

MASS FATALITY INCIDENT PLAYBOOK



**HAMPTON ROADS
MMRS**

**METROPOLITAN MEDICAL
RESPONSE SYSTEM**

IN PARTNERSHIP WITH THE

**REGION 7
EMS COUNCIL**

**HAMPTON ROADS MASS CASUALTY
INCIDENT RESPONSE GUIDE**

August 2026

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INTRODUCTION

PURPOSE

This Playbook addresses Emergency Medical Services (EMS) roles and responsibilities in the evacuation and care of a significant number of Mass Fatality Incident (MFI) casualties when the care and transportation exceed the Office of the Chief Medical Examiner (OCME) capacity and under the direct request for EMS mutual aid transportation support (***Note: Use of EMS Units for MFI transport must be formally requested by the OCME and approved by Incident Command and EMS agency leadership***).

This Playbook was developed with the Hampton Roads Regional Mass Casualty Incident Response Guide (HRMCIRG), providing an overview of the Region's guiding principles, methods, and actionable guidance for EMS personnel with patient care treatment and transport responsibilities. This Playbook is intended to complement existing local emergency management plans that provide for overall response and the deployment of resources to an incident:

- Local emergency operations plans and functional annexes shall be referenced for handling non-MFI missions related to the incident.
- This Playbook complements a Regional Mutual Aid Plan by aligning with its guidance on deploying mutual aid resources.
- Mass fatalities occurring over a prolonged timeline and a wide area, such as public health disasters due to a pandemic disease outbreak, generally fall within the scope of this guidance. However, due to the authorities and roles of public health agencies in controlling the risk of infectious disease transmission, a specific plan or annex dealing more comprehensively with pandemic disease response should be developed separately.
- Mass fatalities will likely happen with non-fatal mass casualties within a causal hazard incident. This Playbook pertains exclusively to the MFI response portion of the hazard incident. A mass casualty incident plan and associated Playbook have been developed separately.
- The activation of federal agency response plans may require a collaborative approach among the agencies responding, the local jurisdiction and the OCME. No national plan can usurp the statutory medico-legal requirements of the OCME or the jurisdiction.
- This Playbook complements the Regional Mass Casualty Incident Plan and Mass Fatality Incident Plan by providing guidance to ensure effective utilization of the various human and material resources from multiple communities involved in a regional mutual aid EMS response to a disaster MFI that affects a part of or the entire Region.

An MFI occurs when the number and/or condition of human remains that must be managed during a response to an incident challenges local fatality management capabilities to the point that additional assistance is required to perform remains recovery, morgue services, and disposition of victims. Such high-consequence incidents are likely to occur with little or no warning. Consequently, they will require the utilization of resources and procedures that go beyond those employed in day-to-day response.

Life safety is always critical during the response, but we also must remember reverence for the dead. At some point during the response, the proper notifications must begin to prepare an appropriate mass fatality response. The response phase of a critical incident could be over very quickly, and the recovery phase could go on for some time. After all living victims have been transported by EMS to area hospitals or removed from the scene, the scene will switch from the "mass casualty response" phase to the "mass fatality recovery" phase. During this transition, the role of the EMS responder either ends or becomes part of the body recovery effort under the leadership and command of the OCME. Traditionally, EMS does not have a designated role in an MFI. However, EMS responders should be trained and prepared to support recovery efforts if OCME resources are insufficient to manage a rapid recovery.

Following an MFI, the deceased must be left in place until released by the OCME. The MCI may also be considered a crime scene or part of a major investigation requiring evidence preservation and perimeter control, allowing only authorized investigative personnel. As part of this MFI investigation, scenes are usually videotaped and photographed with bodies in place as a minimum. As a result, EMS participation in an MFI may be limited or unnecessary.

If EMS is requested to support an MFI, responders must be given specific duties and assignments within their skills, knowledge, and abilities. Additionally, on rare occasions, EMS responders may be requested to support the OCME with documentation of body locations, body parts, personal effects and other evidence. This support will require pre-MFI training, protocols, and procedures to effectively support OCME's organized process of managing these events.

More likely, EMS responders may be requested to support the transportation of fatalities to primary and secondary morgues if the number of fatalities overwhelms local morgue capabilities. Based on local EMS resolutions, statutes and regulations, jurisdictions may prohibit Ambulance units from supporting OCME fatality transports. This should be identified in the Mass Casualty Incident Planning document.

AUTHORITIES

The following policies, statutes, bylaws, regulations, executive orders, or directives pertain to powers, authorities, or requirements that affect or relate to emergency planning and disaster response in the Hampton Roads Region.

FEDERAL

OSAC 2022-N-0020 Standard for Mass Fatality Incident Management

Robert T. Stafford Disaster Relief and Emergency Assistance Act and Amendments

Homeland Security Presidential Directives #5, Management of Domestic Incidents

Homeland Security Presidential Directive #8, National Preparedness

Title 44 of the Code of Federal Regulations

United States Department of Homeland Security

National Incident Management System (NIMS)

National Response Framework (NRF)

Emergency Management and Assistance, 44 Code of Federal Regulations (CFR)

Hazardous Waste Operations & Emergency Response, 29 CFR 1910.120

Federal Radiological Emergency Response Plan

National Oil and Hazardous Substances Pollution Contingency Plan

Target Capabilities List (TCL) 2.0

Universal Task List (UTL) 2.0

COMMONWEALTH OF VIRGINIA

Commonwealth of Virginia Emergency Services and Disaster Laws of 2000, as amended, Title 44, Chapter 3.2 Code of Virginia, §44-146.19 through §44-146.28, as amended.

Commonwealth of Virginia Emergency Operations Plan, Virginia Department of Emergency Management, October 2021.

By Virginia law, the Office of the Chief Medical Examiner (OCME) is responsible for the medical investigation of sudden, unexpected, and violent deaths throughout the Commonwealth. Therefore, persons who die under those circumstances require the expeditious and skilled attention of the OCME.

Removal of the deceased will only occur through the OCME and by those in consultation with the OCME. The OCME must be notified as early as possible in a mass casualty incident that involves or may involve fatalities in accordance with the Virginia and Regional Mass Fatality Plan.

REFERENCES

ICS and NIMS Guidance from Federal Emergency Management Agency (FEMA)

Homeland Security Exercise and Evaluation Program (HSEEP)

PLANNING ASSUMPTIONS

- The number of fatalities that exceed capabilities is not a set number but will vary based on the circumstances of the incident and the capabilities of the jurisdiction(s).
- Protocols, resources, agreements, and OCME directives may vary among jurisdictions.
- OCME and death care providers such as pathologists and mortuary providers will experience the usual caseload and increased caseload from the incident, straining their capabilities.
- It may take considerable time to recover and identify remains and determine the cause and manner of death after a mass fatality incident.
- Specialized assets may be required to assist with the recovery and/or decontamination of victims.
- Specialized assets may be required to assist with the identification of remains and their disposition.
- Large numbers of family members of those fatalities will travel to be close to the incident and will need family assistance services.

- State or federal resources that are typically deployable during declared disasters may take longer to be available, or not available at all, during a sudden and/or broad-reaching incident.
- Due to resource shortages, standard death services may not be immediately available, requiring alternative methods to hold remains for a protracted length of time.
- In a broad-reaching and/or catastrophic incident, the authorized official may deem emergency powers or suspension of procedural laws or rules necessary and enact them.

RECORD OF CHANGES

[illegible]

ACRONYMS

Acronym	Definition
CBRNE	Chemical, Biological, Radiological, Nuclear, Explosive (weapons; see WMD)
CFR	Code of Federal Regulations
CONOPS	Concept of Operations
DMORT	Disaster Mortuary Operational Response Teams
EM	Emergency Management/Emergency Manager
EMA	Emergency Medical Assistance
EMS	Emergency Medical Services
FAC	Family Assistance Center
FM	Fatality Management
HazMat	Hazardous Materials
HRMCIRG	Hampton Roads Regional Mass Casualty Incident Response Guide
HSEEP	Homeland Security Exercise and Evaluation Program
IC	Incident Command or Incident Commander (depending on context)
MCI	Mass Casualty Incident
MFI	Mass Fatality Incident
NIMS	National Incident Management System
NRF	National Response Framework
OCME	Office of the Chief Medical Examiner
OSAC	Organization of Scientific Area Committees for Forensic Science
PIO	Public Information Officer
PPE	Personal Protective Equipment
PSAP	Public Safety Answering Point
TCL	Target Capabilities List
TEMS	Tidewater Emergency Medical Services Council
UTL	Universal Task List

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CONCEPT OF OPERATIONS (CONOPS)

GENERAL EMS CONOPS

- Significant variables can impact the need for EMS responder support in processing and transporting human remains:
 - Number of fatalities
 - Known decedent population (open or closed) intact or fragmented remains.
 - Chemical, biological, radiological, nuclear, and explosive (CBRNE) agents (Decontamination requirement)
- Fatality management is highly regulated. Catastrophic circumstances may require suspension by the Governor of procedural laws and rules.
- Management of an MFI has three main phases:
 - Body recovery,
 - Morgue transportation, and
 - On-site assistance to accommodate the decedents' families through the activation of a Family Assistance Center (FAC)
- Each phase's resource requirements depend on the location, extent, and type of incident that caused the mass fatality.
- OCME may integrate into the Incident Command System Command position as the response transitions to recovery.
- The designated Emergency Management Director exercises the powers granted under the Virginia Emergency Services and Disaster Law¹ to declare local disasters, approve requests for mutual aid, and request state assistance. With OCME coordination, this may include deploying regional, state and Federal Disaster Mortuary Operational Response Team (DMORT) resources.
- Following catastrophic MFIs, the OCME and the Commonwealth of Virginia may implement alternative standards of death care regarding the processing and identification of victims.

EMS OPERATIONAL OBJECTIVES

- Mass Fatality Incident-specific objectives shall be established, and adaptation shall be allowed on a case-by-case basis. EMS operational objectives and guidance include the following:
- OCME has medical and legal jurisdiction over fatality management operations. Therefore, the legal authority for conducting disaster victim recovery and identifications resides solely with OCME authority in the jurisdiction where the disaster incident occurred.
- If requested by OCME to respond to an MFI, EMS should report to Incident Command (IC) upon scene arrival for assigned roles, responsibilities, safety and security briefings.

¹ <https://law.lis.virginia.gov/vacodepopularnames/emergency-services-and-disaster-law/>

- Only EMS responders trained in OCME recovery, health and safety should deploy to an MFI.
- EMS response support shall include a post-response strategy for provider wellness, self-care, and situational awareness.
- As the MCI transitions to MFI, EMS responders will leave all fatalities (Black Tags) where they lay until directed by the OCME and Law Enforcement. As fatalities are cleared to be moved, EMS should be aware of separating fatalities from the living to prevent contamination and the demoralizing effect of dead bodies on those who are treating the living.
- Local Law Enforcement and OCME should provide EMS responders with protocol and procedure for evidence preservation and containment of all remains, personal effects, and other physical evidence germane to disaster victim identification operations.
- EMS responders must treat all fatalities and personal effects collected in a dignified, respectful manner.
- During an MFI, the OCME may set up a field mortuary to handle victim remains. In addition, EMS may be requested to set up a "black tag" section of their triage station that abuts the field mortuary. EMS responders should receive approval from their agencies prior to requesting acceptance.
- Adhere to the standards of disaster victim identification.
- Coordinate with local authorities to integrate into FAC operations. Per FAC Plans, an EMS Unit(s) should be assigned to the FAC to support sudden and acute illness. In addition, OCME's authority establishes a Victim Information Center within the FAC.
- OCME and Law Enforcement should conduct all communications with victims' families. If an EMS responder is approached by a victim's family, by standard, or the media, direct that person to OCME or the authorized Public Information Officer (PIO).
- Coordinate with OCME and IC for demobilization operations and prepare an after-action report. Incorporate lessons learned in future responses.

RESPONDER SAFETY

Typically, contagions and diseases associated with human remains do not pose a risk to someone near the human remains unless they are directly involved in the recovery or other efforts that require the handling of remains, nor do the remains cause significant environmental contamination.

MFI SCENE CONTROL

- EMS responders must be aware of perimeter security and scene control.
- Based on the size of the MFI, a two-zone perimeter may be required consisting of the following:
 - The inner perimeter would include all areas where victims, evidence, or property would be contained. Entry into the inner perimeter must be strictly controlled and documented, limited to authorized personnel.
 - An outer perimeter will be established by law enforcement at the maximum distance from the event that can be secured. No one other than assigned emergency workers should be allowed within the outer perimeter.
- If the incident involves hazardous materials, hot, warm, and cold zones (in increasing ranking of safety) will be established.
- A data management system must be established to log, track, and update evidence, remains, contacts, personal effects, and disposition.
- An MFI scene should initially be treated as a crime scene and protected to minimize disturbance until all survivors can be removed.

HAZARDOUS MATERIALS (HAZMAT) MFI DECONTAMINATION

For MFIs that involve chemical agents, biological pathogens, or any other substance that requires decontamination, the OCME, with the support of local HazMat leadership, should establish a decontamination station at the incident site or as close as possible to the incident site as this minimizes cross-contamination and helps to provide a safer environment to process remains. EMS responders requested to transport exposed or contaminated fatalities must follow all Personal Protective Equipment (PPE) and decontamination procedures provided by the OCME and HazMat leadership. This may include personal decontamination as well as vehicle and equipment decontamination.

The OCME will determine if the remains will undergo gross or detailed level decontamination before transportation to the morgue. Depending on the type of chemical and the level of contamination, and if remains are fragmented or have open body orifices, remains may need to be decontaminated a few times before contamination is mitigated. In some cases, it may not be possible to decontaminate the body completely.

VERIFICATION OF CLEAN

Despite decontaminating remains, the OCME must verify the remains are free from contamination before personnel can safely handle them without wearing additional PPE and before the remains can be released. Therefore, the OCME may need to request specialized State and/or Federal teams to perform chemical agent monitoring and determine to what extent it will be required. Contamination mitigation is based on the following:

- Determine what type of chemical agent monitoring devices will be used.
- Determine what monitor reading will signify that remains are “clean”.
- Determine what level of PPE personnel must wear for each operation phase.
- Determine under what conditions, if any, remains can be safely released to the family.

CHEMICAL, BIOLOGICAL, RADIOLOGICAL, NUCLEAR, AND EXPLOSIVE (CBRNE) DISASTERS

- Treat MCI and MFI incidents with suspected CBRNE contamination or exposure risks as Hazardous Materials Incidents.
- EMS responders providing patient care in an MCI or supporting the OCME in an MFI must have the required CBRNE practical and didactic training for operating in a contaminated environment.
- Medical Group Supervisor/Medical Branch Director must have a decontamination plan for personnel, response and transport vehicles and other equipment and facilities before entry into a contaminated environment.
- EMS leadership should work with Emergency Management, Public Health, and Infectious Control representatives, post-MFI personnel, community environmental impacts requirements for evacuation or isolation of surrounding communities.
- EMS leadership should work with Emergency Management and Public Health to provide mental health services to EMS responders post-MFI response.

INFECTION CONTROL

EMS responders assigned to handle or work around human remains may encounter a variety of health hazards, including contagious and infectious diseases, such as blood-borne viruses or bacterial infections. Though it is highly unlikely, EMS responders must be aware of the risks and don (wear) appropriate PPE based on the following:

- Procedure(s) that will be performed
- Type of exposure anticipated
- Quantity of blood or other potentially infectious materials anticipated to be encountered
- Other safety and health hazards that may pose a risk to personnel

The following checklist provides the guidelines for PPE for safely handling human remains and EMS responder infection control measures required for fatality transportation. EMS units without the appropriate PPE or infection control capabilities should not transport fatalities nor be allowed into the Hot Zone.

PERSONAL PROTECTIVE EQUIPMENT (PPE) FOR SAFE HANDLING OF HUMAN REMAINS

- ☐ **Hand Protection (contagion):** Any personnel handling human remains should wear latex, nitrile or vinyl gloves, and the gloves should fit tightly around the wrists to prevent contamination of the hands.
- ☐ **Hand Protection (protection):** Heavy-duty gloves may need to be worn on top of the barrier protecting gloves to protect the hands from situations where broken glass or sharp edges may be encountered when extricating bodies from the scene.
- ☐ **Eye and Face Protection:** Should be worn to protect against splashes of bodily fluids and tissues and/or the generation of airborne particles.
- ☐ **Body Protection:** Impervious disposable gowns, aprons, jumpsuits, etc., should be worn to prevent contaminants from penetrating the PPE's inner surface, which would subsequently contaminate the underlying clothing and skin. Bunker gear is not sufficient as a contagion barrier protectant.
- ☐ **Head Protection (contagion):** Appropriate medical head covers should be worn when contact with large quantities of blood or other potentially infectious materials is anticipated.
- ☐ **Head Protection (protection):** Heavy-duty headgear may be needed when rubble and debris fall from above.
- ☐ **Foot Protection:** Rubber boots or appropriate shoe covers should be worn where there is potential for footwear to become contaminated. Other heavy-duty footwear may be needed if there is potential for exposure to situations where broken glass or sharp edges may be encountered when extricating bodies from the scene.

INFECTION CONTROL MEASURES FOR EMS RESPONDERS

- ☐ All personnel should follow universal precautions for blood, bodily fluids, and body tissues.
- ☐ As an infection control measure, all used PPE should be disposed of appropriately, following all biohazard guidelines, and cross-contamination should be avoided.
- ☐ Like HazMat operations, all responders operating within a potentially infectious hot zone should be documented, including name, agency, level of PPE worn, and time in the hot zone.
- ☐ Prompt care should be given to wounds sustained while handling human remains, including immediate cleansing with soap and water. In addition, it is recommended that workers get vaccinated against hepatitis B and get a tetanus booster if indicated.
- ☐ Any injuries involving breaking of the skin while performing recovery operations should be reported to the Infection Control Officer.
- ☐ OCME should provide EMS responders with Human Remains Pouches and Body Bags to reduce any risk of infection or exposure during the transport of decedents that have been badly damaged.
- ☐ Suppose decontamination of remains and/or items from the scene poses additional risk to personnel. In that case, seal items in containers or remains in body bags after adequate documentation and forensic analysis have been completed.

EMS MASS FATALITY INCIDENT CHECKLISTS

This MFI checklist contains essential elements that should be addressed by Regional EMS Agencies, supervisors, and responders.

ACTIVATION CHECKLIST

- ☐ An MFI is (most likely) going to be reported as a Mass Casualty Incident (MCI). EMS activation will follow existing EMS guidelines, policies, and procedures located throughout the Region.
- ☐ Incident Command will notify the Virginia OCME once an incident has been identified as a Mass Fatalities Incident.
- ☐ Declaration of an MFI: Each of the following individuals or organizations shall have authority for the initiation of declaring an MFI upon determining the conditions warranting an MFI exists:
 - ☐ The public safety agency has jurisdiction over overall incident scene management
 - ☐ First arriving Fire/EMS on-site Command Authority
 - ☐ Local/State Law Enforcement
 - ☐ Local Emergency Management Office
 - ☐ Regional TEMS Council Staff
 - ☐ Local/Regional Medical Examiner's Office
 - ☐ Commonwealth of Virginia OCME
- ☐ In extended MCI and MFI incidents, EMS should activate rehabilitation services, providing on-scene medical assessment and care as needed to responders. EMS should be prepared to support this operation until additional skilled personnel from the public and private sectors arrive.

COMMAND AND CONTROL

- ☐ The initial response to an MFI will be managed to the same degree as MCI policies and procedures dictate.
- ☐ Incident Command will be established.
- ☐ All responders will operate in an MCI capacity until Command establishes that this incident has transitioned into an MFI.

EMS OPERATIONS

- ☐ Provide standby on-scene status in support of possible EMS interventions or needs.
- ☐ Establish rehabilitation services with Logistics if the MFI appears to be an extended response.
- ☐ Maintain radio communications with ICS and OCME.
- ☐ Identify and acquire PPE and transport equipment if none is available on your unit.

IDENTIFICATION AND NOTIFICATION

The identification of the deceased and family notification is **NOT** an EMS role or responsibility.

EMS responders and providers should be prepared to direct persons to law enforcement, health authorities, social services, OCME, etc., who can serve to identify the deceased (with forensic procedures), secure the remains, and reunite them with family/friends.

MORTUARY TRANSPORT

- ☐ Transportation to morgues and holding facilities is the role of the OCME and local Coroner's Office.
- ☐ EMS responders may be requested to support fatality transport. Approval for (OCME requested) fatality transportation by an EMS Unit will be at the discretion of EMS Agency leadership.
- ☐ Prior to fatality transport by EMS, OCME, and local Medical Examiner should identify if a memorandum of understanding is in place with private mortuary/funeral homes and included in the plan.
- ☐ EMS responders have a plan that provides transportation protocol if a patient expires in the EMS unit while en route due to injuries sustained from the disaster.
- ☐ EMS responders have the required PPE for MFI transport.
- ☐ EMS Responders approved for fatality transport must be aware that hospital mortuaries should NOT be used as MFI drop-off points, with direct approval from the OCME.
- ☐ OCME must direct EMS responders to the location of secondary or temporary morgue facilities.
- ☐ Ensure EMS Responders receive and follow secured transport routes for transporting dead bodies to identified mortuary facilities.
- ☐ EMS responders are provided MFI victim transport reports populating.
- ☐ EMS responders decontaminate units before being put back in service.
 - **Note:** In an MFI, a single EMS unit may transport victims multiple times in an operational period. Decontamination of the EMS unit between MFI victim transports to morgues is at the discretion of the OCME and EMS agency leadership.

PUBLIC INFORMATION AND MEDIA POLICY

- ☐ EMS personnel are not authorized to respond to questions by the media, victim families or any other unauthorized person or agency. If approached, EMS responders should refer all questions and communications through the identified PIOs.

EAP RESOURCES AND SUPPORT

- ☐ EMS leaders must consider provisions for responders' welfare and psychological needs—request activation to deploy local or regional crisis intervention teams, mental health services or Provider Wellness Teams and Peer and Crisis Support Services.

MASS FATALITY INCIDENT FORMS

		VA Department of Public Health Office of Emergency Medical Services Mass Casualty Incident Management Fatality Worksheet		
Incident			Date	Time
Scene Sketch:				
Number	Sex	Description	Condition	
Individual Completing Form:			Agency:	

Figure 1. Mass Fatality Incident Management Victims Sheet

EMS Responder MFI Training and Emergency Procedures and Protocol

Organization	Contact Name	Title	Office Phone	Email

Fatality Management (FM) Plan Template for Localities

Locality:
Date Completed:
EMA Contact:
EMA Contact Phone:

Identify local partners to assist in planning and responding to a mass fatality incident.

MFI Partners	Contact Name	Title	Office Phone	Email
OCME				
Medical Examiner				
EMA				
Law Enforcement				
Fire				
EMS				
Dispatch/911/PSAP				
EMS				
Local Hospital(s)				
Funeral Home(s)				
Faith-based Organizations				
County Administrator/Manager				
City Manager				
Other				
Other				
Other				

Local Fatality Management Capabilities/Resources

Total # of locality mortuary staff ?	
Total # of bodies that can be stored indefinitely?	
Max # of bodies that can be processed in 1 day	
What is the trigger to call for help outside of your locality?	

Identify Regional Temporary Cold Storage

Organization	Contact Name	Title	Office Phone	Email

Fatality Management (FM) Non-Cold Storage for Localities

Organization	Contact Name	Title	Office Phone	Email

Local and Regional Transportation to Pick-up Decedents from Collection Points

Organization	Contact Name	Title	Office Phone	Email

Organizations Reporting Uniform Daily Death Count Data for Public Health

Organization	Contact Name	Title	Office Phone	Email