List of Key Office of Chief Medical Examiner Terms

311 - 311 is New York City’s (NYC’s) phone number for government information and non-emergency services. Calls are answered 24 hours a day, seven days a week. NYC’s 311 operations provide immediate access to translation services in more than 170 languages, as well as access to a state-of-the-art database of information and services about City government. This database is updated in real-time, and can be reviewed quickly to meet demands in an emergency situation. One example of 311 operations is gathering missing persons’ information to support the New York Police Department (NYPD) and the Office of Chief Medical Examiner (OCME) investigations.

911 - 911 is the official emergency number for New York City. Dialing 911 quickly connects the caller with a dispatcher trained to route calls to local emergency medical, fire and law enforcement agencies, as appropriate. All 911 calls are answered by a live operator, 24 hours a day, seven days a week.

Area Command Office of Chief Medical Examiner (AC-OCME) – The AC-OCME would be a pre-established location where OCME agency leaders would meet to review their agency’s Incident Action Plan (IAP) for each of the five borough OCME offices. There, they could also coordinate their agency’s response during the present or upcoming Operational Period (Op Period). During a PI event, the AC-OCME will be located at 520 First Avenue. This location will also serve as the location for the Manhattan Borough OCME, which is responsible for managing daily case investigations and managing PI cases in Manhattan.

Autopsy - An autopsy is a medical procedure consisting of a thorough examination of a corpse to determine the cause and manner of death, and to evaluate any disease or injury present. It is usually performed by a specialized medical doctor called a pathologist. Autopsies are performed for legal or medical purposes.

Body Collection Point (BCP) - A BCP is a temporary storage location used to expand HCF morgue capacity. BCPs are intended to provide temporary refrigerated storage of remains until the OCME can recover bodies and process them appropriately. HCFs placing bodies in a BCP are responsible for signing the death certificate, providing the OCME with as much information as appropriate regarding the next of kin (NOK), creating a manifest of those bodies placed in the BCP, monitoring the temperature to ensure it stays at 37° Fahrenheit and securing the site appropriately.

Body Collection Point Recovery Team (BCP RT) – The Body Collection Point Recovery Team (BCP RT) consists of OCME personnel who will pick up bodies at BCPs. The OCME, with the support of the NYC Office of Emergency Management (OEM), will coordinate logistical support through the Emergency Operation Center (EOC), either to arrange to remove and replace the entire BCP, or to empty it by recovering individual bodies. The team transports decedents to the most appropriate Borough OCME (B-OCME) office or Off-Site Morgue (OSM), as appropriate. The Team will tag and track bodies at BCPs, using designated OCME methods.
Borough Office of Chief Medical Examiner (B-OCME) – The B-OCME collectively represents each OCME located in the five NYC boroughs: Bronx-OCME (BX-OCME), Brooklyn-OCME (K-OCME), Queens-OCME (Q-OCME), Manhattan-OCME (M-OCME) and Staten Island-OCME (R-OCME). B-OCMEs will establish command, control and coordination, for all OCME activities in their borough. Specifically, B-OCMEs will manage their daily caseload, plus PI cases requiring further investigation or autopsy. B-OCMEs will report to the AC OCME, to synchronize their actions and obtain direction and resources.

B-OCME Command Post (B-OCME CP) – The Command Post is established at each B-OCME office, where staff will meet to review Incident Action Plans (IAPs) and coordinate response during the current or upcoming Op Period. Each B-OCME is also linked to the OCME Area Command Post located at 520 First Avenue.

Casualty - A casualty is an individual who is injured or becomes ill following an incident. This term does not typically include the deceased, who are labeled “fatalities.”

City Burial or City-Directed Burial – This refers to disposition of remains managed by the OCME. The OCME is responsible for managing in-ground burial of unidentified bodies, bodies having been identified but not having been claimed by the next of kin (NOK), and decedents for whom the NOK does not have the resources to administer final disposition.

CityNet - This is the City of New York’s Intranet, which is used by City governmental agencies.

City of New York Counties and Boroughs - Five of New York State’s (NYS’s) 62 administrative counties—New York, Kings, Queens, Richmond and Bronx—are within NYC. These counties do not have functioning county governments, although they each have a Borough president. They are coextensive with the five boroughs. Two, Queens and Bronx, share the same name as the borough. Richmond County is known as the Borough of Staten Island, Kings County is the Borough of Brooklyn and New York County is the Borough of Manhattan.

CONEX Container – These refrigerated units are typically used to transport perishable items by ocean vessel. Under the Citywide Pandemic Influenza Surge Plan to Manage In- and Out-of-Hospital Deaths, these units will be used to store decedents.

Distributed Death Registration Process (DDRP) – This is a decentralized method used by the Office of Vital Records, part of the Department of Health and Mental Hygiene’s (DOHMH’s) Bureau of Vital Statistics, to register death certificates and obtain burial/cremation permits. DDRP may entail either posting Office of Vital Records staff at B-OCMEs and OSMs, or establishing the electronic death registration system (EDRS) at B-OCMEs, OSM and HCFs. EDRS is a secured Internet application enabling hospital and medical examiner staff to electronically submit death certificates to the Office of Vital Records for registration. EDRS can also be used by funeral directors to check on the status of registered death certificates and print burial/cremation/transportation permits at their funeral home location. To establish the EDRS at your facility, contact the DOMHM EDRS Coordinator Aleida Maldonado at (212) 788-4574 or edrs@health.nyc.gov.
Disaster Portable Morgue Unit (DPMU) – The DPMU would be a fully equipped, portable morgue established in a field setting, often at or near an incident site. It comes complete with equipment and supplies needed to perform a full external and internal examination (autopsy), and for assessing decedents’ identification by means of fingerprinting, photographing, obtaining dental and body X-rays and gathering deoxyribonucleic acid (DNA) samples. A DPMU can be used as a whole unit, or can be used in part to support limited morgue operations such as DNA and fingerprinting.

Department of Health and Mental Hygiene Operations Center (DOHMH OC) – NYC DOHMH will establish an OC during a disaster event, including a pandemic influenza (PI) event, to coordinate planning and response activities.

Emergency/Disaster Declarations – These are official emergency declarations made by specified elected officials—at the local, state or federal level—authorizing the use of equipment, supplies, personnel and resources as may be necessary to cope with a disaster or emergency. Formal declarations are made when the event requires more assets and resources than exist within the jurisdiction. A declaration, on the local level, may result in funding, support and access to additional state or federal assets.

Family Assistance Center (FAC) - A FAC facilitates the exchange of timely and accurate information with family and friends of injured, missing, or deceased disaster victims; the investigative authorities; and the medical examiner/coroner. Types of services generally include: grief counseling; childcare; religious support; facilitation of family needs such as hotel, food, and transportation; antemortem data collection; and notification of death to the NOK. Although FACs can differ from one another, the OCME’s role at the FAC includes gathering antemortem data and notifying the NOK regarding the deceased. FACs can be actual or virtually established sites.

H5N1 Virus - A specific virus strain of influenza currently causing large outbreaks of disease among poultry outside the United States that has limited transmission to humans. Current H5N1 virus outbreaks among humans have been due to direct or indirect contact with infected birds or their secretions/excretions. Although H5N1 is not easily transmissible between humans, the World Health Organization (WHO) anticipates that this virus strain of influenza will be the next to mutate, resulting in human-to-human transmission.

Health and Safety Plan (HASP) – A HASP formally identifies the potential health and safety risks and countermeasures associated with operational unit practices. It addresses practices put in place to help prevent illness or injury. HASPs generally include identification of potentially unsafe environments, the use of personal protective equipment (PPE), health or medical countermeasure practices, ingress and egress practices, and method for assessing unsafe situations.

Health Care Facilities (HCFs) - HCFs include public and private hospitals, nursing homes, retirement facilities, prison health clinics, public health clinics and mental health hospitals. For the purposes of this planning document, HCFs refer to the 67 hospitals within the five New York City boroughs.

Incident Action Plans (IAPs) - IAPs identify agency and/or functional area objectives that personnel must strive to accomplish during the next Op Periods. IAPs must help an
agency maintain coordination between all functional areas/tasks being performed simultaneously during an Op Period. They must also support the larger jurisdiction’s IAPs to mitigate the effects of a disaster event, when IAPs are coordinated jurisdiction-wide. IAPs: (1) specify the objectives for the next Op Period; (2) define the work assignments for the next Op Period, including site-specific safety messages; (3) define the resources needed to accomplish the work order; (4) depict how all response personnel are to be organized; (5) list radio and telephone communications for all incident personnel; (6) specify a medical plan to follow in case of a responder emergency; and (7) identify resources at risk.

**Incident Command System (ICS)** – ICS is a method of command, control, coordination and communication that enhances agency operations when responding to a disaster event. Typically, ICS refers to management of people performing specific functions within a leader’s span of control.

**Incident Management System (IMS)** - This is a method of command, control, coordination and communication that enhances one agency’s, or multiple agencies’, response to a disaster event. Typically, IMS refers to more than the ICS, as it also encompasses management of all phases of the disaster: preparedness, response, recovery and mitigation.

**Medical Examiner (ME)** - A medical examiner is a physician who is appointed by the government to oversee and/or perform medicolegal death investigations.

**Medical Examiner Transport Team (METT)** – These teams (two or more individuals) recover bodies from HCFs and residential locations and transport them to the appropriate B-OCME location.

**Medicolegal** – Pertaining to medicine and law.

**Medicolegal Investigation**- The medicolegal investigation includes the collection of data, photographs, evidence, witness interviews, external examination of the body at the scene, and other forensic information and analysis that will contribute to the determination of cause and manner of death, reconstruction of the accident or crime scene, and support the provision of survivability factors. The medicolegal investigation falls within the exclusive purview of the Medicolegal Authority operating at the scene of an incident.

**Medicolegal Investigator (MLI)** - A medicolegal investigator is an individual with the training and experience to conduct a competent, thorough, and independent investigation into the circumstances surrounding a death in accordance with the legal requirements of the jurisdiction.

**Missing & Unidentified Persons** - Missing persons are those persons whose whereabouts are unknown to family or friends following an incident. Unidentified persons include those persons, both injured and deceased, who require the application of scientific methods to verify their identification. Scientific methods for identification include DNA, fingerprints, dental, radiographs, or medical record examination.
Mortuary Affairs (MA) - Mortuary Affairs is synonymous with fatality management, which is a general term referring to the provision of necessary care and disposition of missing and decedent persons, including their personal effects (PE). It is a term used by the Department of Defense (DOD) that encompasses the search, recovery, evacuation, tracking, tentative and confirmatory identification, processing, and temporary and/or final interment and/or re-interment of human remains.

Off-Site Morgue (OSM) - An OSM is a temporary OCME facility where staff can process decedent identification and perform an external examination. In some cases, an OSM may have a full complement of equipment, supplies and personnel to perform all aspects of an internal examination/autopsy. The OCME primarily intends to establish OSMs in association with each B-OCME.

Operational Period (Op Period) - The Incident Commander (IC) establishes this length of time during a disaster event, with the Op Period used to execute predetermined incident action plans (IAPs). During each Op Period, which typically lasts 1, 2, 8, 12 or 24 hours, agency commanders identify and execute key objectives. These agency objectives are generally coordinated with other agencies’ objectives, to successfully mitigate the effects of a disaster. Typically, Op Periods are shorter during initial occurrence of a disaster and grow longer as less complex coordination is required.

Personal Effects (PE) - This refers to property, including clothing, jewelry, wallets or other items found on a decedent's body. Such items are often categorized as durable or non-durable, and are used to help identify casualties and decedents.

Point of Dispensing (POD) - A POD is a specific location where appropriate medical or trained staff dispenses medications to large numbers of people in order to prevent them from contracting a specific infection, illness or disease.

Prosector - This is another name for the medical physician performing an autopsy.

Residential Recovery Team (RRT) - An OCME RRT consists of a medicolegal death investigator (MLI) and two body handlers or a METT. This RRT will investigate residential deaths, recover decedents and transport bodies to the appropriate B-OCME. The RRT will tag and track bodies as appropriate, using designated OCME methods.

Remains Storage Facility (RSF) - An RSF is a temporary cold storage unit established at B-OCMEs and OSMs that enhances decedent and PE storage capacity. RSFs can be refrigerated CONEX boxes, 18-wheeler trailer units, tents or permanent facilities.

Resource Typing - A uniform means by which to name resources and package them with specific equipment, supplies, personnel, services and facilities so resources have consistent capabilities. Resource typing involves identifying the resource name, category, kind, components, metrics, type, and additional information. The United States Department of Homeland Security is currently developing a national resource typing model as part of the National Incident Management System (NIMS).
**Standard Precautions** - Public health agencies provide this official guidance regarding basic clothing and equipment that health care workers must wear to protect themselves from cross-contamination with a patient’s blood, body fluids and/or respiratory droplets. Standard Precautions involve:
- Performing hand hygiene before and after all patient contact or contact with items potentially contaminated with blood or body fluids
- Wearing gloves, gowns, masks and eye and/or facial protection to prevent contact with mucous membranes, non-intact skin, blood and other moist body substances as determined by the nature and extent of the anticipated exposure
- Removing all PPE and discarding it immediately after completion of a task; and performing hand hygiene

**Staging Area** - This is a designated location where OCME personnel gather equipment and assignments before responding to an incident. OCME has pre-designated 520 First Avenue (the AC-OCME building) as the location where command staff personnel will report. FDR Drive at East 18th Street is the designated location for field response teams (i.e., MLI, METT and MESORT [Medical Examiner Special Operations Response Team]) to report, before going to an incident site. The OCME will determine alternate staging locations as dependent on disaster operations and environmental constraints.

**Unified Command Structure (UCS)** - UCS is a method to coordinate multiple agency responses during a disaster event. The structure promotes command, control, communication and coordination. During a PI event, New York City agencies will utilize a UCS to govern their activities.

**Unified Command Post (UCP)** - The UCP will be an established location where multiple responding agencies can review and coordinate all agencies’ IAPs for the current or upcoming Op Period. During a PI event, the NYPD, FDNY, DOHMH and OEM will jointly determine where a UCS should best be located to coordinate multiple-agency response.

**Unified Victim Identification System (UVIS)** - A database system used by 311 NYC operators, NYPD, and OCME to gather key information to facilitate compiling an accurate list of missing persons thereby enhancing missing persons’ investigation efforts during and after disaster events. UVIS is also used by the OCME to track decedents, collect antemortem information, and collect postmortem findings to facilitate the identification process during a disaster event. UVIS will also include a HCF module application so that HCFs may “self-report” decedents requiring the OCME to hold a body for claim and/or process decedents for identification or City-directed burial. The NYC OCME anticipates the UVIS HCF self-reporting module will become available to HCFs in 2009. *Note: HCFs will be able to communicate their needs to obtain a BCP, exchange a BCP, or refuel or obtain maintenance support via the UVIS application in addition to reporting their needs through the Emergency Support Function (ESF) #8 Health and Medical Desk at the NYC EOC.*