

THE DIFFERENCES BETWEEN A MASS FATALITY ANNEX AND A MASS VIOLENCE RESPONSE ANNEX

Human-caused and natural disasters and emergencies strike all communities. Effective response depends on effective planning.

Many communities have a Mass Fatality Annex in addition to their All-Hazards Emergency Response Plan. This plan will serve the community when there is an incident involving more human remains and/or parts of remains than can be located, identified, and processed for final disposition by available resources. There are often shortfalls in such a plan for dealing with injured survivors and their loved ones, legally defined victims of a mass violence or domestic terrorism crime, and those who are present but not physically injured.

There are a variety of definitions of mass violence, which vary based on agency and role in the response. However, commonalities among the definitions usually include significant deaths, the targets of the violence seem to be random and largely unknown to or not associated with the perpetrators, and the size and scope of the incident will overwhelm the local jurisdiction's ability to respond independently. Mass violence incidents are complicated because there are often a large number of living victims and others who have been impacted. The numbers and identities of people subjected to a mass violence incident are often unknown or difficult to document. This can be due to people quickly leaving the scene to keep themselves safe. It can also be challenging in the immediate aftermath of an incident to link families with their loved ones who were involved in the event due to the general chaos and efforts to provide correct information. Mass violence incidents are criminal incidents. They require proper investigation including interviewing witnesses, and many times victims' access to services – including crime victim compensation – requires law enforcement verification that they were victims. High levels of coordination are needed to process and account for everyone who was involved.

Mass Fatality Annex

The Centers for Disease Control (CDC) and other health related agencies advise that jurisdictions have a plan to manage human remains after a mass fatality incident. This plan is often an annex to the All-Hazards Plan and requires collaboration with local, state, and federal organizations to be effective.

Mass Fatality Annexes focus on fatalities and support for families of the deceased. Protocols are included that dictate how remains will be identified and handled. Although there is not a universal template for a Mass Fatality Annex, the following components are typically found in many plans and are depicted in Exhibit 1.

- Operations Management – temporary morgue space, mutual aid, scene documentation
- Fatality Management – transportation, storage, identification, notification of next of kin and disposition of remains
- Personal Effects Management – documentation, return

- Coordination with the Family Assistance Center (FAC) if activated – mental health supports for families and workers

The Mass Fatality Annex often involves the medical examiner or local coroner, local hospitals, and sometimes mental health and spiritual care supports to supplement existing morgue staff. There are also often contingency plans for mutual aid from neighboring jurisdictions, the state, and federal governments to assist when the size and scope of the incident exceeds the capacity of the jurisdiction's resources.

Mass Violence Response Annex

A Mass Violence Response Annex has a broader focus than a Mass Fatality Annex. The Response Annex adds the management of living victims and their families to the management of remains. Exhibit 2 includes a listing of the main components of a Mass Violence Response Annex.

Planning considerations include the following:

- Locations need to be identified for victims and their loved ones to register **in order to find each other.**
- The number of notifications (death, injured, missing, impacted) will likely overwhelm existing resources, and a plan needs to identify strategies to use mutual aid or **expand the number of notification teams that are available.**
- Safe and easily accessible locations need to be identified where victims can **access services to meet immediate needs which develop from the incident.**
- Reliable information needs to be shared with victims, loved ones and communities. **Crisis communications will need to be coordinated, trauma-informed, and be effective in managing local, national, and international media platforms.**
- Needs of victims, loved ones, and the community will continue for an extended period – often years. Immediate planning is needed for a longer-term Resiliency Center or location that will **ensure that ongoing needs of victims and the community are met.**
- Patients in hospitals need access to victim-specific and support services that will exist outside of the healthcare system. Healthcare systems need to coordinate with each other and with the larger response **to effectively connect patients with their loved ones and ensure access to services.**
- Donations, both material and financial, are likely to be made on a scale that is unprecedented in the locality. Donation management, especially for financial donations, will need to be **robust and unique to meet the scope, scale, and integrity that will be required.**
- The number of volunteers will be extensive and will need to be managed. **Unsolicited and self-deploying volunteers have proven to be a challenge in mass violence responses.**
- Events associated with a mass violence incident, such as **dignitary visits, memorials, and vigils** will occur within the first few days or weeks after the incident. A Mass Violence Annex will

include a plan for the **required coordination, resources, and emotional sensitivity that will be needed to avoid overwhelming the jurisdiction.**

- Service provision at the required scale will need to be funded. **Sources of funding for services will need to be identified and pursued** to meet the immediate and ongoing needs of the victims, responders, and community.

A coordinated, well-documented Mass Violence Response Annex can set a jurisdiction up for a greater amount of success in responding to an unexpected and potentially overwhelming incident. An effective plan will rely on established relationships between emergency management, law enforcement and victim serving agencies, ensure the awareness of responsibilities and capacities, and map out an effectively system of response that follows the local incident management structure, incorporates needed victim service agencies, and remains functional until long-term services are in place.

Many jurisdictions believe they are prepared for a mass violence incident response because they have a mass fatality plan on record. However, as noted above, a mass fatality plan accomplishes its task effectively but falls short on a number of components when dealing with the size, scope, and nature of a mass violence incident.

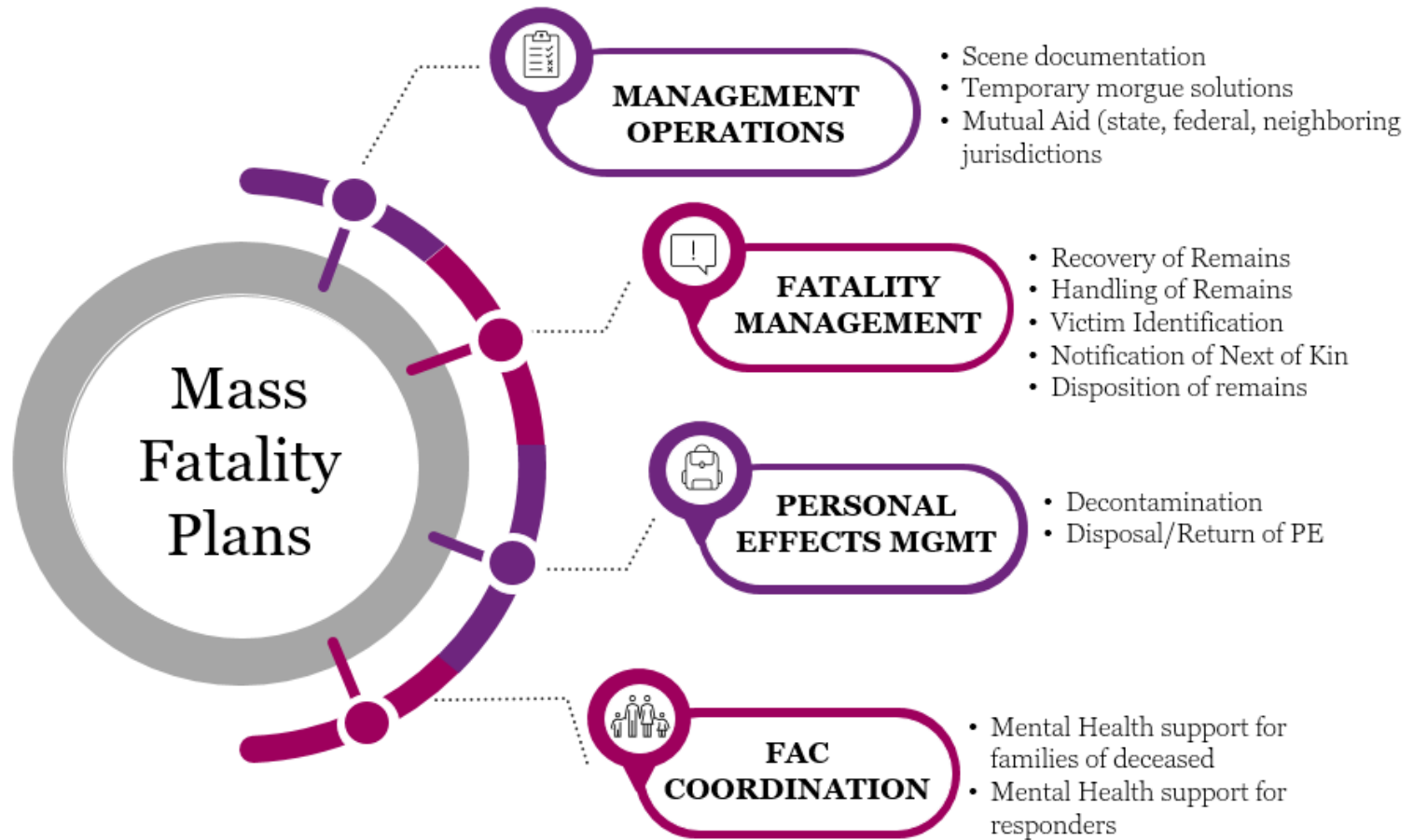
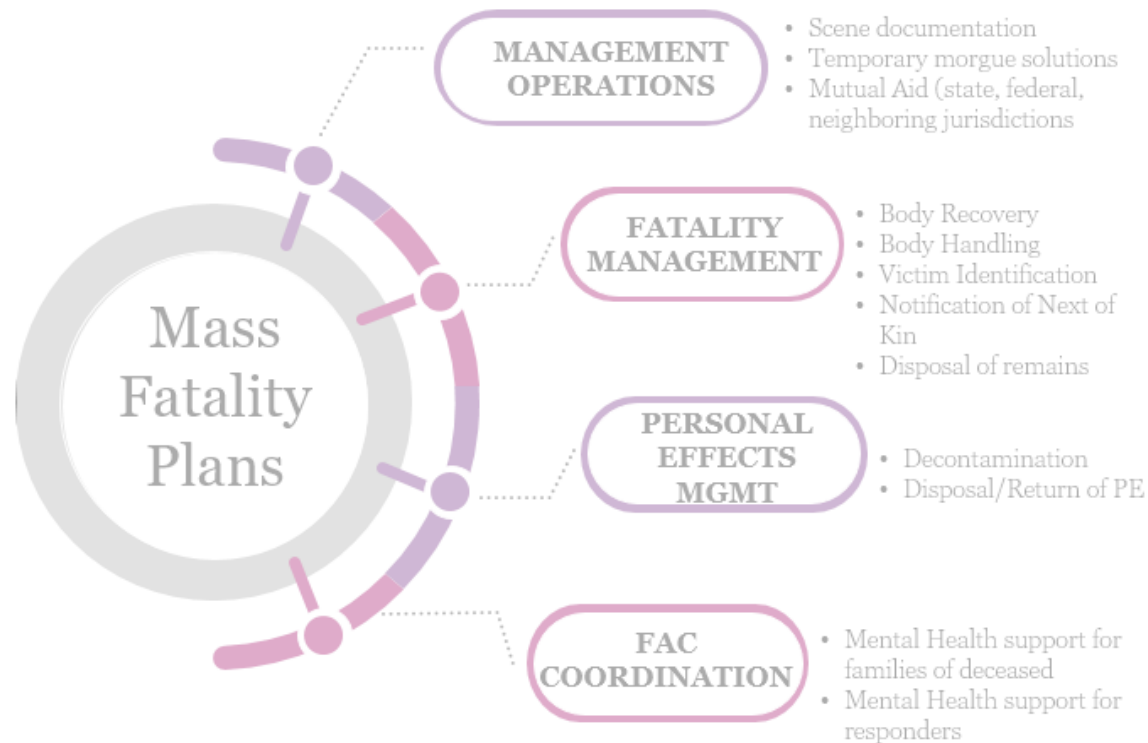


Exhibit 1 – Commonly found components of a Mass Fatality Plan



Additional Mass Violence Response Annex Planning

- **LIVING VICTIMS**
 - Tracking of living victims (*investigative, access to services*)
 - Notification of families: (*Involvement, injured, missing*)
 - Access to victim services (*Info & Notification Ctr, FAC, Resiliency Center*)
 - Behavioral health support
- **RESPONSE TO CRIME**
 - Activation of non-traditional responders (*e.g., victim services providers, behavioral health and faith-based providers*)
 - Criminal justice system support
- **FINANCIAL DONATION MANAGEMENT**
- **SIZE & SCOPE OF RESPONSE NEEDS**
 - Number of family notifications
 - Crisis communications
 - Volunteer Management
- **MEMORIAL AND SPECIAL EVENTS MANAGEMENT**
- **GRANTS AND FUNDING ASSISTANCE**

Exhibit 2 – Additional Planning needed for a Mass Violence Response Plan