**Annex: Mass Fatality Management (MFM)**

1. Purpose, Scope, Situation Overview, and Planning Assumptions
2. Purpose

Mass fatality is defined as the number of fatalities that exceeds a local jurisdiction’s capacity to cope due to infrastructure/ support limitations.

The Maine CDC Mass Fatality Management Annex provides guidance, including roles and responsibilities for providing state level public health support to local/regional response activities in cooperation and collaboration with external partners in the event of a large-scale mass fatality event either by the occurrence of a severe infectious disease event or by a major traumatic event. The support includes management of vital records as well as disaster behavioral health services to those individuals impacted by a mass fatality event.

1. Scope

This Annex is applicable to the entire Maine CDC, extending out to include the District Public Health Units, which consist of District and Tribal Liaisons (DLs), Public Health Nurses (PHNs), Field Epidemiologists, Health Inspectors, Drinking Water Inspectors, Sanitarians, Local Health Officers (LHOs) and three Regional Resource Centers (RRCs) located in the northern, central and southern regions of the state of Maine, in the event of a mass fatality disaster event.

The overall functional objectives of the Maine CDC Mass Fatality Management Annex are to:

* Provide public health state-level situational awareness, expertise and recommendations to response leadership relative to the mass fatality management event
* Provide relevant PH information to the general public through the joint information center (JIC)
* Work with response partners to coordinate resources to support and sustain MFM operations in a respectful, efficient and effective manner

* Coordinate resources to support the provision of public health, medical, and mental/ behavioral health services to impacted populations
* Work with response partners to coordinate identification of deceased and reunification of friends and families with their deceased loved ones
* Manage surge of vital statistics

1. Situation Overview
2. Hazards Profile

The Maine CDC conducted a statewide Hazards Vulnerability Analysis in May of 2012. The HVA was attended by various subject matter experts (SMEs). The outcome of the HVA process identified the hazards to which the residents of Maine are thought to be most vulnerable.

Of the hazards considered, those types of events that pose the greatest risk of a mass fatality event include:

* Any of the natural events in the extreme: flood, hurricane, tornado, extreme heat, pandemic
* Major infrastructure damage
* Mass casualty incident: passenger train accident, large plane crash
* Large terrorism event: chemical, biological or radiological; bombing

1. Vulnerability Assessment

Although the risk of a mass fatality is considered low, the vulnerability is high since preparedness planning up to this point has been focused on small fatality events not mass fatality events. There is currently no comprehensive, collaborative State MFM Plan in place. The handling of large numbers of deceased in a short period of time and /or over a prolonged period of time would be a challenge at this time and would overwhelm local and state resources.

1. Planning Assumptions
   * + 1. A large mass fatality event will overwhelm local resources and require support from the state.
       2. Essential supplies, equipment and personnel to perform FMF functions may be in short supply
       3. State and local FM partners will need to coordinate and cooperate to effectively and efficiently respond
       4. The public will need direction and information
       5. The public will be fearful and anxious
       6. There will be delays in the issuance of death certificates
       7. Funeral Directors may be unable to process the deceased in a timely fashion
       8. Some deceased may require identification procedures
       9. Need centralized database managed through the family assistance center to track/match patients and deaths
       10. Deceased may need to be transported, possibly several times
       11. Large numbers of deceased may need to be placed into temporary storage until they can be properly handled
       12. Decreased may need to be temporary interned in large numbers
       13. Deceased may need to be cremated in large numbers
       14. Cemeteries may have limited space available for final disposition of the deceased
       15. All deceased will be handled and treated with respect and dignity
       16. Disposition of deceased and funeral arrangements may not be able to be completed in a manner consistent with culturally accepted practices
       17. There will be a need for volunteers that are accustomed to handling deceased
       18. Handlers may need special training or PPE
       19. Family member will need special support and assistance
       20. Mutual aid from other states may or may not be available
2. Concept of Operation
3. General

A mass fatality event is a cascading consequence of a primary occurring disaster e.g., pandemic, hurricane, plane crash, bombing, etc. If the event is a public health event such as a pandemic, the Maine CDC would be the lead response agency and would initiate a coordinated response with the Medical Examiner’s Office and the Maine Emergency Management Agency who would implement the State’s Mass fatality Plan. If the disaster was not primarily a public health event, such as hurricane, plane crash or bombing, Maine CDC would be a supporting agency to the mass fatality response. The CME would lead the mass fatality response and Maine CDC would support that response.

Mass Fatality is initially a local issue initiating an immediate local response. Local capacity is a combination of morgue storage capacity, available personnel and available equipment and supplies. Thresholds for level of activation are based upon local capacity. State resources will be activated when local resources are overwhelmed or become depleted. If state resources become depleted, Maine CDC will seek support from Regional I and the US CDC.

The Maine CDC Mass Fatality Annex will likely be activated as an inclusion or expansion of response to a primary disaster event. Maine CDC and all other state MFM support agencies will cohesively provide a coordinated MFM response.

If Maine CDC is the primary lead response agency, the response will be coordinated with the CME through the PHEOC using an existing ICS structure. If the Maine CDC is not the lead agency, the Maine CDC will participate in the coordinated MFM response, led by the CME, through the Maine CDC Liaison located at the State Emergency Operations Center (SEOC).

1. Organization and Assignment of Responsibilities
2. General

Trigger points for initiating the Mass Fatality Annex include:

* Increased number of deaths which overwhelm local/regional capacity to process remains
* Activation request from the CME

1. Organization

The Office of the Chief Medical Examiner’s (CME) will be the MFM lead in the event of a mass fatality event. Funeral Directors, MEMA and the Maine CDC will be the primary support agencies to the CME, and will coordinate and collaborate with all other MFM response partners to respond in an effective and efficient manner.

1. Assignment of Responsibility

Maine CDC, Roles and Responsibilities:

1. Public Health Emergency Preparedness (PHEP)

PHEP will provide and the support a mass fatality response by activating the Public Health Emergency Operations Center (PHEOC) to provide a centralized command and control; deploy mass fatality supplies such as personal protective equipment and body bags; provide public health emergency and risk communications information and guidance; request and deploy federal mass fatality resources if necessary; deploy public health or medical volunteers, deploy Disaster Behavioral Health Response Team , deploy federal SNS resources, if applicable..

1. Epidemiology and Surveillance

Epidemiology will investigate cases/deaths and contacts if indicated.

1. HETL

HETL will provide sample testing if needed for investigation of cause of death.

1. Vital Statistics

DRVS manages and administers the Electronic Death registration System (EDRS) . DRVS will gear up to maintain accurate account of the many reported deaths and process a large number of death certificates in an efficient and effective manner (surge capacity).

1. Disaster Behavioral Health (DBH)

DBH will deploy trained and licensed volunteers to the Family Assistance Center (FAC) (if social distance is not an issue) to provide family support, psychological first aid, and assistance to families of deceased; assist with collection of antemortem data; provide support to responders.

1. Volunteers (preferably those with professional background of handling deceased)

Medical volunteers will be rostered and deployed by the Maine Responds System to fulfill a variety of tasks including supporting families, handling of deceased, processing paperwork, transportation, internment, etc.

1. District Liaisons (DLs)

The DLs will support the local response and serve as liaison between the Maine CDC and local responders.

1. Regional Resource Centers (RRCs)

The RRCs will coordinate local resources among the Regional Healthcare Coalition (HHC) members, and facilitate communication between the HHC members and the Maine CDC regarding resource needs and available resources.

1. Support Functions

FM Partners, Roles and Responsibilities:

1. Medical Examiner

The Medical Examiner will lead the Mass Fatality Management response in collaboration with numerous FM response partners including: human remains recovery, pronouncement of cause of death/death certificate, remains tracking, temporary morgue for identification and investigation, temporary storage, temporary internment, date management, Family Assistance Center (FAC) including antemortem data collection, briefings, death notification, family support and cultural and religious sensitivity to details.

1. Maine Emergency Management Agency (MEMA)

MEMA will support federal, state and local response activities by coordinating communications and resources; will assist to find alternative transportation methods for remains, will arrange for additional cold storage for remains, will arrange for decontamination if needed, may assist to find location for temporary internment, and other logistical support

1. Funeral Directors

Funeral Directors will provide mortuary services and family support to large numbers of deceased (surge capacity including preparation of human remains, processing and returning human remains and personnel effects to next of kin, acquiring antemortem data.

1. Hospitals

Any casualties that expire while under the care of a hospital will be processed in accordance with hospital policies and stored in an appropriate location until funeral director or a designee can take possession of the deceased and transported to a funeral home or the MEs office (surge capacity)

1. Crematoriums

Crematoriums will provide cremation services for deceased in accordance with all legal authorities. Crematoriums may need to increase their capacity with extended hours (24/7) (surge capacity) in order to meet demand

1. Law enforcement

Law enforcement will be asked to provide security at temporary internment sites

1. Legal counsel

Legal counsel may be required for legal advice or legal action on a variety of issues e.g., broadening the range of professionals who can certify deaths

1. Clergy; religious / cultural groups

Clergy and other cultural leaders will be asked to provide information on the preferred religious and cultural handling of deceased (when possible)

1. 2-1-1 Maine

2-1-1 Maine will be requested to set up a call center to handle questions and provide information to the general public (surge capacity).

1. Portland Public Health and Bangor Public Health

The local two Public Health offices will work collaboratively with the DLs and the Maine CDC, while managing local public health issues.

1. Spiritual Community

The spiritual community will be asked to provide education and consultation re: cultural and religious considerations, family comfort, spiritual/religious support, practices, services and translation.

1. Department of Transportation (DOT)

The DOT will be approached to provide transportation assets or other heavy equipment such as backhoes and bulldozers, if needed.

1. Department of Environmental Protection (DEP)

DEP will ensure that mass fatality operations are conducted in accordance with all environmental regulations.

1. Department of Defense

The DOD will be asked to provide logistical support and resources to support a mass fatality incident such as: mortuary response teams, graves registration teams, forensic identification of human remains, storage assets for deceased and security.

1. Cemetery Directors

Cemetery Directors will be consulted on burial issues including surge.

1. Local Public Works (LPW)

LPW may be approached to assist with finding facilities, vehicles, equipment, drivers/staff, waste disposal and hazardous waste disposal.

1. Salvation Army

The Salvation Army may be approached to help with responder support.

1. Direction, Control and Coordination
2. Authority to Initiate Actions

The CME has the authority to activate and implement the state MFM Plan. Once requested by the CME, the Maine CDC will convene the IRT to discuss the situation and to determine whether a full or partial activation of the Public Health Emergency Operations Center (PHEOC) is needed. It will also determine ICS roles and which response plans will be activated for the MF response Maine CDC will coordinate MFM response activities with other MFM partners.

1. Command Responsibility for Specific Actions

The Maine CDC Incident Commander will be responsible for activating the Mortuary Branch of the Maine CDC ICS structure. The Maine CDC Mortuary Branch lead will communicate with the CME and coordinate Maine CDC activities with all other MFM response partners.

* Risk communications will be prepared by subject matter experts and disseminated through the JIC.
* Communications Branch Director will send HAN alerts to clinical partners.
* The Volunteer Coordinator will deploy volunteers as needed.
* The Director of DBH will provide responders as requested.
* The Logistics Chief will deploy supplies and equipment as requested.
* DRVS will activate to handle a surge in death certificates.

V. Information Collection and Dissemination

A. Disaster information managed by the ME CDC PHEOC is coordinated through division/department/program representatives located in the PHEOC. These representatives collect information from and disseminate information to counterparts in the field. These representatives also disseminate information within the PHEOC that can be used to develop courses of action and manage emergency operations.

B. The type of information needed, where it is expected to come from, who uses the information, how the information is shared, the format for providing the information, and specific times the information is needed are as follows:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Information type** | **Source** | **Receiver** | **Method shared** | **Format** | **When** |
| Situational awareness | MEO, MEMA, DLs, Epi and EH field staff, DBH team, RRCs, | PHEOC | Phone, email, fax, conference call | Situational Report | Initial and ongoing |
| Disease surveillance | Epi field staff, RRCs, DLs | PHEOC, Epi Operations, MEMA | Phone, email, fax, conference call | Situation Report | Initial and ongoing |
| MFM Status | MEO, MEMA, DLs, RRCs | PHEOC, Mortuary Branch | Phone, email, fax, conference call | Situation Report | Initial and ongoing |
| Status of resources needed | MEO, MEMA,FHDs, RRCs, DLs | PHEOC Op, Logistics, Planning, Mortuary Branch | Phone, email, fax, conference call | Situation Report, | Initial and ongoing |
| Status of resources available | PHEOC Logistics, MEO, MEMA FHDs, | PHEOC Ops, Logistics,  Planning, Mortuary Branch | Phone, email, fax, conference call | Situation Report | Initial and ongoing |

VI. Communication

As the state’s lead public health agency with primary responsibility for policy development

and technical expertise regarding public health issues, Maine CDC is responsible for developing, directing, and coordinating health-related communications both internally to the Maine CDC and externally to response and recovery partners, and to the general public, with particular attention to vulnerable populations, during an emergency with public health implications.

When indicated, Maine CDC will be in close contact with its federal partners, the US CDC and Assistant Secretary for Preparedness and Response (ASPR). Maine CDC will provide situational information from the state to the US CDC and ASPR. In turn, information received by the Maine CDC from the US CDC and ASPR will be communicated back to state, regional and local partners.

Maine CDC PIO will collaborate and coordinate the dissemination of information with other agency PIOs, and participate in a Joint Information Center (JIC) at the State EOC (SEOC), if indicated.

The HAN will be used to distribute critical information out to Maine CDC health care partners, other disaster support response partners and to vulnerable populations. Press releases, media interviews, websites and social media will be used to inform the general public regarding public health issues. A call center can be established at 2-1-1 Maine to allow 24/7 access to person-to person information.

The Maine CDC has developed multiple redundant communications methods by which to communicate with response and recovery partners, and the public. For more detailed information on the Maine CDC communications function and capability see the Communications Functional Annex.

VII. Administration, Finance and Logistics

1. Administration

The PHEOC Planning Section Chief is responsible for collecting and compiling all event documentation including the Incident Action Plans and all completed ICS forms. These official records serve to document the response and recovery process of the Maine CDC and provide an historical record as well as form the basis for cost recovery, identification of insurance needs, and will guide mitigation strategies.

1. Finance

Each Maine CDC department head will submit reports/ledgers to the Maine CDC PHEOC Finance Section Chief relating to their department’s expenditures and obligations during the emergency situation as prescribed by the Department of Emergency Management and Homeland Security. All original documents will be forwarded to the Planning Section Chief for the official record. A financial report will be compiled, analyzed and submitted to DHHS for possible reimbursement following the event.

When local and state resources prove to be inadequate during emergency operations, requests should be made to obtain assistance from the Region I Emergency Coordinator and other agencies in accordance with existing mutual aid agreements and understandings including the Emergency Management Assistance Compact (EMAC) and Interstate Emergency Management Assistance Compact (IEMAC), or any real time emergency negotiated agreements.

1. Logistics

Maine CDC has identified and acquired key resources in advance of a disaster, storing them in various locations throughout the state, and stands ready to deploy them as necessary. During an actual disaster situation, the Maine CDC will receive requests for resources, will arrange distribution of needed resources to areas of need, and will attempt to obtain additional resources that are in short supply through other state or federal agencies or private partnerships.

VIII. Annex Development and Maintenance

1. Development

The Mass Fatality Annex to the Maine CDC All Hazards Emergency Operations Plan is developed by the PHEP staff in close coordination and cooperation with the CME, the lead agency for Mass Fatality, MEMA, the funeral Home Directors, and other Mass Fatality support agencies.

B. Maintenance

The Mass Fatality Annex will be reviewed by the Maine CDC Emergency Preparedness Committee as a component of the overall annual review of the Maine CDC All Hazards EOP. The Plan will be updated to reflect Lessons Learned as they emerge from After Action Report/ Improvement Plans following real events or planned training exercises. If suggested changes to the Mass Fatality Annex are drafted, these suggested changes will be discussed internally and vetted with the MEO, MEMA and the Funeral Home Directors as indicated by significant changes. Any agreed upon changes will be added to the Plan as a DRAFT. Once the DRAFT is finalized and approved, a copy of the Mass Fatality Annex will be distributed to the various mass fatality management emergency preparedness and response support partners and stakeholders for review and comment.

The PHEP staff will ensure that the Plan is reviewed by the stakeholders and appropriate subject matter experts a minimum of every three to five year.

IX. Authorities and References

1. Legal Authority

**Title 37-B: DEFENSE, VETERANS AND EMERGENCY MANAGEMENT HEADING: PL 1997, C. 455, §9 (RPR)**

**Chapter 13: MAINE EMERGENCY MANAGEMENT AGENCY HEADING: PL 1987, C. 370, §13 (RPR)**

**Subchapter 5: SPECIAL OPERATIONAL PLANS HEADING: PL 1989, C. 489, §4 (NEW)**

**§851. Mass fatality plan**

The director, in consultation with the Office of the Chief Medical Examiner, the Department of Health and Human Services and the Maine Center for Disease Control and Prevention within that department and other agencies as appropriate, shall prepare a plan for the recovery, identification and disposition of human remains in a disaster. The Office of the Chief Medical Examiner is responsible for execution of the plan, and all members of the emergency management forces shall cooperate and assist the office in executing the plan. [2013, c. 146, §18 (NEW).]

This plan must be reviewed and updated as necessary. The director shall see that the plan and its revisions receive suitable dissemination on a timely basis. [2013, c. 146, §18 (NEW).]

SECTION HISTORY

2013, c. 146, §18 (NEW).

**Title 22: HEALTH AND WELFARE**

**Subtitle 2: HEALTH**

**Part 6: BIRTHS, MARRIAGES AND DEATHS**

**Chapter 711: MEDICAL EXAMINER ACT**

**§3023-A. Medicolegal death investigators; appointment; jurisdiction**

The Chief Medical Examiner may appoint persons who are not physicians as medicolegal death investigators, who have statewide jurisdiction and serve at the pleasure of the Chief Medical Examiner, subject to the Chief Medical Examiner's control and rules adopted by the Chief Medical Examiner. Medicolegal death investigators must meet the certification and training requirements established by the Chief Medical Examiner and must be residents of this State. Medicolegal death investigators may be employees of the Office of the Chief Medical Examiner or serve on a fee-for-service basis as determined by the Chief Medical Examiner. A medicolegal death investigator before entering upon the duties of the office must be duly sworn to the faithful performance of the medicolegal death investigator's duty. [2013, c. 113, §2 (NEW).]

SECTION HISTORY

2013, c. 113, §2 (NEW).

**Title 22: HEALTH AND WELFARE**

**Subtitle 2: HEALTH**

**Part 6: BIRTHS, MARRIAGES AND DEATHS**

**Chapter 707: DEATHS AND BURIALS**

**§2843. Permits for final disposition of dead human bodies**

Except as authorized by the department, a dead human body may not be buried, cremated or otherwise disposed of or removed from the State until a funeral director or other authorized person in charge of the disposition of the dead human body or its removal from the State has obtained a permit from the State Registrar of Vital Statistics or the clerk of the municipality where death occurred or where the establishment of a funeral director having custody of the dead human body is located as specified by department rule. The permit is sufficient authority for final disposition in any place where dead human bodies are disposed of in this State, as long as the requirements of Title 32, section 1405 are met in appropriate cases. The permit may not be issued to anyone other than a funeral director until the state registrar or the clerk of the municipality receives a medical certificate that has been signed by a physician or a medical examiner that indicates that the physician or medical examiner has personally examined the body after death. A permit must also be issued if a nurse practitioner or physician assistant has signed the medical certificate indicating that the nurse practitioner or physician assistant has knowledge of the deceased's recent medical condition or was in charge of the deceased's care and that the nurse practitioner or physician assistant has personally examined the body after death. The authorized person may transport a dead human body only upon receipt of this permit. [2009, c. 601, §27 (AMD).]

The State Registrar of Vital Statistics or a municipal clerk may issue a permit for final disposition by cremation, burial at sea, use by medical science or removal from the State only upon receipt of a certificate of release by a duly appointed medical examiner as specified in Title 32, section 1405. [2009, c. 601, §27 (AMD).]

The State Registrar of Vital Statistics or a municipal clerk may issue a disposition of human remains permit to a funeral director who presents a report of death and states that the funeral director has been unable to obtain a medical certification of the cause of death. The funeral director shall name the attending physician, attending nurse practitioner, attending physician assistant or medical examiner who will certify to the cause of death and present assurances that the attending physician, attending nurse practitioner, attending physician assistant or medical examiner has agreed to do so. The funeral director shall exercise due diligence to secure the medical certification and file the death certificate as soon as possible. [2009, c. 601, §27 (AMD).]

**1.** **Permit for transportation.**  Each dead human body transported into this State for final disposition must be accompanied by a permit issued by the duly constituted authority at the place of death. Such permit is sufficient authority for final disposition in any place where dead human bodies are disposed of in this State.

[ 2009, c. 601, §27 (AMD) .]

**2.** **Permit for disinterment or removal.**  A dead human body may not be disinterred or removed from any vault or tomb until the person in charge of the disinterment or removal has obtained a permit from the State Registrar of Vital Statistics or from the clerk of the municipality where the dead human body is buried or entombed. The permit must be issued upon receipt of a notarized application signed by the next of kin of the deceased who verifies that the signer is the closest surviving known relative and, when any other family member of equal or greater legal or blood relationship or a domestic partner of the decedent also survives, that all such persons are aware of, and do not object to, the disinterment or removal. This subsection does not preclude a court of competent jurisdiction from ordering or enjoining disinterment or removal pursuant to section 3029 or in other appropriate circumstances. For purposes of this subsection, "domestic partner" means one of 2 unmarried adults who are domiciled together under long-term arrangements that evidence a commitment to remain responsible indefinitely for each other's welfare.

[ 2013, c. 20, §1 (AMD) .]

**3.** **Permit for burial.**  The person in charge of each burying ground or crematory in this State shall endorse, and provide the date the body was disposed of on, each such permit with which that person is presented, and return it to the State Registrar of Vital Statistics or to the clerk of the municipality in which such burying ground or crematory is located within 7 days after the date of disposition. If there is no person in charge of the burying ground, an official of the municipality in which the burying ground is located shall endorse, and provide the date the body was disposed of on, each such permit, and present it to the State Registrar of Vital Statistics or the clerk of the municipality. The funeral director or authorized person shall present a copy of each permit, after endorsement, to the State Registrar of Vital Statistics or the clerk of the municipality where death occurred and to the clerk who issued the permit.

[ 2013, c. 20, §1 (AMD) .]

**4.** **Records.**  Each municipality shall maintain a record of any endorsed permit received pursuant to subsection 3. These records must be open to public inspection.

[ 2009, c. 601, §27 (AMD) .]

SECTION HISTORY

1977, c. 232, §3 (AMD). 1985, c. 44, (AMD). 1985, c. 231, §§1-3 (AMD). 1985, c. 602, (AMD). 2001, c. 574, §28 (AMD). 2003, c. 672, §18 (AMD). 2005, c. 359, §§3,4 (AMD). 2007, c. 56, §§3, 4 (AMD). 2009, c. 601, §27 (AMD). 2013, c. 20, §1 (AMD).

**Title 32: PROFESSIONS AND OCCUPATIONS**

**Chapter 21: FUNERAL DIRECTORS AND EMBALMERS**

**Subchapter 1: GENERAL PROVISIONS**

**§1405. Cremation**

A person, firm or corporation within the State, after obtaining a license from and paying a license fee to the Department of Health and Human Services may establish and maintain suitable buildings and appliances for the cremation of bodies of the dead and, subject to the rules of the department, may cremate such bodies and dispose of the ashes of the same. The department shall adopt rules to implement this section. Rules adopted pursuant to this section are routine technical rules as defined by Title 5, chapter 375, subchapter 2-A. [2007, c. 225, §1 (AMD).]

The body of a deceased person may not be cremated within 48 hours after death unless the person died of a contagious or infectious disease, and in no event may the body of a deceased person be cremated, buried at sea, used by medical science or removed from the State until the person, firm or corporation in charge of the disposition has received a certificate from a duly appointed medical examiner that the medical examiner has made personal inquiry into the cause and manner of death and is satisfied that further examination or judicial inquiry concerning the cause and manner of death is not necessary. This certificate, a certified copy of the death certificate and a burial transit permit when presented by the authorized person as defined in Title 22, section 2846 is sufficient authority for cremation, burial at sea, use by medical science or removal from the State, and the person, firm or corporation in charge of the disposition may not refuse to cremate or otherwise dispose of the body solely because these documents are presented by such an authorized person. The certificate must be retained by the person, firm or corporation in charge of the cremation or disposition for a period of 15 years. For the certificate, the medical examiner must receive a fee of $15 payable by the person requesting the certificate. [2007, c. 225, §1 (AMD).]

Human remains may not be removed, transported or shipped to a crematory unless encased in a casket or other suitable container. [2007, c. 225, §1 (AMD).]

SECTION HISTORY

1971, c. 56, (AMD). 1975, c. 293, §4 (AMD). 1977, c. 232, §5 (AMD). 1979, c. 538, §§12,13 (AMD). 1985, c. 611, §§11,12 (AMD). 1997, c. 210, §40 (AMD). 2003, c. 689, §B6 (REV). 2007, c. 225, §1 (AMD).

**Title 22: HEALTH AND WELFARE**

**Subtitle 2: HEALTH**

**Part 6: BIRTHS, MARRIAGES AND DEATHS**

**Chapter 711: MEDICAL EXAMINER ACT**

**§3031. Facilities and services available to medical examiners**

The facilities of all laboratories, under the control of any state agency or department and the services of the professional staffs thereof, shall be made available to the Chief Medical Examiner with the cooperation of the head of the agency involved. [1967, c. 534, §2 (NEW).]

SECTION HISTORY

1967, c. 534, §2 (NEW).

B.References

For greater detail on MFM Planning see:

Maine CDC Pandemic Influenza Operations Plan, Mass Fatality Management Annex 12, 2013