CCHHS Medical Examiner’s Office defined these questions during planning meetings.

**Information flow during a fatality management incident**

When one agency in the Fatality Management Network is informed of a fatality management incident, they should inform the other agencies or programs. The CCHHS Public Health Emergency Preparedness (PHEP) program will facilitate communication among agencies and programs during a fatality management incident.

**Fatality Management Network**

The Fatality Management Network is a group of important decision-making emergency response partners involved in a fatality management incident. The Fatality Management Network contains the following: CCHHS Medical Examiner’s Office, CCHHS Public Health Emergency Preparedness (PHEP) program, Coconino County Emergency Management, Coconino County Chief Health Officer, and (if activated) the local Emergency Operations Center.
Extended Fatality Management Information Network

Additional partners who may need information during an incident include the state fusion center, Arizona Department of Health Services, Arizona Department of Emergency and Military Affairs, Federal Bureau of Investigation, tribal nations, and other federal partners. Communication with these partners are handled at the Emergency Operations Center by the Coconino County Health and Human Services’ representative. This paragraph was required by ADHS PHEP Contract Requirements of 2019-2020 (ADHS, 2019).
Figure 3 Shows the information flow for the extended fatality management network.
Roles and Responsibilities of Agencies and Partners

These are specialty roles and responsibilities of the plan.

<table>
<thead>
<tr>
<th>Agency</th>
<th>Role and responsibility</th>
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</table>
| Chief Medical Examiner (or Designee)       | 1. Makes decisions regarding decedent identification and death investigation  
2. Certifies death certificates  
3. Leads fatality management activities                                                                                                     |
| Coconino County Health and Human Services (HHS) | 1. Supports the Medical Examiner’s Office in fatality management activities  
2. Provides administrative and logistical support to the Medical Examiner’s Office  
3. Provides a representative to the EOC to act as a single point of contact for all assistance requested by HHS and HHS programs or offices  
4. Administers Assistance Centers  
5. Coordinates with partner agencies on fatality management related activities at the EOC  
6. Facilitates the Fatality Management Plan  
7. If a mass fatality incident doesn’t fall under the Medical Examiner’s Jurisdiction: Takes command of mass fatality coordination |
| Medical Examiner’s Office - Coconino County Health and Human Services | 1. Leads fatality management activities  
2. Manages fatality management components of an incident under their jurisdiction  
3. Requests resources from the EOC representative provided by HHS  
4. Performs the functions of the Medical Examiner’s Office                                                                                     |
| Vital Records – Coconino County Health and Human Services | 1. Provides death certificate records according to policies and procedures                                                                                  |
| Investigating Law Enforcement Agency        | 1. Responsible for Next of Kin Notification for most unnatural death cases.  
2. Coordinates with other agencies to notify Next of Kin  
3. Coordinates with the EOC when Next of Kin Notification is not the Investigating Agency’s responsibility.  
4. Outside assistance is obtained from an EOC request                                                                                           |
| Fatality Management Network                 | 1. Communicate with all parts of the network regarding fatality management  
2. Coordinate activities of fatality management                                                                                                 |
Supporting Plans

The Community Services and Resiliency Plan will assist in the Behavioral and Mental Health element of this incident. The County EOP and the Health and Human Services All-Hazard Plan provide overall administrative oversight and components for this plan.

Succession breakdown

Two types of successions are provided here: Medical Examiner’s Office Decisionmakers and Death Certificate Signatory.

Medical Examiner’s Office Decisionmakers

Policy level decisions for the Medical Examiner’s Office are made by the following people. These individuals may enter into agreements, sign documents, and spend money on behalf of the Medical Examiner’s Office.

1. Chief Medical Examiner
2. Assistant Medical Examiner
3. Medical Examiner’s Office Administrative Manager

*Figure 4 Order of Succession for Medical Examiner’s Office Decisionmakers*
Death Certificates Signatory

Death Certificates must be signed by a licensed Medical Examiner. The County has two licensed individuals, should these individuals be unavailable, CCHHS will require outside assistance.

1. Chief Medical Examiner
2. Assistant Medical Examiner

Resources

This section defines the Medical Examiner’s Office resources into Personnel, Personal Protective Equipment (PPE), Equipment, Facilities, and Outside Resources.

Personnel

As of January 2020, the Coconino County Medical Examiner’s Office has a maximum of 8 individuals on staff.

Licensed Medical Examiner

These individuals are Licensed Physicians by the Arizona Medical Board and trained in forensic pathology.

These individuals perform the following functions:

1. Oversee death investigations and perform postmortem examinations to determine cause and manner of death
2. Certify Death Certificates
Forensic Investigator
Preferred certification by the American Board of Medicolegal Death Investigators (ABMDI) or appropriate experience in death investigation. Death Investigator is another title for these individuals at other agencies.

These individuals:

1. Act on behalf of the Medical Examiner to perform investigations in cases of unattended natural death, accident, suicide and homicide.
2. Conduct interviews with family members, law enforcement personnel, medical professionals and others regarding circumstances of death.
3. Examine and photograph death scenes.
4. Transport decedents, personal effects, and evidence.

Forensic Technician
Appropriate experience in a morgue setting is required.

These individuals:

1. Prepare and oversee autopsy operations.
2. Prepare decedents, handle personal effects, understand chain of custody procedures, assist with autopsy examinations, suture decedents after autopsies, clean after procedures, prepare toxicologic/histologic/etc. specimens, photograph decedents, take x-rays, collect/document evidence, fingerprint, order/maintain tools and protective equipment.

Administrative Manager
No Certification is required.

These individuals:

1. Support the operations of the Medical Examiner’s Office through purchasing, budgeting and other administrative tasks.

Vital Recorders
Certification as a Deputy Registrar for the Arizona State Office of Vital Records.

These individuals:

1. Perform data entry into the state-wide death certificate system (Arizona State Office of Vital Records).
2. Have familiarity with rules governing issuance of death certificates.
Personal Protective Equipment

Minimum level to maintain daily operations:

1. Scene PPE
   a. Gloves (Sx2/Mx6/Lx2/XLx2) in boxes of 250 gloves
   b. Gowns (2 boxes of 5 gowns)
   c. Shoe covers (2 boxes of 50 covers)
   d. N-95 masks (2 boxes of 20 masks)
   e. Face shields (2 boxes of 25 masks)
   f. Tyvek suits (20 individual suits)

2. Autopsy PPE
   a. Gloves
      i. Latex (Sx1/Mx4/Lx4/XLx1) in boxes of 50 gloves
      ii. Nitriles (XSx1/Sx1/Mx2/Lx2/XLx1) in boxes of 250 gloves
   b. Gowns (30 gowns, one size fits all)
   c. Shoe covers (Knee high boot covers, 1 box of 25 pairs)
   d. N-95 masks (3 boxes of 20 masks)
   e. Face shields (2 boxes of 25 masks)
   f. Tyvek PAPR suits (10 PAPR kits with 1 case of disposable suits/hoods)
   g. Sleeve covers (1 box with 50 pairs)
   h. Cut gloves (5 pairs in each size)
   i. Hair covers (1 box of 100 covers)

This section is required by the National Association of Medical Examiners (NAME) requirements.

Equipment

Specialized equipment for medical examination is required. As of 1/2/2020, this equipment is listed under the Standardized Equipment List as 09MY-01 and 09MY-02 (Interagency Board for Emergency Preparedness and Response, 2020). This equipment is authorized for purchase under the State Homeland Security Program as surge capacity for Chemical, Biological, Radiological, Nuclear, and Explosive (CBRNE) incidents and potentially other health care related programs (FEMA, 2020).

Transportation

The CCHHS Medical Examiner’s Office has two (2) vehicles with the capability to transport four (4) total (2 per vehicle) decedents within Coconino County. These vehicles cannot transport contaminated decedents.
Examination

The CCHHS Medical Examiner’s Office maintains two (2) exam tables used for performing Postmortem exams. The Medical Examiner’s Office has one set of tools available for medical examinations and cannot support mobile examination operations. Decedents which need specialized equipment must be transported to the Medical Examiner’s Office in Flagstaff. More details on Investigation located in the Death Investigation section on page 20.

Facilities

Medical Examiner’s Office has the space for 27 decedents in cold storage onsite, average daily decedent storage runs around 7-10, which means 17-20 spaces would be available. Additional storage can be found at local funeral homes and rental refrigerated storage trucks/container type boxes.

Alternate Morgue sites and storage

An Alternate Morgue site is a location for storage of decedents. This site may be capable of processing and identifying, however its primary mission is storage. Coconino County has not identified an alternate morgue site by name however possibilities include other Coconino County facilities, previous Medical Examiner’s Office facility or an airport hangar. Instead. CCHHS identified the capabilities needed for a site below. Key requirements can be substituted, especially if a pre-existing freezer is used.

This section is required by the National Association of Medical Examiners (NAME) requirements.

Required capabilities for an Alternate Morgue Site:
Refrigerated trucks with metal floors and walls. Assume 20 decedents per 40-foot trailer at 35 to 38°F (NAME, 2010, p. 11). Consider the following requirements when identifying a location:

1. Space
2. Power
3. Shelter from the elements
4. Refrigerated storage
5. Security

The above cannot be specifically defined, as each situation is different. But these are the suggested considerations when selecting an alternate Morgue Site.

When using Refrigerated Trailers with decedent storage on the floor, two people should be used to move decedents to prevent injury and provide dignity to both staff and the decedent. Do not drag decedents (Rusnell, 2019).
Outside Resources


Aid may be considered from the following agencies:

| Public Health Emergency Preparedness | Maricopa County Medical Examiner |
| Coconino County Emergency Management | Pima County Office of Medical Examiner |
| Federal Bureau of Investigation | Yavapai County Medical Examiner’s Office |
| Navajo Nation | Mohave County Medical Examiner’s Office |
| Bureau of Indian Affairs | Pinal County Office of the Medical Examiner |
| Local law enforcement and fire agencies |

Partnership

Coconino County as a government partners with and assists other counties of Arizona during disaster events. The CCHHS Public Health Emergency Preparedness (PHEP) and the CCHHS Medical Examiner’s Office also partner with equivalent programs across jurisdictional lines to ensure clarity and partnership during emergency events. This plan will be distributed to other county’s emergency service agencies, Tribal Nations, and Medical Examiner’s Offices to communicate how Coconino County will respond to a Fatality Management event.

Chemical/Biological/Radiological/Nuclear Incident Response

This section will cover Chemical/Biological/Radiological/Nuclear incident response, this will also cover weapons of mass destruction. This section is required by the National Association of Medical Examiners (NAME) requirements.

Capabilities now

The CCHHS Medical Examiner’s Office does not have the capability to decontaminate decedents beyond standard illness or death investigation. The Medical Examiner’s Office does not have passive engineered sensors or detectors to protect staff from exposure. The Medical Examiner’s Office does have minor air control systems which protects the administrative areas from airborne particles, but this would not prevent exposure of staff from human remains involved in a Chemical, Biological, Radiological, or Nuclear (CBRN) event.
The Medical Examiner’s Office does not require staff to receive training in CBRN incident response. This capability may be present but is not expected by current policy or procedures and the technical competency required is an unreasonable expectation as of January 2020.

The Medical Examiner’s Office will work very closely with technical responders during a CBRN response to obtain as much information as possible relating to decedents including location, clothing, and other details.

Capabilities needed
During CBRN incidents the Medical Examiner’s Office will need:

1. Subject Matter Expert guidance regarding the threat
2. Decontamination capability of contaminated remains provided by specialized teams with subject matter expertise
   a. If remains cannot be decontaminated, the Medical Examiner’s Office will need expert assistance and guidance in remains processing

If removing clothing and/or personal effects during decontamination, documentation and photographs of the items should be taken.

Potential future capabilities
The Medical Examiner’s Office can be equipped with sensors to detect a Radiological, Nuclear, or Chemical threat at the entrances to protect staff from unknown exposure and contamination of the Office.

The Medical Examiner may acquire equipment for surge capacity related to CBRNE incidents.

Recovery of Human Remains
The Chief Medical Examiner or Designee will work with the appropriate incident command agencies regarding the recovery of remains. Safety will be the primary objective of the Medical Examiner’s Office, along with the preservation of remains, expedient operations of investigation and release of remains to the Next of Kin in a culturally appropriate method and timeframe.

Transportation
The Medical Examiner’s Office has the capability to transport 4 full sized uncontaminated decedents on 2 vehicles. Aid for transportation can be provided by:

1. Local Decedent Transportation Companies
2. Funeral Homes

Maps to assist in transportation decisions area available at the end of this plan.
Identification of the Deceased

The Chief Medical Examiner or Designee shall decide the method of identification used based on the situation circumstances, the individual’s experience, and medical opinion. This is the standard process for the Medical Examiner.

Cause of Death Investigation

The Chief Medical Examiner or Designee shall decide the method of investigation used based on the situation circumstances, the Examiner’s experience, and medical opinion. This is the standard process for the Medical Examiner.

A medical death report is required and standardized for decedents, this form must be signed by the Medical Examiner or other Death Certificate Signatory. A Death Certificate Form is also signed by the Next of Kin. For more information refer to Arizona Revised Statute Title 11 Article 12 – County Medical Examiner.

Additional assistance in Death Investigation can come in the form of additional Forensic Investigators, Forensic Technicians, and/or Medical Examiners.

Release of Remains

Release of Remains shall follow the standard process. A Release of Remains form is required to release remains to family or internment organization. This form must be signed by the Next of Kin and may be emailed or faxed.

Vital Records - Death Certificates

For cases under the jurisdiction of the Medical Examiner a signature is required from the Death Certificates Signatory. These documents will be provided to the public by the Vital Records Office or may be provided by a Funeral Home directly to Next of Kin. These records utilize the State-wide Electronic Death Registration System.

Vital records may be provided at the Health and Human Services department under normal circumstances. These services could also be provided remotely at an assistance center.

Assistance can be provided by other county Vital Records Offices if requested.

Accreditation and requirements

This plan is written to meet National Association of Medical Examiners (NAME) and Project Public Health Ready (PPHR) accreditation requirements. The plan also meets Centers for Disease Control (CDC) Public Health Emergency Preparedness (PHEP) and the Arizona Department of Health Services requirements (ADHS, 2019; CDC, 2019; NACCHO, 2018; PHE, 2019).
National Association of Medical Examiners (NAME)
The National Association of Medical Examiners (NAME) accredits the Coconino County Medical Examiner’s Office in disaster preparedness and other daily functions of the office. This plan was written to meet the requirements of this accreditation.

National Association of County and City Health Officials (NACCHO) and the Project Public Health Ready (PPHR)
National Association of County and City Health Officials (NACCHO) maintains the Project Public Health Ready (PPHR) accreditation, which accredits the CCHHS Public Health Emergency Preparedness (PHEP) Program. This plan was written to meet the requirements of this accreditation.

Arizona Department of Health Services (ADHS)
Arizona Department of Health Services (ADHS) placed some requirements on Fatality Management Plans during the 2019-2020 grant year. This plan was written to meet these requirements (ADHS, 2019).

Cultural Sensitivity
Subject Matter Experts will be consulted regarding specific cultural sensitivities surrounding the handling of human remains and/or decedents as needed. The CCHHS Medical Examiner’s Office serves the local community and has good relationships with those communities. If outside resources are brought into assist the operations, cultural briefings related to the decedent and decedent’s family will be provided.

Finance and Administration - Fee Schedule
The CCHHS Medical Examiner’s Office has a standard fee schedule for use of services. Refer to the most current fee schedule for the financial cost of service. This should be included in cost estimations for disaster relief.

Communication
Standard communication methods will be used during a fatality management incident.

The CCHHS Medical Examiner’s Staff should avoid discussing the incident with the Media and the public and should direct Media and the public to the Public Information Officer of the Health and Human Services or other official sources. Cameras are not allowed inside the Medical Examiner’s Office.

Investigating law enforcement agency is involved in Next of Kin notifications.
References


Fatality Management Planning Team

The following people were involved in the fatality management planning process during the 2019-2020 update.

Lead Public Health Emergency Preparedness Representative: Blake Scott

Lead Medical Examiner’s Office Representative: Larry Czarnecki

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Planning Process

The Public Health Emergency Preparedness team, along with the Medical Examiner’s Office met and discussed fatality management disaster planning in multiple sessions. This plan was developed to meet many different guidelines and accreditation requirements. The goal was to develop an actionable, reasonable, and realistic plan which covers how a response is likely to occur and provide guidance to future responders.