



2024-2028 PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP) COOPERATIVE AGREEMENT NOTICE OF FUNDING OPPORTUNITY (NOFO)

Fatality Management Decision Making

Purpose

This document outlines the essential role of public health agencies in managing fatalities during antemortem data, supporting survivor mental health, and aiding in fatality processing. It includes a flowchart for decision-making during mass casualty events and underscores the importance of interagency coordination, especially with hospitals, EMS, law enforcement, and coroners.

Overview

Public health agencies play a vital but often complex role in managing fatalities during emergencies. Capability 5: Fatality Management of the [2019 Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health](#) outlines five essential functions public health must fulfill:

- Determine the public health agency's role in fatality management.
- Identify and facilitate access to resources to support fatality management operations.
- Assist in the collection and dissemination of antemortem data.
- Support the provision of survivor mental and behavioral health services.
- Aid in fatality processing and storage coordination.

Given the sensitivity and legal complexity of fatal events, public health must coordinate carefully with hospitals, emergency services, law enforcement, and medical examiner agencies that may hold primary legal authority. Even with existing plans, initiating action can be challenging without risking overreach.

To support decision-making, a flowchart-based tool has been developed. It guides public health professionals through key engagement points, aligned with the five core functions, ensuring appropriate and timely support during mass casualty events.



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Key Challenges

When incorporating images into your fact sheets, ensure that you use high-quality images. It is advisable to limit the use of images to one per page, as too many visuals can make the fact sheet appear cluttered and harder to understand.

- Jurisdictional sensitivities and legal boundaries
- Reluctance to share data due to privacy concerns
- Delayed engagement due to unclear roles or fear of overstepping
- Lack of coordination with sovereign tribal nations

Real-World Examples

- Opioid data-sharing conflicts
- Delayed public health action in the Flint Water Crisis
- COVID-19 death reporting inconsistencies
- Limited public health involvement in school shooting recovery
- Jurisdictional oversteps on tribal lands

Recommendations

It is recommended that public health professionals use the fatality management flowchart to support decision-making during mass casualty events. To enhance fatality management preparedness, public health agencies should also:

- **Establish memoranda of understanding (MOUs)** and clarify legal authorities and responsibilities.
- **Build pre-crisis relationships** with key partners across sectors.
- Develop and routinely practice communication protocols to ensure clarity and coordination.
- **Respect legal, cultural, and tribal considerations** throughout all response activities.
- **Ensure secure and ethical data-sharing practices** that protect privacy and uphold public trust.
- **Integrate approaches that address the needs of at-risk populations and people affected by trauma** into all planning and response activities.
- Advocate for the inclusion of public health in broader emergency management plans and activities.

By taking these steps, public health agencies can navigate complex fatality events more effectively, foster interagency trust, and ensure a coordinated, compassionate response.



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FATALITY MANAGEMENT DECISION MAKING TOOL

START

Has a mass fatality incident (MFI) occurred or is there risk of one?

YES

Is the cause related to a public health emergency (e.g., pandemic, bioterrorism, natural disaster)?

NO

Coordinate with emergency management and medical examiner/coroner (ME/C).

YES

Is the incident overwhelming local death care capacity (e.g., morgues, funeral homes)?

NO

Support ME/C with planning, surveillance, and health messaging.

YES

Does the public health agency have a fatality management annex in its emergency operations plan (EOP)?

YES

Activate the plan and coordinate with partners. Support fatality management efforts with surveillance/data sharing, health messaging to families and the public, and mental/behavioral health coordination.

END

NO

Are partners (e.g., emergency management, ME/C, healthcare, FEMA) activated and coordinating a response?

YES

NO

Does the situation involve infectious disease risks (e.g., COVID-19, Ebola)?

YES

Public health agency leads or co-leads: safe handling guidance (PPE, body transport, burial), infection control measures, and communication with the public and partners.

NO

Are there at-risk populations impacted?

YES

Ensure messaging and resource dissemination related to body identification, storage, and next-of-kin notification addresses the needs of at-risk populations with access and functional needs.

NO

Does the event require federal support (e.g., HHS, FEMA)?

YES

Coordinate federal resource requests through state or emergency management.



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