



FEMORS NewsGram

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Commander's Message



Year 9 in review seems to be in order. My continuing participation on the FEMA driven Medical and Public Health Working Group provided a heads-up that there may be significant changes forthcoming in our use of ICS/NIMS job titles related to "Typing" of FM teams (more on that next).

2011 witnessed well attended training sessions and reaped the benefits of improvements made following the 2009 field exercise.

The training sessions increased not only computer skill sets but also the inter-personal face time members relish to get acquainted with each other. Changes from 2009's Drill resulted in a revised FOG, improved procedures, and a way to better gauge effectiveness of the 2011 field exercise.

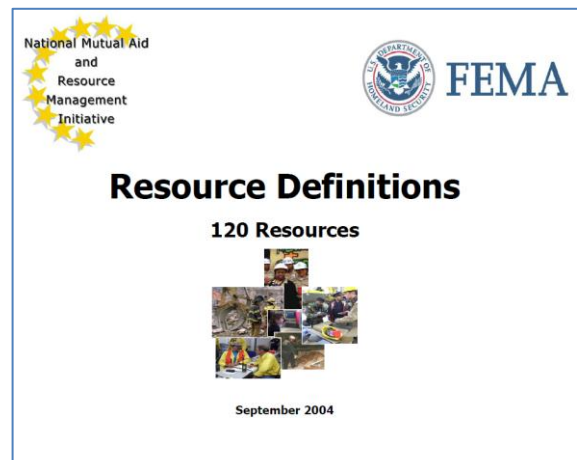
Those fortunate enough to take part in these drills come away with not only a better appreciation of the big picture but, more importantly, a sense of accomplishment, a real Can Do attitude, and a sense of pride that says: The FEMORS Team is Ready! *(May the powers that be forbid that we are needed, but we are ready.)*

Larry

"TYPING" OF FATALITY MANAGEMENT TEAMS

In the FEMORS FOG Fifth Edition Preface (pages 4-6), there is a lengthy discussion of the Typing efforts that were underway as of the spring of 2010 to standardize how FM teams are defined. This was being done so that an emergency manager would be able to effectively and efficiently request and receive state or federal resources through mutual aid during times of disaster.

The original iteration of typing was done in 2004 and the only reference to Fatality Management was in regard to the DMORT teams at that point in time. Much has changed since then so this effort is needed to reflect improvements.

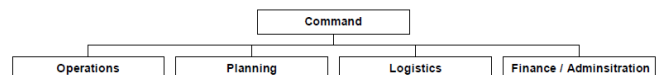


U.S. Department of Homeland Security
Federal Emergency Management Agency

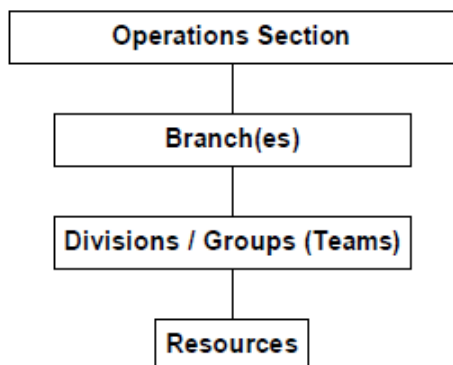
Resource: Disaster Mortuary Operational Response Team (DMORT)						
Category: Health & Medical (ESF #8)						
Kind: Team						
Minimum Capabilities (Component)	Minimum Capabilities (Metric)	Type I	Type II	Type III	Type IV	Other
Standard DMORT has 31 personnel plus basic load of equipment (NOTE 1)	Deployment Readiness, Staffing, Equipment Status, Training Status, Patient Treatment Capacity	Deploy to site within 24 hrs. of notification; Provide on-site victim identification and morgue operations; Provide family assistance services (NOTE 2)				
DMORT-WMD	Same as above	Same as above except adds additional capability to deal with residually contaminated chemical, biological, or radiological dead				
Deployable Portable Morgue Unit (DPMU)	Fully equipped to support DMORT functions	Add-on when no local morgue facilities available; Supports either standard DMORT or DMORT-WMD (NOTE 3)				

Integration and concurrence among the various FEMA working groups (an essential element of a coherent national policy) has resulted in refinements of the FM typing schema that will apply to both state and federal teams (at least that is a goal of this whole effort). If nothing else, it sets a model for states to strive for if they wish to create state level teams. A final draft of the typing for FM teams had to be submitted by Nov 30th. It will eventually be published in the Federal Register and provide an official 30 day comment period.

The major impacts of the final typing schema are changes to what FEMORS developed as identification of the command structure that kicks into action for an incident. As everyone instantly recalls from their wonderful ICS 100 and 200 training, overarching management is effected by either Incident Command or Unified Command. Either way, there is one Incident Commander and four Section Chiefs.



Because FM is a tactical function of getting work done, it falls under the Operations Section.



In major incidents it is likely that there will be a Health and Medical **Branch** of the Operation Section. This branch will be dealing with the many medical issues such as EMS response, sheltering, disease surveillance, fatality management, etc. Consequently, FM will likely be assigned as a **Group** under the Health and Medical Branch.

The Group Supervisor of FM operations will be responsible for the following teams:

- Fatality Management Advance Team
 - This Team Leader may well become the FM Group Supervisor.
 - It is disbanded after assessment results in activation of the other teams.
- 1. Human Remains Recovery Unit
- 2. Victim Information Center (VIC) Unit
- 3. Morgue Processing Unit
- 4. Morgue Forensic Unit
- 5. Morgue Identification Center (MIC) Unit

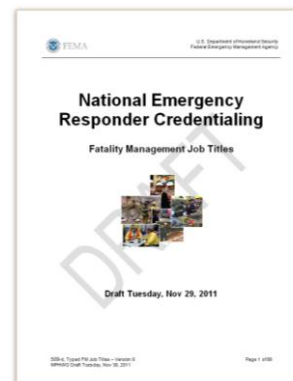
A seventh, the Disaster Portable Morgue Unit (DPMU) team, while coordinating closely with the Group Supervisor, will technically be reporting to a designated element in the Logistics Section.

- The state level DPMU teams have no federal counterpart. The feds use the LRAT (Logistical Response Assistance Team) system for all HHS assets.

The major change in team listings from what is currently in the FOG is that there is no longer a separate command and control team (at the state team level). All those Planning and Admin positions are to be determined by the Incident Command and assigned to the FM Group for liaison through chain of command. Members of FM teams who are qualified may be called upon to fill those supporting positions because they are experienced in the FM field.

Another significant change was that position titles of members of these teams also underwent consolidation to reduce the number of different “titles” from 100 to 45. Each

position listed requires “Responder Credentialing” or documentation of knowledge, skills and abilities for the position. (This is done in a document often referred to as the 509 but that draft was not due to be finalized for the Nov 30th deadline.)



Consolidation was accomplished in a variety of ways such as:

- Elimination of all state team specific ancillary positions dedicated to Planning, Administration/ Finance and Logistics.
 - The obvious exception is the state level DPMU team which has no federal counterpart.
- There were multiple instances of the same function operating in various Units. For example, data entry had 6 positions titled separately for both VIC and MIC settings. Now there is a single Data Entry Specialist that can be assigned to Data Entry, Auditing or Station Lead as the need arises in any of the areas.
- The “Manager” and “Coordinator” titles were, likewise, mostly eliminated by merely designating one of the positions as the “Lead”. So, there would be 4 Forensic Photographers in the morgue with one designated as Lead and one assigned to each Recovery Team.

One area of confusion still exists regarding a person’s team membership “classification” and the role they might play during activation. As just one example, FEMORS has a position classified (for the purposes of compensation when activated) as “Evidence Specialist”. But that generic title has no specific place in the titles listed in the Team Typing document (often referred to as the 508). What are listed in the 508 are titles that could be filled by qualified Evidence Specialists such as:

- Forensic Photographer,
- Personal Effects Specialist,
- Data Entry Specialist,
- Admitting Specialist,
- Human Remains Recovery Documentation Specialist,
- Records Management Specialist, and others.

The bottom line is that coordination of the titles used in the 508 typing must be synchronized with the titles used in the 509 credentialing. Whether or not these eventually need to be synchronized to the classification titles state and federal teams use remains to be seen.

The FEMORS FOG, Fifth Edition was developed with the earlier version of these credentials so it is likely that more editing will be needed. Changes will be incorporated in the Sixth Edition (and it should actually *reduce* the size of the FOG for once!) in time for the 2012 Annual Training sessions.

ANNUAL TRAINING ORLAQ DRILL 2011

The 2011 Annual Training planned for June was postponed to August due to the impact of the DMORT response (and the consequential depletion of FEMORS’ information technology staff) to the Missouri Tornados.

Lesson Learned: that experience clearly demonstrated the need to build greater depth in the number of IT and programming folks who can step up for a mission.



All 91 who checked in, also checked out the hydration supplies thanks to Pat Brewer.

The postponement altered many members’ plans to participate – some could no longer participate with the new dates while others were able to take advantage of the new dates. Regardless, 91 FEMORS members participated in what has been described as the “best yet” exercise. Heavy planning ensured that every section had tasks to perform from the start of the drill (by simulating day 3 of the response). There was much less down time waiting for cases to make their through the system from field, to morgue, to MIC and from missing person report, to VIC, to MIC, then on to funeral home release.

Aside from an unexpected downpour that drenched the field recovery crew briefly, the hot weather was manageable in the climate controlled warehouse.



Admin staff once again fed the masses, well!

As with all practical field exercises, a great deal of hard work took place to test the mission of the team.



DOH once again videotaped the busy Drill (but got squeamish with the unique fragrance dispensers!)

With the aid of several DMORT volunteers this year’s HSEEP process was very comprehensive in evaluating the systems and identifying areas of improvement.



Top L-R: Cmd. Larry Bedore, Emily Craig, Ron Freels, Pete Burke, Nina Mattei (DOH Brooksville);
Bottom L- R: Don Bloom, Mary Blount, Richard Stallings

Even more valuable was the careful input provided by team members’ evaluations on ways to improve the processes they took part in as the “boots on the ground”. The complete After Action Report and Improvement Plan (AAR/IP) has been provided to all members.



MEMBERSHIP STATUS REPORT

The first deliverable report for the FY 11-12 budget cycle was handed over to DOH on Nov 3rd. That consists of digital versions of each Active member’s personnel file on DVD media. *(The original signed forms are securely maintained by FEMORS in Gainesville by Vickie Maloney until DOH needs them for an actual deployment.)*

FEMORS continues to maintain a strong core of committed Active members and has even added a few new members in the past few months to reach its present roster of 171.



It bears repeating that there are a dozen or so members who are lacking only one or two application forms and several dozen others who have yet not started the re-application process. Fortunately, at present, DOH has not indicated any updates to the application procedures being used but the legislature is not yet in session so if changes become mandated all members will be notified.

Members can achieve a status change from Inactive back to Active by simply delivering the application package to Vickie Maloney by mail (with original signatures) in time for the next delivery (January 2012). Details are at http://femors.org/member_info.aspx.

2012 TRAINING PROGRAMS

Registration forms for the 2012 programs will be coming out after the New Year. All members will receive notice and instructions for the registration process.

Note Well: the prerequisites for **registering** for FEMORS training continue to be both the:

1. basic 4 NIMS courses, and
2. completed application package.

All Inactive members are strongly encouraged to complete the prerequisites early so that they may register to attend and regain Active status.

ANNUAL TRAINING 2012 - SAVE THE DATE

The Tenth Annual Training session will be held Thursday, June 7th to Saturday, June 9th. The venue will most likely include both Thursday conferences in a hotel setting and hands-on breakout sessions (for computer training in use of VIP) at the Department of Emergency Management’s State Logistics Response Center (SLRC) in Orlando.

The focus will be on elements identified in the AAR/IP from the 2011 Drill. It will include a detailed “post mortem” examination of several of the steps in the process to see what worked well and what failings were encountered. Some glitches did not become apparent until weeks after the Drill was over.

Members will get an opportunity to see the end result of typical file folders, photographs, and documents they created for the “Medical Examiner”. This is the mission product that is left behind when the

This is the continuation of the new biennial cycle of alternating HSEEP training sessions with operational drills:

- 2009 Drill
- 2010 Training
- 2011 Drill
- 2012 Training
- 2013 Drill, etc



The overview of the 2012 schedule includes:

- Check-In Wednesday Jun 6th (afternoon)
- Conference at hotel, Thursday Jun 7th
- Breakout Sessions at SLRC, Friday Jun 8th
- Conference at hotel, Saturday, June 9th (noon)

VIC TRAINING 2012- SAVE THE DATE

The Ninth Annual Victim Information Center (VIC) Training will be held Friday, March 16th. Host hotel will once again be the Embassy Suites Hotel on Jamaican Court, off of International Drive in Orlando.

Actual training sessions will take place at the SLRC where all the computer network equipment will be set up.

Members interested in joining the VIC Team are welcome to participate. Both procedure refresher training and practical hands-on use of the computer systems including the Victim Identification Program (VIP) will be among the major goals.

The same prerequisites for **registering** apply.

ODONT TRAINING 2012- SAVE THE DATE

The Eighth annual Odontology Training will be held Saturday, March 17th (St. Patrick’s Day but that is no excuse for missing it!). Host hotel will once again be the Embassy Suites Hotel on Jamaican Court, off of International Drive in Orlando.

Actual training sessions will take place at the SLRC where all the computer network equipment will be set up..

This session is open to all odontologists and dental assistants. Both procedure refresher training and practical hands-on use of the computer systems including the DEXIS/WinID and the Victim Identification Program (VIP) will be among the major goals.

The same prerequisites for *registering* apply.

FEMORS INTERACTIONS

DOH PROJECT - CBRN TEAM PLAN

In January of 2011, FEMORS coordinated efforts to bring all relevant CBRN response stakeholders together to develop a concept of operations to be finalized by June 30, 2011. That project was accomplished with the delivery of the project report to DOH in April, 2011.

The bottom line executive bullet points of the ConOps Plan consist of using:

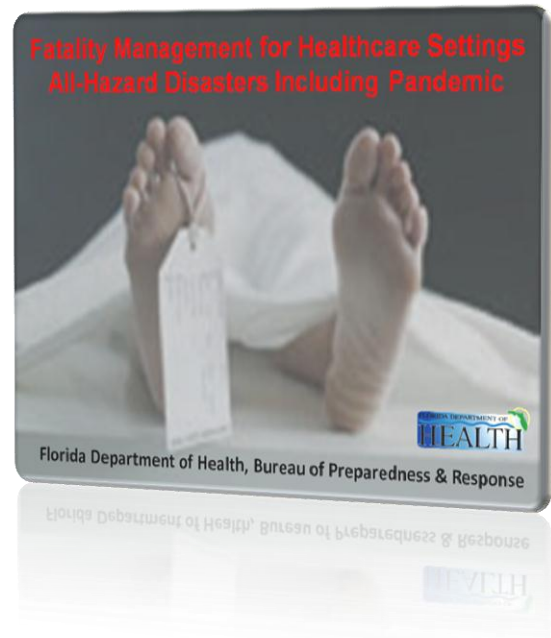
- Existing Local or neighboring Haz-Mat teams (as opposed to creating a stand-alone readiness team similar to FEMORS)
- Public information teams to prepare the public
- Level C PPE trained individuals to perform the 3-tiered mission

The Recovery Haz-Mat 3-Tiered Mission was defined as:

1. Recover remains safely;
2. Decontaminate remains so that they may be processed safely by morgue staff; and
3. Store decontaminated remains until transported to incident morgue.

DOH PROJECT – HEALTHCARE MODULE

FEMORS in collaboration with hospital and county health department preparedness subject matter experts was tasked to develop an awareness level on-line training module primarily for hospital staff on how Fatality Management might impact them.



Through the kind assistance of Chris Newsom of UF’s Distance Learning Services, that project was accomplished and the project module was delivered to DOH in on June 20, 2011.

(DOH technical staff are still working on getting it posted to one of their hospital based web sites.)

REGIONAL MEDICAL EXAMINER MEETINGS

FEMORS last presented its state of the state report to Florida's Medical Examiners about 5 years ago. As a result of a suggestion by Dr. Bruce Hyma, Chair of the Medical Examiners Commission, FEMORS hosted three regional meetings across Florida:

1. Miami, September 16, 2011
2. Orlando, October 7, 2011
3. Tallahassee, November 4, 2011

The presentations consisted of:

- FM national and state (DOH) mission overviews (the "Why" Florida does all this).
- FEMORS development and range of current capabilities (the "What" developed to do all this).
- Demonstration of the VIP database tying it all together starting with the Call Center, searching for clues to body identification, and sign off by the ME (the "How" to do all this).

Each of these meetings saw participation of about two dozen folks each time including, not only various Medical Examiner staff from the districts in the region, but also members of the County Departments of Health and Emergency Management. Thus, it provided an opportunity for interaction among key staff at the local level that would have to interact for planning before and response during an incident.

MEC REVIEW OF STATE PLAN

At the MEC Meeting held in Sarasota on Nov 17th Commander Bedore provided a quick update to the Commission that time has arrived for the biennial review of the Florida Fatality Management Response Plan. It was last reviewed, revised and adopted by the MEC on May 21, 2010. The next review will be due in the spring of 2012.

Commander Bedore will chair the FM Plan Review working group that will consist of:

- Dr. Marta Coburn, District 20 ME, Collier County;
- Dr. E. Hunt Scheuerman, District 16 ME, Monroe County;
- Norm Kassoff, Retired Dir. of Operations, District 11 Miami-Dade County; and,
- Sheri Blanton, Forensic Senior Program Manager, District 9, Orange and Osceola Counties.

COMMENTS/SUGGESTIONS

Member feedback and suggestions are always welcome and can be delivered to FEMORS staff via any of the following contact methods:

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SMILE FOR THE DAY!

