



FEMORS NewsGram

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Fall 2003



DIRECTOR OF OPERATIONS MESSAGE

Although funding for FY 03-04 was delayed until Oct 31st by factors beyond our control, now that it has arrived we have resumed our efforts to build strong working relationships with the ESF-8 Health Subcommittees in each of the seven Regional Domestic Security Taskforces (RDSTF).

This edition focuses on a bit of history, updates to several issues mentioned in previous editions of the NewsGram, and planning for Spring training.

May your holidays be merry and safe!



Larry R. Bedore

WHY DOES FEMORS EXIST?

Some might wonder why FEMORS was created and how it fits into the State's overall disaster preparedness and response plans. So a little bit of history might help.

PRE 9/11 PREPAREDNESS

During the 1990's, Florida continued to refine its Comprehensive Emergency Management Plan to deal with natural or manmade disasters.

Under the State Plan, the Florida Department of Law

Enforcement (FDLE) is the lead agency for crisis management while the Florida Division of Emergency Management (DEM) is the lead agency for consequence management.

Among the elements of the Plan is the specification of Emergency Support Functions (ESF). Health and medical resources are grouped under ESF-8 with the Department of Health serving as the lead agency.

Among the many services specified in this framework is the need for victim identification/mortuary services. The actions carried out by ESF-8 are categorized into:

- Preparedness
- Response
- Recovery
- Mitigation

Through the mid to late 1990's, the supporting agency designated for this role was the Florida Funeral Director's Association and/or the federal DMORT program.

POST 9/11 - E.O. 01-262

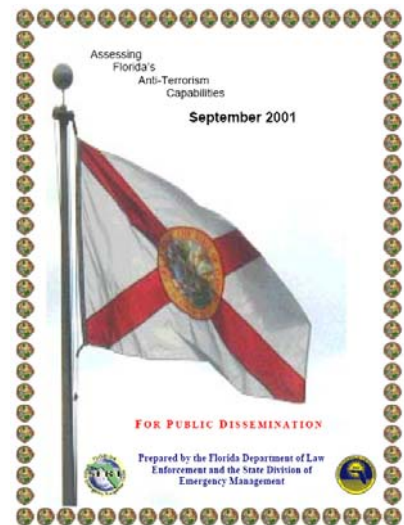
On September 11, 2001 the United States was attacked. On that day Gov. Bush issued Executive Order #01-262 declaring a state of emergency and delegating to FDLE operational authority to coordinate and direct law

enforcement and other resources of the state.

On September 14th, he issued another Executive Order formally directing FDLE and DEM to complete a comprehensive assessment of Florida's anti-terrorism capabilities *within 10 working days*. Assessment was to be made with recommendations for improving the existing emergency response framework and to strengthen Florida's anti-terrorism strategy regarding:

- Equipment
- Training Programs
- Execution Protocols

In spite of the short time available to assess resources, the first report made significant progress.



That assessment highlighted short and long-range recommendations focused on major existing emergency support functions:

- Emergency Services

- Critical Infrastructure
- Human Services
- Public Information & Awareness

Under the Emergency Services function, the report recommended:

1. IMPLEMENT REGIONAL ANTI-TERRORISM TASK FORCES (RATTF) in each of the seven FDLE/DEM regions.

Under the Human Services function, the report recommended:

1. ENSURE all response personnel receive appropriate training. TRAINING is critical to ensure the safety of all responders to an incident.
2. IDENTIFY and OBTAIN appropriate equipment for all response efforts. EQUIPMENT is an essential component with training to ensure that all responders are equipped to handle the variety of situations that could arise in a bio-terrorist event.

POST 9/11 - E.O. 01-300

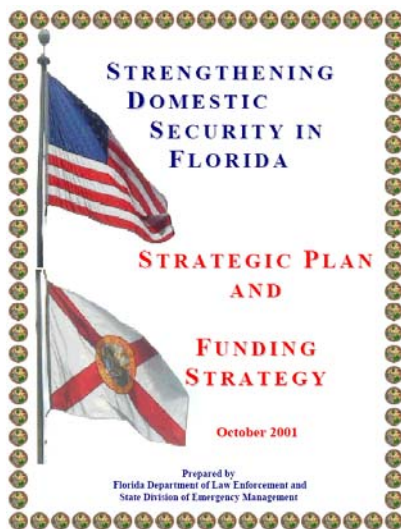
On October 11, 2001, Gov. Bush issued Executive Order 01-300 using the Assessment's recommendations to (among other items):

- Create the Regional Domestic Security Task Force system (referred to in the original report as the RATTF but now RDSTF and codified in Ch. 943.0311 Florida Statutes), and
- Create the office of Chief of Florida Domestic

Security Initiatives who shall report by November 1st of each year on recommendations and proposals focused on domestic security.

REPORT 2001

Again faced with significant time constraints, a follow-up report was completed in October before the deadline.



In the Goals, Strategies, and Objectives section of the report, under the heading: Goal I. Emergency Services, the report identifies:

STRATEGY 12 - IMPROVE RESPONSE CAPABILITIES in all regions of the State to adequately address a catastrophic terrorist incident.

OBJECTIVE G: Develop disaster mortuary response team capabilities.

In the Funding Strategy of the report, however, it listed, under Goal III. Health and Human Services:

STRATEGY 2 – Equipment
Identify and obtain appropriate equipment for all response efforts.

Funding Requirements (Human):
Develop Disaster Mortuary Response Team capabilities
\$400,000.

This item was further clarified in the Work Papers section to specify the funds would be needed to:

Purchase a mobile mortuary and training for 400 morticians and assistants.

The mandated progress report was issued on Nov. 1, 2001



Report of Progress as required by Executive Order #01-300 11/01/01

Under the heading of Long Term Initiatives it again listed the need to develop disaster mortuary teams.

III. HEALTH & HUMAN SERVICES

1. Improve Health Response Capability
 - Develop disaster mortuary teams
 - Provide on-site mass casualty hospitals
 - Enhanced mobile laboratory capability
 - Decontamination and personal protection equipment for secondary and tertiary hospitals in each region

REPORTS 2002& 2003

Subsequent reports for funding and strategies in 2002 and 2003 no longer listed mortuary teams as a specific entity, although FEMORS continued to develop.

As was already documented in the Spring NewsGram, the Department of Health contacted the University of Florida in the Fall of 2002 to initiate such a program. Start-up funding for 2002-03 of \$150,000 was obtained from the CDC Bioterrorism Preparedness Grant that had started in 1999. Continued funding of \$150,000 was also provided for 2003-04 and reported in the Summer NewsGram.

(All of the reports mentioned above may be reviewed by visiting: <http://www.fdle.state.fl.us/osi/DomesticSecurity/reports.htm>.)

**OTHER NEWS AND UPDATES
FY 2003-04 NEW APPROACH**

Although FEMORS was included in the fourth year distribution of the CDC grant (Aug 31, 2003 to Aug 30, 2004) delivery of funds was delayed by a decision to make FEMORS a more long-term program.

By late summer, and based on an existing model used for the DMATs, a Memorandum of Understanding (MoU) had been drafted, approved by University of Florida, and sent

to DoH for signing. It appears that, following indicators that some federal funding may be issued in three-year cycles rather than the year-to-year method of the past, DoH wanted to put FEMORS on a 3-year contract instead of a MoU.

One-half of this year's appropriation (\$75,000) has been issued under a purchase order to provide operating funds for the first 6 months while the three-year contract is being drafted and reviewed.

The original target date for the contract is December 15, 2003 so that we can secure the remaining \$75,000 appropriation rapidly. The review process is underway to meet the deadline. Time might become quite important if securing a Spring training location is to be done sufficiently in advance.

SUPPLEMENTAL FUNDS SOUGHT

Recognizing that the amount of money available to put on the Spring training Seminar was significantly less than the first year, FEMORS issued a request for an additional \$76,000 to provide training programs for the current year. Each year, the CDC grant process results in some funding not used and made available for redirection into existing programs. That request is still pending.

DOH PRESENTATION

On August 19th, Mr. Bedore presented an informational

overview of FEMORS in Tallahassee, at the request of Deputy Division Director Rhonda White. The presentation was made to Public Health Preparedness Regional Planners (about 50 staffers from around the state) during their weekly conference call meeting. The PowerPoint presentation had been forwarded to the attendees in advance. A number of attendees requested a road show version to their RDSTF Health subcommittees. (Funding delays during September and October hindered immediately providing the road shows.)

RDSTF ROAD SHOW

Contacts have been established with DoH planners and Co-Chairs of each of the RDSTF Health Subcommittees. Arrangements are currently being worked out to coordinate schedules to provide the informational FEMORS overview, most likely in January and February.

Apparently, these contacts had a most fortuitous timing. In the week before Thanksgiving, some RDSTF staff requested information about FEMORS' development and equipment needs. A strategic planning session of RDSTF elements will take place in early December, apparently to address needs for the FY 04-05 budget cycle. The draft DPMU proposal calls for \$1,500,000 to purchase equipment, secure warehouse/ office space, and provide training sessions.

DOH APPLICATION PACKAGE

All forms and instructions needed to complete an OPS application have been gathered and digitized. Once approval is received from DoH to begin the process, the Application Packet will be posted in the Members section of the web-site (www.FEMORS.org).

Elements of the process still under review include:

- creation of FEMORS specific OPS position descriptions for each classification,
- determination of a pay plan consistent with the State Broadband system,
- clarification on how background checks will be accomplished, and
- maintenance of personnel files, updates or changes, and issuance of Personnel Action Forms.

As soon as the package is ready for posting to the web-site, all members will be notified by e-mail to begin the process.

MEMBERSHIP CATEGORIES

Once the OPS process has been activated, all members will be categorized into one of the following:

1. Applicant Member – any person who has completed a User Profile and seeks consideration for membership.

2. Associate Member – any person interested in learning and contributing to the FEMORS program, but who, because of their primary occupation, would not be able to respond as part of a FEMORS Team.
3. Provisional Member – any person who has completed a User Profile and submitted a DoH OPS application package for review.
4. Active Member – any person whose DoH application has been completed and approved and for whom FEMORS has assigned a Position Classification.
5. Inactive Member – any person whose Active status has been suspended due to:
 - a. Failure to maintain training requirements,
 - b. Violation of FEMORS Code of Conduct, or
 - c. Voluntary request for such status.

QUARTERLY CONTACT TESTING

Beginning in January, FEMORS will begin member contact testing by e-mail for notification drills. Maintenance of the membership list and readiness status of members may well depend on how well we can reach available team members. For example, if a hurricane is approaching, the need may arise to put teams on alert status.

Hypothetically, FEMORS management will receive official word from DoH of a possible need

for FEMORS activation to a specific or potential disaster. At the onset of a mass fatality disaster, it is anticipated a portion of or all of the FEMORS Team may be placed on Alert status. Alert status should be considered a notice that response may be necessary within a 24-hour time frame. Alert status does not indicate that actual deployment will occur, but rather implies that deployment MAY occur. Members will receive official information from FEMORS placing them on Alert.

Such scheduled testing demonstrates how important it is for members to keep their contact information current, presently done by updating your user profile at www.FEMORS.org.

WEB-SITE REVISIONS

Web-site changes are being planned to aid members. For example:

- Membership page will be updated with more description of categories and a list of classifications.
- When creating a User Profile, specialties corresponding to the classifications list will be offered.
- Licensing and board status questions will be separated as “Boards” only apply to medical and dental members while licensing applies to more categories.

Some of the FEMORS classification titles have been

modified for consistency with the OPS position descriptions being drafted for DoH. Among these are:

- Pathologist Forensic
- Pathologist, Non-Forensic, M.D., or D.O.
- Anthropologist, Forensic
- Anthropologist, Non-Forensic
- Odontologist, Forensic
- Odontologist, Non-Forensic

Future web-site changes will include posting of the FEMORS Field Operations Guide which is still in draft form.

SPRING TRAINING 2004

This year’s Spring training (date not firmed-up yet) will be devoted to the FEMORS Field Operations Guide (FOG).

While no two disasters are ever the same, and while the medical examiner in charge of processing fatalities will set the exact procedures to be used, the FOG provides a framework from which adaptation can be made.

Presentation and discussion will be made of how various sections will function and interact on a practical level:

- Administrative Command Post
- Family Assistance Center

- Scene recovery of human remains
 - Morgue processing
 - Identification Center
 - Information Resource Center
- Rather than describing such issues in general terms, the FOG contains actual steps and duties to be completed by each Section Leader and Section member.

We plan to have the FOG draft distributed to members (via the web-site) by February to allow time for review prior to Spring training.

UNIFORMS

No new developments.

MEMBERSHIP STATUS

Using the existing Classification Plan for preliminary assignment, FEMORS membership totals 201 members with the following breakdown.

Based on Preliminary Classification (Nov 30, 2003)

Categories: Title		Total	Region					
			1	2	3	4	?	
ADFI	Administrative Officer (FEMORS Director of Finance)	1		1				
ADSP	Administrative Specialist	2			2			
ANTF	Anthropologist, Forensic	3		2	1			
ANTN	Anthropologist, Non-Forensic	0						
AUTT	Autopsy Technician	10		1	7	2		
CHAP	Chaplin	0						
DENA	Dental Assistant	5			2	3		
DNAS	DNA Specialist	6			5	1		
DPMU*	DPMU Team (8 + 1 tractor driver)	9	2	2	4	1		
EVSP	Evidence Specialist	18	3	1	8	6		
FACL	Family Assistance Core Team Leader	1			1			
FACS	FAC Specialist	0						
FMTL	FEMORS Team Leader (FEMORS Director of Operations)	1		1				
FORS	Forensic Specialist* (1 other on DPMU)	19	6	3	7	3		

Based on Preliminary Classification (Nov 30, 2003)

Categories: Title	Total	Region					
		1	2	3	4	?	
FPTS Fingerprint Specialist	6			3	3		
IRCS IR Computer Specialist* (1 other on DPMU)	2			2			
IRDE IR Data Entry	0						
MEDI Medical Investigator* (plus 3 on DPMU)	22		6	7	9		
MHLO Mental Health Officer	0						
MRTA Mortuary Assistant* (1 other on DPMU)	10	1	3	5	1		
MRTO Mortuary Officer* (3 others on DPMU) [1 Georgia]	57	4	6	24	22	1	
ODNF Odontologist, Forensic	19	1	1	4	13		
ODNN Odontologist, Non-Forensic	0						
PATF Pathologist, Forensic	6	1	1	2	2		
PATN Pathologist, Non-Forensic , M.D., or D.O. (1 resident)	3		3				
PHOT Photographer	0						
RGTL Regional Team Leader	0						
SAFO Safety Officer	0						
FEMORS Program Director	1		1				
Total Members:		201	18	32	84	66	1

*DPMU Team (if funded)

DECEMBER DMAT FTX

From Dec. 5-7, DoH and the 6 Florida DMAT teams held a field training exercise at the Orlando airport obviously focused on triage and treatment of living victims of a simulated incident. FEMORS attended as an observer and to provide information should questions arise about the handling of fatalities.

As a joint Federal-State resource, the DMAT exercise also had observers from DoH Emergency Operations command staff and regional planners, FEMA, and NDMS.

FEMORS members Larry Bedore and Pat Brewer

(attending as a DMORT representative on the International Medical Surgical Response Team – IMSuRT South) aided with morgue staging operations.

Unlike the FEMORS concept, DMAT teams operate as completely self-contained units including systems for communications, power, and water, and tents for patient treatment and team member sleeping. Observation of the Incident Command System (ICS) in operation was most beneficial.

Joint DMAT-FEMORS exercises may be staged in the future.

COMMENTS/SUGGESTIONS

Members can still reach FEMORS staff at the following numbers:

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