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FEMA

2017 - The District of Columbia (DC): Closing Capability Gaps

Mass Fatality Services Projects

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SUMMARY

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Following the September 2013 Navy Yard shooting, the District of Columbia (DC) recognized the need to enhance their response to mass fatality incidents. As part of this effort, the District invested Urban Area Security Initiative (UASI) funding to implement five mass fatality services projects.

DESCRIPTION

On September 16, 2013, an active shooter opened fire on employees of the Naval Sea Systems Command stationed at the Washington Navy Yard, killing 12. During the incident, the perpetrator attacked responding law enforcement officers and seriously injured a

Metropolitan Police Department officer.

DC's response to the Washington Navy Yard shooting revealed that the District's plans and resources were insufficient to effectively manage a mass fatality event. The DC Office of the Chief Medical Examiner (OCME) identified several challenges, including processing decedents in a controlled environment.

Following the Navy Yard shooting, the District sought to address these issues by investing \$1,305,814 in UASI funding in five fatality management projects between Fiscal Year (FY) 2013 and FY 2016:

- **Mass Fatality Workshop:** In FY 2013, OCME invested \$63,207 to host a District Mass Fatality Workshop. The workshop brought together DC stakeholders from across the whole community to share ideas about the status of mass fatality management preparedness in the District. This event informed subsequent District fatality management planning efforts and helped to strengthen existing partnerships.
- **Fatality Management Planning:** Between FY 2015 and FY 2016, the District allocated a total of \$335,438 to OCME to develop a District-wide Fatality Management Plan. As part of this process, OCME engaged partner DC agencies (e.g., the DC Department of Health, the DC Department of Human Services, and the DC Department of Forensic Sciences) and reviewed their individual roles during an “all-hazards” mass fatality incident. The District’s Fatality Management Plan includes agency-specific playbooks that partners can quickly refer to, as needed. The plan also considers the role of agency, regional, and Federal partners in supporting the District’s fatality management efforts.
- **Mobile Digital X-Ray System:** In FY 2014, OCME purchased a mobile digital x-ray system for \$197,639. OCME personnel use the mobile digital x-ray system in the field to quickly identify and evaluate the remains of decedents. The ability to x-ray remains in the field allows for quicker processing, especially for those decedents that have been exposed to chemical, biological, radiological, nuclear, or explosive (CBRNE) sources and must be decontaminated before being brought to the morgue.
- **Mass Fatality Mobile Unit:** In FY 2014, OCME acquired a \$300,000 mass fatality mobile command unit to provide staff with a centralized platform from which to coordinate field response, communications, and command functions. OCME can also use the mobile command unit to facilitate interagency and regional coordination during large-scale, mass fatality events.
- **Field-Deployable Forensic Processing Unit:** In FY 2015, OCME purchased a field-deployable forensic processing unit (or field morgue) for \$409,530. The field morgue has several rooms in which forensic processors can store decedents in a manner that preserves the integrity of evidence and provides privacy. The field morgue is especially critical for complex mass fatality events caused by contaminants such as CBRNE materials or highly infectious decedents.

In September 2016, OCME assessed the effectiveness of these grant-funded purchases during the District’s first-ever four-day Mass Fatality Symposium and Full-Scale Exercise. This exercise included participation from OCME staff, District first responders, and international mass fatality experts. The District tested their grant-funded field morgue by simulating the transportation and storage of exercise “victims.” Through the exercise, OCME recognized notable improvements in their ability to respond to a mass fatality incident. Whereas OCME had very limited capability prior to these grant investments, OCME is now prepared to meet their target of processing up to 200 decedents, should a mass fatality incident occur.

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