



Disaster Mortuary Operational Response Team (DMORT)

CONCEPT OF OPERATIONS

Division of National Disaster Medical System
Office of Emergency Management



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
ASSISTANT SECRETARY FOR PREPAREDNESS AND
RESPONS



THIS CONOPS WILL BE REVIEWED TRIENNIALLY FROM DATE OF FINAL SIGNATURE.

OFFICE OF EMERGENCY MANAGEMENT

This document is an overview of how the National Disaster Medical System's (NDMS) – Disaster Mortuary Operational Response Team (DMORT) will support the Department of Health and Human Services (HHS) operations under the department's authorities, and as the lead federal agency for Emergency Support Function #8 (ESF #8) response operations during disasters and/or public health emergencies, as well as interagency medical support and National Security Special Events (NSSEs).

This Concept of Operations (CONOPS) addresses the team mission requirements, composition and training, operations during steady state and active state, as well as how the team will function in a disaster, what its capabilities are, and what logistics support will be required in order for DMORT to meet its mission goals in the deployed environment. This document is written in support of existing plans, interagency agreements and ESF #8 public health and medical emergency response operations.

The Office of Primary Responsibility (OPR) for this document is the NDMS Operations Branch, National Disaster Medical System (NDMS). The implementation and approval of this document falls to the Office of Emergency Management (OEM), NDMS, with review by OEM Division.



Ron Miller
Acting Director, National Disaster Medical System
Office of Emergency Management

Approved:



Don R. Boyce, J.D.
Deputy Assistant Secretary for
Preparedness and Response
Director, Office of Emergency Management



Date

TABLE OF CONTENTS

EXECUTIVE SUMMARY.....	5
REFERENCES	5
PURPOSE	5
Scope	6
MISSION AND AUTHORITY	7
ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE	7
OFFICE OF EMERGENCY MANAGEMENT	7
NDMS.....	7
DMORT	7
AUTHORITY	8
APPLICABILITY	8
ROLE OF DMORT.....	9
GENERAL INFORMATION	9
OVERVIEW	9
DEPLOYMENT CONFIGURATION.....	13
OVERVIEW	13
FATALITY MANAGEMENT ASSESSMENT TEAM	13
BASIC TEAM	13
TEAM STRUCTURE	15
GENERAL	15
PRIMARY TEAM POSITION	15
APPOINTED TEAM POSITIONS	16
DMORT EMPLOYEE REQUIREMENTS.....	177
CREDENTIALING.....	17
TRAINING REQUIREMENTS.....	17
DIDACTIC TRAINING	17
HANDS-ON TRAINING	17
ADDITIONAL TRAINING	18
OPERATIONS.....	19
STEADY STATE (DAY-TO-DAY).....	19
MONTHLY TEAM ROTATION SCHEDULES	19
ALERT, ACTIVATION AND DEPLOYMENT.....	19
ORDERS	20
ALERT	20
ACTIVATION AND DEPLOYMENT ORDERS	21
PERSONNEL ACCOUNTABILITY	21
PRIOR TO DEPLOYING	22
FIELD COORDINATION AND CONTROL	22
REDEPLOYMENT/DEMOBILIZATION	22
DEPLOYMENT ENVIRONMENT	23
HEALTH AND SAFETY PLAN (HASP)	23
HAZARD EXPOSURE RISK ASSESSMENT (HERA).....	23
SAFETY AND SECURITY	23
INJURIES OR ILLNESSES.....	24
E-COMP/WORKERS' COMPENSATION.....	24
PERSONAL INSURANCE.....	24

GENERAL LOGISTICS	24
TRAVEL.....	24
COMMUNICATIONS.....	25
WRAP-AROUND SERVICES	25
RECORDS MANAGEMENT	26
ANNEX: AGENCY STANDARD ACRONYMS	27

EXECUTIVE SUMMARY

References

- a. Public Health Service Act, as amended, including but not limited to section 2812 (42 U.S. Code 300hh-11)
- b. National Response Framework (NRF) (3rd ed., June 2016)
- c. National Incident Management System (NIMS) (December 2008)
- d. HHS Concept of Operations for Response
- e. Incident Response Coordination Team (IRCT) Field Operations Guide (FOG) (2011)
- f. Homeland Security Presidential Directive 21 (HSPD-21), Public Health and Medical Preparedness (October 2007)
- g. Occupational Safety and Health Regulations: 29 Code of Federal Regulations (CFR) 1910, U.S. Department of Labor
- h. Department of Health and Human Services, Health and Medical Response System, Response Team Description Manual, Volume I, (May 1999)
- i. Federal Travel Regulations, 41 CFR 300-304
- j. Standard Operating Procedures (SOP) for Disaster Mortuary Operational Response Team (2008)
- k. DMORT Field Operations Guide (August 2011)
- l. Interagency Agreement between Department of Health and Human Services, Assistant Secretary for Preparedness and Response, and the National Transportation Safety Board (February, 2013)
- m. 49 USC Section 1136: NTSB Responsibilities (Aviation Accidents)
- n. NTSB Federal Family Assistance Plan for Aviation Disasters
- o. 49 USC 1139: NTSB Responsibilities (Rail Passenger Accidents)
- p. NTSB Federal Family Assistance Plan for Rail Passenger Accident
- q. Division of National Disaster Medical System Training Plan, 18 October 2016
- r. HHS Logistics Concept of Operations, 1 September 2012
- s. OEM EMG Concept of Operations, 24 January 2017

Purpose

The purpose of this document is to provide a CONOPS for HHS, through the Office of the Assistant Secretary for Preparedness and Response (ASPR), Office of Emergency Management (OEM) to manage the National Disaster Medical System (NDMS) – Disaster Mortuary Operational Response Team (DMORT) and other response assets in support of requests for public health and medical services during public health and emergency disasters. These federal assets are deployed in support of HHS activities under its own authorities and interagency agreements. HHS is the lead federal agency for ESF #8, Public Health and Medical Services, under the National Response Framework (NRF).

Scope

This CONOPS outlines the mission and role of the DMORT, deployment configurations, team structure and requirements for team employees, operations during steady and active states, and the expectations around deployment activities.

MISSION and AUTHORITY

Assistant Secretary for Preparedness and Response

The Office of the Assistant Secretary for Preparedness and Response (ASPR) was created under the Pandemic and All Hazards Preparedness Act in the wake of Hurricane Katrina to lead the nation in preventing, preparing for, and responding to the adverse health effects of public health emergencies and disasters. ASPR focuses on preparedness planning and response; building federal emergency medical operational capabilities; countermeasures research, advance development, and procurement; and grants to strengthen the capabilities of hospitals and health care systems in public health emergencies and medical disasters. The office provides federal support, including medical professionals through ASPR's NDMS, to augment state and local capabilities during an emergency or disaster.

Office of Emergency Management

The Office of Emergency Management (OEM) supports state and local partners when requested, prepares the nation's healthcare system, and connects people to real-time public health and medical emergency information. OEM's programs and Divisions come together to support HHS' lead role in ESF #8 of the National Response Framework (NRF), and for the Health and Social Services Recovery Support Function (RSF) of the National Disaster Recovery Framework (NDRF).

NDMS

The National Disaster Medical System (NDMS) is a federally coordinated healthcare system and partnership of the Departments of HHS, Homeland Security, Defense, and Veterans Affairs. The purpose of the NDMS is to support federal, state, local, tribal, and territorial authorities following disasters and emergencies by supplementing health and medical systems and response capabilities. NDMS would also support the military and Veterans Health Administration health care systems in caring for combat casualties, should requirements exceed their capacity.

DMORT

The Disaster Mortuary Operational Response Team (DMORT) provides services for the management of fatalities, resulting from natural and/or man-made disasters. These services include providing support to the local medicolegal authority (Medical Examiner/Coroner) during a mass fatalities incident by obtaining post-mortem data from the decedents' remains, as well as ante-mortem data and medical and dental records of victims from their next of kin or other responsible parties, to aid in the identification of the victims with 100% accuracy, respect, dignity, compassion and confidentiality. DMORT services are provided under ESF #8, and for interagency medical support, to support federal, state, tribal, territorial and local authorities upon official request when the number or type of fatalities exceed the capacity of local resources.

Authority

Public Health Service Act, as amended, including but not limited to section 2812 (42 U.S. Code 300hh-11)

Applicability

This CONOPS shall apply to all DMORT personnel deployed as directed by the Deputy Assistant Secretary for Preparedness and Response, the Director, Office of Emergency Management and the Director, NDMS.

ROLE OF DISASTER MORTUARY OPERATIONAL RESPONSE TEAM

General Information

Through ESF #8, Public Health and Medical Services, as described in the NRF, HHS is the primary agency providing federal medical and public health support to supplement the needs of communities, and other federal agencies impacted by disasters and public health emergencies.

DMORT is part of the NDMS and is one of the NDMS ESF #8 response assets capable of providing support to victims of disasters or public health emergencies. Disasters or public health emergencies may include, or be caused by, natural disasters, adversarial/human action or technological failure, disease outbreak, or other type of response operations.

Overview

DMORTs supports response operations by providing expertise and support for the tracking and documenting of human remains and personal effects; establishing temporary morgue facilities; assisting in the determination of cause and manner of death; collecting ante-mortem data; collection of medical and dental records or DNA of victims from next of kin or other responsible parties to assist in the forensic identification of the victims; performing postmortem data collection and documentation during field retrieval and morgue operations; identifying human remains using scientific means; preparing, processing and returning human remains and personal effect to appropriate recipients; and the processing and re-interment of disinterred remains. The DMORT also provides technical assistance and consultation on fatality management and mortuary affairs. The DMORT is modular and can deploy only those sections required to support a particular mission requirement.

Modular Teams consist of the Fatality Management Assessment Team and Basic DMORT 12-Hour Morgue Operations Team. Upon deployment, these modular teams can be augmented and expanded, or contracted depending on the specific needs of the incident.

DMORT employees are permanent NDMS excepted-service federal employees utilized on an episodic intermittent basis acting under official orders. Team employees receive protection under the Uniformed Services Employment and Reemployment Rights Act (USERRA), , and Workers' Compensation under the Federal Employees' Compensation Act (FECA), and are compensated, traveled and billeted based on Civil Service classifications and standards associated with a disaster, public health emergency, or special event.

Organizationally, DMORT personnel are assigned to regional DMORT teams with a leadership element responsible for ensuring team preparedness, coordinating the readiness activities of the team, and executing disaster response operations within that region as activated. Additionally, DMORT personnel may be attached to the Victim Information Center (VIC) team with its own leadership element responsible for ensuring team preparedness and coordinating the readiness activities of the team, and for executing disaster response operations.

When activated, DMORT personnel will deploy as a single, unified team under the Team Commander regardless of home station origin and based upon mission requirements. In this manner, teams are able to support each other with personnel as needed whenever a team is unable to fulfill all of the mission requirements on its own. Activated DMORT personnel can also be deployed as single resource elements in a Subject Matter Expert (SME) role.

Federal agencies may request the services of the DMORT in support of specific mission requirements. Such requests, via agreements (i.e., Memorandum of Understanding (MOU), Inter-Agency Agreement (IAA), and/or Memorandum of Agreement (MOA)) are between the respective agencies and HHS.

The capabilities of the DMORT include the ability to provide:

- Subject matter expertise in mass fatalities management and associated specialty fields
- Morgue operations
- Assistance with Victim Information Center management
- Coordinating with the local Medical Examiner/Coroner (ME/C) and the local law enforcement agency or, when indicated, the Federal Bureau of Investigation (FBI) (criminal acts), or National Transportation Safety Board (NTSB) (aviation, rail and other transportation incidents), to implement gathering ante mortem data to facilitate victim identification and manage the missing persons list as appropriate
- Providing interviewers with extensive experience, special expertise and training in gathering information required for identification from the family interview process
- Explaining the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule Exemption for Medical Examiners and Coroners at 45 CFR 164.512(g)(1) to the Medical/Dental providers of the victims to facilitate obtaining these records
- Coordinating and sharing data with Morgue/Forensic staff for facilitating potential identifications. Alerting them to unique characteristics that might expedite identification
- Assisting in the process of drafting public information statements and educating the public on the ante-mortem data gathering in the VIC and the post-mortem data gathering in the morgue
- Coordination of release of remains
- SME liaison to Secretary's Operations Center (SOC), Emergency Management Group (EMG) and/or other federal agencies (as requested)
- Fatality Management Branch Director within the Incident Response Coordination Team (IRCT) (as requested)
- Assistance in determining remains identification
- Technical field support for remains and evidence collection
- Guidance on locating, collection, and recovery of remains and other pertinent materials from the incident sites
- Ante-mortem data collection
- Ante-mortem and Post-mortem database administration

- Assistance in dental record and DNA collection
- Assistance in determining Cause and Manner of Death for death certification
- Preparation of remains for release to local authorities/families as appropriate
- ME support for human remains (HR) and personal effects collection, and field documentation
- Support for Disaster Portable Morgue Unit (DPMU) operations

The DMORT can also support Leadership Directives. Leadership Directives are specific missions that may include actions such as staff augmentation at levels required to accomplish the mission requirements and/or other critical requirements and/or other critical requirements determined by leadership. This ensures those being supported understand the flexibility of the DMORT in their request for support.

While DMORT works directly under the delegated jurisdictional authority of the local/state Coroner/ Medical Examiner, DMORT personnel work under the overall command and control of the HHS Emergency Management Group (EMG) and/or the Incident Response Coordination Team (IRCT). Local/State Coroner/Medical Examiner jurisdiction remains intact and DMORT operations are in support of these local/State jurisdictional authorities.

Operationally, DMORT personnel are specifically trained, equipped and prepared to carry out the following missions:

- Mass Fatalities Incident Needs Assessment: There are some critical variables that impact the DMORT operational element. They include, but are not limited to:
 - o Are the decedents an “Open” or “Closed” Population? [“Open” population, in this format, pertains to an incident in which the victims’ identities are unknown (e.g., a hurricane). A “closed” population, in this format, pertains to an incident in which the victim’s identities are known (e.g., via an aircraft manifest following an accident).]
 - o Is the incident site-specific or was it a community wide event
 - o Conditions of the remains (fragmentation or whole bodies)
 - o The political, religious, and/or emotional impact of the event on the community
 - o Are there disinterred remains (Cemetery Operations)?
 - o Has there been any infrastructure disruption (especially any impact on the community’s fatality management infrastructure)?
- Subject matter expertise to support fatality management operations and planning (for morgue operations, HR and personal effects collection, field documentation, release of remains, etc.)
- Morgue Operations
 - o postmortem data collection and HR processing
 - o Human remains storage/management, data management, identification support, release to families, etc., [refer to DMORT Standard Operating Procedures (SOP)]
- Victim Information Center (VIC) Operations Support
 - o VIC Needs Assessment
 - o VIC Operations
 - o Ante-mortem data collection
 - o Ante-mortem and Postmortem Data Management

- o Subject matter expertise to support VIC operations and planning
- o Open Population Response – maintain a missing persons list

DEPLOYMENT CONFIGURATION

Overview

DMORT operations are modular, designed using only mission critical components to meet the uniqueness of every mass fatality incident. DMORT operations are also sequential. When a disaster occurs, the Fatality Management Assessment Team in the region where the disaster has taken place is activated and the remainder of the DMORT team is alerted. Based on the Fatality Management Assessment Team's findings, specific assets (personnel and equipment) are requested to support the mission requirements.

When deployed, the DMORT is configured based on mission requirements identified and recommended by the Fatality Management Assessment Team, and approved by the Emergency Management Group (EMG).

Fatality Management Assessment Team

Five (5) personnel:

- Assessment Team Leader
- Deputy Assessment Team Leader
- Morgue Logistics SME
- Forensic Specialist
- VIC employee or VIC trained regional augmentee (assigned by VIC Team Commander)

Each regional DMORT, with support from the VIC Team, maintains a Fatality Management Assessment Team that can deploy quickly to the site of a mass fatalities incident. The Fatality Management Assessment Team has the following responsibilities:

- Interface with State, Local, Tribal or Territorial (SLTT) authorities to determine the impact of the event on local resources. This includes determining the assistance needed for HR field retrieval operations, the need for Morgue Operations support, and/or the need for VIC operations.
- Determine what functional capacity is required to address specific shortfalls in local resources.
- Select a site for deployment of the Disaster Portable Morgue Unit (DPMU) and Victim Information Center (VIC).
- Recommend the specific mix of DMORT team personnel required to meet the mission objectives.
- Initiate the process of integrating all DMORT responders (field, morgue, VIC) into the incident response.
- Transition into the command and control element of the DMORT response.

Basic Team

A basic DMORT deployment roster staffs 80 positions (refer to DMORT Deployment Roster). However, depending upon the Fatality Management Assessment Team findings and the specific response needs of the incident, DMORT Command will alter the deployment posture to fit the needs of the mission.

Eighty (80) employees, including Victim Information Center Team Support within the deployment structure. A basic (80) personnel deployment posture includes:

- (1) Team Commander (TC)
- (3) Deputy Team Commanders (DTC)
 - (1) Operations Section Chief
 - (1) Planning Section Chief
- (1) Safety Specialist (SS)
- (1) Security Specialist
- (1) Chaplain
- (8) Dental Officers
- (2) Forensic Dental Assistants
- (2) Fingerprint Experts
- (2) Forensic Pathologists
- (3) Forensic Anthropologists
- (4) Radiology Techs
- (2) Information Technology Specialists
- (18) Mortuary Specialist
- (14) Medical Legal Investigators
- (12) Team Select
- (3) Logistics
 - Logistics Section Chief
- (2) Telecommunications Specialists
- (1) Administrative Specialist

Note: The DPMU set-up and sustainment team is outside of and in addition to this structure.

Full scale DMORT operations are subdivided into five functional areas: subject matter expertise in all phases of fatality management operations, expert technical assistance, antemortem data collection, postmortem data collection (to include field and morgue data), and data management.

TEAM STRUCTURE

General

DMORTs are regionally organized, congruous with the ten (10) HHS/FEMA regions. Each DMORT is led by a Team Commander (TC) and two Deputy Team Commanders (DTCs) that constitutes a team's Command Staff during steady state/day-to-day operations. . Each region has a staffing roster of 86 employees of varying specialties and grades. Positions on the team are determined as "primary" or "appointed." Primary positions are those positions that include an approved NDMS and Human Resource (HR) Position Description (PD). Appointed positions are those positions that enhance the function of individual teams as determined by leadership of the individual teams.

Operational: Upon deployment, the DMORT's command structure consist of a TC and DTC with a Special Staff comprising Safety and Security, and a General Staff comprising Operations, Planning, and Logistics Section Chiefs. A full deployment roster for DMORT totals 80 employees. However, the number of positions and team employees can be modified to meet the needs of the incident.

DMORT structure will vary between operational and readiness postures. Operational posture will be in effect from the time of the team's activation until the team's return to home station after redeployment/demobilization.

Primary Team Positions

Administrative Specialist - Provides administrative management of the team and its team employees.

Telecommunications Specialist – Assists in the set-up and management of the communication and IT systems, and provides security and environmental protection for communication equipment and supplies. Assesses the need for additional power resources needed to support the communications system.

Deputy Team Commander – Routinely assists in the management of the team under the direction of the TC or when the TC is unable to fulfill his/her primary command staff/managerial duties, or is unable to deploy.

Logistics Specialist – Supports and coordinates the logistics requirements of team operations. Performs work in support of communications, property accountability, transportation, and environmental sanitation. Collects and provides timely information regarding the status of supply utilization and ongoing logistical requirements.

Safety Specialist (SS) – Responsibilities include the identification and assessment of hazardous and unsafe conditions. The Safety Specialist implements the Hazard Exposure Risk Assessment (HASP) authorized for the response, and is responsible for developing measures to reduce risks and enhance personnel safety and accountability. The Safety Specialist reports directly to the TC. Depending upon sites and location, Assistant Safety Specialist may be designated.

Security Specialist - Coordinates physical security and controlled access to DMORT Areas of Operation, ensuring the security of DMORT personnel and equipment. The Security Specialist reports directly to the DMORT TC. Depending upon sites and location, Assistant Security Specialists may also be designated.

Team Commander – Responsible for management, supervision and oversight of the DMORT and its team employees. Reports to the NDMS EMG or the IRCT Fatality Management Branch Director. A TC will assume the position of the IRCT Fatality Management Branch Director (see below). The TC also interfaces directly with the State or local ME/C.

Appointed Team Positions

Appointed positions are those positions that enhance the function of individual teams as determined by leadership of the individual teams, such as:

Information Technology (IT) Specialist – oversees effective, efficient, and appropriate operation and maintenance of all IT-related hardware and mission specific software. The IT Specialist reports directly to Operations Section Chief.

Logistics Section Chief - Plans, directs, has accountable control, and manages equipment; and facilitates and re-supplies operations for the team during a deployment. The Logistics Section Chief works in collaboration with the IRCT and the LRAT.

Operations Section Chief – Manages mortuary and team activities, disaster site operations, remains and personal effects retrieval and documentation, remains identification, determination of cause and manner of death, evidence collection, and the preparation, processing and disposition of remains to the appropriate recipients. The Operations Section Chief reports directly to the DMORT TC.

Planning Section Chief – Manages the collection, evaluation, and display of incident information, maintaining status of resources, and preparing actions plans and incident-related documentations. The Planning Section Chief reports directly to the DMORT TC.

DMORT Augmentation to the Emergency Management Group (EMG) – A DMORT TC or DTC requested by NDMS EMG, per mission requirements, and approved by the NDMS Director. The DMORT Liaison assists with communications, resource requests and long range planning in the EMG for the duration of the mission.

IRCT Fatality Management Branch Director – Position is requested by the NDMS EMG, per mission requirements, with personnel selected by the respective DMORT TC and approved by the NDMS Director. The position resides under the Operations Section of the IRCT and will be filled by other resources, as deemed necessary for mission support.

DMORT EMPLOYEE REQUIREMENTS

Credentialing

NDMS operates a credentialing system that reviews and makes recommendations on the credentialing of NDMS intermittent public health (e.g., Mortuary Officers) and medical employees to ASPR, or ASPR designee, upon hiring and periodically during employment. All licensed, certified or registered NDMS intermittent public health and medical employees hired into positions that involve the delivery of clinical care or other professional services undergo the credentialing process. Licensure and practice status of team personnel will be periodically reviewed by the Medical Support Branch (MSB), who will determine if the member has continued employability, deployability, and the maintenance of practice status. NDMS shall maintain a database of DMORT employees that require active licenses and certifications.

Credentialed NDMS intermittent public health and medical employees will perform their professional, certified, or registered services according to their existing license, registration or certification. No credentialed NDMS public health and medical intermittent employees will perform services or practice beyond the authority provided by their state license, certification or registration. Medical providers who cannot demonstrate current professional licensure or certification are not deployable may be removed from federal service, when appropriate. Employees hired into positions that do not involve the delivery of clinical care or other professional services are not credentialed by NDMS to perform clinical care or professional services.

Training Requirements

Standardized training is provided to ensure all personnel have the same operational concept, familiarization with the equipment set, and understanding of the scope of DMORT capabilities. DMORT training consists of didactic, hands-on, and "just in time" training. All DMORT personnel must satisfy training requirements established prior to their activation for deployment when such training is available.

Didactic Training

Didactic training is accomplished using a combination of on-line courses and resident training. DMORT personnel may use the Federal Emergency Management Agency (FEMA) Emergency Management Institute (EMI) Independent Study program, and the NDMS Online Training Responder e-Learn (REL) program to complete any required or optional online didactic training. Course requirements and updates are disseminated periodically through team leadership. All mandatory training will be directed by the NDMS Director and communication will be provided through team leadership or during the onboarding process for new employees.

Hands-on Training

Hands-on training meets training needs by design to allow team employees interactive learning with deployment cache equipment. Hands-on training can be stand-alone team events or as part of

a larger integrated training with other NDMS/ESF #8 response assets. Training events may last one day or more, potentially including overnights to simulate field deployment living conditions.

Additional Training

“Just-in-time” face-to-face refresher training will occur, when possible, during pre-staging operations for federal responses and field training exercises. Mandatory training set forth by the agency or division may be identified each fiscal year and it is the responsibility of the team employees to adhere to guidance for completion.

OPERATIONS

Steady State (Day-to-Day)

The NDMS Operations Branch provides day-to-day support for all teams in maintaining their readiness posture. Ongoing communications regarding NDMS administration and operations are facilitated by NDMS leadership through team leadership. Given the unscheduled and urgent nature of many DMORT mission requirements, team leadership shall maintain regular communication with their employees.

In the event of an incident or hazardous condition in their area, team leadership shall maintain regular communication with all team employees to ensure their safety and well-being.

During steady state status, teams will follow the Active Intermittent Employee Policy, as they maintain an ongoing status and availability roster of all assigned personnel. The TC is required to verify the readiness status of team employees using the Response Management System (RMS), before including them on alert, deployment and training rosters. The teams will only roster personnel that are medically cleared through the Responder Health System (RHS), NDMS credentialing system as required, and have met all training requirements. The NDMS Director is the final approval authority to determine inclusion of personnel on alert rosters and deployment rosters.

Monthly Team Rotation Schedules

Team Rotation Schedules (TRS) are pre-established to identify-monthly on-call Fatality Management Assessment Teams. Typically, Assessment Teams are on-call for their own region. On-call teams are considered first for deployments, although the rotation schedule may be altered based on the needs of specific missions and on geographic requirements.

Using the online RMS, team leadership shall submit to the NDMS Operations Branch an on-call deployment roster by close-of-business on the 15th day prior to each scheduled on-call rotation month. NDMS Operations Branch shall validate that each team employee on a roster for suitability for deployment based on personnel data in RMS and any known or potential mission requirements.

Alert, Activation and Deployment

The HHS EMG maintains ongoing situational awareness of activities that may impact public health and safety. When preparing for or responding to an incident, the EMG's posture may be elevated to coordinate activation of the NDMS. The EMG may alert or activate DMORTs in preparation for an impending incident, a disaster declaration or public health emergency, a special event, or in response to a Mission Assignment (MA). Following alert/activation, EMG Operations manages requests for additional resources and forwards requirements to the Division of Operations for rostering and deployment coordination with team leadership.

NDMS Operations Branch shall notify the respective TC of an impending mission or incident, and if necessary request a new or modified deployment roster. Once submitted in RMS by team

leadership, NDMS Operations Branch validates that each team employee on a deployment roster for suitability for deployment based on personnel data in RMS and any known or potential mission requirements. Once the alert roster is submitted, the Resource and Mobilization Section (RAMS) Branch will maintain the roster and make any changes necessary. NDMS Activation Order is then generated which covers the period of preparation, deployment, and demobilization.

Orders

All Orders are issued to a TC to facilitate the prompt and orderly preparation or movement for the deployment of NDMS assets, and to define the parameters around deployment preparations in terms of salary expense authorization, time and communication requirements, travel authorizations, and initial destination. NDMS Operations Branch shall validate the each team employee on a deployment roster is suitable for deployment based on personnel data in RMS and any known or potential mission requirements.

Alert Orders

Upon receipt of an Alert Order, team leadership shall make every attempt to submit an updated deployment roster within six (6) hours of the order. Once the alert roster is submitted, the NDMS Operations Branch will maintain the roster and coordinate necessary changes with the team leadership prior to activation and transfer of resources.

While in Alert status, team employees shall conclude last minute preparations for a possible deployment, including:

- Inform team leadership of availability
- Update profile information (address, home airport, contact information) in RMS Self Service module, and inform the Administrative Specialist of these administrative changes
- Update MyPay information with banking and address changes if needed
- Complete or update the RHS, and be prepared to respond to the RHS Reviewers performing health screening
- Read the mission-specific Hazard and Environmental Risk Assessment (HERA) on the NDMS Portal
- Complete Safety 101 (if never completed), or Safety 101 Refresher, on REL
- Accept deployment orders and travel only if medically cleared and meet all deployment requirements
- If your position of hire is clinical, you must carry a copy of your license and DEA certification (as applicable) with you at all times

Team leadership shall reconfirm the submitted deployment roster with NDMS Operations Branch, no later than 2200 hours Eastern on a daily basis. The team AS will update ancillary systems, such as Concur, with any employee changes. Team members will use the self-service module of RMS to ensure their contact and other relevant information is accurate.

Activation and Deployment Orders

Activation and deployment orders are issued to team leadership to facilitate the prompt and orderly movement of NDMS assets to a staging/mobilization point or response location, and to define the parameters around such activation. NDMS Activation Order generally covers the period of preparation, deployment, and demobilization. Team employees will make every attempt to depart as soon as reasonably practical from their duty station upon receipt of an activation order. Activation may be up to 30-calendar days dependent on severity of response.

Upon receipt of deployment orders, team leadership shall confirm rostered team employees and oversee travel arrangements that have been made per the parameters in the Deployment Order to arrive at a mobilization site.

Upon arrival at the mobilization site or response site, DMORT team employees will receive mission orientation, including but not limited to:

- Initial briefings for situational awareness and safety concerns, including the Hazard Exposure Risk Assessment (HERA) specific to the mission when available
- Occupational Safety and Health Administration (OSHA) Safety training
- Respiratory fit-testing clearance and Personal Protective Equipment (PPE) issuance (if required)
- The Health and Safety Plan (HASP) – Distributed to team leadership and Safety Specialists only

After the team has received an Operational Briefing and mission orientation, the team will either stage pending mission assignment or be moved to a designated operational site.

Upon deployment from their duty station, the timeliness of initiation of mission operations will be based on travel, management support, equipment availability, training needs, logistics, and system interoperability.

Personnel Accountability:

All personnel deploying to a response are required to check in with RAMS upon departure of their home station, and again when they arrive in theater. Additionally, personnel are required to notify RAMS when they depart from a mission, and again when they arrive home.

RAMS contact information is as follows:

Email: OEM-RAMS@hhs.gov

Phone#: 800-872-6367 (800-USA-NDMS)

During the deployment phase of an operation, personnel are required to check in with the IRCT daily, per IRCT guidance.

Prior to Deploying

All personnel are to read the Personnel Administrative Notice (PAN). RAMS will send out the PAN to all TCs of those teams deployed, documenting as much administrative information as known at the time of the deployment orders. Examples of information that may be included are reporting location, name and contact of staging personnel, hotel information, etc.

Field Coordination and Control

When initially deployed, the DMORT is under the coordination and control of the EMG. This control is transferred to the IRCT when the IRCT arrives and verifies its readiness to provide operational control. In accordance with Incident Command System (ICS) concepts, the operation of teams and personnel from all HHS divisions and ESF#8 partners is coordinated through the Operations Section of the IRCT. The IRCT retains operational control of its assigned response resources throughout the operation. Operating under the National Incident Management System (NIMS) principles, the IRCT, with appropriate approval, may assign additional missions consistent with DMORT capabilities. The TC (or designee) will serve as the point-of-contact for the IRCT, and shall provide required reports to the IRCT.

Redeployment/Demobilization

In the event of ongoing mission requirements, the deployed DMORT may be extended beyond their initial operational period with the concurrence of the TC and IRCT Commander, and with the approval of the NDMS Director and EMG Manager. DMORT personnel may alternatively be replaced with other team members with adequate time allotted for an in-field transition. Individual personnel may not extend unless approved by the NDMS Director. This is to ensure consistent and efficient use of resources.

As DMORT deployment orders specify a finite operational period, teams may be demobilized and replaced as the mission continues. Demobilization of all deployed DMORT personnel will begin when the EMG or IRCT determines that a team has timed out and needs rotation or if mission is complete. The Federal Health Coordinating Official (FHCO) determines with the state that the mission is no longer required.

A demobilization plan is developed by the IRCT and will be communicated to the TC. The IRCT will coordinate the elements of demobilization or team transition in support of the team employees demobilizing from the disaster site. The IRCT will coordinate the travel arrangements back to home station. Post-deployment questionnaires may be prepared specific to each mission to identify potential health, safety, administrative, operational, travel and logistic issues encountered. Transition of equipment will be accomplished during the demobilization process, and a formal After Action Review (AAR) through the Training, Exercises and Lessons Learned, Corrective Action Program (TELL CAP) program will be conducted.

DEPLOYMENT ENVIRONMENT

Health and Safety Plan (HASP)

Most public health and emergency medical service response activities involve variables and unknowns, which may have a substantial impact on team and mission success. These uncertainties require frequent identification, assessment, analysis, and planning to minimize impact. Risk assessments based on the likelihood of occurrence and the potential severity of impact are completed. A mitigation plan for each risk is developed to reduce the likelihood or severity of each risk, or conversely, increase the likelihood of risk avoidance or maximize any benefits. In addition, team safety or well-being may be compromised. Each team should review their risks and mitigation plans daily. The EMG SOFR creates a Health and Safety Plan (HASP) for each response providing requirements for protecting employee safety and health, site characterization, PPE requirements, and site-specific procedures to protect employees and patients. The HASP is developed using risk management principles to provide the greatest number of workers. The HASP is an OSHA-compliant site-specific reference for Safety Specialists (SS) at all levels and certified by a Qualified Safety Professional as defined by DOL / OSHA.

The work of the team member requires above average health, physical and mental conditioning due to routine long periods of repetitive walking, bending, lifting and carrying. The team member must be capable of working in a high-stress, high-security, remote, austere, and uncharacterized environment, void of infrastructure and vital services, requiring specific physical demands and work characteristics that must be met to successfully accomplish the mission. For these reasons, employees are required to complete a physical and health screening process, meet and maintain certain physical standards, as well as mental behavioral and cognitive competencies.

Hazard Exposure Risk Assessment (HERA)

DMORT personnel will receive a written, mission-specific HERA prior to field deployment. The HERA will include work capacity requirements, and guidance on enforced rest periods, physical requirements for deployment or exclusion from certain areas and activities as deemed appropriate by the NDMS CMO and NDMS SOFRS.

Safety and Security

Team safety and security is essential to the successful completion of any mission and is directed by the EMG Safety and coordinated by the IRCT and DMORT SS. The IRCT and personnel of the affected DMORT will conduct, when practical, a site safety survey prior to the commencement of DMORT operations. The IRCT SS will work with the DMORT SS on a routine basis and assist with implementation of the HASP.

The DMORT Safety Specialist is responsible for ensuring the safe conduct of all DMORT functions. He/she will also work with the TC and designated team employees to develop a mitigation plan for any identified safety hazards. Additionally, the DMORT Safety Specialist will provide requested information to the IRCT Safety Specialist on hazards, and team employee accidents and illnesses as requested.

The appointed DMORT Security Specialist will collaborate with the TC, IRCT, and designated law enforcement/security personnel to ensure local security conditions are sufficient to provide a safe environment for team equipment, personnel and victim families or other responsible parties contributing to fatality management.

Injuries or Illnesses

All injuries or illnesses requiring evaluation are reported to the TC and Team Safety Specialist on-site, who in turn shall report to the IRCT, who will provide guidance for any further evaluation and/or treatment recommendations. The Team Safety Specialist will work in conjunction with the IRCT Safety Specialist to conduct an incident investigation and report these findings to the NDMS Safety EMG. Team personnel experiencing emergent or urgent conditions are to be transported to the closest appropriate medical facility. Treatment or transport for any team employee illness or injury shall not be delayed in the absence of IRCT communication.

E-COMP/Workers' Compensation

All DMORT employees who sustain a work-related injury or illness shall follow the approved NDMS Standard Operation Procedure as well as use DOL E-COMP to file an official report of the incident with their supervisor and initiate a claims process at <https://www.ecomp.dol.gov/>.

Personal Insurance

Not all illness or injuries that occur on deployment are work-related, or considered work-related. Therefore, DMORT employees are strongly encouraged to carry proof of health insurance while deployed, and to review private insurance policies (health, life, disability) for any restrictions or coverage gaps concerning disasters, and use of non-commercial conveyance, i.e. military/chartered aircraft or buses.

General Logistics

The DMORT Deployable Portable Morgue Unit (DPMU) contains all equipment and consumables necessary to begin operations. Additional logistics requirements may include communications (broadband, voice and data), and basic wrap-around support such as food, water, hygiene, and sleeping tents. The DPMU falls under the management of the deployed DMORT and LRAT augmentee personnel. (Refer to the Logistics CONOPS for additional information.)

Travel

The ASPR Travel Office will make all arrangements, including rental vehicles and hotel reservations, necessary to transport non-local DMORT personnel to and from the deployment location. For local personnel, the IRCT or ASPR Travel may authorize use of personally owned vehicles (POV) or other means as appropriate. During travel and deployment, responders are responsible for their own food and beverages if they are receiving per diem (subsistence) pay. It is required that any employee traveling more than five times per year apply for and maintain a government travel credit

card. It is the team employee's responsibility to adhere to the federal regulations and reimbursement requirements.

Communications

Communications and Information Technology (IT) needs are mission driven. Redundant communications are a key component to both responder safety and coordination and control. Any plan for the provision of communications and IT shall consider the following:

- Voice communications: Cellular/two-way radio and satellite
- Data transfer/internet access
- Laptop/handheld computer availability
- Printer availability
- Disaster Medical Information Suite (DMIS)
- Privacy Act requirements and informational security
- Leveraging face-to-face communications
- Employing local communications assets until those assets become taxed or inadequate, based on the nature and/or scope of the incident
- Utilizing shared systems to establish interoperable communications. If response agencies operate on disparate systems, shared or mutual aid channels are utilized to establish interoperable communications.
- If systems or channels are not shared, utilizing a gateway solution to establish interoperable communications.
- When interoperable communications cannot be established between agencies, utilizing or swapping of cache radios to establish operable communications for responders
- If no other method of interoperability can be established, relaying communications through staff personnel
- Deployed team employees should not use personal equipment for photography of victims without prior approval of the IRCT Leader and/or ASPR Public Information Officer (PIO).

Wrap-around Services

Wrap-around services are those services that support and sustain the team while deployed. This includes billeting, food, water, hygiene, laundry services, waste removal, and transportation. Ideally, services will be established before the DMORT is deployed. The wrap-around service requirements are determined by specific mission requirements and the support available from the Division of Logistics within OEM, host/partner agencies, and/or resources within the prevailing infrastructure. The IRCT or EMG will coordinate and monitor wrap-around services, as appropriate.

When deployed under austere conditions, the DMORT should expect less than standard accommodations as team employees will be billeted at their work site, other shelters of opportunity or in tents.

Records Management

Information developed or collected in support of DMORT operations described in this CONOPS shall be managed and maintained in accordance with the ASPR Records Management Guidance of May 2013 and the Privacy Act if applicable.

This CONOPS will be reviewed triennially from the date of signature. Deliberate changes will not take place prior to the review unless there is a crucial change in DMORT operations. All changes will be recorded using the Record of Change Matrix.

ANNEX: Agency Standard Acronyms

AAR	After-Action Report
AS	Administrative Specialist
ASPR	Assistant Secretary's Office for Preparedness and Response
CAP	Corrective Action Plan
CFR	Code of Federal Regulations
CMO	Chief Medical Office
CONOPS	Concept of Operations
DEA	Drug Enforcement Administration
DHS	Department of Homeland Security
DMORT	Disaster Mortuary Operational Response Team
DMIS	Disaster Medical Information Suite
DNA	Deoxyribonucleic acid
DOL	Department of Labor
DPMU	Disaster Portable Morgue Unit
DTC	Deputy Team Commander
EMG	Emergency Management Group
EMI	Emergency Management Institute
ESF	Emergency Support Function
FECA	Federal Employees Compensation Act
FEMA	Federal Emergency Management Agency
FM	Fatality Management
FOG	Field Operations Guide
HASP	Health and Safety Plan
HERA	Hazard Exposure Risk Assessment
HIPAA	Health Insurance Portability and Accountability Act
HR	Human Resource, Human Remains
HHS	Health and Human Services
IAA	Inter-Agency Agreement
ICS	Incident Command System
IRCT	Incident Response Coordination Team
IT	Information Technology
LRAT	Logistical Response Assistance Team
MA	Mission Assignment
ME/C	Medical Examiner/Coroner
MLI	Medicolegal Investigator
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
NDMS	National Disaster Medical System
NDRF	National Disaster Recovery Framework
NIMS	National Incident Management System
NRF	National Response Framework
NSSE	National Special Security Event
NTSB	National Transportation Safety Board
OEM	Office of Emergency Management

OPR	Office of Primary Responsibility
OS	Office of the Secretary
OSHA	Occupational Safety & Health Administration
PAN	Personnel Administrative Note
PD	Position Description
PIO	Public Information Officer
PL	Public Law
PPE	Personal Protective Equipment
RAMS	Resource and Mobilization Section
REC	Regional Emergency Coordinator
REL	Responder E-learn
RHS	Responder Health System
RMS	Response Management System
SME	Subject Matter Expert
SOC	Secretary's Operation Center
SOFR	Safety Officer
SOP	Standard Operating Procedures
SS	Safety Specialist
TC	Team Commander
TELL	Training, Exercises and Lessons Learned
TF	Task Force
TRS	Team Rotation Schedules
USERRA	Uniformed Services Employment Reemployment Rights Act
VA	Veterans Administration
VIC	Victim Information Center