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Victim Information Center

Best Practice Recommendation for Medicolegal Death Investigation Authorities

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Foreword

These guidelines provide medicolegal death investigation (MDI) authorities a framework for establishing and operating a Victim Information Center (VIC) following a mass fatality incident. This document defines the purpose and objectives of a VIC.

Timely and compassionate family engagement is a foundational principle of disaster victim identification (DVI). Best practices include establishing the Victim Information Center (VIC) as quickly as possible following a disaster incident to offer a location where the MDI authority and law enforcement can collect information from and provide information to the family and friends of victims.

The VIC may be collocated with other responding agencies, sometimes as part of a larger Family Assistance Center (FAC), which provide other services to victims and families. The mission of the VIC is to receive notice from families and concerned friends of disaster victims. The VIC collects antemortem (AM) information through interviews with the next of kin (NOK) and performs data entry so that identification of the deceased can be made. In addition, it transfers necessary information to the NOK and assists the medicolegal authority with notifications, if requested.

Although identification of decedents may begin in the field, the rate limiting factor influencing the overall success of the victim identification process is the ability to obtain valid AM information. The best practice recommendations presented in this document are designed to outline the process for VIC operations following a mass fatality incident (MFI) to maximize the information yield while attempting to minimize the secondary trauma to the family and friends of the victims and those working the operation.

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

Questions, comments, and suggestions for the improvement of this document can be sent to AAFS-ASB Secretariat, asb@aafs.org or 410 N 21st Street, Colorado Springs, CO 80904.

All hyperlinks and web addresses shown in this document are current as of the publication date of this standard.

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Keywords: *Victim Information Center (VIC), Family Assistance Center (FAC), Disaster Victim Identification (DVI), Family Reception Center (FRC), Mass Fatality Incident (MFI), Antemortem Interview, Family Briefing, coroner, medical examiner, medicolegal death investigation, medicolegal death investigation authority.*

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1 Scope

This document provides guidance on establishing a Victim Information Center (VIC) to conduct scientific medicolegal functions. These guidelines also provide medicolegal death investigation (MDI) authorities a framework to collect forensic reference samples and antemortem (AM) data required to identify victims of an incident. This document defines the purpose and objectives of a VIC, when it should be established, how it is managed, and the role of the medicolegal authority.

2 Normative References

There are no normative reference documents. Annex A, Bibliography, contains informative references.

3 Terms and Definitions

For purposes of this document, the following definitions apply.

3.1
disaster victim identification
DVI
Processes and procedures for identifying and re-associating human remains via the application of scientific methods.

3.2
family assistance
The provision of services and information to the family members of those killed and to those injured or otherwise impacted by the incident.

3.3
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 fatality incident.

3.4
Family Reception Center
FRC
Also known as the Friends and Relatives Center, is a temporary location established minutes or hours after incident notification as a location for friends and family members to gather and receive information until a FAC is established and operational.

3.5
mass fatality incident
MFI
Any incident which produces fatalities of an overwhelming number or complexity that special operations and organizations are required.

3.6
mass fatality management
The overarching operation involving processing an incident that resulted in a significant number of fatalities, includes communicating with victim families; search and recovery, processing and identification of the dead, and returning them to their families.

3.7
medicolegal death investigation (MDI) authority
The medical examiner, coroner, or other office responsible for medicolegal death investigation in a given jurisdiction, herein referred to as medicolegal authority.

3.8
Victim Information Center
VIC
A controlled area typically collocated within the FAC where the acquisition of AM data occurs, and missing persons information can be managed to enable the identification of victims of an MFI.

4 Recommendations for Victim Information Center Operations

4.1 Progression of Family Assistance Following an MFI

4.1.1 In the immediate hours following a mass fatality incident (MFI), the incident commander should designate a community space to be established as a temporary centralized location, a Family Reception Center (FRC), for families and friends to gather, protect families from the media and curiosity seekers, facilitate preliminary information sharing to support family reunification and reduce congestion at the medicolegal authority's office or the incident site.

4.1.2 The FRC should be replaced by a family assistance center (FAC).

4.1.3 The local medicolegal authority should be aware that an FRC has been established and direct families to the location until the FAC is opened.

4.2 Family Assistance Center

4.2.1 Ownership Recommendations

4.2.1.1 The medicolegal authority should be involved in the initial decision-making and coordinated actions required to activate the FAC.

4.2.1.2 The local medicolegal authority should focus efforts on DVI operations and rely on local partner agencies to assume responsibility for FAC operations that are outside the purview of the medicolegal authority.

4.2.1.3 The medicolegal authority should establish and manage the VIC.

4.3 Victim Information Center

4.3.1 Purpose and Description

4.3.1.1 The medicolegal authority should establish a victim information center (VIC) to coordinate data management and facilitate victim identification efforts.

4.3.1.2 Law enforcement should be invited to operate within the VIC to conduct missing person investigations and regularly provide status updates of these investigations to the medicolegal authority to support identification efforts.

4.3.1.3 The establishment of a VIC should be a priority in open population mass fatality incidents, where the victim population is not clearly defined, to support the development of an accurate and reliable list of decedents.

4.3.2 Activation of the VIC

4.3.2.1 General

4.3.2.1.1 The medicolegal authority should communicate with local partner agencies to identify whether a FAC is being activated. If activated, the medicolegal authority should communicate VIC requirements to the partner agencies responsible for FAC operations.

4.3.2.1.2 When a FAC is not established, the medicolegal authority should decide whether to establish a VIC as a stand-alone operation. This decision should be based upon whether it will enhance the centralized collection, sharing, and dissemination of information.

4.3.2.2 Staff Recommendations

4.3.2.2.1 Staff under medicolegal authority supervision should include:

a) personnel trained to conduct AM interviews in a compassionate manner such as funeral directors, medicolegal death investigators, forensic nurses, etc.;

b) personnel trained to identify suitable DNA reference sample donors, to collect DNA reference samples, to obtain consent, and to document chain of custody for the collected samples;

c) personnel responsible for requesting medical and dental records from relevant entities, tracking outstanding requests, and evaluating the quality of AM records for the identification process;

d) personnel responsible for implementing a quality assurance program for the data collected during the VIC operation;

e) information technology specialists;

f) administrative personnel; and

g) personnel designated to manage the overall VIC operations and liaise with other agencies and organizations operating in the FAC to coordinate medicolegal efforts.

4.3.2.2.2 The medicolegal authority should manage these staff, and if necessary, contact government and non-government partners in the local jurisdiction to fulfill the staffing needs of the operation.

NOTE The circumstances of an incident may allow individuals to serve multiple roles.

4.3.2.3 VIC Facility Considerations

4.3.2.3.1 When establishing a VIC operation, the medicolegal authority should work collaboratively with the FAC lead agency to ensure that the facility:

a) is in a convenient location for the family and friends of victims of the incident;

b) is secure and private.

c) is equipped with internet and cellular service and hardware to support substantial amounts of data transmission;

d) includes a family waiting room that can accommodate up to ten family members per victim;

e) includes private rooms to support AM interviews;

f) includes administrative space to support back-office operations; and

g) includes a room for staff respite.

4.3.2.3.2 The location selected for a FAC should be scalable to allow the operation to accommodate larger groups than initially anticipated and to accommodate virtual VIC operations when the incident warrants.

4.3.3 VIC Operations

4.3.3.1 Reception

4.3.3.1.1 The medicolegal authority should coordinate a reception process with FAC leadership to document people entering the FAC.

4.3.3.1.2 Registration should allow for identification and notification of the legal representatives authorized to direct disposition who are present at the FAC.

4.3.3.1.3 A family liaison should be assigned at the time of reception.

4.3.3.2 Antemortem Interviews

4.3.3.2.1 Interviews with families and friends of those who are presumed deceased are a primary source of the AM data needed to identify human remains. These interviews can be conducted by a variety of personnel trained in conducting AM interviews involving in-depth and confidential conversations with family members in a respectful and compassionate manner.

4.3.3.2.2 The interview should not resemble an interrogation and instead should be facilitated as a conversation to gain pertinent victim information, including medical/dental history, employment

history, and unique identifying features such as scars, marks, tattoos, and previously recorded fingerprint records.

4.3.3.2.3 If there is a concurrent missing person's investigation led by law enforcement, the medicolegal authority should coordinate with law enforcement to conduct a joint family interview to reduce duplication of effort and further trauma on the interviewees.

4.3.3.2.4 Other options for AM interviews, such as telephonic and virtual, should be made available to families that are unable to travel.

4.3.3.3 Antemortem Records Collection

4.3.3.3.1 The speed and success of a disaster victim identification operation can be improved by prioritizing rapid access to AM data. After the interview, staff should be assigned to request relevant medical and dental records from physicians, dentists, hospitals, and other healthcare providers identified by the family.

4.3.3.3.2 Family members should be informed that they can also contribute valuable records, such as fingerprints, dental charts, DNA reference samples, radiographs, and surgical histories, and provide guidance on how to submit these records promptly.

4.3.3.4 Antemortem Data Management

4.3.3.4.1 All information collected should be managed during AM interviews such as photographs, records, and other data using an electronic system that allows for efficient comparison with postmortem findings.

4.3.3.4.2 Staff should be assigned to schedule interviews, collect relevant records, and track the intake of photographs, records, and DNA reference samples to maintain chain of custody.

4.3.3.4.3 All AM data gathered at the VIC should be securely transferred to the medicolegal authority.

4.3.3.5 Personal Effects as Reference Samples

4.3.3.5.1 The personal effects (PE) of the deceased are meaningful to families and should be a significant consideration in planning for mass fatality incidents.

4.3.3.5.2 PE should be returned to the next of kin (NOK) in a timely fashion in accordance with statutes.

4.3.3.5.3 The medicolegal authority should develop a clear process for managing personal effects collected from family members during AM interviews that includes:

a) explaining how items are managed, including the use of reference samples for identification purposes and the potential need for destructive sampling;

b) setting expectations regarding the return of items, emphasizing that items such as photographs are scanned and promptly returned; and

c) cataloging all submitted items to ensure proper handling and documentation.

4.3.3.6 Death Notifications

4.3.3.6.1 The medicolegal authority may perform death notifications in coordination with law enforcement and spiritual or behavioral health providers, ideally in person at a designated location such as the VIC or at the family member's home.

4.3.3.6.2 Telephone notifications should be avoided unless no other option is available.

4.3.3.6.3 Notifications should be made privately, with individual family groups, and include support in initiating the death certification process to facilitate the timely release of remains.

4.3.3.7 Identification Notification Preferences

4.3.3.7.1 In incidents involving highly fragmented human remains, the medicolegal authority should anticipate the possibility of multiple identifications and corresponding notifications.

4.3.3.7.2 To support informed and compassionate communication, the decedents' legal NOK or designated representative should be consulted to determine their notification preference. Additional notification options include:

a) no additional notifications;

b) notification after each identification; or

c) notification once all remains have been identified.

4.3.4 VIC Demobilization

4.3.4.1 Identifying the criteria early enables the medicolegal authority to effectively and efficiently establish VIC operational schedules and staffing levels. Demobilization of the VIC may be conducted in a phased approach. The demobilization of a VIC may not mean the cessation of VIC operations, but the transition of VIC operations to a normal workplace.

4.3.4.2 Demobilization criteria should be identified prior to commencing operations.

4.3.4.3 For a large-scale open population incident, the medicolegal authority should establish a strategy for managing additional missing persons reports coming in later.

4.3.4.4 The medicolegal authority should consider the following potential demobilization criteria:

a) confirmation with law enforcement that no additional missing persons reports have been made;

b) completion of AM interviews for all family groups;

c) diminished AM data collection operations to a level that the local medicolegal authority can manage;

d) exhaustion of all victim recovery and identification activities; and

e) diminished attendance at family briefings.

4.3.5 Personnel Well-being and Self-Care

4.3.5.1 Specialists trained in disaster mental health should be available to assess staff well-being, provide immediate stabilization, and make appropriate referrals when necessary.

4.3.5.2 Staff should rest after completing an AM interview.

4.3.5.3 The medicolegal authority can promote personnel well-being by performing the following.

a) Developing or modify existing pre-deployment assessment tools to determine a VIC team member's physical, mental, and emotional readiness for deployment.

b) Incorporating strategies within the VIC that promote the physical, mental, and emotional health of all personnel. Prioritize rest cycles, workload management, and access to supportive resources throughout the operation.

c) Creating an environment of empathy and respect. Encourage open and transparent communication about mental and emotional health, and provide regular opportunities for staff debriefings, team reflection, and decompression.

d) Engaging behavioral health professionals, both governmental and non-governmental, who are trained in disaster mental health.

e) Informing personnel of available employee assistance programs (EAP), crisis support services, and wellness resources.

4.3.5.4 VIC personnel can practice strategies that promote positive physical, mental, and emotional behaviors by participating in rest cycles, peer support, team debriefing, and stress management techniques. AM interviews may take hours to complete, following which the interviewers should rest for no less than 30 minutes.

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