

## **OSAC REVIEW SPRING 2025 (OSAC = Organization of Scientific Area Committees)**

**NAME OSAC UPDATE #16:** OSAC 2022-N-0021

### **Family Engagement Following a Mass Fatality Incident: Victim Information Center Best Practice Recommendations for Medicolegal Authority**

This best practices document was developed by the OSAC subcommittee Medicolegal Death Investigation, in the Disaster Victim Identification Task group. It originated from the Scientific Working Group on Disaster Victim Identification (SWGDIV). It has a place on the OSAC registry as a “proposed standard” but has been submitted to a standards development organization, and may change as it undergoes revisions in that consensus based process.

*This is a brief summary of OSAC 2022-N-0021, and as such may leave out or misinterpret important details. **See link to full document (below).***

**Value:** Useful when developing a mass fatality plan, or when reviewing/revising a mass fatality plan. If the Medicolegal Authority has outsourced this responsibility via an MOU or other arrangement, this document could be incorporated into best practices for that agency.

**FOREWARD:** Establishing the Victim Information Center (VIC) as quickly as possible is a best practice. The usual rate limiting factor in identifying decedents in a mass fatality incident is the ability to obtain valid antemortem data. The VIC coordinates with the Family Assistance Center (FAC).

**ONE of the terms in the definitions section is summarized here, as some Medicolegal Authorities may not be familiar with this term.**

**Family Reception Center FRC:** (differentiated from FAC-Family Assistance Center) A temporary location established as soon as possible after the incident as a location for gathering friends and family until the FAC is operational. The FRC avoids unmanageable congregation of family members at the incident site or elsewhere.

## **RECOMMENDATIONS:**

- Initial establishment of a Family Reception Center (FRC) as a temporary centralized location to protect the family from curiosity seekers and facilitate preliminary information sharing. The FRC transitions to the Family Assistance Center as soon as is feasible.
- The local medicolegal authority should focus all efforts on DVI operations and rely on local partner agencies for Family Assistance Center Operations, for example the public health department.
- FAC service recommendations—13 services are listed in the document, including security, legal services, and travel/lodging.
- Establish regularly scheduled, compassionate family briefings so that families have accurate, current information regarding recovery and victim identification. General guidelines are provided in the document including that information should be provided to families before release to the media.
- Recommendations are provided as to the content of family briefings, such as status of search and recovery, explaining medical examiner/coroner processes and procedures, how to obtain death certificates.
- The VIC is to be in a secure and centralized location, typically within the FAC. Law enforcement is responsible for missing persons investigations, a critical function especially in an open population mass fatality incident.
- Establish realistic expectations for families to help build trust. The way families are treated may determine the perceived success of the incident response.
- Eight staffing recommendations are listed including personnel trained to identify suitable DNA reference samples, and those trained to conduct antemortem interviews.
- Features of a VIC facility are listed, such as having private rooms for antemortem interviews, an assembly area for briefings, internet and cellular service to support large amounts of data transmission
- Reception in the VIC should include a process to document that appropriate persons are entering.

- Antemortem interviews take multiple hours to complete and should be facilitated as a conversation and not an interrogation.
- Personal effects carry a high significance for families and are to be returned in a timely and appropriate manner. Families may also provide personal effects such as photographs, and photographs should be scanned and returned to the family during the antemortem interview.
- Recommended that death notifications be conducted in private with individual family groups.
- The Medicolegal authority should discuss notification preferences with families regarding highly fragmented remains, the document provides 4 possible options.
- VIC demobilization—criteria for demobilization should be established in the VIC plan. The VIC may transition to a normal workplace. Five possible criteria for demobilization are listed in the document.

**Full Document:**

<https://www.nist.gov/document/osac-2022-n-0021-family-engagement-following-mfi-victim-center-bpr-mdi-version-20>