



NATIONAL MASS FATALITY RESPONSE PLAN

2024-2027



ICRC

ENDORSEMENT BY VICE PRESIDENT ON NIGERIA

As a nation, Nigeria faces an array of challenges that necessitate a robust and comprehensive approach to disaster management. Among these challenges, managing mass fatalities is one of the most sensitive and complex. The National Mass Fatality Response Plan (NMFRP) represents a significant milestone in our commitment to ensuring the dignity of the deceased, supporting bereaved families, and upholding the values of humanity during crises.

This plan provides a structured framework for responding to mass fatality incidents with professionalism, efficiency, and respect for cultural and religious diversity. It outlines clear guidelines for collaboration among stakeholders, including government agencies, international partners, and local communities, to ensure a coordinated and effective response. The NMFRP integrates international best practices with local realities, reflecting our dedication to building resilience and preparedness.

I commend the collaborative efforts of the International Committee of the Red Cross (ICRC) and all stakeholders who contributed to the development of this plan. It embodies our shared vision of a Nigeria that prioritizes the welfare and dignity of its citizens, even in the face of adversity.

I urge all stakeholders to adopt this plan and actively participate in its implementation. Together, we can ensure that the NMFRP serves as a living document, guiding our nation through the challenges of mass fatality management with compassion and effectiveness.

Kashim Shettima (GCON)

Vice President

Federal Republic of Nigeria

FOREWORD BY DIRECTOR GENERAL NEMA

The safety and well-being of our nation remain paramount in our collective responsibility to prepare for and respond to emergencies. The National Mass Fatality Response Plan (NMFRP) is a pivotal document designed to enhance Nigeria's capacity to manage mass fatality incidents in a dignified, systematic, and efficient manner. It represents a commitment to safeguarding the dignity of the deceased, providing solace to their families, and upholding our national values of respect and compassion in the face of tragedy.

This comprehensive plan addresses the complexities of mass fatality management by establishing clear guidelines, fostering collaboration among stakeholders, and ensuring alignment with international best practices. From the initial response to recovery, processing, and reconciliation, the NMFRP provides a structured approach to mitigate the social and economic impacts of mass fatality incidents. It ensures the integration of cultural, religious, and traditional considerations, which are essential in our diverse society, while maintaining compliance with legal and operational frameworks. Recognizing the critical role of traditional, religious, and community leaders in guiding and supporting affected populations, this plan emphasizes their inclusion in decision-making processes, community engagement, and culturally sensitive response strategies.

Developed in collaboration with the International Committee of the Red Cross (ICRC) and a broad coalition of stakeholders, this plan reflects a unified vision for preparedness and resilience. Its success hinges on the collective efforts of government agencies, non-governmental organizations, traditional institutions, religious bodies, community leaders, and other partners.

As we implement this plan, let us remain steadfast in our dedication to protecting lives and ensuring that even in times of crisis, we uphold the dignity of every Nigerian. I urge all stakeholders, including traditional, religious, and community leaders, to embrace this plan and work collaboratively to ensure its effectiveness. Together, we can build a safer, more resilient nation.

Zubaida Umar

Director General

National Emergency Management Agency (NEMA)

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LIST OF STAKEHOLDERS

FEDERAL AIRPORTS AUTHORITY OF NIGERIA

FEDERAL FIRE SERVICE

FEDERAL MEDICAL CENTRES

FEDERAL MINISTRY OF COMMUNICATION

FEDERAL MINISTRY OF ENVIRONMENT

FEDERAL MINISTRY OF HEALTH

FEDERAL MINISTRY OF INFORMATION

FEDERAL MINISTRY OF JUSTICE

FEDERAL MINISTRY OF WATER RESOURCES

FEDERAL ROADS SAFETY CORPS

INTERNATIONAL NON-GOVERNMENTAL ORGANISATIONS

INTERNATIONAL COMMITTEE OF THE RED CROSS

LOCAL GOVERNMENT DISASTER MANAGEMENT UNITS

NATIONAL ENVIRONMENTAL STANDARDS REGULATIONS ENFORCEMENT AGENCY

NATIONAL IDENTITY MANAGEMENT COMMISSION

NATIONAL OIL SPILL DETECTION AND RESPONSE AGENCY

NATIONAL POPULATION COMMISSION

NATIONAL SAFETY INVESTIGATION BUREAU

NON-GOVERNMENTAL ORGANIZATIONS

NIGERIA SECURITY AND CIVIL DEFENCE CORPS

NIGERIAN CENTER FOR DISEASE CONTROL

NIGERIAN INLAND WATERWAYS AUTHORITY

NIGERIAN MARITIME ADMINISTRATION AND SAFETY AGENCY

NIGERIAN POLICE FORCE

NIGERIAN RED CROSS SOCIETY

STATE EMERGENCY MANAGEMENT AGENCIES

THE NIGERIAN AIRFORCE

THE NIGERIAN ARMY

THE NIGERIAN NAVY

UNIVERSITY TEACHING HOSPITALS/HEALTHCARE FACILITIES

COMMUNITY LEADERS

LIST OF ACRONYMS/ABBREVIATIONS

DVI:	DISASTER VICTIM IDENTIFICATION
FAC:	FAMILY ASSISTANCE CENTRE
FCT:	FEDERAL CAPITAL TERRITORY
GPRS:	GENERAL PACKET RADIO SERVICE
ICS:	INCIDENT COMMAND SYSTEM
IFRC:	INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES
IMS:	INCIDENT MANAGEMENT SYSTEM
LEMC:	LOCAL EMERGENCY MANAGEMENT COMMITTEE
MFI:	MASS FATALITY INCIDENT
MFRCU:	MASS FATALITY RESPONSE COORDINATING UNIT
NCC:	NIGERIAN COMMUNICATION COMMISSION
NCMD:	NATIONAL CRISIS MANAGEMENT DOCTRINE
NCP:	NATIONAL CONTINGENCY PLAN
NDMF:	NATIONAL DISASTER MANAGEMENT FRAMEWORK
NDRP:	NATIONAL DISASTER RESPONSE PLAN
NECC:	NATIONAL EMERGENCY COORDINATION CENTRE
NEMA:	NATIONAL EMERGENCY MANAGEMENT AGENCY
NIMC:	National Identity Management Commission
NPC:	National Population Commission
NMFRP:	NATIONAL MASS FATALITY RESPONSE PLAN
PAHCO:	PHYSICAL ACTIVITY-RELATED HEALTH COMPETENCE
PME:	POST-MORTEM EXAMINATION
PPE:	PERSONAL PROTECTIVE EQUIPMENT
SEMA:	STATE EMERGENCY MANAGEMENT AGENCY
WHO:	WORLD HEALTH ORGANISATION

1.0 INTRODUCTION

The National Mass Fatality Response Plan (NMFRP) for Nigeria is a critical framework designed to enhance the country's preparedness and response to mass fatality incidents. The plan recognizes the importance of effective coordination, communication and collaboration among various stakeholders in managing the consequences of mass fatalities.

The Centers for Disease Control and Prevention's Public Health Preparedness Capabilities defines Fatality Management as "the ability to coordinate with other organizations (e.g., law enforcement, healthcare, emergency management, and medical examiner/coroner) to ensure the proper and dignified search and recovery, handling, identification, transportation, documenting, storage, and disposition of human remains and personal effects; certify the cause of death and provide an official certificate of death for the families; and facilitate access to mental/behavioural health services to the family members, responders, and survivors of an incident." A mass fatality incident may be defined as any incident where the number of fatalities exceeds local control and management or also where it exceeds the local resources and capabilities in a short period (U.S Department of Health and Human Services).

In Nigeria, the risk of mass fatality incidents is real, resulting from accidents, pandemics, criminal activities, mass shootings, chemical or biological attacks, armed conflicts, banditry, communal clashes, etc. The impact of such incidents can be devastating, resulting in significant loss of lives, injuries and psychological trauma.

Currently, there are little or no judicial decisions showing the need for significant action with the law concerning dead bodies. Topical issues in these cases focus on jurisdiction, the right to control the disposition of remains, and remedies available for infringing on burial rights. While the meaning and content of funeral rites remain the same in Nigeria as in many developing nations, its prioritization is significantly different. In contrast to the highly individual nature of burial rights in many Western legal systems, Nigeria's control of sepulchral rights is familial. In some circumstances, however, recourse may be made to statutory provisions that import English priority rules. The absence of clearly defined laws on the jurisdiction of human remains may hamper Disaster Victim Identification (DVI) and a subsequent return of remains and support to the families in the aftermath of an incident. As such, for this plan to have a well-defined concept of operation, Nigeria must enact relevant laws regarding the management of the dead. Cooperation and coordination amongst different responding Agencies, including government and Non-Governmental Organizations is essential. This plan aims to provide a structured approach to managing mass fatalities, from preparation, response, recovery to rehabilitation. It draws on international best practices, National Policies and Stakeholder expertise to ensure a coordinated and effective response.

The Mass Fatality Response Plan for Nigeria is a vital tool for protecting the health, safety and well-being of Nigerians and for minimizing the social and economic impacts of mass fatality incidents. Its successful implementation relies on the collective efforts of all stakeholders, and its effectiveness will be reviewed and updated regularly to ensure Nigeria's preparedness for mass fatality response.

This National Mass Fatality Response Plan (NMFRP) was developed by the National Emergency Management Agency (NEMA) in collaboration with the International Committee of The Red Cross (ICRC) and other stakeholders.

1.1 PURPOSE

The purpose of this National Mass Fatality Response Plan is to provide a framework to facilitate an organized and effective response to mass fatality incidents (which outweighs the coping capacity of Local or State governments) and ensure the dead and their loved ones are treated with dignity and respect. Mass fatalities may be caused by infectious diseases (Cholera, Ebola, Lassa Fever, COVID-19 etc), natural hazards (earth tremors, gully erosions, landslides, windstorms/rainstorms, floods, pollution etc), technological hazards (road, rail and air crashes, bridge, tunnel and building collapse), or human induced hazards (terrorism, conflicts, insurgency and other acts etc).

Effective and timely cooperation and collaboration among all Mass Fatality Response Organizations is critical for effective mass fatality management. Successful management of a mass fatality incident involves effective information management and communication, adequate documentation and reporting, resource administration and management of the dead. The latter process entails all activities from Search and Rescue Operations to morgue services, family assistance and handing over of human remains to the relatives. These tasks fall under the auspices of the Federal Ministry of Health and NEMA.

This plan serves to provide guidance to stakeholders involved in conducting fatality management operations or handling large numbers of fatalities to ensure that the dead are treated with dignity.

1.2 GENERAL OBJECTIVE

The general objective of this plan is to provide detailed guidelines to ensure that the bodies of disaster victims are treated with respect and professionalism, and that the rights of their families are always considered and guaranteed. It also ensures that all legal and administrative processes that govern death inquiries are properly adhered to by the relevant Government Agencies saddled with the mandates to investigate deaths, to coordinate their response and deliver accurate reporting for civil registration and vital statistics purposes.

1.3 SPECIFIC OBJECTIVES

The specific objectives of the plan include:

- a) To provide guidelines to all Agencies involved in the proper and dignified management of dead bodies and to facilitate their identification.
- b) To ensure that there is an identified process for data management of deceased, unidentified and missing persons.
- c) To establish the specific planning factors which define mass fatality incidents.
- d) To identify all relevant stakeholders involved in various steps of management of the dead

- e) To define roles and responsibilities of stakeholders involved in mass fatality handling.
- f) To provide a policy framework that all stakeholders can adopt to supplement their emergency plans.
- g) Familiarize responding Agencies with the practices and procedures that take into consideration the importance of family involvement and respect for traditional, cultural and religious rights and needs, while in accordance with appropriate safety precautions.

1.4 RELATION TO OTHER PLANS

The National Mass Fatality Response Plan (NMFRP) is designed as a complementary document and is coherent with the National Disaster Response Plan (NDRP), the National Crisis Management Doctrine (NCMD), National Contingency Plan (NCP), Search and Rescue Epidemic Evacuation Response Plan (SAREEP) and other response plans already developed by the country. This means that depending on the nature of the incident/crisis, any or all of the country's plans can be activated simultaneously to suit a particular focus task with the National Disaster Management Framework (NDMF).

2.0 SCOPE

This plan provides general guidance in the following areas:

- i. This document will serve as the primary guidance material for all Governmental Institutions and other organizations that may engage in any activity related with death investigation and the management of the deceased during emergencies in Nigeria.
- ii. The procedures and recommendations provided here, are applicable in all the States of the Federation and the Federal Capital Territory and shall be cascaded to the grassroots followed as closely as possible.
- iii. The contents of this Document can be shared mainly, but not exclusively, to Ministries, Departments and Agencies of Government, managers and operative personnel at healthcare facilities, mortuaries, and religious authorities.
- iv. Whenever needed, the contents of this document may be used to develop Standard Operating Procedures (SOPs) at healthcare facilities and other Death Care Centres.
- v. This plan is subject to review every three (3) years or whenever the need arises.

3.0 SITUATION ANALYSIS

3.1 Situation

Nigeria is a country with diverse geography, vegetation, and climate. It is also varied with different ethnic and religious groups. The pre-identified hazards or risks that resulted in mass fatalities in Nigeria are:

I. Natural disasters

- Floods
- Wind-storm
- Epidemic
- Heatwave
- Drought
- Fire outbreak
- Geological Hazards (Erosions, Landslides, mudslides, earth tremors etc.)

II. Human-Induced Disasters

- Crashes (Auto-Accident, Air crash, Train crash/collision, boat/ship mishap etc.)
- Oil Spillage
- Explosions (Bomb Explosions, Petroleum pipeline explosions, Kerosene explosions, Gas Explosions etc.)
- Mine subsidence/collapse
- Terrorism, Insurgency, communal clashes, Farmer-Herders Clashes etc.
- Structural Incidents (building collapse, Bridge Collapse etc)

Despite the fact that Nigeria has emergency preparedness and response and command structure, the gaps in the management of mass fatality incidents in Nigeria include a lack of National preparedness and response plan, insufficient funding and resources, poor data collection and analysis, inadequate pre-hospital infrastructure and poorly motivated first responders.

3.1.1 Assumptions

The basic assumptions for this document are;

- Treatment of injured individuals is topmost priority over fatality management in accordance with the NDRP.
- The nature and complexity of a Mass Fatality Incidence (MFI) will determine which personnel from the Federal Ministry of Health and/or other relevant response institutions will attend to the scene.
- Response to any incidence will begin at the State level and additional resources will be requested through channels established by the National Disaster Management Framework and National Disaster Response Plan (NDRP) and other existing National Plans.
- The MFI will require significant coordination of action and communication amongst stakeholders and is likely to involve several authorities of government.
- All responders, including the Chief Medical Directors, will take reasonable care to accommodate all religious, cultural, and traditional expectations for the care of the deceased.
- MFI may also be an active crime scene as such; specific actions may need to be taken to maintain the chain of evidence.

3.3 Organizational Structure

3.3.1 Lines of Authority

Each Agency/Organization is expected to coordinate its activities at the operational level subject to the Mass Fatality Response Coordinating Unit (MFRCU)/Incident Command and Control Structure in line with the Search and Rescue Epidemic and Evacuation Plan (SAREEP):

3.3.2 Alerting System and Response Process

The National Mass Fatality Response Plan is the instrument activated upon the detection of a mass fatality incident. As shown below, the plan follows the Standard Response Process for the management of human remains:

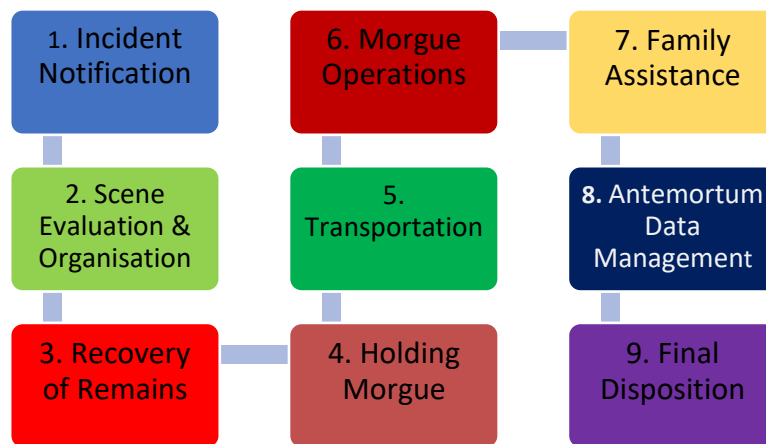


Figure 1: Flow Depicting Alerting System and Response Process

Following the receipt of a report detailing a catastrophic event by either a local eyewitness, religious body or a competent authority, it is incumbent upon said entity to promptly notify the closest response agency such as FRSC, NSCDC, FFS/SFS, Nigerian Police Force etc. Subsequently, upon notification, the response Agency assumes the duty of informing the National Emergency Management Agency (NEMA) at the Federal level or the State Emergency Management Agency (SEMA) at the State level. Upon receipt of such notification, the National Emergency Management Agency is mandated to activate the National Disaster Response Plan (NDRP) in accordance with Nigeria's emergency response principles, necessitating the mobilization of all accessible human and material resources.

3.3.3. MASS FATALITY RESPONSE COORDINATING UNIT (MFRCU)

During emergencies, Inter-Agency Planning, Coordination, and Communication, are some of the pillars that will ensure the effectiveness and success of the response. As outlined in Management of Dead Bodies after Disasters by Pan American Health Organization (PAHO), a Mass Fatality Response Plan requires the establishment of a Centralized Unit that provides guidance and articulates all the efforts made by the Governmental and Non-Governmental Agencies that have a role in the management of the dead, that is also in line with the existing National Disaster Contingency Plan (NCP).

Considering the above, and the importance of having a holistic and robust response plan for Nigeria, a **Mass Fatality Response Coordinating Unit** (With Federal Ministry of Health as the Lead) is established and guided by the following:

i. The Legal Mandate for the establishment of the Mass Fatality Response Coordinating Unit:

- The MFRCU shall be a Centralized Government Task Force that will ensure the Planning, Coordination, Communication and Response of all the stakeholders in the country that will be involved in the activities regarding the Management of the Dead during an emergency.
- The MFRCU will operate under the leadership and command of NEMA who shall ensure the allocation of the necessary human and economic resources to guarantee the adequate functioning of the MFRCU.
- The MFRCU will act with an independent line of budget to conduct its operations.
- The Central Command of the MFRCU will act with the participation of representatives from the stakeholders listed in the item 'iii' of this Sub-Section.
- The MFRCU Operations Center will be based in the Federal Ministry of Health but its activities will extend throughout the entire Federal Republic of Nigeria.

ii. Responsibilities of the Mass Fatality Response Coordinating Unit:

- The MFRCU shall define and establish the roles and responsibilities of all the Governmental and non-Governmental Agencies which will undertake different activities regarding the Management of the Dead during an emergency.
- Assess the scale and scope of the response needed on each one of the affected States and identify the potential resources (human and economic) that will be needed.
- Liaise with each of the Agencies participating in the Mass Fatality Response Plan, and ensure their actions adhere to the accepted international guidelines for the management of the dead in emergencies, and to the existing National Response Plans and Policies.
- Ensure that the relevant agencies that will have actions with the dead during the emergency, are aware and adhere to the use of the technical procedures for the adequate management of the dead.
- Lead and determine the most efficient ways of communication between all the agencies that will be involved in the management of the dead during the different phases of the response.
- To monitor and provide advice to all the different Agencies conducting activities related to the dead during the emergency.
- To develop a mass fatality centralized **National Registry of Deceased Persons** and update it with all the relevant information on a regular basis. This registry shall be saved in a secure space (physical and digital).
- To ensure that the information in the National Registry of Deceased Persons is not used outside the scope of the activities of the MFRCU, and it is protected by the existing legislations on Data Protection.

- To stockpile items and establish guidelines for the effective distribution of materials required for the adequate management of the deceased in the affected States.
- Also to confirm and ensure that the materials are in a state that can be used immediately, e.g. batteries are charged, photo memory card added to cameras, the materials are disinfected from previous use, etc.
- To establish Family Assistance Centers which will serve to address their concerns and needs regarding Administrative Affairs, reporting deaths in remote areas and missing relatives if a mass fatality occurs.
- To liaise between the families of the deceased and the intervening authorities to ensure their needs and concerns regarding their relatives are addressed.
- To develop communication plans targeting the general population, on relevant topics related with the management of the dead during an emergency.
- To ensure that the handling of the deceased does not interfere with ongoing forensic/judicial investigations and also does not interfere in the rescue of the living/wounded.
- MFRCU core Committee shall form sub-committees and designate its members as heads of sub-committee on Search and Recovery, Storage, Media, Funeral Rites, Family assistance and others.
- To conduct a debrief and identify lessons learned after the emergency response, documenting strengths, challenges, and opportunities for improvement to refine and strengthen future preparedness and response efforts.

iii. Roles and Responsibilities of the Agencies and Organizations participating in the Mass Fatality Response:

List of Agencies

- National Emergency Management Agency (NEMA)
- Federal Ministry of Health
- Nigerian Center for Disease Control (NCDC)
- Nigeria Police Force
- Federal Roads Safety Corps (FRSC)
- Nigeria Securities and Civil Defence Corps (NSCDC)
- The Nigerian Military
- Federal Ministry of Communication and Digital Economy
- Federal Ministry of Environment
- Federal Ministry of Information and National Orientation
- Federal Ministry of Humanitarian Affairs and Poverty Alleviation
- Federal Ministry of Justice
- Federal Ministry of Water Resources and Sanitation
- NRCS (Nigerian Red Cross Society)
- Federal Fire Service
- National Airspace Management Agency
- Federal Airports Authority of Nigeria
- National Environmental Standards and Regulatory Agency (NESREA)

- National Oil Spill Detection and Response Agency (NOSDRA)
- Nigeria Safety and Investigation Bureau (NSIB)
- Nigerian Maritime Administration and Safety Agency
- Others

The National Mass Fatality Response Plan will adopt and follow the Incident Command Structure (ICS) and will focus on the operations section of the structure which includes initial response, search and recovery, documentation, transportation, morgue and disposition operation.

Unless otherwise specified, response operations will function on a 24-hour operational period with 4-6 hours shifts per day or as specified by the Unified Incident Command. While resources will be managed by NEMA, on-scene personnel will report directly to supervisors as per the ICS. The Human remains recovery group, Morgue Operations and information processing group will all report to the Incident Commander at the Scene.

Note: Allowances are to be paid to officers involved in the shift operation.

Table 1: Roles of Ministries, Departments, Agencies and other Stakeholders

ROLES OF MINISTRIES, DEPARTMENTS, AGENCIES AND OTHER STAKEHOLDERS		
1.	Incident Command	NEMA will assume command at the scene of incident and also assign which organization shall have jurisdiction over human remains, including but not limited to search, recovery and identification of the dead. The Federal Ministry of Health shall play a supporting role to NEMA by providing necessary resources.
2.	Transportation	Federal Ministry of Health, Federal Ministry of Transportation, Federal Ministry of Aviation and Aerospace Development, Nigeria Safety and Investigation Bureau
3.	Communication	Federal Ministry of Communication, Federal Ministry of Health, The Military, Nigerian Police Force, Media and NIMASA
4.	Information and Planning	Federal Ministry of Health, Federal Ministry of Information, NEMA, Nigerian Red Cross Society, NSCDC
5.	Health and Medical Services	Federal Ministry of Health, FRSC, The Military, NEMA, NCDC, NPF
6.	Search and Recovery	Federal Ministry of Health, NPF, FRSC, Federal/State Fire Services, NEMA, NAMA, FAAN, Construction Companies, NIMASA, First Responders, NIWA
7.	Hazardous Material	Federal Ministry of Environment, NESREA, NEMA, NSCDC, NAEC, Ministry of Health, Nigerian Military, NPF, FFS
8.	Resource Support	NEMA, The Military, Federal Ministry of Health, Ministry of Communication, NIMASA, FFS
9.	Scene Safety	NPF, NSCDC, The Military, FRSC, FFS.

Membership of MFRCU

The MFRCU comprises of the following committee members:

1. FMoH - Chairperson
2. NEMA - Secretary
3. Nigeria Police Force - Member
4. Nigerian Military - Member
5. FRSC - Member
6. Forensic expert nominated by FMoH – Member
7. Ministry of Justice – Member
8. Federal Fire Service - Member
9. Nigeria Safety and Investigation Bureau (NISB) - Member

3.4 Disaster Classification

In the context of Mass Fatality, a disaster is any event, whether natural or man-made, that results in a large number of deaths, overwhelming the local or national resources responsible for handling human remain and related processes. Many kinds of events can lead to disasters which may require the use of the Disaster Victim Identification (DVI) process. For example, the DVI process may be required following traffic accidents, natural disasters, technical accidents (fires, explosions), conflicts/terrorist attacks or events occurring within the context of wars. It is important to distinguish between open and closed forms of disasters as the classification of such events can significantly influence the DVI response approach.

3.4.1 Open Disaster: An open disaster is a major catastrophic event resulting in the death of several unknown individuals for whom no prior records or descriptive data are available. It is difficult to obtain information about the actual number of victims following such events, as there is usually no early reference point to commence a missing persons list. Therefore, thorough investigation is required to obtain an accurate potential victim list in order to commence DVI procedures. A practical example of an open disaster is found in explosion in public gatherings like marketplace, motor parks and religious gatherings where there is no formal list available that would highlight potential victims.

3.4.2 Closed Disaster: A closed disaster is a major catastrophic event resulting in the death of several individuals belonging to a fixed, identifiable group (e.g. aircraft crash with passenger list). As a rule, comparative ante-mortem data can be obtained more quickly in the case of closed disasters because there is a reference point such as a passenger manifest or a log of attendees at an event.

3.4.3 Mixed Disaster: This is a Combination of closed and open disasters (e.g., aircraft crash in a public area).

The chart below presents a typical Incident Command Structure (ICS) that shall be organized to manage the field components of a Mass Fatality recovery operation.

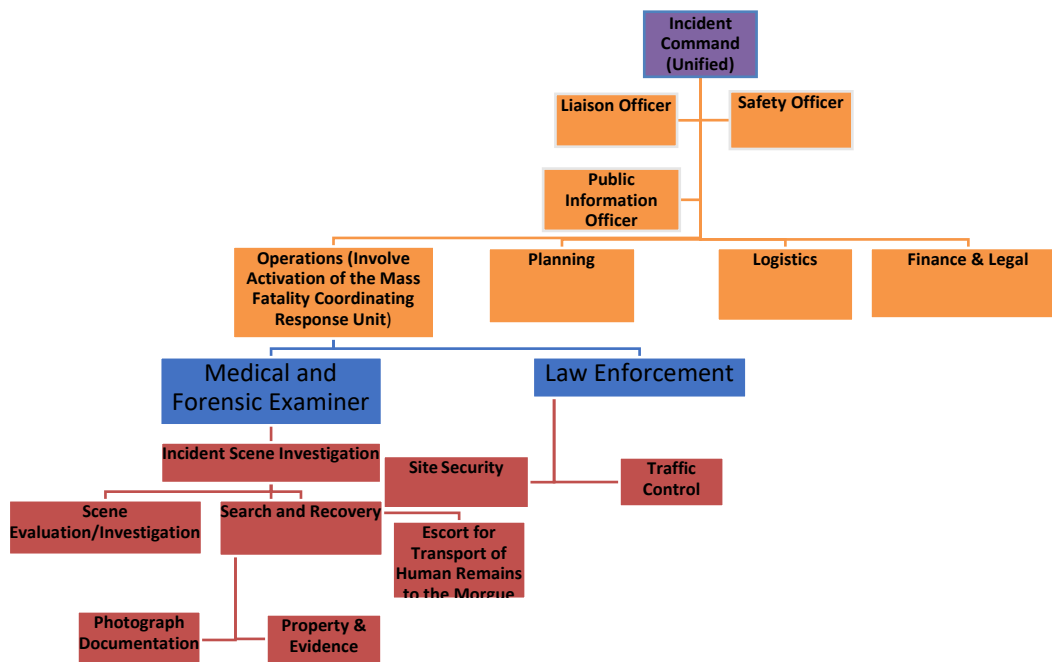


Figure 2: Typical Incident Command Structure

4.0 Search and Recovery

Identifying mass fatality victims begins in the field, and the quality of work at the recovery scene can directly influence the overall success of the victim identification process in the morgue. This is because successful Disaster Victim Identification efforts are reliant upon efficient, effective, and timely search and recovery efforts.

Mass fatality incident scenes should be processed in an organized, systematic, safe and ethical manner, using scientific principles and techniques. Effective and efficient plans maximize disaster scene coverage and increase the probability of evidence detection, enhance evidence documentation, and minimize evidence alteration during collection and transportation.

Mass Fatality incidents require coordinated response from various response and coordination Agencies. As such, a typical initial MFI response will occur in the following phases:

- I. Initial Response Phase
 - Initial Response and Evaluation
- II. Scene Safety
 - Security and Control
- III. Recovery
 - Processing the Scene
 - Scene Imaging
 - Establish Chain of Custody

The phases described are to serve as guidelines to aid response efforts and in no way intended to be proscriptive. Response and coordinating agencies are encouraged to coordinate their actions while planning for and responding to Mass

Fatality incidents. This is especially important given that these agencies have to share sensitive or private information, which is essential for an effective and well-coordinated response. The sharing of such information shall be conducted in accordance with the existing provisions of Nigeria's *Freedom of Information Act*.

4.1 Phase 1: Initial Response Considerations.

Note: Agencies like SEMA and LEMC are advised to develop and implement an emergency management plan before a mass fatality incident. Federal support (From NEMA) will be activated following a disaster as soon as possible depending on the severity of the fatality disaster.

The Incident Command, in collaboration with the First Responder Team, will initiate the following:

- I. Determine the Scope of the Incident: This will be done by the First Responder Team depending on the kind of disaster as contained in the Search and Rescue Epidemic and Evacuation Plan (SAREEP).
- II. Incident Commander will be activated based on the SAREEP guidelines.
- III. Consider additional resources and agencies to be involved depending on the type of Disaster.

There are two types of responses to a disaster when it occurs:

- A. Stabilizing the scene and rescuing the injured.
- B. Recovering human remains and evidence which can facilitate identification.

4.1.1. Initial Response and Evaluation: This will be done by the First Responder Team (e.g., Fire services, Police, FRSC, NSCDC, the Nigerian Military and Federal Ministry of Health Emergency Medical Personnel) who are expected to do the following:

The Host community responders and SEMA

- i. Officially report to the Incident Commander or highest-ranking officer at the scene and produce appropriate credentials as required.
- ii. Maintain a written record of the different activities which will take place during the initial response (i.e. a Field Journal, Standard Forms), which also list all personnel involved, and the time of their arrival on the scene.
- iii. Verify the type of incident (e.g., transportation, industrial, natural, or criminal) and request appropriate assistance.
- iv. Evaluate the scope of the incident:
 - a. Geographical extent (Do mapping with GPRS of the whole area).
 - b. Estimate number of injuries/fatalities. Identify eyewitnesses, if applicable.
- v. Identify potential scene hazards such as structural collapse, chemical and biological hazards, and explosive devices, among others.

- vi. Initiate appropriate Emergency Medical Services rescue procedures.
- vii. Leave the remains of the deceased undisturbed.
- viii. Establish an initial security perimeter to control entry to and exit from the scene.
- ix. Establish an incident command post and initiate an Incident Management System/Incident Command System (IMS/ICS).
- x. Consider key personnel required to conduct the initial recovery and investigation operations.

Summary: Based on the preliminary evaluation of the scene, first responders are expected to identify scene hazards, request emergency services, and establish an incident command post.

4.2 Phase 2: Scene Safety

Note: *Safety overrides all other concerns. First responders must take steps to identify and remove or mitigate safety hazards that may further threaten victims, bystanders, and public safety personnel. To avoid injuries to themselves and others, they must exercise due caution while performing emergency operations.*

Following the preliminary evaluation of the scene, first responders are expected to;

- I. Assess and/or establish physical boundaries.
- II. Request and/or conduct a safety sweep of the area by personnel qualified to identify and evaluate additional hazards and safety concerns.
- III. Follow standard Environmental Protection Agency and Occupational Health and Safety regulations.
- IV. Follow standard precautions for potential nuclear, biological, and chemical hazards.
- V. Clearly mark hazard areas, designate safety zones, and remove potential hazards from the area.
- VI. Communicate hazards to other personnel arriving at the scene.
- VII. Monitor the physical and psychological condition of personnel (e.g., dehydration, stress, and fatigue) and treat as necessary.

4.2.1. Security and Control

Note: *First responders are responsible for establishing control and restricting scene access to authorized personnel.*

To establish scene security and control, first responders are expected to;

- I. Set up a security perimeter round the disaster scene.
- II. Establish manned entry and exit points.

- III. Restrict access (e.g., by the media, bystanders, and non-essential personnel) into and out of the scene and secured areas through the security perimeter.
- IV. Remove unauthorized personnel from the scene.
- V. Establish a parking area (for emergency response vehicles).
- VI. Establish a media staging area (for releasing information to the public about the incident). As contained in the Search and Rescue Epidemic and Evacuation Plan. (SAREEP)

4.3 Phase 3: Recovery

Note: The shift from search-and-rescue to search-and-recovery operations represents a major operational transition.

The incident command is responsible for coordinating with MFRCU for search-and-recovery efforts with the human remains and evidence processing teams.

The Incident Command and MFRCU, together with the human remains/evidence processing team leaders are expected to consider the following when shifting the operation from search and rescue to search and recovery —

- I. Identify and select the remains/ evidence processing team members.
- II. Implement a simple, consistent, and expandable numbering system for human remains, body parts, personal effects, and other associated evidence. The system should be controlled by one person/team depending on the scale of event. The numbering should be kept in physical and computerized version,
- III. Establish recovery and evidence processing procedures relevant to the type and extent of the incident.
- IV. Document the exact location of the human remains/body parts, the personal effects, and other evidence.
- V. Establish on scene staging areas to facilitate the efficient processing of collected items.
- VI. Assign rotating shift schedules.
- VII. Provide the human remains/evidence processing teams with regular breaks, debriefings, and stress management.

Summary: Regardless of the type of incident, consider all human remains, personal effects, and other items recovered, as evidence.

4.3.1 Processing the Scene

It is assumed that any mass fatality scene could be a crime scene. The human remains and evidence processing teams are expected to carefully document every piece of physical evidence recovered from the scene. The scene should be large enough to ensure its protection from public access until all agencies have agreed to release the scene.

Efficient information recovery proceeds from the least intrusive to the most intrusive procedure (e.g., taking photographs is allowed only after teams locate, flag, and sequentially number the remains). Documentation of every aspect of the human remains/evidence processing operation will ensure the preservation of information. Documentation using standard data collection forms should be completed and verified by the respective team leaders.

Before processing the scene, the MFRCU/Incident Command, in consultation with the coroner, is expected to—

- A. Identify team leaders responsible for human remains/evidence processing.
- B. Determine the size and composition of the human remains/evidence processing teams (usually a function of the team leaders), which may include:
 - i. medical examiner
 - ii. Forensic anthropologist/scientist
 - iii. Odontologist.
 - iv. Police crime scene investigator.
 - v. Forensic photographer.
 - vi. Evidence technician.
 - vii. Scribe/note taker.
- C. Integrate the human remains/evidence processing teams according to existing inter-agency jurisdiction and chain of command. The scope and extent of the mass fatality incident determines the number of agencies involved.
- D. Establish and/or verify control over access to the scene.
- E. Establish communication among transport vehicles, the Incident Command, and the morgue.
- F. Establish an on-scene remains processing station.
- G. Consider the recovery of remains and personal effects as evidence and preserve the chain of custody throughout the recovery operation.

Important points to be considered while recovering body/body parts and personal effects.

- Each body/body part should be packed in a separate body bag.
- Each body/body part should be assigned a unique reference code which can be a combination of Disaster-Date-Body number.
- No attempt should be made at the scene to join dismembered body parts Unless the parts were clearly dissociated during recovery

- The unique number on the body tags should not be erasable and should be water resistant.
- When situation allows, photographs should be taken (whole body, upper half, face, characteristic features).
- Personal effects, if associated with the body, should not be removed as they can provide clues for identification and should be tagged with the same unique number as the remains. No attempt should be made at the scene to associate scattered personal items with human remains; however, a note can be taken on the positioning of personal items in relation to the closest remains description

Summary: The human remains/evidence processing teams are responsible for assigning numbers according to the order in which the bodies and body parts are located and retrieved and adding marks, tags, and labels, to the human remains, personal effects, and evidence, to facilitate their identification and avoid the deceased becoming mixed up and/or unaccounted for.

4.3.2 Scene Imaging and Mapping

The remains/evidence processing teams can use a grid system to divide the scene into manageable units to show the location and context of items (i.e., their positions relative to other items) at the scene. A grid system may need to be three-dimensional. It can be recorded using photographs or a sketch.

4.3.3 Establish a Chain of Custody

Establishing and maintaining a chain of custody verifies the integrity of the evidence. The human remains and evidence processing teams are expected to maintain the chain of custody throughout the recovery process until the handover of the remains and items to the families.

Throughout the investigation, those responsible for preserving the chain of custody are expected to;

- A. Ensure the Chain of Custody Form is filled appropriately by every person who will hold and/or manipulate the deceased and their associated evidence.
- B. Document the time of arrival and departure of other personnel at the scene.
- C. Establish a standard numbering system at the scene that relates back to the location of the remains/evidence.

5.0 MORTUARY OPERATIONS

A mortuary is a room/building where dead body/parts are kept for hygienic storage or for examination, autopsy, burial, or cremation. Sometimes the established facilities are either far from the scene or the magnitude of the event is too overwhelming, in these cases a field handling/examination area is needed with mobile cold units. Additionally, a temporary handling area is recommended in case

the remains cannot directly be transported to the morgue - most cases of recoveries

I. Ideal Mortuary

- Location - Short distance from hospital
- Easy accessibility
- Easy communication
- Easy delivery of dead bodies
- Adequate car parks
- Adequate refrigerating units for storage of human remains
- Adequate refrigerating unit for the storage of Biological Reference Sample (BRS) and an alternate storage unit.

II. Parts of the Building

- Reception area (for Admin, medical documentation, patient relations sitting area, staff sitting area, ante mortem data collection). This area should not block entry to the hospital to hinder the care for the injured
- Body reception and preparation station
- Storage area
- Examination area for special examination e.g., Highly hazardous bodies
- Side laboratory
- Washroom
- Parking space
- Store
- Viewing area
- Family room for mental health support
- Lounge
- Specialized offices for Forensic Photography, Radiological Imaging etc.

The above listed areas will be headed by persons with requisite expertise e.g. Forensic Photographer heading the photography unit.

III. Facilities and Equipment

A list equipment and facilities shall be required for the efficient functioning of mortuary operations. The table below highlights those requirements;

Table 2: Facilities and Equipment Required for Mortuary Operations

Facilities	Equipment
Constant power supply	Refrigerators
Adequate lighting	Personnel Protective Equipment (PPE)
Good water source	Security cameras
Good ventilation	Autopsy tables/materials
Communication facilities	Computer for data storage
Radiological services	Equipment to process highly hazardous bodies
Forensic photography	Camera

Although this equipment can be obtained from other sources, they are expected to be primarily supplied by the NEMA, Federal/State Ministries of Health and other relevant stakeholders.

IV. Cleaning/Waste Disposal

- All drainage of waste water goes to a septic tank
- Hazardous materials should be disposed off based on the internationally accepted standard guidelines as practiced in Nigeria.

V. Staffing

- Morticians
- Forensic Pathologist
- Forensic Odontologist
- Forensic Anthropologist
- Administrative staff
- Health record staff (emphasis on PM Forms)
- Sanitation staff
- Drivers
- Maintenance staff
- Adhoc staff (Police, Magistrate, FRSC, Public Health Officers)

In a temporary mortuary, Staff will be recruited from the closest health facility. Also, experts already known by relevant authorities can be brought in.

The mortuary is headed by the Head Mortician under the supervision of the Head of Department (Pathologist/Forensic Pathologist).

VI. Temporary Mortuary for Mass Fatality

A temporary mortuary will be set up in a mass fatality event in an area where there is no permanent facility to process the human remains/evidence.

- Temporary mortuary is a temporary structure urgently constructed or designated for hygienic storage or examination of the bodies of mass fatality victims.
- Such temporary mortuary must be dismantled immediately after completion of the response and bodies disposed.

● Essentials of Temporary Mortuary

- Reception/Data Collation Centre
- Storage
- Examination area
- Viewing area
- Changing rooms/convenience
- Water supply
- Good waste disposal
- Adequate staffing
- Good lighting
- Mobile Imaging Unit
- Photography
- PPE

● Equipment for Temporary Mortuary

- Refrigerators/cooling chambers
- Examination tables
- Autopsy and Odontology instruments
- Standby generators
- PPE
- Side lab- (ordinary and specialized (DNA, fingerprint etc))
- Computer room for data collection from paper to e-data

VII. Post-mortem Examination (PM Data Collection)

- This will be done based on the coroner's (Magistrate or Judge in his/her area of jurisdiction) law of each state within Nigeria (Annex 5).

- The post-mortem examination will be ideally performed by a forensic pathologist and the team. If unavailable, a medical practitioner with a background in pathology can be considered.
- The dental aspect (where applicable) will be handled by a forensic odontologist where applicable.
- It is ensured that each body or body-part is assigned a unique reference number.
- Documentation should be done using standard INTERPOL DVI PM forms (Annex 3 printed in pink colour paper) whenever possible. PM forms for first responders (Annex 1) can be used based on the decision of MFRCU.
- The examination of the bodies should be complemented with photographs and when possible, with radiographic imaging techniques.
- Personal effects like jewelry, clothing, ID cards and other documents should be documented and kept securely with the body.
- Body parts after reconciliation can be joined to the main body and the previous coding for the body part erased.

VIII. Coding:

- Throughout the process of post-mortem examination, the unique numbers assigned to the body or body parts at registration in the mortuary will remain the same. If these numbers differ from the field numbers, it is recommended to maintain an additional registry to match the field unique numbers with the corresponding morgue numbers
- Additional coding for samples can be employed, as defined in the internal procedures of the mortuary or laboratory.
- Body parts after scientific reconciliation can be joined to the main body and the details of the match must be entered in the register.
- The coding between the post-mortem and the ante-mortem data forms will be different.

IX. Ante-Mortem Data Collection/Missing Persons Data:

It is important that adequate information is collected from families of missing persons to enable the DVI team to compare the data with the post-mortem data collection.

- The Missing person information form (Annex 4: INTERPOL DVI forms printed in yellow colored paper when possible) will be used to collect information about the missing person. However, missing person information forms for first responders (Annex 2) can be used based on the decision of the MFRCU.

- Personal photographs, medical/dental case history, radiographs, National ID cards with fingerprints and others can be collected at this stage to complement the information provided in the missing person form. Federal/States Ministry of Health, NEMA/SEMA
- The information can either be collected at the information collection center, which is generally established near the scene, or from the Family Assistance Center (FAC). NEMA/SEMA, NRC, POLICE, NCDC

X. Chain of Custody:

- Any evidence retrieved during the post-mortem examination should be properly documented and handed over to the appropriate authority (investigating police officer) with strict maintenance of chain of custody.

XI. Flow of information:

- The leader of the mortuary operations keeps the rest of the fatality management group abreast through the MFRCU with information concerning all their activities and informs the coroner.

XII. Reconciliation /Identification

Identification of the remains:

Establishment of Disaster Victim Identification (DVI) team is necessary for identification of the mass fatality victims. The team should be led by the Coroner or a Forensic expert and with the involvement of all other forensic science that were involved in the identification, odontologist, anthropologist, DNA expert, etc. It is important that the bodies are properly identified by odontologist, anthropologist, DNA expert, etc, before handing them to the family members using correct scientific methods. This is normally done by matching the Ante-mortem information collected from the families with the Post-mortem information collected from the body. There are two forms of scientific identifiers which should be used during identification:

- 1) Primary identifiers
 - a. Fingerprints
 - b. Dental comparison
 - c. DNA
 - d. Special identifiers
- 2) Secondary identifiers
 - a. Physical features
 - b. Tattoo marks/birthmarks
 - c. Clothing and personnel effects

- The implementation of the framework of legal identification should be done in conjunction with the coroner.
- This should be done by comparing both the post-mortem and ante-mortem information forms.

- One should not rely on visual identification, as there is a possibility of misidentification. Hence, the use of primary identifiers should be considered in combination with secondary identifiers.
- The reconciliation/scientific identification is conducted by using multiple lines of evidence Led by the support of the whole team the Chief Medical Examiner/most senior pathologist, or most experienced medical personnel on ground, or the Coroner.
- Certification of Identity: After scientific identification by the forensic team, the coroner or legal authority approves and certifies the identity of the deceased.
- Minimum information needed before a body is handed over to the family includes evidence of proper identification and a proof of relationship between the body and the relative it is given to.
- The coroner or legal authority should direct the process of handing over the body to the relatives.
- Appropriate receipt will be signed by the receiving relative/family
- Social-cultural and religious factors must be considered in dealing with bodies of mass fatalities.
- If a body cannot be immediately identified, a proper registry should be maintained. This registry should include details such as the exact location of the burial, biological information about the deceased, and a unique identification code. The bodies should be temporarily buried in a secure manner. Later, they can be exhumed and identified using scientific methods before being returned to their families. When choosing a temporary burial site, it's important to plan carefully, as the site might eventually become the final resting place.
- The personal effects of unidentified bodies should be kept securely with proper documentation and numbering by the Nigerian Police/morticians maintaining chain of custody
- For unidentified bodies, DNA samples can be obtained and kept securely in a Forensic laboratory for further investigation.

XIII. Death Certification

- A death Certificate should be issued to the families/relatives of reconciled and properly identified bodies under the National Population Commission guideline.
- The death certificate is important for offering final rights, obtaining insurance/pension or other financial benefits, medicolegal cases and it is also important for repatriation of human remains in case of foreign nationals.

XIV. Handover of bodies

- All the bodies which have been identified should be handed over to the families or communities
- If the family members are not available, temporary storage of the bodies should be done either in the mortuary or temporary burial can be done.
- Handover procedures should be properly documented and stored. The details and signatures of both the person handing over the body and the recipient of the body should be well documented.

XV. Disposal of Unidentified/Unclaimed Bodies

- Bodies that remain unclaimed or unidentified after six months may be disposed of by the appropriate authority.
- The disposal of bodies should always be done in conjunction with the local community.
- Burial sites should be identified for each state.
- All actions in body disposal are subject to the coroner's order.
- Federal/State Ministry of Environment, Health, Local Government Council and Public Health Should be involved in such body disposal.
- All ante-mortem and post-mortem information gathered from such bodies are to be stored permanently.
- Unclaimed but identified bodies may be temporarily buried/ stored long term on request of the families.
- Considerations for Temporary burial for unclaimed/unidentified bodies
 - Burial place should be at least 200 meters away from the nearest water source
 - Each body/body part should be buried in individual grave, and trench burial to be done for larger number of bodies
 - The distance between two dead bodies in trench burial should be at least 40 centimetres apart
 - The unique reference number should be used to mark the body and its position at ground level
 - A sketch map of the burial site recording the location of bodies using the unique code should be created and stored safely
 - Apart from identification and handover procedures, the grave site should not be disturbed and should be protected.
 - Government policies about handling of bodies should be applied in instances where the cause of fatality is infectious disease, or the body

is assumed to be hazardous (biological, radiological, nuclear, chemical, or otherwise)

XVI. In case of Foreign Nationals

it is important to:

- Follow the same procedure for both national and foreign nationals.
- Coordinate with the concerned embassies or consulates for exchange of information.
- Facilitate the repatriation of bodies, (development of MOU with airlines and transporters) embalming of the bodies should be done when needed.
- Identify temporary holding morgues
- Facilitate the issuance of death certificate and other documents like embalming certificate, written permission to transfer the body and free from infection certificate etc
- International DVI teams can be involved during mass fatality incidents by coordinating with the Ministry of Foreign Affairs and the Embassies/Consulates. In such cases, they should work as per the instructions from MFRCU to support the national DVI team.
- International experts should work with respect to the existing laws of Nigeria.
- International experts can only examine dead bodies belonging to their respective countries. In case of a large-scale disaster when foreign support is requested and/or the remains are fragmented international best practices will be applied
- If the examination was conducted by the national DVI team, and a re-examination is requested by the International DVI team, it should be done under the supervision of the national DVI team.
- The responsibility of the international DVI team is to assist the national DVI team and not to interfere with.

XVII. Debriefing

- This entails all responders involved in all stages.
- Debriefing should be coordinated by the Incident Commander, and should be carried out immediately after he declares the operation over.

- It helps to review and appraise work done and appraise those involved in carrying out the task(s).
- Psychological debriefing should be carried out when necessary.

XVIII. Medical examination

Medical examinations, psychosocial evaluations and support is to be conducted for responders that have been exposed during the operation.

6.0 FAMILY ASSISTANCE CENTER (FAC)

The FAC will focus on the *immediate aftermath* of a Mass Fatality Incident to give survivors and families of victims a safe, central gathering place in proximity to the disaster site. For the purpose of this document, a family will be a partner, parent, children, sibling, relative or any other person with direct contact or information of the deceased. The FAC provides a venue for authorities to provide information to victims, coordinate access to support services, and facilitate the collection of information from families that is necessary for victim identification. The center will operate for a period of one to three weeks depending on victim recovery, the identification process, and other investigative activities.

6.1 Establishing the FAC

The decision to establish a FAC will be based on several factors, including the number of fatalities and serious injuries; the impact to the community (localized or widespread); the number of victims whose families do not reside in the disaster area; and the complexity of recovering and identifying fatal and injured victims and maybe the size of the affected area.

6.1.1 Accommodation/Location

The Family Assistance Center will be a temporary center where families and loved ones will be able to access information about the deceased person. The Center will be established by the Federal Ministry of Health supported by NEMA. It will be a structure such as hotel, tent, camp, temporary shelter etc. depending on the number of affected families and location. The FAC will be safe and accessible by all families and parties involved. The Center will be opened immediately a mass fatality has been declared, following the decision of the incident command center. This will be within one (1) hour after the confirmation and activation of mass fatality. It is important to identify focal points in health centers to provide information to the families trying to clarify the fate of a family member.

6.2 Temporary Reception Center (PRE-FAC)

At the activation of a mass fatality response, a temporary reception center will be established within one (1) hour to provide family members with the information for immediate attention through TV, Radio social media that they may need before the establishment of the FAC is finalized. Reception center staff will make family members aware that a more permanent location (the FAC) is being created to

meet their needs more effectively. Once the reception center is closed, a notice should be posted directing family members to the FAC.

6.3 Religious and Cultural Considerations

Families and friends of victims and missing persons may have concerns about the treatment of the deceased, including worries that religious and cultural traditions will not be upheld.

Nigeria, being a multi-ethnic and multi-religious society, formulation of any plan or policy must always look to put these differences into consideration. However, it may not be possible to accommodate all religious and cultural requests owing to the complex nature in management of the dead in event of an incident. Many factors affect this ability, including the number and condition of human remains.

The Family Assistance Center will be set-up in such a way that it will try to address family members concerns by engaging the assistance of religious and traditional representatives from affected communities to be in conformity to their religious/cultural beliefs.

Information regarding special requests related to the disposition and treatment of the remains will be communicated directly by the centre representatives and directly to morgue operations personnel.

6.4 Call Centers: Gathering and Dissemination Information

6.4.1 Missing Persons Call Center (MPCC)/ Mobile Assistance Center

A Missing Persons Call Center (MPCC) will be established to receive calls from members of the public wishing to report someone missing.

The Nigerian Communication Commission (NCC) will be responsible for activating a toll-free number for communication to enable families of the deceased to access information. The MPCC approved number will widely be circulated through TV, Radio, Print and social media. The objectives of the MPCC are to collect information about the person reported missing, such as, contact information, an event, physical description, and personal effects (Annex 2/Annex 4). The MPCC will cease to function after the period of its operation has elapsed. All cases of unaccounted persons within the three weeks operational period of MPCC would be referred to the relevant agency

Support for family members who cannot afford to travel to the incident location can also be attended to through the activation of Mobile Assistance Center i.e., mental help support, logistics support etc. (MPCC/Mobile Assistance Center) in collaboration with NEMA.

6.5 Stakeholders' Roles and Responsibilities for the Family Assistance Centre (FAC).

The table below represents the roles and responsibilities of stakeholders in the FAC;

Table 3: Roles and Responsibilities of Stakeholders in FAC

No.	Stakeholder	Roles and Responsibility
i.	NEMA Leads Coordination and supported by Federal Ministry of Health	NEMA/SEMA and Federal /State Ministry of Health will be responsible for coordination between different actors. They will plan, coordinate logistics and finances towards the establishment of the center.
ii	Federal Ministry of Information and National Orientation	Moi will be responsible for establishing information with the general public using the most appropriate communication channels e.g., TV, Radio, Social-Media, Town criers etc. They will be the front-line Agency responsible for facilitating the access and flow of information and liaise with different actors to give first-hand information.
iii	Federal Ministry of Health	FMOH will be responsible for provision of medical care, establishment of temporary medical care center
Iv	Nigerian Communication Commission (NCC)	NCC will be responsible for activating a toll-free number for communication to enable families of the deceased access information.
V	Psychologist, Pathologist, forensic experts -	They will be responsible for collection of ante-mortem data along with the ministry of health.
Vi	Federal Ministry of Women Affairs, Federal Ministry of Humanitarian Affairs and Poverty Alleviation	FMOWA will be responsible for protection and support provision for unaccompanied minors, elderly and women of deceased persons. FMHAPA will collaborate with NEMA in providing immediate support, both in cash and in-kind to families of the deceased to help them cope with their loss and meet their urgent needs.
Vii	Nigerian Red Cross Society (NRCS)	NRCS will be responsible for the provision of first aid, tracing and restoring families.
ix	Police, DSS, NSCDC-	They will provide security, information and guidance as required at the center.
X	Community Leaders-	They will provide guidance on the religious and cultural aspect of the affected community.

xi	Ministry of Justice	FMoJ will give legal support for the families of the deceased
xii	National Emergency Management Agency-	NEMA will facilitate financial/material assistance e.g. food and beverages, coffins, Non-Food Items etc. to the affected families as deemed necessary
xiii	FMOH leads coordination, and supported by the Nigeria Red Cross	FMOH (psychiatrist/psychologist/trained healthcare workers) will Provide psychosocial support to the recovery team/survivors
xiv	Coroners	They are responsible for confirming the cause of death and identity of dead persons. This information is gathered from the missing persons information form, PM form, consent form and a chain of custody form.

6.6 Staffing and Responsibility for the FAC

6.6.1 Information Collection

The Ante-mortem data will be collected by trained officials who will provide information services and medical support to affected persons who visit the center. Personnel from the following organizations will be responsible for data collection:

- I. NEMA
- II. SEMA
- III. Federal Ministry of Health (psychiatrist/psychologist/ Health recorder/Health Information Management Officers).
- IV. Federal Ministry of Humanitarian Affairs and Poverty Alleviation (FMHAPA)
- V. Nigerian Police Victim specialist
- VI. Medical doctors
- VII. Nurses
- VIII. Ministry of Information
- IX. Ministry of Women Affairs
- X. Ministry of Justice
- XI. Nigerian Red Cross Society
- XII. Nigeria Security and Civil Defence Corps
- XIII. Community leaders

6.6.2 Data Management and Protection

FAC can also be used to collect Ante-mortem or Missing person information from the affected families using standard forms. The information collected will be used only for the purpose of identifying the dead and locating the person that has been reported missing as a result of the incident.

6.7 Data Protection

6.7.1 Data to be shared with the families:

The National Emergency Management Agency/ State Emergency Management Agency will appoint a liaison person who will relate and give information to family members of deceased.

6.7.2 Data to be shared with the public

No personal information or record of official documents will be shared with the public. Only statistics or figure of missing persons and deceased will be shared. The Ministry of Information will appoint a media liaison officer who will disseminate accurate, clear and timely information to the public. Such person will be responsible for organizing frequent communication sessions and give updates to the families. Information must be clear, accurate, honest and based on facts and figures shared by authorized institutions who have access to first-hand and accurate information.

6.7.3 Data to be shared with other stakeholders

After the completion of the missing persons form, such information will be handed over to NEMA/SEMA who will then hand it over to the Coroner/Magistrate and/or other relevant authorities, for identification of the dead. Information from the mortuary should also be shared to other stakeholders like the NPC (National Population Commission), Ministry of Health, NBS, NIMC, Nigerian Police etc.

6.8. Procedure for Collection and Storage of Ante-Mortem Data

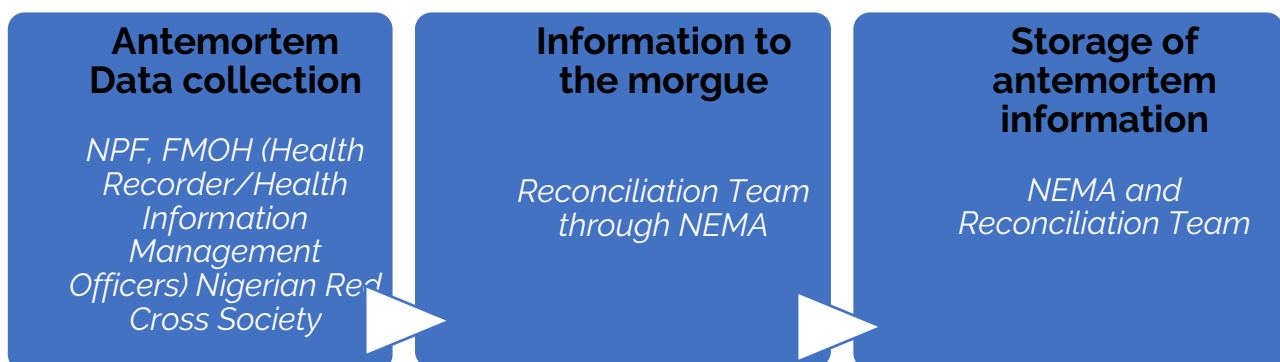


Figure 3: Procedure for Collection and Storage of Ante-Mortem Data

6.8.1 Mass fatality Thresholds:

The table below outlines the components of a mass fatality response at the local, state, and federal levels.

Table 4: Mass Fatality Response Threshold

SN	FATALITIES	RESPONSE
1	5 to 20	Local Response
2	21 to 50	State Response
3	51 and above	Federal Response

6.9 Center Closure

Debriefing and reconciliation of data; production of report and closing of center will be done when all victims have been accounted for. The decision for center closure will be taken by MFRCU.

7.0 Coordination and Logistics

7.1 Aims:

The aims of having a coordination and logistics in mass fatality handling are to:

- a. Promote effective leadership and coordination among Agencies and deliver the response
- b. Ensure that available resources are used effectively and efficiently to manage the dead bodies and attend to the needs of their families.

i. Roles of NEMA/SEMA in coordination

NEMA/SEMA in collaboration with MFRCU, will carry out the following activities:

- Activation of the plan
- Initiate a call out procedures
- Planning and coordination of the operation
- Identify the agency or person to serve as local coordinator for management of the dead

ii. The Role of the Coordinator for the management of the dead

- Responsible for liaising with the local agencies
- Ensure provision of logistics by relevant agencies
- Provides technical support for allocating unique code
- Communicates with the National Emergency Coordination Centre (NECC)

iii. Transportation

- NEMA/MFRCU should designate a transportation officer (Ministry of Transportation/FRSC).
- Arrange for transporting the dead bodies and related personal effects.

A. Transporting Remains: General

- If remains are to be transported from the secure incident scene to a holding area or temporary morgue, consider requesting assistance in route planning from law enforcement and Agencies involved in transportation (NPF, FRSC, NSCDC etc). A law enforcement escort should be considered to resolve any unexpected traffic delays, provide security and as a gesture of respect for the deceased.
- If contract drivers are used, they will be asked to sign a confidentiality agreement (NEMA/SEMA should have an MOU with the Transport Union).
- Information about movement of Human Remains will be shared with the MFRCU.
- Individuals involved in the transportation of human remains/personal effects/evidence, must follow the Chain of Custody Procedures.

B. Transporting Remains to Temporary Morgue/Holding Area

Two possibilities exist for when to transport remains from the recovery site to the temporary morgue/holding area:

- Bagged and labelled items or human remains can be transported immediately after documentation, provided enough personnel are available to facilitate this.
- Bagged and labelled items are left in-situ until the entire search area is covered if there are no threats to their integrity. Then, all relevant team members work to transport the human remains and associated evidence from the scene to the temporary morgue/holding area.

C. Transporting Remains from the scene and/or Temporary Morgue/Holding Area to Morgue

- Appropriate scene response vehicles or refrigerated vehicles are parked in a secure area near the site, with easy access to load remains.
- Human Remains and associated items that have been bagged and tagged are loaded into the vehicle.
- The driver fills in a transportation log as well as a chain of custody form (in triplicate) as the vehicle is loaded and reviewed for completeness prior to leaving the incident site.
- When not in use, vehicle doors are locked, sealed, and remain locked while human remains, and associated items are inside.

- The driver transports the remains following an assigned route to the incident morgue with no deviations. A police escort may be arranged.

iv. Logistics

- NEMA/MFRCU is responsible for identifying the first responder's teams.
- Ensure adequate provisions of Personal Protective Equipment
- Provision of body bags, morgue, vehicles, security and refrigerated containers if possible.

v. Debrief

Stakeholders should debrief after each field recovery, morgue identification, etc

vi. After Action Review (AAR)

A structured After-Action Review (AAR) should be conducted following a mass fatality incident to evaluate the response and assess its effectiveness. This process helps identify strengths, gaps, and lessons learned to enhance future preparedness. Stakeholder feedback and data analysis inform recommendations for policy and operational improvements.

8.0 Training and Simulation Exercises

Training is crucial to the success of this plan. Therefore, NEMA should ensure regular training is implemented, and that table-top (at least twice a year) and full-scale exercises (once in two years) that might have a fatality component include the response as outlined in this plan. It is also crucial that the plan or parts of the plan be shared with those organizations that are expected to play a part in the mass fatality response plan.

- Public Health Preparedness Staff should receive an orientation of the plan each time significant revisions are made.
- Potential mass fatality response staff, including volunteers, first responders, and death investigation and autopsy response team members, should receive topical training on different sections of the plan.
- Facilitated discussions or table-top exercises should be scheduled at regular intervals to validate different components of the plan.
- A functional or full-scale exercise should be held regularly as funding allows or as directed by grant requirements.

9.0 Monitoring and Evaluation

NEMA in collaboration with FMoH should monitor the plan regularly (quarterly) monitoring of relevant responding agencies as highlighted in the plan.

The monitoring process shall comprise of:

- Updating contact details of stakeholders

- Identifying response personnel and existing capabilities
- Reviewing and updating the inventory of used and unused equipment.
- Identifying proximity of equipment to be deployed
- Ensuring serviceability of the equipment and facilities

Post mass fatality incident evaluation should be coordinated by NEMA by ensuring that every disaster involving mass fatality are evaluated for their effectiveness. These evaluations are to be undertaken in a consistent manner using the after-action report and any relevant report.

All the findings and learning points should be communicated to the relevant Ministries, Departments and Agencies.

The evaluation also determines the need for review of the mass fatality response plan.

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- United States Department of Health and Human Services (2021):
<https://asprtracie.hhs.gov/technical-resources/65/fatality-management/0>

ANNEXES

Annex 1: Dead body information form for first responders

DEAD BODY INFORMATION FORM	
UNIQUE CODE: (Same to be used on files, photos, objects etc.)	
Possible Identity of the Body: (Explains reasons for attributing a possible identity)	
PERSON COMPLETING THE FORM	
NAME:	OFFICIAL STATUS:
PLACE & DATE:	SIGNATURE:
RECOVERY DETAILS: (Including place and date, time of recovery, recovered by whom, circumstances, GPS Coordinates where available, indicate if there were other bodies in the same area)	

A. PHYSICAL DESCRIPTION					
A1	GENERAL CONDITION (Mark one)	a) Complete Body	Incomplete Body (description):		Body Parts (description):
		b) Well Preserved	Decomposed:	Partially Skeletonised:	Fully Skeletonised: Burnt
A2	Apparent Sex (Mark one with evidence):	Male	Female	Undetermined	
		Describe evidence (genitals, Beard, etc.):			
A3	Age Group:	Infant	Child	Adolescent	Adult Elderly
A4	Physical Description (Measure or Mark One):	Height (Specify Units):	Short	Average	Tall
		Weight (Specify the Units):	Slim	Average	Fat
A5	a) Head Hair:	Colour:	Length :	Shape:	Baldness: Other:
	b) Facial Hair:	None:	Moustache:	Beard:	Colour: Length:
	c) Body Hair:	Describe:			
A6	Distinguishing features:	Use additional Sheets if needed. In addition, also include a sketch of the remains if possible to the main findings. Note if pictures were taken.			
	Physical (E.g Old, Amputations-Limbs Fingers):				
	Surgical Prosthesis (e.g artificial Limbs):				
	Skin Marks (Scars, tattoos, piercings, birthmarks, moles etc.):				
	Apparent Injuries (include location)				
	Dental Condition: (Crowns, gold teeth, false teeth)				

B. ASSOCIATED EVIDENCE		
B1	Clothing:	Type Clothes, colours, fabrics, brand names, repairs. Describe in as much details as possible
B2	Footwear:	Type (Boot, shoes, sandals), Colour, brand, size.
B3	Eyewear:	Glasses (colour, Shape), Contact lenses.
B4	Personal Items:	Watch, jewelry, wallet, keys, pictures, mobile phone
B5	Identity Documents:	Identity Card, passport, driving licence, credit cards etc.

C. RECORDED INFORMATION				
C1	Fingerprints:	Yes	No	Taken by whom? Stored where?
C2	Photograph of Body:	Yes	No	Taken by whom? Stored where?

D. STATUS OF BODY	
Stored:	Mortuary, referigerated container, temporary burial. (Describe Location)
	Under whose responsibility:
Released:	To whom and Date:
	Authorised by:
	Fnial Destination

Annex 2: Missing Person information form for first responders

MISSING PERSONS INFORMATION FORM

Missing person's name and unique number for this file: (If name, give family name first followed by comma then other names) (Use unique number on associated files, photographs or stored objects.)
Interviewer name:
Interviewer contact details:
Interviewee(s) name(s):
Relationship(s) to missing person:
Contact details of interviewee: Address..... Telephone..... Email.....
Other contact person for missing person, if different from above: (who to contact in case of news). Give name and contact details

A. PERSONAL INFORMATION

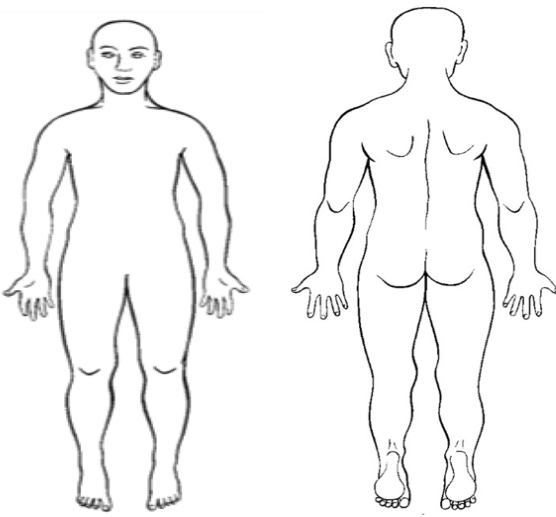
A.1	Missing person's name:	Include surname, father's and/or mother's name, nicknames, aliases				
A.2	Address/place of residence:	Last address, plus usual address if different from the former				
A.3	Marital status:	Single	Married	Divorced	Widowed	Partnership
A.4	Sex:	Male	Female	Other		
A.5	If female:	Unmarried name:				
		Pregnant	Children	How many?		
A.6	Age of missing person:	Date of birth:			Age:	
A.7	Place of birth, nationality, principal language					

A.8	Identity document: Main details (number, etc.)	If available, enclose photocopy or photograph of ID		
A.9	Fingerprints available?	Yes	No	Where:
A.10	Occupation:			
A.11	Religion:			

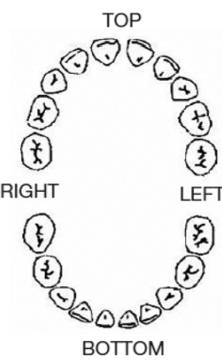
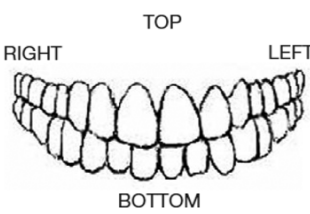
B. EVENT

B.1	Circumstances leading to disappearance: (use additional sheet if necessary)	Place, date, time, events leading to disappearance, other victims and witnesses who last saw missing person alive (include name and address)		
	Has this case been registered elsewhere?	Yes	No	With whom/where:
B.2	Are other family members missing; if so, have they been registered/identified?	List name, relationship, status:		

C. PHYSICAL DESCRIPTION

C.1	General description (indicate exact measure, or approximate AND circle the corresponding group):	Height (exact/estimated?):		Short	Average	Tall
		Weight:		Slim	Average	Obese
C.2	Ethnic group/skin colour:					
C.3	Eye colour:					
C.4	a) Head hair:	Colour:	Length:	Shape:	Baldness:	Other:
	b) Facial hair:	None	Moustache	Beard	Colour:	Length:
	c) Body hair	Describe				
C.5	Distinguishing features: Physical – e.g. shape of ears, eyebrows, nose, chin, hands, feet, nails, deformities	<p>Continue on additional sheets if needed. Use drawings and/or mark the main findings on the body chart.</p> 				
	Skin marks – Scars, tattoos, piercings, birthmarks, moles, circumcision, etc.					
	Past injuries/ amputations – include location, side, fractured bone, joint (e.g. knee), and if person limped					
	Other major medical conditions – operations, diseases, etc.					
	Implants – pacemaker, artificial hip, IUD, metal plates or screws from operation, prosthesis, etc.					

	Types of medications – (used at time of disappearance)	
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C.6	<p>Dental condition: Please describe general characteristic, especially taking into account the following:</p> <ul style="list-style-type: none"> • Missing teeth • Broken teeth • Decayed teeth • Discolorations, such as stains from disease, smoking or other • Gaps between teeth • Crowded or crooked (overlapping) teeth • Jaw inflammation (abscess) • adornments (inlays, filed teeth etc) • any other special feature <p>Dental Treatment: Has the Missing Person received any dental treatment such as</p> <ul style="list-style-type: none"> ▪ Crowns, such as gold-capped teeth ▪ Color: gold, silver, white ▪ Fillings (incl. color if known) ▪ False teeth (dentures)- upper, lower ▪ Bridge or other special dental treatment ▪ Extractions 	<p>If possible, use a drawing, and/or indicate the described features in the chart below.</p> <p>If the missing person is a child, please indicate which baby teeth have erupted, which have fallen out and which permanent teeth have erupted and use the chart below.</p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <p>BABY/PRIMARY TEETH</p>  </div> <div style="text-align: center;"> <p>ADULT/PERMANENT TEETH</p>  </div> </div>
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D. PERSONAL EFFECTS

D.1	Clothing: (worn when last seen/at time of disaster)	Type of clothes, colours, fabrics, brand names, repairs. Describe in as much detail as possible
D.2	Footwear: (worn when last seen/at time of disaster)	Type (boot, shoes, sandals), colour, brand, size. Describe in as much detail as possible
D.3	Eyewear:	Glasses (colour, shape), contact lenses. Describe in as much detail as possible

D.4	Personal items:	Watch, jewellery, wallet, keys, photographs, mobile phone (include number), medication, cigarettes, etc. Describe in as much detail as possible
D.5	Identity documents: (which the person was/might have been carrying when last seen/at time of disaster)	Identity card, passport driving licence, credit card, etc. Take photocopy if possible. Describe the information contained in them
D.6	Habits:	Smoker (cigarettes, cigars, pipes), chewing tobacco, betel nut, alcohol, etc. Please describe, including quantity
D.7	Doctors, medical records, X-rays:	Give details of doctor, dentist, optometrist, or other
D.8	Photographs of missing person:	If available, enclose photographs or copies of photographs: as recent and as clear as possible, ideally smiling (with teeth visible), and also photographs of clothing worn when disappeared

Note: By signing this form, the interviewee understands that the information collected in this form will be used only for the search and identification of the missing person. Its content is confidential and any use other than for the search and identification of the missing person requires the explicit consent of the interviewee.

Place and date of interview:

Interviewer signature:

Interviewee signature:

If requested, a copy of this form with contact details of the interviewer should be made available to the interviewee.