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**Communication Following a Mass Fatality Incident:
Standard for the Medicolegal Authority**

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Communication Following a Mass Fatality Incident: Standard for the Medicolegal Authority

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Foreword

Communication is a critical function following a mass fatality incident as it shapes the experience of medicolegal staff, stakeholders, family members of the deceased, and the community. In contrast to a medicolegal approach to an operations plan, communication with the media, non-profit agencies, and other stakeholders are crucial to the measured success of an incident response from the public view. A comprehensive mass fatality communication plan sets expectations for all involved parties, which may differ depending on event circumstances. This ensures that a consistent and unified message is disseminated throughout the course of the incident response. The medicolegal authority can utilize a variety of communication mediums to create an efficient strategy for sharing information that respects the affected families and keeps the public informed. The dramatic nature of mass fatality incidents captivates the public interest resulting in intense media coverage. Media representatives will likely maintain a consistent demand for information, including regular requests for the medicolegal authority to participate in all press briefings. Some of the primary objectives of engaging the public through the media is to build trust through presenting factual information for the purpose of educating the public about mass fatality management procedures, providing accurate and official data, and, when necessary, and presenting a call to action to the public for help with victim accounting.

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This document was revised, prepared, and finalized as a standard by the Mass Fatality Management Disaster Victim Identification Consensus Body of the AAFS Standards Board. The draft of this standard was developed Medicolegal Death Investigation Subcommittee of the Organization of Scientific Area Committees for Forensic Science (OSAC).

Questions, comments, and suggestions for the improvement of this document can be sent to AAFS-ASB Secretariat, asb@aaafs.org or 401 N 21st Street, Colorado Springs, CO 80904.

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Table of Contents *(to be finalized when the document is complete)*

DRAFT

Communication Following a Mass Fatality Incident: Standard for the Medicolegal Authority

1 Scope

This document provides requirements for communication and data sharing with media and other parties in mass fatality incidents (MFIs). This document addresses the medicolegal authority's role in the collection, sequestering, and dissemination of information. This document also discusses the medicolegal authority's responsibility to manage expectations and create a foundational basis for communication in a MFI.

2 Normative References

There are no normative references in this document.

3 Terms and Definitions

For purposes of this document, the following definitions apply.

3.1

Family Assistance Center

FAC

A secure, safe, and centralized facility that provides ongoing support services, information and resources to survivors and family members of the deceased following a mass casualty incident.

3.2

Incident Command System

ICS

An official management system designed to enable effective and efficient incident management by using a common organizational structure.

3.3

Incident Command

IC

The top-level management function within the Incident Command System (ICS) responsible for overall incident response, setting objectives, and implementing strategies. The IC, often a single individual, has authority over all activities, including Command Staff (Safety, Liaison, Information) and approving resource requests, typically at a centralized Incident Command.

3.4

Joint Information Center

JIC

A location where personnel with public information responsibilities coordinate critical emergency information functions, crisis communication, and public affairs functions. Public information is that which is classified as public under state law or deemed newsworthy information that is not legally protected.

3.5 mass fatality incident

MFI

Any incident in a jurisdiction which produces fatalities of an overwhelming number or complexity that special operations and organizations are required.

3.6 medicolegal authority

The medical examiner, coroner or other office responsible for medicolegal death investigation in a given jurisdiction, herein referred to as medicolegal authority.

3.7 Public Information Officer PIO

A spokesperson or communication coordinator designated by the medicolegal authority to disseminate information publicly on behalf of the medicolegal authority.

3.8 public information

The information that may be classified as public under state law or deemed newsworthy information that is not legally protected.

3.9 Victim Information Center VIC

A controlled area typically collocated within the FAC where the acquisition of antemortem (AM) data occurs, and missing persons information can be managed to enable the identification of victims of a MFI.

4 Background

4.1 General

Although medicolegal authorities routinely communicate with their leadership, families, and the public, communication during a mass fatality incident (MFI) requires special considerations. MFIs frequently involve multiple jurisdictions. The amount of attention from the jurisdiction's political leadership and the level of interest from the public increases during an MFI compared to daily operations. The establishment of an Incident Command (IC) structure requires new, often unfamiliar channels of communication to be instituted. Establishment of an effective Victim Information Center (VIC) requires collective family communication in a specialized venue. Mass fatality communication often involves extended timeframes, requiring increased planning and coordination.

5 Requirements

5.1 Preparing and Planning for MFI Communication

5.1.1 The medicolegal authority shall develop a communication section or annex to existing mass fatality plans or develop a stand-alone mass fatality communication plan.

5.1.2 The communication section, annex, or plan shall address communication with different audiences relevant to the event circumstances.

5.1.3 The communication plan shall:

- a) identify the acceptable methods and platforms for communicating with each audience;
- b) clearly explain the medicolegal authority's role and responsibilities in the management of an MFI;
- c) tailor the information for each audience as is necessary to the event circumstances;
- d) identify the information authorized for release for each specific audience, information which is restricted or confidential, and any legal limitations governing public release;
- e) include a contact list for partner organizations supporting the various aspects of the MFI response including their names, agency, position, and contact information, as well as possible predetermined locations to support these events;
- f) include an appendix with brochures, fact sheets, and/or FAQs for families and the public. Information contained in these public documents can often be adapted for use in briefing families and the public.

5.2 Activation of MFI Communication

5.2.1 The medicolegal authority shall pre-identify the specific internal and external parties required for participation in each functional aspect of an MFI response prior to an incident.

5.2.2 Notification distribution lists shall be reviewed at defined intervals and updated as necessary to ensure accuracy.

5.2.3 All pre-identified required parties shall be notified without delay upon activation of the MFI response plan.

5.2.4 A mechanism capable of providing rapid notifications shall be established in advance of any incident and be included in the MFI response plan.

5.2.5 Mass notifications shall be disseminated using automated or manual methods.

5.2.6 Separate mass notification distribution lists shall be maintained for internal personnel and for external partners.

5.2.7 The external mass notification distribution system shall support rapid communication with proper authorities within the city, county, regional, and state levels consistent with the scale of the MFI.

5.3 Clear and Effective Communication

5.3.1 The medicolegal authority shall serve as the primary source of information related to the disaster victim identification (DVI) and mass fatality management (MFM) operations.

5.3.2 The medicolegal authority shall ensure, to the extent possible, a continuous flow of timely and accurate information to leadership, the public, and the families and friends of decedents, recognizing that communication needs may vary by audience.

5.3.3 Each audience has differing lawful interests about the MFM operations. The medicolegal authority shall control what information is shared and manage expectations by balancing legal requirements, information limitations, and the emotional impact of MFIs.

5.3.4 The medicolegal authority shall recognize that clear and effective communication is important to the success of the MFI response and to community resilience.

5.4 Timely and Accurate Messaging

5.4.1 Communicating Accurate and Up-to-Date Information

5.4.1.1 General

5.4.1.1.1 Trust in the MFM operation depends upon accurate and timely communication; inaccurate, inconsistent, or missing information adds unnecessary stresses on community and incident management relationships.

5.4.1.1.2 The medicolegal authority shall:

- a) provide accurate, factual information within its authority and avoid speculation or unsupported statements;
- b) ensure internal and external messaging is consistent;
- c) coordinate with Incident Command to resolve information conflicts before any external dissemination, including to the media;
- d) promptly correct previously disseminated information when it is learned to be inaccurate.

5.4.1.2 Incident Names and the Media

5.4.1.2.1 MFIs are commonly named or receive taglines from the media. The medicolegal authority shall consider the potential negative connotations and long-term impacts to the community and responders in any public statements.

5.4.1.2.2 The medicolegal authority should refrain from sensationalizing any event by repeating media taglines in communication.

5.4.1.3 Accurate Victim Accounting

5.4.1.3.1 The number of fatalities being handled by each jurisdictional medicolegal authority is a focal point for the public and the media. It is common for the media to report differing numbers of fatalities which may cause confusion. Contradictory fatality counts are often the result of media speculation from the initial estimates of missing persons. The medicolegal authority shall assert its responsibility for reporting the confirmed number of fatalities, as soon as operationally possible.

5.4.1.3.2 The medical authority shall update the confirmed number of fatalities on a continual basis.

5.4.1.3.3 The medical authority shall provide the confirmed number of fatalities to Incident Command for coordinated dissemination.

5.4.2 Respectful Messaging

5.4.2.1 The language and tone of the messaging shall be sensitive to families, friends, and the public.

5.4.2.2 When appropriate, cultural leaders shall be consulted to advise on cultural practices and considerations for specific communities.

5.4.2.3 Standard terminology shall be designated at the beginning of the incident and used consistently by all parties disseminating information.

5.4.2.4 Terms such as “Dead bodies” or “fragments” shall not be used, instead “human remains” shall be used to reference the deceased, regardless of fragmentation.

5.4.2.5 Names of the identified shall not be disseminated before the legal next-of-kin have been notified.

5.4.2.5.1 Reasonable efforts to notify legal next-of-kin shall be defined in advance of an MFI, be consistent with routine practices, and be conducted before names are released to the public. Reasonable time shall be allowed for these predefined notification efforts to occur.

5.4.3 Applicable Laws and Leadership Guidance

5.4.3.1 The medicolegal authority shall:

- a) Identify in advance, categories of information that cannot be disclosed outside the MFM operational personnel, in accordance with privacy laws;
- b) not disclose private or confidential victim information without proper legal authorization or consent, in accordance with policies used in routine operations;
- c) ensure operational transparency, but not at the risk of premature or inappropriate disclosure of information;
- d) be prepared to educate various audiences on the legal aspects of privacy within their jurisdiction.

5.5 Engage Leadership

5.5.1 General

Those with leadership roles may exert significant pressure to give priority to the identification or release of certain victims or to be provided with the names of the identified prior to notification of the next-of-kin. The medicolegal authority shall assert its authority over the identification and

release of human remains and not succumb to leadership pressure to prematurely disseminate identities ahead of family notification efforts.

5.5.2 Communication with Political Leadership

The medicolegal authority shall:

- a) ensure timely communication with elected officials is established to provide the necessary situational awareness regarding the MFI response and the most current number of confirmed fatalities;
- b) proactively establish professional working relationships with the elected officials prior to an MFI to facilitate communication during actual incidents;
- c) establish communication with supervisory and jurisdictional leadership, especially in times of crisis;
- d) ensure that direct leadership and other political leadership such as the Governor's office, are informed through established pathways;
- e) coordinate the release of information with partner agencies prior to public dissemination;
- f) educate elected officials within their jurisdiction and the jurisdictions involved on DVI and MFM operations, preferably prior to or at the outset of an MFI.

5.5.3 Communication with Incident Command

5.5.3.1 When an Incident Command is established, the medicolegal authority shall operate within the system and share information within the command structure to support operational planning and decision making.

5.5.3.2 The medicolegal authority shall ensure that the Incident Command understands MFM processes and issues, and that it is a contained specialized operation.

5.6 Engagement with Families and Friends

5.6.1 General

Predefined methods for effectively communicating with family and friends shall be established in advance of an MFI and implemented during the response.

5.6.2 Designation of a "Family Member"

For assistance and identification purposes during an MFI, engagement shall not be limited to "legal next-of-kin". The medicolegal authority shall apply routine-practice criteria to identify and engage additional family members or close associates who may possess information critical to victim identification, while reserving legal next-of-kin determinations for other medicolegal matters including disposition of human remains.

5.6.3 Family Briefings at FAC

5.6.3.1 General

5.6.3.1.1 A structured means for simultaneously providing information and status updates to family members shall be created.

5.6.3.1.2 Initially, daily family briefings shall be held to ensure the families understand how the medicolegal authority is actively working to recover and identify the deceased.

5.6.3.1.3 The space chosen for conducting family briefings shall be selected to safely and comfortably accommodate all affected families.

5.6.3.1.4 Consistent personnel shall be assigned to conduct briefings, whenever possible.

5.6.3.1.5 As the MFI operations progress and new information becomes available less often, briefings may decrease in frequency or transition to individual communication.

5.6.3.2 Purpose of Family Briefings

5.6.3.2.1 Families shall receive current and accurate information regarding the recovery and identification of victims, as well as the investigation.

5.6.3.2.2 Family members shall be the first to receive information before any public release and in a compassionate manner.

5.6.3.3 Establishing Realistic Expectations

The medicolegal authority shall establish realistic expectations regarding the medicolegal operation and timelines to help build and maintain trust with victims' families and friends.

5.6.3.4 Staffing Family Briefings

Personnel assigned to brief family members shall be trained in the medicolegal mass fatality operations process and capable of addressing questions in a respectful, compassionate, and transparent manner. These personnel shall also be trained and practiced in speaking in front of a large group.

5.6.3.5 Requirements for Family Briefings

The medicolegal authority, or their designee, shall:

- a) develop talking points in advance of the briefing and present information using plain language;
- b) ensure translation and interpretation services are available as needed;
- c) provide information to families before it is released to the media;
- d) conduct family briefings as soon as possible and maintain regularly scheduled briefings;
- e) provide alternate means of communicating with families for those unable to attend briefings in person (e.g., video or phone conference);

- f) ensure knowledgeable medicolegal representatives are present to report on recovery and identification efforts.

5.6.3.6 Family Briefing Content

The relevant medicolegal topics covered during a family briefing shall include:

- a) status of search and recovery operations;
- b) number of recoveries, identifications, and notifications;
- c) medicolegal authority processes and procedures including;
 - a. collection of antemortem medical and dental records;
 - b. collection and analysis of DNA;
 - c. next-of-kin notification;
 - d. return of remains (disposition);
 - e. return of personal effects;
 - f. issuance of death certificates.
- d) data privacy requirements - information that can be shared with the media;
- e) resources available to families;
- f) opportunities for family questions and timely responses.

5.6.3.7 Suspending Regularly Scheduled Family Briefings

5.6.3.7.1 The medicolegal authority shall determine when to suspend their participation in family briefings at the FAC as the identification process becomes protracted and antemortem data collection processes are complete.

5.6.3.7.2 Families shall be informed in advance of any suspension of medicolegal family briefings and provided with direction on how they will continue to receive information from the medicolegal authority.

5.6.3.8 Communication on an Individual Basis

5.6.3.8.1 The medicolegal authority or their designee shall collect antemortem information including DNA reference samples in a private setting.

5.6.3.8.2 MFM personnel shall be trained in working with persons experiencing grief.

5.6.3.8.3 All communication with families shall be conducted with the utmost respect, dignity, sensitivity, empathy, and care.

5.6.3.9 Notification of Identification

5.6.3.9.1 The medicolegal authority shall:

5.6.3.9.1.1 Notify the legal next-of-kin in accordance with legal requirements in advance of the public release of a victim's name.

5.6.3.9.1.2 Define a protocol detailing the required due diligence for identifying next of kin. These steps must be completed before any public disclosure of a victim's identity occurs without prior family notification.

5.6.3.9.1.3 Resist the external pressures to release victims' names to political and/or incident command leadership.

5.7 Public Engagement

5.7.1 General

5.7.1.1 The medicolegal authority shall facilitate appropriate media requests using predefined communication procedures to ensure accurate, deliberate, and coordinated responses.

5.7.1.2 The medicolegal authority shall proactively promulgate public messaging to set expectations of the timelines for recovery and identification operations.

5.7.1.3 Existing social media accounts within the jurisdiction shall be used for public messaging rather than creating a new accounts for the incident.

5.7.2 Spokesperson

5.7.2.1 General

5.7.2.1.1 In smaller MFIs, the medicolegal authority or their representative shall speak for their office and the MFM operations utilizing their office PIO, if one is employed by the agency.

5.7.2.1.2 In larger or more complex MFIs, an ICS shall be implemented, and a PIO designated by Incident Command shall coordinate all public dissemination of information.

5.7.2.1.3 In larger MFIs, the PIO shall work within a JIC and funnel the information garnered to the outside sources as appropriate. A JIC may be established for incidents of any size based on incident complexity.

5.7.2.1.4 Each participating agency (e.g., police, fire, political offices, legal counsel, etc.) shall have their own representative PIO that is responsible for disseminating information regarding their agency's relevant work within the MFI.

5.7.2.1.5 The PIO's from each agency shall coordinate in advance to deconflict information before release, especially when an ICS is not utilized for the specific incident.

5.7.2.2 Role of the PIO

5.7.2.2.1 The PIO shall manage media inquiries, verify information, dispel rumors, and control information relating to the MFI including how and to whom information is disseminated.

5.7.2.2.2 The PIO shall be an expert on communication and know the subject matter of their communication prior to holding any briefing.

5.7.2.2.3 The PIO shall consult subject matter experts as needed to prepare accurate and appropriate messaging prior to any briefings.

5.7.2.3 Selecting a PIO

5.7.2.3.1 When selecting a PIO for a specific incident, the medicolegal authority shall proactively discuss with the appropriate decision-makers to ensure identification of the best-qualified individual to handle the expected questions and information.

5.7.2.3.2 If a selected JIC PIO is not familiar with mass fatality operations, then the medicolegal authority shall request to have a chosen representative from their office embed in the JIC.

5.7.2.3.3 If there is no JIC, then the medicolegal authority shall review relevant messaging or participate in media events to answer difficult questions.

5.7.2.3.4 The medicolegal authority shall maintain a communication plan for the possibility of serving as the PIO.

5.7.2.4 Medicolegal Spokesperson

5.7.2.4.1 Where needed, selection of the spokesperson for the medicolegal authority shall be made with careful consideration as the medicolegal official may not be the most capable spokesperson within the organization.

5.7.2.4.2 MFIs shall not be used for self-promotion or political gain.

5.7.2.4.3 The medicolegal authority shall not issue independent, anonymous, or off-the-record communication outside the larger Incident Command (when established).

5.7.3 Media Engagement

5.7.3.1 General

5.7.3.1.1 The medicolegal authority shall acknowledge the media's role in informing the public about the mission and objectives of the medicolegal authority during a MFI response.

5.7.3.1.2 The medicolegal authority shall utilize the media to disseminate information regarding MFM operations (e.g., FAC or VIC location), and to request the public's assistance, such as directing families and friends to centralized reporting mechanisms for victim accounting.

5.7.3.1.3 The medicolegal authority shall take a proactive approach to engage with the media following a MFI.

5.7.3.1.3.1 The medicolegal authority should consider pre-MFI opportunities to establish relationships with media outlets and personnel.

5.7.3.1.3.2 These relationships may be fostered through outreach activities, education, and approved facility tours.

5.7.3.1.3.3 All media relationships shall be conducted professionally and ethically.

5.7.3.1.3.4 Practices shall be in place to avoid actual or perceived conflicts of interest.

5.7.3.1.3.5 Where appropriate, the media can be encouraged to attend training and exercises to gain a baseline understanding of MFM operations and obtain stock imagery and video footage of facilities.

5.7.3.1.4 The medicolegal authority shall consider outreach to media contacts to assess their awareness of the incident and inform them of the initial response activities, and to provide the designated PIO contact information.

5.7.3.1.5 The medicolegal authority shall develop pre-approved general messaging developed in advance for use during MFIs.

5.7.3.2 Limits on Media Engagement

5.7.3.2.1 The medicolegal authority shall place limits on media access to protect operations and affected persons. This also maintains the ethical, legal, and investigation needs of the MFI.

5.7.3.2.2 The medicolegal authority shall have awareness of where the media is legally permitted to gather around operational areas (e.g., public sidewalks, land, etc.) and take precautions as needed to mitigate any real or perceived insensitivities.

5.7.3.2.3 The medicolegal authority shall not allow media inside the morgue during MFI operations.

5.7.3.2.4 Families and friends at the FAC and VIC shall be shielded from the media.

5.7.3.2.5 A secure perimeter shall be established around the morgue facility to discourage unauthorized photography and videography.

5.7.3.2.6 All MFM personnel shall be instructed to refer all media inquiries to the PIO or medicolegal spokesperson.

5.7.3.2.7 Preparation for shielding from the expected use of drones, helicopters or other unconventional photography and videography shall be taken. Not all operations will allow for an FAA ban on surrounding airspace.

5.7.4 Multiple Communication Platforms

5.7.4.1 Press Releases

5.7.4.1.1 In an MFI, press releases shall be used to provide contact information for the PIO, directions for obtaining information in the future, or to convey specific messages to the public.

5.7.4.1.2 Press releases shall:

- a) contain only facts;
- b) refrain from speculation;
- c) include only information within the authority's responsibility.

5.7.4.1.3 Press releases shall follow standardized templates and pre-identified distribution lists.

5.7.4.2 Press Conferences

5.7.4.2.1 Press conference talking points, statements, and relevant information (e.g., statistics, missing person counts, victim accounting, etc.) shall be prepared and vetted in advance prior to dissemination.

5.7.4.2.2 Press conferences shall be coordinated in advance with the JIC, if established, or the primary response agencies involved and structured to permit agency-specific information sharing.

5.7.4.2.3 Information disseminated during a press conference shall already have been communicated and explained to victim families during a family briefing.

5.7.4.2.3.1 Family objections and concerns shall be taken into consideration when developing talking points.

5.7.4.2.3.2 Families shall be briefed in advance of the media and notified of the information that will be shared. It must be made clear why certain information that may be considered sensitive to the families is required to be shared with the public.

5.7.4.2.4 The PIO shall be prepared to address questions from the media regarding the agency's response to the MFI (e.g., recovery efforts, fatality counts, decedent identification, personal effects).

5.7.4.2.5 The PIO shall answer questions in a concise manner without speculating or disclosing protected information, or unauthorized information.

5.7.4.2.6 Care shall be taken when using concepts or terms that could be misinterpreted or misunderstood (e.g., acronyms, scientific terminology; for instance, the term "bodies" suggests the remains are intact, where some of the human remains could be fragmented).

5.7.4.2.7 No information regarding specific victims shall be released or commented on prior to identification and notification of the legal next-of-kin.

5.7.4.2.8 If information is unavailable, the PIO shall state so and provide updates when possible.

5.7.4.3 Social Media

5.7.4.3.1 Social media is a rapid and powerful platform to directly engage with the public following a MFI. Online content offers the public the unique ability to view, comment, and share information. All involved agencies shall understand the limitations of the various social media platforms. Any information disseminated via social media shall be consistent with any other communication to the greatest extent practicable.

5.7.4.3.2 When using social media, all information disseminated shall be done through an official, previously established, social media profile.

5.7.4.3.3 All those involved in the operation shall refrain from using personal profiles, or posting information that is graphic, derogatory, or perceived as insensitive.

5.7.4.3.4 Social media shall only be used with careful attention to the message, visuals, and audience.

5.7.4.3.5 Profile photos shall be informative and tasteful, preferably identifying the agency (e.g., agency logo).

5.7.4.3.6 Any photographs shall be devoid of identifying information, and the background scrutinized for inappropriate or unexpected content.

5.7.4.3.7 While the official social media profile does not require direct management or control by the respective agency's PIO, the person responsible for posting, monitoring, and responding to online content shall not do so without PIO consent.

5.7.4.3.8 Before posting on social media sites, the following should be considered:

- a) the intended audience;
- b) alternative methods to reach that audience;
- c) a plan to handle public comments or responses to the information posted.

5.7.4.4 Visual Aides and Fact Sheets

5.7.4.4.1 The medicolegal authority's PIO shall consider the use of agency-specific logos on all media communication to source the information being disseminated.

5.7.4.4.2 Fact sheets shall be developed during pre-incident planning to address frequently asked questions, or explain complex information in a thoughtful, easy to understand manner.

5.7.5 Public Interviews

5.7.5.1 The medicolegal authority's communication strategy for all public interviews shall be directed at conveying the agency mission and objectives to a wide audience.

5.7.5.2 Before granting an interview with a specific media outlet, the medicolegal authority shall consider perceptions of favoritism and their ability to grant similar requests from other media outlets.

5.7.5.3 The medicolegal authority shall not discuss specific victim information, nor answer questions related to the responsibilities of other response agencies and/or the perceived successes or failures of the response.

5.7.5.4 Careful consideration shall be taken prior to deciding to fulfill requests for media interviews following the conclusion of an MFI to provide historical or documentary information relevant to the medicolegal response.

5.7.5.4.1 All questions and the intended scope of the interview shall be coordinated by the PIO, or current legal representative who manages communication for the medicolegal authority, as this often occurs years after the event has concluded.

5.7.6 Monitoring of Media Coverage

5.7.6.1 The designated PIO and the medicolegal authority shall monitor local and national news outlets for information about MFM operations to accurately identify and dispel misinformation.

5.7.6.2 The PIO and medical authority shall monitor information reported by the media and shall correct misinformation and dispel rumors.

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