

**OSAC PROPOSED STANDARD
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Media Communications
Following a Mass Fatality Incident:
Best Practice Recommendations
for the Medicolegal Authority**

Disaster Victim Identification Task Group
Medicolegal Death Investigation Subcommittee
Medicine Scientific Area Committee
Organization of Scientific Area Committees (OSAC) for Forensic Science



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Media Communications Following a Mass Fatality Incident: Best Practice Recommendations for the Medicolegal Authority

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Foreword

Media acts as a watchdog to protect public interest and create public awareness. The dramatic nature of mass fatality incidents captivates the public interest and is intertwined with the overwhelming desire for medicolegal authorities to accomplish victim accounting and identification in an efficient, transparent manner. Understanding the role of the media in a mass fatality incident, the medicolegal authority can leverage them to proactively communicate information and public messaging regarding fatality management operations. Utilizing a variety of communications methods, the medicolegal authority can create a comprehensive, efficient strategy for information sharing that respects the families and improves public awareness.

1.0 Scope

The purpose of this document is to provide guidance on the various aspects of communication and data sharing with media in mass fatality incidents. The medicolegal authority should consider their role in the collection, sequestering, and dissemination of information to the survivor families and media. The medicolegal authority should establish relationships with local media to manage expectations and create a foundational basis for communications in a mass fatality incident.

2.0 Normative References

There are no normative references. Informative references are included at the end of this document.

3.0 Terms and Definitions

Joint Information Center (JIC): A location where personnel with public information responsibilities coordinate critical emergency information functions, crisis communications, and public affairs functions.

Public Information Officer: A spokesperson or communications coordinator designated by the medicolegal authority to disseminate information publicly on behalf of the Medicolegal Authority.

Public Information: Information that may be classified public under state law or deemed newsworthy information that is not legally protected.

Media Representative: Individuals who are employed or act on behalf of electronic or print media including radio, television, internet and newspaper.

Victim Information Center (VIC): The VIC is the component of the Family Assistance Center (FAC). The VIC is a controlled area within the FAC where the acquisition of antemortem data occurs to enable the identification of victims of a mass fatality incident (MFI). Establishment of the VIC is the responsibility of the local medicolegal authority.

Family Assistance Center (FAC): An FAC facilitates the exchange of timely and accurate information with family and friends of injured, missing, or deceased disaster victims, the investigative authorities, including the Medicolegal Authority and service providers (e.g. American Red Cross). The Medicolegal Authority role at the FAC includes gathering antemortem data (via the Victim Information Center) and notifying the legal representative authorized to direct disposition regarding the deceased. Non-medicolegal services provided at the FAC may include grief counseling, childcare, religious support, facilitation of family needs,

antemortem data collection, and notification of death to the legal representative authorized to direct disposition. FACs can be physically or virtually established sites.

Medicolegal Authority: The Medical Examiner, Coroner, or other office responsible for medicolegal death investigation in a given jurisdiction.

Mass Fatality Incident (MFI): Any incident which produces fatalities of a sufficient number or complexity that special operations and organizations are required.

Incident Command System (ICS): A management system designed to enable effective and efficient domestic incident management by integrating a combination of facilities, equipment, personnel, procedures and communications operating within a common organizational structure.

4.0 Recommendations

4.1 Designating a Public Information Officer

In a mass fatality incident, the responsibilities of the medicolegal authority exponentially increase, and implementation of an incident command structure is recommended. Within that structure, the role of the public information officer (PIO) should be designated. This person should report directly to the fatality management incident commander (e.g. medicolegal authority). The PIO should have appropriate communications skills or expertise. The PIO may be selected from within the agency or from another agency within the larger organization (county, state). Irrespective of their agency affiliation, this individual should have a pre-existing relationship with the medicolegal authority and familiarity with both daily and mass fatality management operations. In some jurisdictions, data on decedents or death investigations is protected by specific statutes or laws, and the PIO should have knowledge of the data classifications (public, confidential, private), protections and authority to release information.

The PIO should be responsible for receiving media requests for information, dispelling rumors, verifying the accuracy of data, and disseminating or restricting information to the media using platforms agreed to by the medicolegal authority.

The PIO may rely on a communications or public relations staff to assist with various aspects of collecting, monitoring and disseminating of information. The PIO should rely on expertise from various subject matter experts to provide messaging regarding their area of expertise. Whenever possible, the medicolegal authority should utilize the same PIO throughout the operation to promote trust and consistency of messaging.

4.1.1. Medicolegal Authority as the Public Information Officer

In some instances, the medicolegal authority may act as the PIO. This is particularly true in jurisdictions with limited personnel, or whenever the medicolegal authority makes the decision to act as the public spokesperson. It is not required that the medicolegal authority act as the PIO. The medicolegal authority should make the decision based on their own comfort level with public speaking, understanding of fatality management concepts, and responsibility to other operational activities. The desire for personal publicity should not be a consideration when making this decision.

4.2 Establishing Relationships with Media

Medicolegal authorities routinely interact with the media on cases that garner public interest (e.g. homicides, motor vehicle accidents) as part of routine daily operations. These interactions may occur via multiple platforms, such as regular press releases with pre-identified releasable information or direct

communication with media outlets and journalists. It is important for medicolegal authorities to consider pre-incident opportunities to establish proactive relationships with media personnel and outlets. These relationships may be fostered through facility tours, public interest stories, public outreach and educational opportunities. It is essential to maintain these relationships professionally and ethically. Caution must be taken to avoid relationships that create an actual or perceived conflict of interest.

During pre-incident operations, PIO's can serve as a liaison between the medicolegal authority and media to proactively address operational issues and create opportunities to foster positive relations. The media should be encouraged to attend training and exercises to gain baseline understanding of fatality management operations and obtain stock imagery and video footage of facilities (if permitted).

4.3 Medicolegal Authority Coordination with the Joint Information Center

The PIO should coordinate with the affected jurisdiction's Joint Information Center (JIC), if established. All disseminated information should be directed from the JIC, including releases and briefings. If a JIC is not established, the medicolegal authority should coordinate release of information with other involved agencies prior to public dissemination. Inconsistent or conflicting messaging coming from multiple agencies will result in confusion and erode public trust, which will then prove very difficult to rebuild.

4.4 Legal Aspects of Privacy Practices

Privacy laws vary considerably from jurisdiction to jurisdiction. During mass fatality operations personnel from local, regional, national and international media outlets may inquire about fatality management operations and victim information.

The PIO should not only be aware of, but prepared to educate the media on, the legal aspects of privacy within their jurisdiction. A balance exists between the public's right to know and the family's right to privacy as well as between transparency of operations and the risk of premature disclosure of information. Private or confidential victim information should not be disclosed without proper legal authorizations or consent.

The medicolegal authority should be aware that information disseminated to or received from partnering agencies may be subject to restrictions or public sharing requirements. Whenever information is protected or classified confidential, it should be identified as such to prevent unintentional disclosure.

4.5 Communication Platforms

Communication with the media can occur in a variety of formats, each serving a specific intended purpose. PIO's should work with the medicolegal authority and public officials to develop a public information dissemination strategy to include communicating the mission and purpose of the medicolegal authority in fatality management operations. The strategy should utilize multiple communications platforms to reach the intended audience.

Communications about medicolegal operations should include operational achievements, goals and current victim accounting information. Operational objectives should be discussed in general terms without specificity to responders or victims.

4.5.1 Press Releases Press releases are a written form of communication typically containing limited information available for immediate release to the public. They are intended to inform the media with specific information regarding an incident. In a mass fatality incident, they can be used to provide contact

information for the PIO, directions for obtaining information in the future, or to convey a specific message to the public.

Press releases can be useful in the early stages of a mass fatality incident before response agencies have coordinated communications efforts. These should: 1) contain only factual information, 2) refrain from speculation, and 3) offer information relevant only to the medicolegal authority's responsibilities. It is recommended that medicolegal authority use standardized templates and pre-identified list of media outlets for distribution for this type of communication.

4.5.2 Press Conferences

Press conferences are conducted for the purpose of disseminating information to the media and public through the PIO. Whenever possible, talking points or statements should be prepared in advance and relevant statistics vetted prior to dissemination.

To foster a positive and trusting relationship with families, information disseminated during a press conference should already have been communicated and explained to victim families. Family objections and concerns should be recognized and taken into consideration when developing talking points. Whenever possible, reasons should be provided to family members regarding public disclosure of sensitive or difficult information.

The PIO should be prepared to address questions from the media regarding the agency's response to the mass fatality incident (e.g. recovery efforts, fatality counts, decedent identification, personal effects). The PIO should answer questions in a concise manner without speculating or divulging protected information, or information not in the direct purview of the medicolegal authority. Care should be taken when using concepts or terms that could be misinterpreted (e.g. acronyms, scientific terminology). For instance, the term "bodies" might suggest the remains are intact, where some of the human remains are fragments only. No information regarding specific victims should be released or commented on prior to identification and notification of the legal representative authorized to direct disposition. If the answer to a question is not immediately known or the data unavailable, it is recommended the PIO state that they do not have the answer but will attempt to obtain the information.

Typically, press conferences are coordinated with the Joint Information Center, if established, or the primary response agencies involved and structured to permit agency specific information sharing.

4.5.3 Media Interviews

Interviews are designed to elicit specific responses to targeted questions, and the interviewee has little to no control over the context in which those responses will be disseminated. The communication strategy should be directed at conveying the agency mission and objectives to a wide audience. Before granting an interview with a specific media outlet, the medicolegal authority should consider perceptions of favoritism and their ability to grant similar requests from other media outlets. Interviews by fatality management personnel are generally discouraged without prior coordination with the PIO.

A separate media interview may be used to correct misinformation or misrepresentation of the medicolegal authorities' operational response. It should not be used as a platform to discuss specific victims or disparage other response agencies.

Following the conclusion of mass fatality incident, requests for media interviews may be honored to provide historical or documentary information relevant to the medicolegal response. Careful consideration should be taken to understand the interviewer's intended purpose before conducting the interview.

4.5.4 Social Media

Social media is a rapid and powerful platform to directly engage with the public following a mass fatality incident. Medicolegal authorities should understand the limitations of the various social media platforms.

When using social media, consider the public presence of the online profile being used to disseminate information. Refrain from using personal profiles, or posting information that is graphic, derogatory or perceived as insensitive. Profile photos should be informative and tasteful, preferably identifying the agency (e.g. agency logo). Any photographs should be devoid of identifying information and the background scrutinized for inappropriate content.

Consider who will be responsible for posting, monitoring and responding to online content; the PIO, the medicolegal authority, or a designee. If it is anyone other than the PIO, the content should be reviewed and approved by the medicolegal authority prior to posting.

Online content offers the public the unique ability to view, comment and share the information. Before posting on social media sites, consider the intended audience, alternative methods to reach that audience and a plan to handle public comments or responses to the information posted.

4.6 Visual Aides and Fact Sheets

PIO's should consider the use of agency specific logos and branding on all media communications to source the information being disseminated to the medicolegal authority. This branding will provide authenticity to the information and establish the medicolegal authority as the subject matter expert.

Fact sheets should be developed during pre-incident planning to address frequently asked questions, or explain complex information in a thoughtful, easy to understand manner. Fact sheets provide a reference for media representatives who may not be familiar with the relevant laws, local customs, or procedures governing operations of the medicolegal authority. Collating this information into a fact sheet ensures a consistent response to basic procedural inquiries.

4.7 Timing of Communications

The medicolegal authority should take a proactive approach rather than a reactive one to engage with the media following a mass fatality incident. Inform the media and public of your awareness and response to an incident and provide specific PIO contact information.

In the immediate aftermath of an MFI the medicolegal authority generally will not have established contact with the family members, yet there is still a responsibility to publicly disseminate information. Once the medicolegal authority has established contact with the families, the priority shifts to providing the families information in advance of the media.

As the incident progresses and coordination of the response agencies occurs, communications should be regular and reoccurring with families and media. Establishment of specific times when press conferences will normally occur through the JIC. If a JIC is not established, the medicolegal authority should coordinate the timing of information release with other involved agencies prior to public dissemination. Regularly scheduled press conferences will be suspended when additional information becomes less dynamic and media interest diminishes. The PIO should provide media with directions to continue to receive further updates. The medicolegal authority may elect to hold additional conferences when specific information needs to be conveyed broadly.

4.8 Fatality Management Operations and the Media

It should be understood and expected that the media will respond to the incident scene, morgue facility and FAC/VIC when mass fatality incident occurs and may occupy public spaces. The medicolegal authority should 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. Fatality management personnel should not speak to any media unless specifically permitted by the PIO. If information is requested by media, personnel should instead provide direction for obtaining information such as the agency website or PIO contact.

4.8.1 Incident Scene

Media should not be allowed inside the site perimeter while operations are being conducted. The JIC should establish a logical location to stage the media that is respectful to the victims and families involved in the incident.

4.8.2 Family Assistance Center

The FAC should be a safe place for families to gather. Therefore, media should not be allowed inside the FAC. Family members may wish to communicate with the media, but this should not occur in the FAC.

4.8.3 Morgue

Media should not be allowed inside the morgue during MFI operations. A secure perimeter should be established around the morgue facility, preferably of sufficient distance, opacity and height to discourage unauthorized photography and videography of morgue operations.

4.9 Elected Officials and Dignitaries

Elected officials and dignitaries will often be sought out by the media to proffer statements in response to a mass fatality incident.

The medicolegal authority should make efforts to educate elected officials within their jurisdiction on the disaster victim identification process and their MFI response plans. This education should focus on establishing realistic expectations for victim recovery and identification operations, and associated timelines and challenges. Whenever possible, this education should occur during pre-incident planning. Elected officials and dignitaries should be encouraged to attend mass fatality trainings and exercises to gain awareness of the situations encountered and processes employed by the medicolegal authority.

During a mass fatality incident, the PIO and the JIC should remain in regular communication with elected officials to ensure they have the necessary situational awareness regarding the fatality management response, and accurate fatality accounting data. This information is critical to ensure a consistent and accurate message is conveyed to the media.

4.10 Media as a Resource

The media performs an essential function in informing the public of the mission and objective of the medicolegal authority during a fatality management response.

The media should be leveraged as a resource to solicit information from the public through proactive engagement. Medicolegal authorities may utilize the media to disseminate requests for information and offers for services (e.g. FAC/VIC location). For example, pushing out a request for family and friends to contact the centralized call center to report their loved one as possibly involved in the incident.

4.11 Victim Accounting

The number of victims of a MFI is a point of focus for the public and the media. It is common for the media to report differing numbers of fatalities resulting in confusion. Contradictory fatality counts result from media speculation and variable victim accounting procedures. The medicolegal authority should assert its responsibility to report the confirmed number of fatalities. Those numbers should be conveyed to the PIO for dissemination within the JIC.

4.12 Incident Naming

Incidents are commonly named, or receive a tagline associated with the location and/or type of incident. The medicolegal authority should consider the negative connotation and long term impacts to community and responders when crafting statements using those tag lines. It is recommended that the medicolegal authority refrain from sensationalizing the event by repeating media taglines in communications.

4.13. Monitoring of Media Coverage

The PIO and medicolegal authority should monitor local and national news outlets for stories about fatality management operations. This can be delegated to agency public relations staff and automated to some degree by signing up for internet notifications using keywords.

Monitoring of information reported by the media informs the PIO and medicolegal authority of misinformation that should be corrected, rumors to be dispelled and impact of their own communications on public awareness. With an understanding of what has been reported, the PIO can craft a statement to convey the desired message.

4.14. Pitfalls of Media Communications

The disparate nature of medicolegal jurisdictions, laws and local customs further complicates the ability of the media to understand the nuanced complexities of disaster victim identification. Failure of the medicolegal authority to consider this baseline of understanding will inhibit media relations.

Other perils and pitfalls exist that the medicolegal authority should be aware of when considering their media communications plan include:

- Conflicting or legally protected information being released to the public
- Failure to identify the medicolegal authority as the responsible authority for reporting fatality numbers
- Failure to inform families of information prior to public release
- Failure to maintain a consistent, regular schedule for press conferences
- Speculation or promises by the medicolegal authority
- Self-promotion as a consideration when designating a PIO
- Individuals who self-appoint as a spokesperson, speak anonymously or off the record
- Social media should be used with careful attention to the message, visuals and audience

Annex A
(informative)

Foundational Principles

1. The medicolegal authority should engage with the media in a thoughtful and deliberate manner
2. The medicolegal authority should provide information to family members in advance of the media, whenever possible.
3. The medicolegal authority should only provide accurate and factual information within their sphere of responsibility and should refrain from speculation.
4. The medicolegal authority should assert their responsibility to report the confirmed number of fatalities.
5. The medicolegal authority should engage collaboratively with other response agencies and government officials.

Annex B
(informative)
Bibliography

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