



FEMORS NewsGram

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Summer 2010



Commander's Message



They also serve who only stand and wait!

"On His Blindness", poet John Milton (1608-74)

You have developed FEMORS over the past 8 years to a level of readiness in anticipation of a need everyone prays is never needed. However, most of us expect it is a question of when, not "if", such a need will arise.

Florida is certainly not alone in this preparedness effort. The number of state/region level teams continues to rise. In addition to the Ohio Funeral Directors Association - Mortuary Response Team (OFDA-MRT) – perhaps the oldest state level team having published its first response plan in 1993 – there are team development efforts in Alabama, California, Michigan, North Carolina, Nevada, NYC/NJ/Conn/Pa, Illinois/Indiana/Ohio, to name a few. There are also funeral director and dental disaster response teams in many states.

So, you are in good company among countless individuals dedicated to standing ready to serve the families of disaster victims throughout the nation. The wait for a call to action may be long in coming but it does not diminish the importance of what you have committed your energies to.

Hang in there,
Larry

ANNUAL TRAINING/EXERCISE 2010

The Eighth Annual Training was held for 94 members Thursday, June 1st to Saturday, June 3rd once again at the Department of Emergency Management's State Logistics Response Center (SLRC) in Orlando.

As a result of the tremendous feedback from the 2009 HSEEP drill, this year's program was focused on the *training* (foundation) part of the typical cycle.



Annual Training 2009 was clearly the most challenging and rewarding exercise attempted to date. It resulted in an After Action Report-Improvement Plan (AAR-IP) that was used to design the 2010 Annual Training program. *[Because the AAR-IP is not designed for public use, it was sent to all members separately.]*

Working through the Improvement Plan led to some significant changes including:

- Equipment upgrades, enhancements, and realignments for the DPMU
- Clarification of ICS Position Titles
- Creation of one-page cheat sheets or station "Guides" to provide
 - Standardization of tasks to be accomplished for each case processed
 - Refresher notes to summarize the more complete details of the FOG
 - Just-in-time training for members cycling in and out of the mission

Day 1 was devoted to classroom training for every station and function of a deployment mission with special attention to the station guides.

Day 2 completed the formal presentations in the morning while the afternoon was spent at the warehouse. Here break-out sessions were conducted on using the computer systems and exploration of the DPMU set up.

Day 3 addressed Haz-Mat Awareness Training (needed for compliance with NIMS credentialing changes.)



2010 Annual Training

For those unable to attend the 2010 session, the classroom handout material has been posted on the website at:

http://femors.org/docs/FEMORS_Annual_Training_2010_Handout.pdf .

VIC TRAINING 2010

The Seventh annual Victim Information Center (VIC) Training for 27 members was held Friday, March 19th at the Florida Hotel in Orlando. Due to the time constraints created by certain FEMORS/DMORT member assignments to the Haiti Earthquake response (at the Family Assistance Center in Miami) this year's program focused on classroom training.

- Revision of NIMS Team Typing Standards
- Comment and review of NIMS Credentialing documents for VIC positions
- Haiti Earthquake VIC Challenges and Resolutions, Lessons Learned
- FOG Assignment (Just-In-Time Training) Guides Review



2010 VIC Training

ODONT TRAINING 2010

The Sixth annual Odontology Training for 28 members was held Saturday, March 20th at the Florida Hotel in Orlando. Again, due to the time constraints created by certain FEMORS/DMORT member assignments to the Haiti Earthquake response (at the Family Assistance Center in Miami) this year's program focused on classroom training.

- Revision of NIMS Team Typing Standards
- Comment and review of NIMS Credentialing documents for Odontology positions
- Haiti Earthquake VIC-Dental Challenges and Resolutions, Lessons Learned
- Dental Records Acquisition
- WinID/DEXIS Server/Networking
- FOG Assignment (Just-In-Time Training) Guides Review



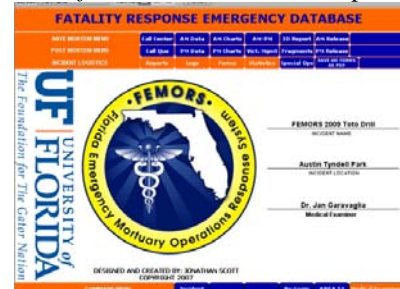
2010 Odont Training

DATABASE CHANGE TO VIP IN 2010

FEMORS has made a major paradigm shift in its database operations and adopted the new and improved DMORT Victim Information Program (VIP) in lieu of the former Fatality Response Emergency Database (FRED) program.

There are several reasons for this including:

- Greg Klimetz has been the chief programmer for both FRED and VIP for the past year.
- FRED's extra modules (formerly not in VIP) have been incorporated into VIP and upgraded.
- Focusing programming time and effort on one system vs. two maximizes resources.
- Original concept of using a single database for both ante and post mortem data sets was revealed as unworkable during the Haiti Earthquake experience (two unconnected remote sites over extended period of time).
- FRED is a *unified* database of ante and post



- VIP is a *split* database of ante, post and digital media (photos)



- Daily updates of discrete parts (ante, port or media) were more feasible than the complicated Export/Import process.
- VIP's 8 page interview form is the national standard used by many states and the NTSB for plane crashes.

All FOG references to database usage will be updated in the next edition.

NIMS FM TEAM TYPING DEVELOPMENTS

FEMORS has participated in the federal NIMS Medical & Public Health Working Group since 2007. This is a joint DHS/FEMA/DHHS collaboration involving 9 such NIMS working groups whose missions were to *Type* and *Credential* various *resources*. A Fatality Management response team, FEMORS for example, is a resource that could be requested by another state.

TEAM TYPING

Resource typing is the categorization and description of resources that are commonly exchanged in disasters via mutual aid, by capacity and/or capability.

The MPHWG met several times and has a near final draft of the FM Typing and Credentialing documents. The next big meeting is in November with all the NIMS working groups so the hope is it will be finalized at that point.

In summary there are 5 FM Teams (in addition to the initial Assessment Team) and each is shown with the number of staff needed.

FM Team Summary	Type I	Type II
•Assessment Strike Team	4*	0
*Strike Team members become part of the Command team upon activation.		
•Command Team	22	8
•Remains Recovery Team	13	7
•Victim Information Center (VIC) Team	33	18
•Morgue Processing Team	52	52
•Morgue Identification Center (MIC) Team	14	14
Totals	134	99

For example, the Type I Recovery Team shows:

RESOURCE: Medical: Fatality Management		
CATEGORY:	Health and Medical	
KIND:		
MINIMUM CAPABILITIES:		
COMPONENT	METRIC	
Personnel	Capacity	Provides management of field recovery of human remains and collection at an optimal rate of 48 whole or fragmented remains per 12-hour operational period per team. ¹
Personnel	Team Composition per 12-Hour Shift	Team (13 personnel total) consists of: 1 Recovery Unit Leader 1 Recovery Documentation Manager 1 Forensic Photographer 1 Forensic Documentarian 1 Remains Collection Manager 4 Recovery Specialist 1 Supply/Equipment Specialist 1 FM Transport/ Staging Manager 2 Transportation Driver

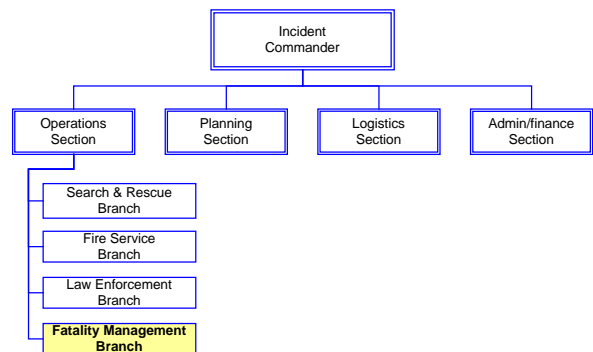
The Command Team actually includes the DPMU Team for a Type I response (the most capable). "Type II" means that the local requesting agency must supply all equipment and other personnel not listed. In both cases, the local requesting authority must provide facilities for all operations, lodging and food for responders, and infrastructure (power, water, sanitation, etc.).

TYPING NOMENCLATURE

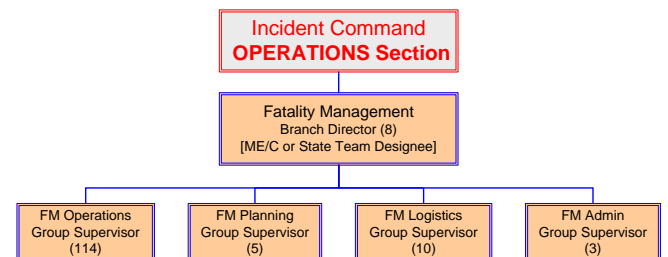
With over 100 responders there is a definite need to use correct terminology with reference to reporting relationships. Another of the NIMS working groups (Incident Management) developed the cross-discipline terminology needed to manage large groups:

- Section Chief
 - ❑ Branch Director
 - Group Supervisor
 - Unit Leader
 - Manager
 - Coordinator
 - Specialist/Assistant (or other single resource designator)

In ICS-speak, Fatality Management Teams operate as a **BRANCH** under the Operations Section.



With such a large team of responders, there is still a need to properly manage the 4 basic ICS functions of Operations, Planning, Logistics, and Admin/Finance.



Because there can be only ONE Operations SECTION in the ICS structure, in the FM org chart these roles are called Groups (hence: *FM ... Group Supervisors*).

NIMS JOB TITLE CREDENTIALING

The draft **National Emergency Responder Credentialing** (Job Titles) document for Fatality Management alone is 214 pages long. Eventually every responder title (fire, law enforcement, EMS, etc.) will be included.

For each FM Team, every position (including the leaders/supervisors) to be filled is identified by a job title. There are 100 job titles unique to Fatality Management and that leads to the “Credentialing” challenge. For example, there are skill set (technical and supervisory) differences between:

Morgue & MIC Odontology Manager
Morgue Odontology Post Mortem Coordinator
Morgue Odontologist
MIC Odontology Ante Mortem Coordinator
MIC Odontologist

For each Job Title there are sections for:

- Description (including reporting relationships)
- Required Criteria
- Recommended Criteria
- Physical/ Medical Fitness

Among the *Required* Criteria for all titles are:

- Education (default is High School diploma)
 - e.g., medical, dental degrees, if applicable
- Training
 - Minimum:
 1. ICS-100: Introduction to ICS.
 2. ICS-200: Basic ICS.
 3. IS-700A: NIMS, An Introduction.
 4. IS-800B: NRF, An Introduction.
 - Command positions:
 1. ICS-300: Intermediate ICS
 2. ICS-400: Advanced ICS for Command and General Staff, Complex Incidents, and MACS
- Experience
 - Qualifying incident experience, exercises, drills or simulations every five years
- Certification (if applicable)

Recommended Training Criteria for every title includes the OSHA 1910.120 HazMat Awareness Training equivalent basic instruction on responding to, and operating in, CBRNE MCI. Also, several supervisory titles often include the ICS-300 or ICS-400 series.

Thus, it has been a very busy year following these developments. The next edition of the FOG (Fall 2010?) will incorporate all of the NIMS changes.

FY 10-11 BUDGET

The FEMORS budget for the next fiscal year was approved at a level of funding of \$350,000. Final contract negotiations are nearing the end and should be completed in the near future. Three training sessions will again be scheduled for 2011:

1. Victim Information Center Team
2. Odontology Team
3. Annual Training/Exercise (Entire Team)

FEMORS INTERACTIONS

FEMORS continues to serve on the Florida Department of Health’s Strategic Plan program which focuses on meeting all federal Target Capabilities. The current strategic plan may be found at:

<http://www.doh.state.fl.us/DEMO/php/PDFs/FLPHMPStrategicPlanMidpointReview2009.zip>

In short, there are several “Capability Teams”. The Capability Teams identify and prioritize gaps in preparedness, develop and manage action plans to close the gaps, ensure linkage with other target capabilities and constituencies, and measure and report their progress.

Fatality Management-the mission of this team is to accomplish the strategies of Objective 16 of the Strategic Plan which requires that complete documentation and recovery of human remains, personal effects, and items of evidence are achieved (except in cases where the health risk posed to personnel outweighs the benefits of recovery of remains and personal effects).

FM projects identified over the past 2 years to address gaps in meeting the national FM Target Capability are:

1. Strategy 16.1: Develop and deliver Fatality Management training module for healthcare facilities.
 - Currently set for the FY 10-11 Cycle
2. Strategy 16.2: Maintain Florida Emergency Mortuary Operations Response System (FEMORS) capability including response team readiness, equipment and supplies maintenance.
 - **In process now for the FY 10-11 Cycle**
3. Strategy 16.3: Maintain Comprehensive Emergency Management Plan Mass Fatality Annex through creation of Medical Examiner Commission standing committee to oversee emergency operations plan maintenance.
 - **Completed Spring 2010**
4. Strategy 16.4: Assess District and healthcare plans statewide; develop baseline plan template and develop and disseminate results of assessment.
 - **Completed Spring 2010**
5. Strategy 16.5: Develop plan for state level CBRNE Human Remains Team.
 - Currently set for the FY 10-11 Cycle

MEMBER PASSING

FEMORS member Bonnie Tanous passed away over the spring. She was an untiring advocate for her Breast Cancer 3-Day Walk for a Cure. She will be missed by all who knew her.

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!**2010 TICK PUBLIC HEALTH THREAT**

I hate it when people forward bogus warnings, and I have even done it myself a couple times unintentionally but this one is real, and it's important.

Please send this warning to everyone on your e- mail list.

If someone comes to your front door saying they are checking for ticks due to the warm weather and asks you to take your clothes off and dance around with your arms up,

DO NOT DO IT!! THIS IS A SCAM!!

They only want to see you naked.

I wish I'd gotten this yesterday. I feel so stupid.