

Florida Emergency Mortuary Operations Response System FY 05-06 Annual Report

Training Sessions Completed

During the FY 05-06 cycle, FEMORS conducted member training in the following areas:

FEMORS Annual Training Seminar was completed April 19-21, 2006 in Orlando and was attended by 131 members. This seminar was designed to educate new and veteran members in aspects of response, share lessons learned and disaster response experiences from prior years (particularly from FEMORS members who responded to Katrina under the NDMS/DMORT program), and to educate on elements of the Incident Command System.

A. Topics included:

- a. I-100 for new members
- b. I-200 for all members
- c. Lessons Learned from Hurricane Katrina
- d. Pandemic Flu Overview

B. Testing and Evaluation

- a. All but 2 members passed the course exams and those 2 are undergoing remedial on-line training.
- b. Course evaluations were overwhelmingly in the Excellent/Good category.
Suggestions for improvement included:
 - “More hands on exercises”
 - “Need more skill specific task training”

The 2007 training will include field exercises in the portable morgue (currently being assembled) with section specific modules.

C. Continuing Education Units:

- a. The University of Florida approved this program for 16 contact hours/1.6 CEU.
- b. This program qualified for American Board of Medical Death Investigators (ABMDI) continuing education requirements.
- c. This program qualified for Florida Board of Funeral Directors and Embalmers (via Florida Funeral Directors Association) continuing education requirements.
- d. This program qualified for certification of I-100 and I-200 ICS Training.

Family Assistance Center (FAC) Training was completed April 21-22, 2006 in Orlando and was attended by 40 members. This seminar was designed to educate and exercise FAC Team members in all aspects of the FAC operations and to understand the interplay of elements of the Incident Command System.

A. Topics included:

- a. Review of FAC/NTSB Basics
- b. Command Decision Exercises/Break-Out Groups
- c. FAC Organizational Structure (ICS)
- d. Katrina Complications/Adaptations to Information/Workflow Structure

B. Testing and Evaluation

- a. All members passed the course exams.
- a. Course evaluations were overwhelmingly in the Excellent/Good category.
Suggestions for improvement included:
 - “More role play sessions”
 - “Need more skill specific task training”

- “Hold FAC training separate from Annual Training”

The 2007 training will include practical exercises in role play situations and hands on use of information data systems.

C. Continuing Education Units: N/A

Odontology Training was completed April 21-22, 2006 in Orlando and was attended by 14 members. This seminar/exercise was designed to educate odontology team members by means of lecture and practical exercises to participate in the broad scope of tasks necessary to accomplish documentation and identification of victims using the DEXIS and WinID database programs and management of dental record information.

A. Topics included:

- a. Katrina Lessons Learned
- b. ICS Table of Organization During Deployment
- c. Structure, Reporting Responsibilities, On-Site Task Orientation for New Arrivals
- d. Hands-On Use of DEXIS and WinID (dental identification database)
- e. Odont Role in FAC, Ante Mortem Records Acquisition

B. Testing and Evaluation

- a. All members passed the course exams.
- b. Course evaluations were overwhelmingly in the Excellent/Good category.

Suggestions for improvement included:

- “Need more skill specific task training”

The 2007 training will include field exercises in the portable morgue (currently being assembled) with dental section specific modules.

C. Continuing Education Units: N/A

DPMU Team Training was completed March 4, 2006 in Orlando and was attended by 11 members. This session was designed to educate DPMU team members by means of work sessions to prepare for the broad scope of tasks necessary to marshal equipment to a state of deployment readiness. Topics included:

A. Inventory list contents and software control

B. Identification and assignment of member specialty areas for Leader positions in:

- a. DPMU Team Operations
- b. Communications (Radios)
- c. IR/IT (Computers)
- d. MSDS (Safety)
- e. Supplies (Ordering)

C. Continuing Education Units: N/A

Proposed Training Schedule for the Next Five Years

Eligibility for continuing membership in FEMORS requires attendance at a FEMORS sponsored training session, or suitable equivalent such as federal Disaster Mortuary Operational Response Team (DMORT) or National Disaster Medical System (NDMS) training, at least once every two years. Specialized teams such as for the Disaster Portable Morgue Unit (DPMU), Odontology, Family Assistance, and Go Team (command staff) require additional training sessions to ensure an ability to meet the FEMORS mission of preparedness and competency and to satisfy NIMS compliance.

FY 06-07

- Annual Training Seminar (Target 150-200 attendees)
- Family Assistance Center Training (Target 50-75 attendees)
- NTSB Family Assistance Course (4 command staff)
- Odontology Training (Target 20-25 attendees)
- I-300 ICS Training for Go Team (Command staff)
- DPMU Training and Exercise (3 quarterly meetings for DPMU team plus 1 field exercise at Annual Training Session and a potential 2nd exercise at the Florida Association of Medical Examiners conference in August, 2007)

FY 07-08

- Annual Training Seminar (Target 200-250 attendees)
- Family Assistance Center Training (Target 50-75 attendees)
- NTSB Family Assistance Course (4 command staff)
- Odontology Training (Target 20-25 attendees)
- I-400 ICS Training for upper level command staff
- DPMU Training and Exercise (3 quarterly meetings for DPMU team plus 1 field exercise at Annual Training Session)

FY 08-09

- Annual Training Seminar (Target 200-250 attendees)
- Family Assistance Center Training (Target 50-75 attendees)
- NTSB Family Assistance Course (4 command staff)
- Odontology Training (Target 20-25 attendees)
- DPMU Training and Exercise (3 quarterly meetings for DPMU team plus 1 field exercise at Annual Training Session)

FY 09-10

- Annual Training Seminar (Target 200-250 attendees)
- Family Assistance Center Training (Target 50-75 attendees)
- NTSB Family Assistance Course (4 command staff)
- Odontology Training (Target 20-25 attendees)
- DPMU Training and Exercise (3 quarterly meetings for DPMU team plus 1 field exercise at Annual Training Session)

FY 10-11

- Annual Training Seminar (Target 200-250 attendees)
- Family Assistance Center Training (Target 50-75 attendees)
- NTSB Family Assistance Course (4 command staff)
- Odontology Training (Target 20-25 attendees)
- DPMU Training and Exercise (3 quarterly meetings for DPMU team plus 1 field exercise at Annual Training Session)

Participation in joint field exercises with RDSTF programs or other statewide response elements can also be incorporated as funding and time permit. These can include both table-top and field deployment exercises. Physical activation of the DPMU for such exercises may be possible beginning in January 2007. However, it may be impractical for the DPMU to participate in multiple county-level only exercises as all DPMU members maintain full time jobs elsewhere and employer coordination of time off and staffing needs may impair some DPMU team members from repeated participation.

Statement by the FEMORS Commander as to the Ability of the FEMORS Membership and Organization to Meet the FEMORS' Mission

FEMORS' mission is to assist and support the local District Medical Examiners Office, Florida Department of Law Enforcement and other responding agencies, in the event of a mass fatality incident as directed by the Florida Department of Health.

FEMORS personnel are ready and able to meet any mission presented! FEMORS portable morgue will be ready as of January 2007.

FEMORS abilities are measured on three criteria: Membership Level, Event Readiness, and Strategic Planning

Membership Levels. Since its inception on July 1, 2002, FEMORS has grown from humble beginnings of a few dozen to 164 members in June of 2003 (the end of its first year of operation) to 337 just prior to the 2006 Annual Training session.

Commitment of the members to the program is essential for FEMORS to be able to field a team when the need arises. There remains a very committed core that has always been there for training and requests for deployment when hurricanes were approaching.

With a commitment to developing a quality team, FEMORS established a stringent requirement that members attend training no less than once every two years. This year, for the second time, 115 members who have not attended at least one appropriate training session, or responded to an actual disaster, within two years were placed into Inactive status. In 2005, 81 members were inactivated (although some reactivated by attending this year's training). Current membership strength stands at 222 and continues to grow as awareness of the program continues to spread throughout the forensic and funeral service communities.

The makeup of current member categories is presented in the table on the next page.

FEMORS Membership Report Based on Current Classification as of 29-May-06

Categories: Title	Total	Region					Oth	
		1	2	3	4			
ADFI Administrative Officer	1		1					0%
ADSP Administrative Specialist (+3 as FACS)	6		3	2	1			3%
ANTF Anthropologist, Forensic (+2 as RGTL)	1			1				0%
ANTN Anthropologist, Non-Forensic	2	2						1%
AUTT Autopsy Technician	7		4	2	1			3%
CHAP Chaplin	1			1				0%
DENA Dental Assistant (+3 as FACS)	9			5	4			4%
DNAS DNA Specialist (+1 as RGTL)	7		3	4				3%
DPMU DPMU Team	10		2	6	2			5%
EVSP Evidence Specialist	22	1		13	8			10%
FACL Family Assistance Team Leader (RGTL)	1			1				0%
FACS FAC Specialist (see Note #1)	6		2	2	2			3%
FCMD FEMORS Commander	1			1				0%
FORS Forensic Specialist (+1 as RGTL)	5		1	2	2			2%
FPTS Fingerprint Specialist (+1 as RGTL)	17	1	2	7	7			8%
IRCS IR Computer Specialist (+1 as RGTL)	1			1				0%
IRDE IR Data Entry	0							0%
MEDI Medical Investigator (+2 as RGTL)	21		3	8	10			9%
MHLO Mental Health Officer	3			1	2			1%
MRTA Mortuary Assistant	12	1		5	6			5%
MRTO Mortuary Officer (+5 as RGTL) [1 Georgia]	42	2	8	13	18	1		19%
ODNF Odontologist, Forensic (2 serve as RGTL)	18			4	14			8%
ODNN Odontologist, Non-Forensic	0							0%
PATF Pathologist, Forensic (1 serves as RGTL)	8		3		5			4%
PATN Pathologist, Non-Forensic (1 resident)	0							0%
PHOT Photographer	5				5			2%
RGTL Regional Team Leader (Go Team)	15	1	2	6	6			7%
SAFO Safety Officer (+2 as RGTL)	1			1				0%
Applicant, Provisional and Active Members:	222	8	34	86	93	1		100%
Associate Members	45							
Inactive Members Due to Missed Training	195							
Total Membership (since inception)	462							

Note #1 - FACS Team includes members from several sections:

Administrative Specialist	3
Autopsy Technician	2
Dental Assistant	4
DNA Specialist	5
Evidence Specialist	1
Forensic Specialist	3
Medical Investigator	6
Mental Health Officer	3
Mortuary Officer	23
Odontologist, Forensic	1
FAC Team Total	51

Event Readiness. Even with such trimming of the less committed ranks, and considering only those still on the active roster, FEMORS was able to prepare response rosters for the 8 hurricanes threatening Florida over the past two years.

Hurricane	Stand By Roster	Activated
Wilma	77	7
Rita	61	0
Katrina*	73	0 (23*)
Dennis	72	1
Jeanne	40	2
Ivan	77	26
Frances	70	0
Charley	63	34

* 23 FEMORS members gained experience in Katrina as part of the DMORT responses to Mississippi and Louisiana

Ready Lists prepared for each storm included members representing the full spectrum of professionals that make up the FEMORS Team.

Strategic Planning

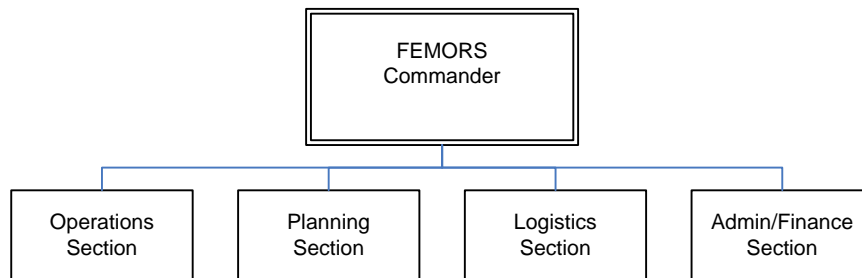
On April 18, 2006, the Go Team met to plan the course of the next year's activities for FEMORS with a focus on areas of improvement. Several findings resulted.

- 1) NIMS Typing of FEMORS Team. A review was made of lessons learned from Hurricane Katrina by the many members who responded under NDMS/DMORT deployments. The principle finding was that the FEMORS mission statement may need to be refined to clarify that FEMORS, with a stable force of 200-300 members is designed for rapid response but limited duration of deployment to manage a surge in fatalities. Appendix A shows the current typing matrix for FEMORS. The critical elements of this refinement include:
 - a. Rapid Response indicates the ability of Go Team members to establish contact with an affected Medical Examiner within 4 hours of activation by ESF-8 for an incident to perform an assessment of the scope of the event in terms of facilities, equipment, and personnel needs to manage multiple fatalities.
 - b. Limited Duration refers to the fact that personnel requirements for a full deployment call for between 100 and 125 responders for a worst case scenario.
 - i. With only a few hundred members to draw from, FEMORS realistically could sustain a mission for no longer than 30 days. With repeated rotations of 1-2 weeks at a time, most members would not be able to sacrifice their normal occupations for extended periods without job protections similar to that provide for federal responders by the Uniformed Services Employment and Reemployment Rights Act (USERRA).
 - ii. Any event that would appear to require more than 30 days of operation to restore a Medical Examiner back to a level of self sufficiency for daily operations would trigger a request for the federal asset of DMORT. Transition of a response effort from state to federal oversight, while

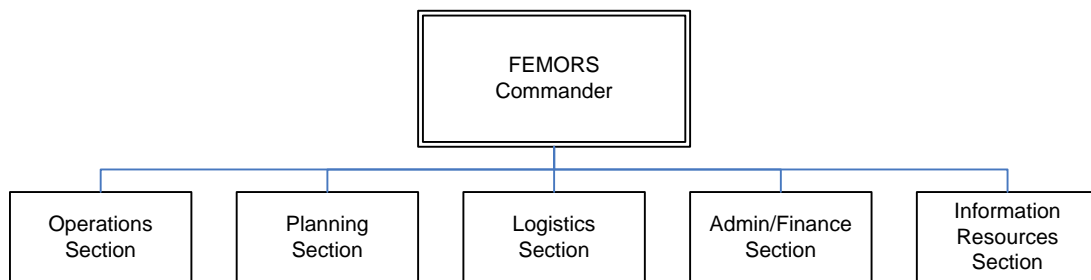
remaining under the control of the affected Medical Examiner, could be phased in during the 3rd and 4th weeks of operation.

- c. Self Sufficiency. Upon deployment to an area with infrastructure heavily damaged, such as by hurricane, and in order to become a full Type 1 asset, FEMORS will require equipment and supplies sufficient to provide for self-contained lodging for a 72 hour period. The addition to the DPMU cache of Western Shelter units to house responders would complete this capability.
 - d. Current Typing Status. All three components of FEMORS: Go Team, Fatality Management Team, and DPMU Team have been developed to a Type III level.
- 2) Fatality Response Emergency Database (FRED). Two years of development have gone into creating a single source database solution to manage victim identification processing. FRED is now being tested on a web-based host so the primary challenge will be to secure internet access in the field so that field recovery, morgue, and missing person reporting center can communicate with the same database in real time.
- 3) ICS Command Structure. Close examination of the universal functional role data management plays in achieving the mission of fatality management resulted in adopting a variation to the traditional command structure of ICS.

Standard ICS Structure



FEMORS Modified Structure



Information Resources (IR) Section is given equal representation and direct reporting alignment to the Commander because it is responsible for coordination of all data management elements in Operations, Planning, Logistics, and Admin/Finance Sections including:

- Search and Recovery field operations

- Ante mortem (missing person) information
 - Personal descriptors
 - Medical Records
 - Dental Records
 - DNA Family history and sample submissions
- Post mortem processing information
 - Photography
 - Anatomic descriptors (pathology)
 - Anthropology assessments
 - Dental records
 - Personal effects
- Identification Center matches between ante and post mortem data
- Remains storage and release
- Command information
 - Planning documents (IAP, etc.)
 - Logistics control (ordering and receiving)
 - Personnel deployment records

Because the coordination of such information is not exclusively an Operations function, the IR Section Chief is responsible for ensuring systems are interoperable and that linkages necessary to meet the mission objectives are effective and supportive. Normally, such a technology position would be considered a Technical Specialist assigned to the Planning Section. However, a technical specialist would lack the required authority level to implement system wide procedures affecting all functional areas. Thus, elevation of the Information Resources function to Section Chief level is warranted.

- 4) ICS-300 for Command Staff. Training of Go Team members to I-300 level is needed to continue to develop competence and redundancy in command level positions.
- 5) DPMU Exercise for 2007. With completion of the DPMU expected by January 2007, planning for next year's annual training session is being designed to test each section of the morgue with participants who will be performing those tasks.
- 6) Family Assistance Center (FAC) Specialized Training. The NTSB course on Family Assistance (focused on airline accident scenarios) is the prime training ground for integrating multiple agency needs into one center. Adding that knowledge to the victim identification effort of a medical examiner operation is essential for maximizing multi-agency mission accomplishment. Select members of the FAC team will take part in this national level training to enhance FEMORS capabilities over the next several years.

Review of Florida Department of Health, Office of Public Health Preparedness Strategic Goal 5, Objective 5.6, Strategies 5.6A through 5.6D with recommendations for improvement as applicable.

The DOH 5-Year plan, revised in March 2005, identified objectives and strategies for fatality management.

Objective 5.6 Mortuary Surge Capacity: In partnership with medical examiners, funeral directors, and forensic specialists develop disaster mass fatality capability.

Strategy 5.6A: By 6/30/05, develop a mass fatality plan to supplement unmet needs of local medical examiners in each region. The plan will fully integrate into the statewide mass casualty plan.

Comment: Completed February 2005

Recommendation for improvement: None

Strategy 5.6B: By 6/30/05 complete pre-registration of the Florida Emergency Mortuary Operations Response System (FEMORS) team of qualified “reserve” forensic professionals who can be deployed in the event of a mass fatality emergency to assist the medical examiner with identification of human remains.

Comment: Completed March 2006 with delivery of first batch of Active and Provisional member applications and dual employment forms.

Recommendation for improvement:

1. *Develop a verification procedure to acknowledge background check and pre-processing completion of members as OPS (Other Personnel Services) employees classified as suspended status until activated.*
2. *Develop a procedure by which members inactivated by FEMORS can be identified as non-deployable.*

Strategy 5.6C: By 6/30/06, implement a system for rapid pre-registration of new members of the FEMORS mass fatality response team.

Comment: Initiated March 2006

Recommendation for improvement:

1. *Coordinate administrative procedures of DOH human resources department to receive new member applications for processing.*
2. *Develop a verification procedure to acknowledge background check and pre-processing completion of members as OPS (Other Personnel Services) employees classified as suspended status until activated.*

Strategy 5.6D: By 6/30/07, establish and equip a mobile mortuary unit for response to mass fatalities.

Comment: Procurement initiated April 2006; Completion planned January 2007

Recommendation for improvement:

1. *Establish procedure for rapid procurement of rental vehicles to transport morgue equipment to a declared event*
2. *Secure funding for digital body x-ray system*
3. *Secure funding for self-sufficient sheltering for first 72 hours (e.g., Western Shelters)*

Review of FEMORS Participation in Other Preparedness Activities.

During FY 05-06, FEMORS members participated in a variety of workshops, meetings, and conferences to contribute fatality management observations to participants. These included:

Nov 30 – Dec 1, 2005, Orlando

Domestic Security Annual Funding session

Dec 8, 2005 Washington, DC

Mass Fatality Management and Family Assistance Federal Working Group to develop a National Mass Fatality Strategy

Jan 18-19, 2006, Tampa

Public Health Preparedness Quarterly Meeting

Jan 22-24, 2006, St. Pete Beach

Mass Fatalities Course at the Florida Emergency Preparedness Association Annual Conference.

Feb 6, 2006, Tallahassee

Governor's Pan Flu Exercise

Feb 16, 2006, Tallahassee

Pan Flu Summit, Florida's Pandemic Readiness and Emergency Planning Conference

Feb 23, 2006, Seattle

Presentation of the FEMORS system to the American Academy of Forensic Scientists Annual Meeting.

Mar 13-15, 2006 Baltimore

Meeting with federal NDMS/DMORT to develop Search and Recovery Team Protocols

Mar 20, 2006, Gainesville

Flu Pandemonium, Health Department Exercise.

Mar 22, 2006, St. Petersburg

National Terrorism Preparedness Institute hosted a one hour program on mass fatality management and WMD with FEMORS and one of 3 participants

Mar 22, 2006, Tampa

DHS/DOH Capability Assessment Workshop on Fatality Management

Mar 27-29, 2006, Atlanta

Unified Planning Meeting, DOH/Fed Planning Workshop for Hurricane Season 2006

Mar 27-29, 2006, Orlando

Mass Fatality Incident Management Training Curriculum Meeting, National Center for Forensic Science (NCFS)

Apr 4, 2006, Tallahassee

Pan Flu ESF-8 Meeting

Apr 23-27, 2006, Reno

National Disaster Medical System (NDMS) Conference

May 2006, Dade, Collier, Ft. Lauderdale and Monroe Counties

Go Team member visitations with Medical Examiners to share development plans and capabilities of FEMORS. Regional meetings of small groups of contiguous Medical Examiners may be facilitated to aid with sharing of mutual aid information.

Planned Activities:

Jul 7-9, 2006 Orlando

Identification of the Missing Meeting, National Center for Forensic Science
(NCFS)

Jul 10, 2006 Bonita Springs

Florida Funeral Directors Association, Emergency Management/Disaster
Preparedness panel

Jul 21-23 Louisville, KY

DMORT Region IV Annual Training

Aug 11, 2006 Jupiter Beach

Florida Medical Examiners Conference, Pan Flu Panel Discussion.

This concludes the FEMORS report for FY 05-06.

Larry R. Bedore, Commander

Appendix A Resource: Florida Emergency Mortuary Operations Response System (FEMORS)

Category: Health & Medical (ESF #8)
Kind: Team

Minimum Capabilities (Component)	Minimum Capabilities (Metric)	Type I	Type II	Type III	Other
Go Team (Assessment Strike Team) consists of 8 ICS & forensic specialists (NOTE 1)	Deployment Status-Ready, Staffing for consultation with Medical Examiner and Initiation of Human Remains Storage Capacity	Deploy to site within 4 hours of activation with a core team to assess needs; begin storage of human remains; initiate activation sequence of support teams as directed by medical examiner; self-sufficient for 72 hours and capable of maintaining operations for no longer than 30 days.	Some mix of specialists less than Type I; self-sufficient for 72 hours	Some mix of specialists less than Type II; Not self-sufficient for 72 hours	
Fatality Management Team consists of 120 additional personnel (NOTE 1)	Operational Deployment Status-Ready, with capacity to manage recovery, processing and identification of human remains	Deploy to site within 12 hours of notification; Provide management of human remains at a rate of 20 victims per 12-hour shift; self-sufficient for 72 hours and capable of maintaining operations for no longer than 30 days.	Some mix of specialists less than Type I; self-sufficient for 72 hours	Some mix of specialists less than Type II; Not self-sufficient for 72 hours	
FEMORS DPMU Team (Equipment and Supplies) (NOTE 2)	Logistics Deployment Status-In Development; Component-specific equipment caches properly managed, stored, and inventoried per FEMORS FOG requirements	Deploy to site within 12 hours of notification with equipment and specialists to support a non-functional medical examiner facility with equipment necessary for processing human remains and capable of maintaining operations for no longer than 30 days.	Some mix of equipment and specialists less than Type I; self-sufficient for 72 hours	Some mix of equipment and specialists less than Type II; Not self-sufficient for 72 hours	

Definition: A Florida Emergency Mortuary Operations Response System Team is a volunteer group of medical and forensic personnel, who have formed a response team under the guidance of Florida Department of Health auspices to support a local medical examiner. It is a team whose personnel have specific training/skills in recovery of human remains, preservation of evidence, victim identification including forensic pathology, odontology, anthropology, and fingerprint methods, missing person family assistance interview techniques, medical records management, and mortuary services.

NOTES: FEMORS is a state level team capable of managing recovery and processing operations for up to 30 days before transition to a Federal asset would be required for longer term operations.

1: Usually includes a mix of pathologists, odontologists, anthropologists, medical investigators, fingerprint specialists, technicians, photographers, dental assistants, radiologists, funeral directors, mental health professionals, medical records technicians, and other allied forensic and support personnel. FEMORS teams are mission tailored on an ad hoc basis by medical examiner needs, and usually deploy only with personnel and equipment specifically required for current mission. Medical examiner capabilities together with nature and magnitude of victim estimates guide activation of supplemental teams.

2: Component-specific equipment modules activated are determined by medical examiner resource capabilities and requests for aid. Equipment listings for each module are maintained in the FEMORS Field Operations Guide (FOG). If medical examiner facility is non-functional, or a temporary morgue must be established, portable morgues (partition supplies, autopsy tables, x-ray machines, etc.) may be obtained within 48 hours from a) NDMS-DMORT, or b) two independent sources on a contracted replenishment-of-supplies used basis. Effective 2007, FEMORS' DPMU will be operational as the first option.