

No-Notice Incidents: Fatality Management

April 2018

ASPR TRACIE Tip Sheets: No-Notice Incidents

ASPR TRACIE has developed a series of tip sheets for hospitals and other healthcare facilities planning for no-notice incident response. Our traditional concepts and approaches have not kept pace with real-world incidents in the U.S. and other countries or the challenges the healthcare system faces in managing the resulting extraordinarily large number of casualties. The tip sheets are based on discussions ASPR NHPP and ASPR TRACIE had with healthcare personnel who were involved in the October 2017 mass shooting response in Las Vegas and supplemented with information from other recent no-notice incidents. While there is great variance in the scope and healthcare needs resulting from no-notice incidents, these tip sheets focus on some of the identified challenges.

Mortuary Response

- Review your existing mass fatality plan and assess whether it is adequate for a mortuary surge.
 - Know the point of contact for your jurisdictional mass fatality plan and the hospital responsibilities.
 - Ensure your facility's plan is coordinated and consistent with your jurisdiction's plan.
- Consider other areas of the facility where you can expand your mortuary space. Most hospital morgues have very limited capacity. The following characteristics should be considered:
 - Controlled access
 - Temperature control
 - Out of sight
 - Nearby but not in a location that will interfere with other essential operations
- Give careful consideration to the selection of personnel to manage this challenging element of your response. Assure all mortuary staff receive appropriate short and long-term psychological support and follow up.
- Prepare for delays in initial identification and the official identification and notification processes. The coroner or medical examiner for your jurisdiction may need to visit one or more incident sites and healthcare facilities. Your facility may not be first on the list.
 - Know who has authority in your jurisdiction to make official identifications and notifications.
 - Complete charting prior to the coroner/medical examiner's arrival.

When Sunrise learned there would be a delay in the coroner's arrival, they took these steps to manage their **16 fatalities**:

- Designated the endoscopy suite as a temporary morgue
- Arranged decedents in rooms in the order of their arrival
- Recorded sex, approximate age, hair color, and eye color on a blank sheet of paper located with each victim
- Photographed each victim
- Collected descriptions and photographs from family members
- Cleaned stretcher, replaced bedding, and covered with a clean sheet once identified (**no victims arrived with identification**)

An ER physician examined each body in preparation to provide information to family members. The ER physician, hospital pastor, and social services personnel were present for family notifications. The coroner's process took more than 6 hours.

- Expect that not all decedents will have confirmed identities.
 - Victims may become separated from belongings and loved ones who can tell you who they are.
 - The most helpful identifiers are: body art, piercings, and photos of the victims showing what they were wearing at the time of the incident.

When Responders are Affected

- Expect law enforcement and other first responders to be extra attentive if one of their own is among the deceased or injured.
- Plan to accommodate customary ceremonies and honor guards associated with line of duty deaths.
- Prepare for the honorary and funeral traditions to have a significant effect on your staff. Several hospital staff members identified seeing the honor guard or ceremonial escort as particularly moving moments or memories.

Honorary Process for Deceased Member of the Las Vegas Metropolitan Police Department (LVMPD):

- Hospital arranged private area for his family
- LVMPD stationed an honor guard outside the temporary morgue until the body was released
- Ceremonial procession escorted him from the facility

Forensic Considerations

- Understand that a no-notice incident resulting from mass violence is also a crime.
- Designate an area for law enforcement personnel to conduct interviews with witnesses, including loved ones and discharged patients.
- Collect bullets, fragments, and other evidentiary materials from patients and their clothing as per local standards.
- Maintain chain of custody for recovered items until turning over to law enforcement authorities.

Related ASPR TRACIE Resources

Tip Sheets in This Series:

[Community Response and Media Management](#)
[Expanding Traditional Roles to Address Patient Surge](#)
[Family Assistance](#)
[Hospital Triage, Intake, and Throughput](#)
[Non-Trauma Hospital Considerations](#)
[Trauma Surgery Adaptations and Lessons](#)
[Trauma System Considerations](#)

Other Resources:

[Healthcare Response to a No-Notice Incident: Las Vegas \(Webinar\)](#)
[Family Reunification and Support Topic Collection](#)
[Fatality Management Topic Collection](#)
[Responder Safety and Health Topic Collection](#)
[Disaster Behavioral Health: Resources at Your Fingertips](#)
[Post-Mass Shooting Programs and Resources Overview](#)
[The Exchange Issue 3: Preparing for and Responding to No-Notice Events](#)

ASPR TRACIE gratefully acknowledges ASPR NHPP staff who provided feedback on these documents and the healthcare personnel from University Medical Center and Sunrise Hospital and Medical Center who responded to the October 1, 2017 no-notice incident in Las Vegas, shared their experiences and insights with staff from ASPR NHPP and TRACIE, and reviewed these tip sheets.