



# Mass Fatality Incident Response

G386

## Course Information Sheet

**Location:** NJSP Headquarters. ROIC West Trenton, NJ 08628

**Dates:** October 1, & 2, 2014 two (2) days)

**Time:** 8:30 a.m. - 4:00 p.m. (each day)

### Pre-Course Recommendations

- ICS 100 (Required) ICS 700 Recommended)

### Additional Information:

The G386 Mass Fatalities Management course is a elective course for the FEMA [APS Certificate](#).

NJ OEMS CREDIT 16CEU'S NJDFS CREDIT 0.0 CEU'S NJLMS CREDIT 0.0 CEU'S

### Course Purpose:

The Mass Fatality Incident Response course is 2-day in length is designed to prepare response personnel and other responsible professionals to handle a mass fatalities incident effectively by properly caring for the dead and the living—both responders and survivors. plan at the county or local levels of government.

### Course Objectives

**At the end of this course, the students should be able to:**

- Assess the local Mass Fatalities Annex to determine their jurisdictions' preparedness for a mass fatalities incident.
- Describe the critical operational activities: Notification, staging, search and recovery, morgue operations, media relations, and family assistance.
- Explain how a Family Assistance Center is used to support families and to aid identification of the deceased.
- Identify the requirements to ensure that the psychological needs of mass fatalities responders are addressed.
- Recognize the importance of Critical Incident Stress Debriefings for responders at a mass fatalities incident.
- Identify the resources that are available at the local, State, and Federal levels during a mass fatalities incident.
- Apply the principles of ICS in response to a simulated incident.



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### Target Audience

The target audience for this course is emergency management personnel who may serve in or manage an emergency operations center, to include office of emergency management staff and administration, support function staff, representatives from municipal agencies/departments that may assist in the recovery process.

Class size limited to 24, registration is required: [NJOEM Training Application](#).

The target audience for this course includes the following local government positions and allied professionals:

- Medical Examiners/Coroners
- Funeral Directors
- Law Enforcement Personnel
- Fire Department Personnel
- Emergency Medical Services Personnel
- Emergency Planners
- Emergency Management Personnel
- Public Officials
- Health Official/Care Administrator or Planner
- Media (Public Information Officers)
- Public Works Personnel
- Members of the Clergy
- The Salvation Army Personnel
- American Red Cross Personnel
- Forensic specialists
- National Guard Members
- Transportation (railroads, etc.) Personnel
- Other significant disaster workers
- Community Planner and Staff
- Business and Private Organization Representative

**Registration is required: [NJOEM Training Application](#). Fill out the application completely and email it to Theodore K. Cashel at [lppcasht@gw.nisp.org](mailto:lppcasht@gw.nisp.org), 609-882-2000 ext 6214 or fax it to 609-671-0160.**

You will be contacted by email when your application is received and approved.

OFFICE OF EMERGENCY MANAGEMENT  
NEW JERSEY STATE POLICE  
P.O. BOX 7068  
WEST TRENTON, NJ 08628 - 0068

PLEASE TYPE OR PRINT

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First Name	Middle Initial	Last Name
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M ___ F ___ Sex	Job Title
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(HOME INFORMATION)

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(_____) _____ Phone Number	_____ email
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Emergency # we can call in case class is cancelled at the last minute

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Street / P.O Box

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City	County	Zip
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(WORK INFORMATION)

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(_____) _____ Phone Number	_____ Employer
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Street / P.O Box	email (work or home)
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City	County	Zip
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Do you have any disabilities which would require special consideration during your attendance at the course? No \_\_\_  
Yes \_\_\_ Please describe and indicate and special consideration required on a separate sheet.

COURSE INFORMATION

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Enter Course Requested	Date of course
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\_\_\_\_\_  
List any prerequisite course (if applicable)

APPLICATION DOES NOT GUARANTEE ACCEPTANCE. THOSE ACCEPTED WILL BE NOTIFIED BY MAIL

Signature of applicant: \_\_\_\_\_ Date aaaaaaaaaa:

Signature of Supervisor or Agency Rep. \_\_\_\_\_  Date: aaaaaaaaaa

**Fax signed applications to Field Training Squad at 609-671-0160**