FEMORS NewsGram
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DIRECTOR OF OPERATIONS MESSAGE

You are FEMORS!

As I travel the State informing various groups of our program, many are amazed at the wide range of disciplines you represent and your eagerness to kick in when needs arise to deal with death – a topic most folk passionately avoid.

We are making progress, slower than some of us would have liked, but progress nonetheless. A great deal has happened since modest funding resumed last fall and many projects are under way. In a sense, FEMORS is like a duck gliding along on a stream – apparently calm on the surface but pumping those little webbed feet furiously below the water.

Many with DMORT experience can remember the many long years of quiet development and the hard work of so many individuals to make that organization what it is today. FEMORS, too, will succeed in the long run with your continuing dedication and help.

You make us proud to serve you so keep hanging in there with us!

Larry R. Bedore

ODP FUNDING, CLOSE BUT…

In the Fall NewsGram, mention was made of the RDSTF State Working Group FY 04-05 strategy and planning sessions. This December session was to prioritize requests for federal ODP (Office of Domestic Preparedness) funding. While normally directed only at the law enforcement projects and equipment, a portion of that funding was set aside for health and medical issues.

The Department of Health prevailed in getting $500,000 set aside for equipment for the FEMORS program in the first draft of allocations for ODP health and medical projects. However, when all the items requested were totaled, they more than doubled the $92 million available so the FEMORS item was among those that did not make the cut.

DoH/UF CONTRACT SIGNED

After several rounds of legal reviews and revisions, a formal contract was executed in February between the Department of Health, Office of Emergency Operations, and the University of Florida, William R. Maples Center for Forensic Medicine, to manage the FEMORS program. The contract period ends August 30, 2004 and provides for three, one-year renewals pending available funding.

One-half ($75,000) of the funding for FY 03-04 ($150,000) was provided by a temporary purchase order last Fall that called for the first two deliverables (regarding filling the director positions). The contract now provides for the balance of the funding pending these deliverable items:

a. Deliverable #3 – Work Plan for 03-04 by March 1, 2004 ($37,500),
b. Deliverable #4 – DPMU budget by April 30, 2004 ($37,500), and
c. Deliverable #5 – RDSTF presentations by June 30, 2004 ($0)

A) DELIVERABLE #3: WORK PLAN

Since the beginning of the fiscal year on August 31, 2003, FEMORS efforts have been focused on accomplishing the many tasks listed in a Work Plan. Briefly summarized, the Work Plan identifies action items, key players, and timelines. For example, it identifies the RDSTF regional meetings at which the FEMORS overview was presented. It is a fluid plan and is regularly updated as tasks are completed and new ones are added.

It was ready for submission as Deliverable #3 when the contract became active so that funds could be released immediately.

B) **DELIVERABLE #4: BUDGETS**

Budget estimates are moving targets. When the possibility of receiving $500,000 from ODP funding arose, questions also arose about how FEMORS could start to build its equipment cache with this amount.

Regardless of the type of equipment with which the cache starts, a need will exist for a warehouse in which to store, organize, and maintain it. For this reason, estimated costs for a warehouse would have to be a part of the $500K.

Additionally, recurring expenses for training, travel, and administrative costs would continue, so using the balance of the $500K for equipment would probably purchase no more than the computer systems and software needed to train members to operate the WinID and VIP programs at a disaster.

Because new opportunities for funding could arise anytime in the future, budget proposals being drafted for the April 30th deadline will include options that can be best summarized as the three phases of FEMORS development.

Phase I
Organization, personnel recruitment, and classroom training by subject matter experts.

Phase II
Acquisition of computer systems for identification, warehouse space, and field training

exercises on VIP and WinID programs.

Phase III
Acquisition of full basic load for DPMU equipment, warehouse space, and field training exercises on DPMU setup and knockdown and VIP and WinID programs.

Although still in preliminary stages, rough estimates for the budgets of each phase are:
I. $300,000
II. $600,000
III. $1,300,000

C) **DELIVERABLE #4: RDSTF VISITS**

Obviously, sharing information about the progress and future goals of FEMORS as a state asset for local needs with those who will eventually make prioritizing decisions on funding is important. During January and February six live presentations of the FEMORS program were made at either the full RDSTF meetings or meetings of the Health Committees of those RDSTFs.

These included Regions:
1 Pensacola, January 21st (full RDSTF, not Health only)
2 Tallahassee, January 13th
3 Jacksonville, February 12th
4 Tampa, February 19th
5 Orlando, January 7th
6 Ft. Myers, TBA for full RDSTF mtg
7 Miami, February 18th (full
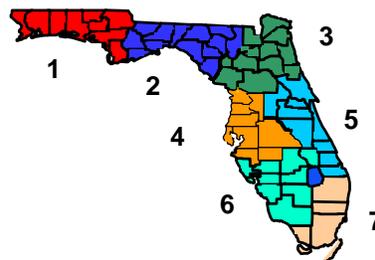
RDSTF, not Health only)

Clearly, all regions will be reached before the June 30th due date for this non-economic deliverable. In fact, some regions may be revisited to get the presentation before the full RDSTF if possible.

DoH 5-YEAR STRATEGIC PLAN

The Department of Health issued the final draft of its Public Health Preparedness Strategic Plan for Fiscal Years 2004-2007 on January 29, 2004.

The strategic plan for prevention and response in public health emergencies identifies six major preparedness goals:
1) An informed, alert, and empowered health care workforce and public.
2) A protected health care community.
3) Rapid detection, investigation, and response to disease outbreaks.
4) An efficient health care communications system.
5) A health care system capable of responding to events of public health significance including mass casualty.
6) An integrated all-hazards planning, assessment, and response system.

Standard preparedness program development cycles consist of four elements:
• Planning
• Equipping
• Training
• Exercising

FEMORS' role in this plan is evident in the listing of strategies for Goal and Objective 5 – Mass Casualty Plan – that serves as the umbrella for the health care response to events involving mass casualties and/or fatalities.

Objective 5.5
Mortuary Surge Capacity
In partnership with Florida funeral directors and medical examiners, develop disaster mass fatality capability.
Strategy 5.5a
By 8/30/05, develop a mass fatality plan that fully integrates into the statewide mass casualty and hospital response plans.
Strategy 5.5b
By 8/30/07, establish and equip a portable mortuary for response to mass fatalities.

Until equipment is procured, FEMORS development will continue to consist of only the Planning and Training elements to enhance its human resource component as the primary asset.

MASS CASUALTY PLAN - ME INPUT
FEMORS has been requested to assist in coordinating the mass fatality portion of the Mass Casualty Plan. This work is being managed by the State Working Group's Health/ Medical/ Hospital/ Emergency Medical Services (EMS) Committee (an unfortunately long name).

Details are just now emerging on how that assistance will take shape as the next meeting will take place in March.

Undoubtedly, preparedness for a mass fatality incident that overwhelms local capabilities demands the input of the major stakeholder, the medical examiner. Therefore, medical examiner input to the plan will be critical to ensure that the plan is appropriate and preserves the legal responsibilities of both the medical examiner and the Department of Health.

DoH/FEMORS MEETING
On February 11, 2004, FEMORS staff met with senior staff of DoH in Tallahassee to revisit several pending issues.

A) ACTIVATION PROCEDURES
A quick review of the basic steps involving a potential activation was developed:
- State ESF8 desk notifies FEMORS of need for Go-Team Response to an incident.
- Go-Team (regional) activated to contact local EOC and medical examiner to assess needs.
  - Simultaneously, FEMORS begins to contact members by phone to determine availability for activation.
  - A Ready List is made of available members.
- Go Team and Local EOC report back to State ESF8 desk on types and number of staff and/or equipment needed.
- State ESF8 desk advises FEMORS of types and number of staff needed, e.g., 4 dentists, 4 pathologists, 10 assistants for body tracking, radiology, photography, etc.

- FEMORS provides State ESF8 desk with names and contact information of individuals ready for activation.
- State ESF8 desk contacts members to arrange for lodging, transportation, and staging area instructions.
- FEMORS prepares Personnel Action Request Form and Position Description for each member activated to initiate OPS pay status.
- Upon check-in at the incident, each member completes a W-4 form and Direct Deposit form. FEMORS Command issues work orders for each member and begins time keeping records.

Discussions were also held about the possibility of holding a table-top exercise (no date set) to test these procedures and to explore other administrative and documentation issues in greater detail.

B) FEMORS PAY PLAN
Agreement was reached on the pay plan to be used for all FEMORS classifications as the closest match to similar positions in the State's Broadband Pay System. Full details of the plan are listed on page 7. Each member activated will be an OPS State employee and such status provides full worker's compensation coverage while activated.

Like all OPS positions in Florida state employment, overtime will be compensated at time and one-half for all FEMORS classifications. There are no classifications exempt from the overtime provisions.

C) DOH APPLICATION PACKAGE

All forms needed to complete an OPS application have been gathered and digitized. As soon as updates are made to the web-site, especially the members' only areas, the package will be posted with detailed instructions for completion. Every effort will be made to ensure that the forms are capable of being completed by computer (MS Office suite of programs) so that they may be delivered back to FEMORS by e-mail attachment thus avoiding the costs and delays of postal mailing.

Perhaps the only document that must be mailed is the Oath of Loyalty (for State of Florida employees) that must be notarized. Once completed, this will remain part of the personnel file.

Completed packages will be processed by FEMORS with the exception of the criminal history background checks that will be done by DoH. Evaluation of qualifications and experience will determine classification.

Once the application review process has been completed, each member will be notified of the classification to which they

have been assigned. Every effort will be made to utilize the highest classification possible based on qualifications and experience documented by the application.

D) POSITION DESCRIPTIONS

Each time a member is activated for a mission, an OPS Position Description and Personnel Action Request Form must be submitted to DoH to begin the pay process through Human Resources. The position descriptions must include the name and position broadband classification code of the member's immediate supervisor. For that reason, the position descriptions cannot be one-time documentation events. Instead, they must be prepared only after duty assignment is made at the start of each mission.

The duties and expectations of each position, however, will be covered in the greatest detail in the Field Operations Guide (FEMORS-FOG). This is necessary because it is very likely that a member's initial assignment will change over the course of the mission and the FOG provides ready reference for such changes in duty assignment.

E) WAREHOUSE SPACE

The Department of Health currently rents a portion of a warehouse at the Orlando Executive airport for some of its programs. The leaseholder is the DMAT-6 Team out of Orlando and they are eager for additional tenants. The space available is almost 100,000 square feet. When

funding becomes available, this will likely become the site of choice for location of the DPMU cache. The site is large enough not only for storage but for holding practical exercises to set up and break down the DPMU and to set up and test the computer systems for VIP and WinID.

F) SUPPLEMENTAL FUNDS STATUS

FEMORS' initial request for an additional $76,000 to supplement training programs for the current year failed to be included in the first reallocation of CDC funds available for redirection. However, work is currently under way to secure $40,000 to provide training before August 30th to host:

- Annual FEMORS Training, and
- FAC (VIP) Training

The funding will provide the ability to cover attendees' meals and lodging as was done for the first annual training in 2003.

Unfortunately, Odontology (WinID) Training will have to be delayed until the FY 04-05 budget starts.

The various budget estimates for FY 04-05 all will include sufficient funding to provide for these types of training sessions and more. If equipment purchase is authorized then funding for actual field exercises will also be required to build the core competencies needed in an actual mission.

OTHER NEWS AND UPDATES

E-MAIL CONTACT DRILL

On Wednesday, January 14th, at 10:00 pm, the first Contact Drill e-mail was sent to all registered members (199 at that time) to test the adequacy of the notification system for alert status.

The test called for a mandatory response by simply choosing "Reply" and "Send" regardless of the e-mail program being used. (This procedure was designed to make the reply automatically reach both Larry Bedore and Kelly House for crosschecking purposes).

For those who had not replied after a week, a second message was sent on January 22nd. Results are shown in the table below.

Total Replies	Percent (of 199)	Response Time
17	9%	2 hrs
100	50%	24 hrs
115	58%	48 hrs
125	63%	72 hrs
129	65%	96 hrs
133	67%	5 days
138	69%	6 days
139	70%	7 days
141	71%	8 days
155	78%	9 days
159	80%	9 days
162	81%	10 days
170	85%	11+ days

For the 15% who had not acknowledged either message, follow-up by personal phone calls became necessary.

Several lessons were learned from this exercise:

- Some member's e-mail accounts rejected the requests because the mailbox quota was full; even after repeated attempts.
- E-mail addresses sometimes change but members fail to update their User Profiles.
- Manually tracking responses requires careful monitoring and checking off replies to avoid sending second requests to those who replied to the first request.
- Updating a User Profile requires the member to enter his or her original user name and password (often one or both have been forgotten).
  - FEMORS administrative control does *not* extend to knowing passwords (it is limited to abolishing the old one and issuing a temporary password for the user to change upon revisiting).
  - FEMORS administrative control does *not* extend to making updates to profile data (a web-site feature to be fixed).
- Some members have changed jobs or moved.
- Some members did not have access to their e-mail during the drill (away from home or work for a variety of reasons).
  - Some of these replied later.
  - Some of these never replied.
- The drill is a labor-intensive task.
- The drill demonstrates how important it is for members to keep their contact information current.

The next drill will take place during April with hopes of achieving improvement in response times.

WEB-SITE REVISIONS

Web-site changes are still being drafted in preparation for managing the OPS application process.

Additionally, administrative changes are being implemented to make the web-site more useful in the event of an actual activation.

For example, Command Staff needs a facility for logging which members are ready for deployment, which ones have been activated, and those to be rotated back home. Before the actual command post is established at an incident site, assigned members can do much of this administrative contact and tracking work from remote locations as long as they have access to the Internet.

Once the on-site command post is set up, administrative duties can be assumed and operated at the site until deactivation.

CALL FOR IR ASSISTANCE
If computers are purchased first, Information Resource (IR) skills will be essential for managing the various networks envisioned for a mission. We currently have 2 members with high IR skill level.

If there are more FEMORS members with experience in IR, web-site design, or database programming, and who would be willing to work on the IR team, please contact Larry or Kelly.

FIELD OPERATIONS GUIDE – FOG
The draft FOG has been completed incorporating the NIMS nomenclature (see below) and posted to the members section of the web-site. You will see the download versions once you login.

The FOG serves as a handbook, educational reference, repository of position descriptions, and basic policy manual. All members are encouraged to download the FOG and critique it for omissions, inconsistencies, or just plain typo errors. The draft is in MS Word and PDF formats so any suggestions for change may be cut and pasted as needed. All suggestions are welcome and should be sent directly to LBEDORE1@ tampabay.rr.com.

It is intended to serve as your resource to learn and understand how the whole FEMORS team interacts during activation, especially the role you may play. For example, an Evidence Specialist may be used in any number of Units, sometimes as Unit Leader and sometimes as an assistant to others.

ANNUAL TRAINING 2004
This year's annual training program is still being developed. Consideration is being given to having it follow the next Medical Examiner's Commission meeting to be held in April or May. An alternative is to host it during the summer, even as late as August. Once the date has been set an e-mail announcement will be sent to all members.

As mentioned in the last NewsGram, the focus of this year's program will be on the Field Operations Guide (FOG). It was revised to ensure it would be in compliance with the new National Incident Management System (NIMS) standards that become mandatory for all Florida preparedness plans in 2005.

On February 28, 2003, President Bush issued Homeland Security Presidential Directive/HSPD–5 (HSPD-5), Subject: Management of Domestic Incidents, which directs the Secretary of Homeland Security to develop and administer a National Incident Management System (NIMS). HSPD-5 requires all Federal departments and agencies to adopt the NIMS and use it in their domestic incident management and emergency prevention, preparedness, response, recovery, and mitigation programs and activities, as well as those actions taken in support of State or local entities. The directive also requires Federal departments and agencies to make adoption of the new system by State and local organizations a condition for Federal preparedness assistance beginning in FY 2005.

NIMS is a set of standardized organizational structures and procedures designed to improve interoperability among jurisdictions and disciplines. The structures include the Incident Command System and Multiagency Coordination Systems.

COMMENTS/SUGGESTIONS
Members can still reach FEMORS staff at the following numbers:

Larry Bedore
727-560-3276 (Cell)
Lbedore1@tampabay.rr.com

Kelly House
352-265-0680, Ext. 72047
housekm@pathology.ufl.edu

Dr. Bruce Goldberger
352-265-0680, Ext. 72001
877-206-8634 (pager)
bruce-goldberger@ufl.edu

PAY PLAN

Codes	FEMORS OPS Position Titles	State Pay Grade	Pay Band	Hourly Rate
ADFI	Administrative Officer (in absence of Dir of Finance)	11-1021-2	020	$ 28.85
ADSP	Administrative Specialist	43-9199-3	005	$ 16.83
ANTF	Anthropologist, Forensic	19-3091-3	008	$ 36.06
ANTN	Anthropologist, Non-Forensic	19-3091-2	007	$ 24.04
AUTT	Autopsy Technician	19-4092-2	005	$ 21.63
CHAP	Chaplin	21-2011-3	007	$ 24.04
DENA	Dental Assistant	31-9091-3	004	$ 16.83
DNAS	DNA Specialist	19-4092-4	009	$ 36.06
DPMU	DPMU Team	49-1011-3	006	$ 28.85
EVSP	Evidence Specialist	19-4092-2	005	$ 21.63
FACL	Family Assistance Team Leader	11-1021-2	020	$ 40.87
FACS	FAC Specialist	21-1019-3	007	$ 18.75
FCMD	FEMORS Commander (in absence of Dir of Operations)	10-9111-1	023	$ 53.59
FORS	Forensic Specialist	19-4092-3	007	$ 24.04
FPTS	Fingerprint Specialist	19-4092-2	005	$ 24.04
IRCS	IR Computer Specialist	15-1081-3	008	$ 31.25
IRDE	IR Data Entry	43-6011-2	003	$ 18.75
MEDI	Medical Investigator	33-3021-4	010	$ 31.25
MHLO	Mental Health Officer	19-3031-4	011	$ 24.04
MRTA	Mortuary Assistant	19-4092-1	002	$ 16.83
MRTO	Mortuary Officer	11-1021-3	021	$ 28.85
ODNF	Odontologist, Forensic	29-1021-6	018	$ 60.10
ODNN	Odontologist, Non-Forensic	29-1021-6	018	$ 48.08
PATF	Pathologist, Forensic	29-1062-6	018	$ 72.12
PATN	Pathologist, Non-Forensic M.D., or D.O.	29-1062-6	021	$ 57.47
PHOT	Photographer	27-3031-2	006	$ 18.75
RGTL	Regional Team Leader (Deputy Commander)	11-1021-2	020	$ 40.87
SAFO	Safety Officer	29-9011-3	005	$ 25.00

MEMBERSHIP STATUS

Using the existing Classification Plan for preliminary assignment, FEMORS has a registered base of 199 members (as of January 26, 2004) with the following breakdown by region.

Categories:	Title	Total	1	2	3	4	?
ADFI	Administrative Officer (FEMORS Director of Finance)	1		1			
ADSP	Administrative Specialist	2			2		
ANTF	Anthropologist, Forensic	2		1	1		
ANTN	Anthropologist, Non-Forensic	0					
AUTT	Autopsy Technician	9				7	2
CHAP	Chaplin	0					
DENA	Dental Assistant	6				2	4
DNAS	DNA Specialist	6				5	1
DPMU*	DPMU Team (7 + 1 tractor driver)	8	2	2	3	1	
EVSP	Evidence Specialist	19	3	1	8	7	
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	
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 2 on DPMU)	21			6	6	9
MHLO	Mental Health Officer	0					
MRTA	Mortuary Assistant* (1 other on DPMU)	11	1	3	5	2	
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	5	1	1	1	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:	199	18	30	81	69	1

* DPMU Team (if funded)