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FLORIDA EMERGENCY MORTUARY OPERATIONS RESPONSE SYSTEM FEMORS FOG

FIELD OPERATIONS GUIDE

ELEVENTH EDITION MARCH 2024

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Forward to Tenth Edition

FEMORS was established in 2002 and was one of the first state-level mass fatality response teams in existence. Since that time, FEMORS has developed a robust response capability with the resources necessary to respond anywhere in the state of Florida within hours. FEMORS maintains equipment and personnel resources for immediate response to a surge in deaths to assist any agency within Florida at the request of the Florida Department of Health. This 9th Edition incorporates FEMORS best efforts to encapsulate the policies and procedures needed for the response and management of mass fatality incidents and disaster victim identification. Many lessons have been learned from FEMORS deployments and training exercises since 2002. Recent deployments to Hurricane Ivan and the structural collapse in Surfside, Florida have provided examples of well drafted plans that had to be revised to meet current conditions. In 2023 FEMORS expanded the personnel roster to include human remains detector canines and their handlers. These improvements have been incorporated to better manage infrastructure for future deployments.

Incorporating the lessons learned from all FEMORS activities since 2002, updates and revisions included in this 9th Edition consist of:

Section II - FEMORS Team Membership

- Position Classification Plan
- Canine Handler Teams
- Compensation Plan
- Appendix G – DPMU Equipment Cache and Trailer Load Plans

FEMORS members will find a copy of the FOG at each workstation in the Disaster Site Recovery transportation site, incident morgue, VIC, MIC, and Administrative Center. The tasks for assigned stations should be reviewed by each FEMORS member before starting their operational assignment. An electronic copy of the FEMORS FOG can be found online at FEMORS.org. Each FEMORS member is encouraged to download and read the FOG to prepare for any mission assignment they may receive. Your FEMORS classification may not be related to your mission assignment. Should you have any questions about the FEMORS FOG, please feel free to contact the FEMORS program office.

Jason H. Byrd, Ph.D.
FEMORS Commander



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DOCUMENT PURPOSE

The Florida Emergency Mortuary Operations Response System (FEMORS) was developed in conjunction with the Florida Department of Health (DOH) to provide a statewide fatality management resource when an incident of such proportion occurs as to overwhelm local resources. DOH fosters the development of medical assistance assets to respond to natural or man-made disaster incidents, including those devoted to bringing dignity to the handling of human remains. During an emergency response, FEMORS' members work to support the local Medical Examiner authority and provide technical assistance and personnel to recover, identify, and process deceased victims.

The FEMORS Field Operations Guide (FOG) was developed to assist FEMORS personnel during training and while on mission assignment. It is a living document that continues to be updated as procedures are developed to address specific issues.

The FOG is a compilation and summary of important general information, developed procedures, and reference material. In addition, Job Title summaries and Duty Assignment Checklists are outlined for each of the positions that comprise a standard FEMORS response.

Standard Incident Command System (ICS) terminology is used throughout the FOG to ensure consistency with all ICS response elements and the National Incident Management System (NIMS). Use of and adherence to the FOG will ensure optimum personnel performance, standardization of activities and procedures, and promote safe and effective FEMORS operations.

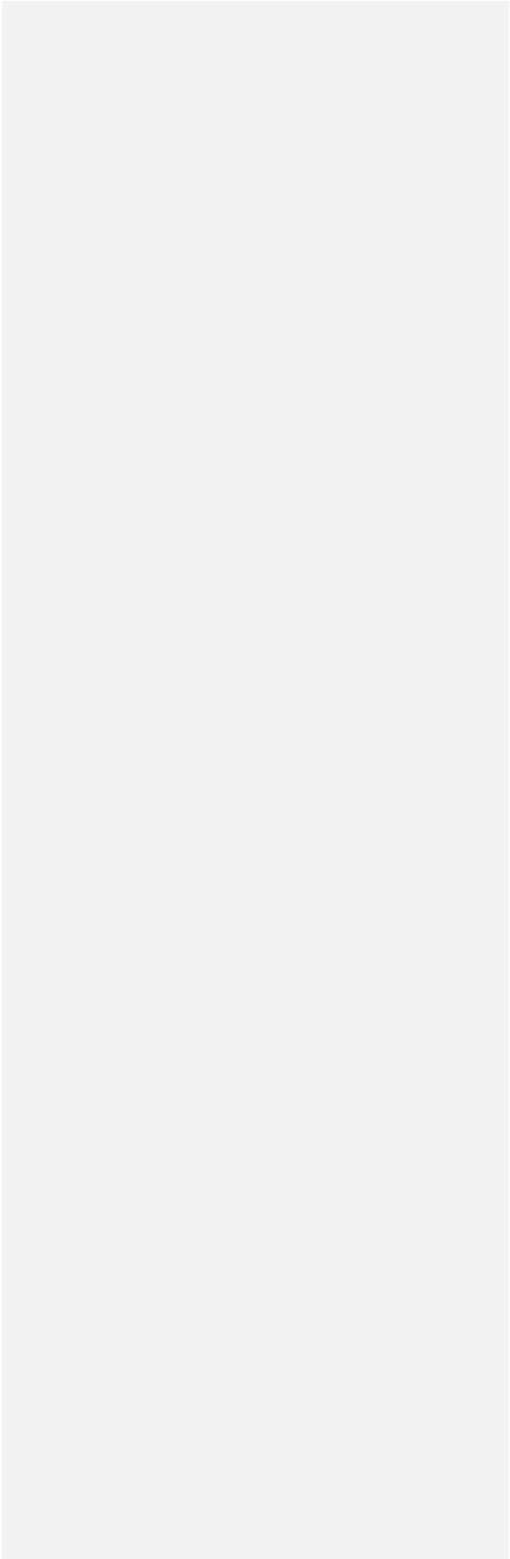
It is expected that all FEMORS personnel will use the FOG as a fundamental tool for education, training exercises, and mission operations. It should be kept ready for immediate access with each team member's personal response equipment.

CAVEAT 1: This is a "Guide" and not an etched-in-stone, rigid procedural manual. FOG development was based on a scenario that assumes utilization of all available resources – a plan-for-the-worst scenario. Obviously, because each disaster is unique, and each Medical Examiner has standard operating procedures for routine casework, disaster-specific modifications will be made every time. Some, or many, FEMORS operational Teams may not be needed. For those that are used, procedural variations will adapt to the local needs of the Medical Examiner to accomplish a successful mission.

CAVEAT 2: FEMORS maintains a basic disaster portable morgue unit (DPMU) that contains equipment and supplies necessary to initiate operations for the first 72-hour period. That list of more than 2,500 items is maintained separately for rapid updating. This version of the FOG was developed assuming that any equipment not yet a part of the DPMU must be procured by the Medical Examiner and/or the appropriate Emergency Support Function (ESF) of the Emergency Operations Center system as needed at the time of the incident. Most activities described in the FOG are focused on the operational needs of the Medical Examiner requesting assistance.



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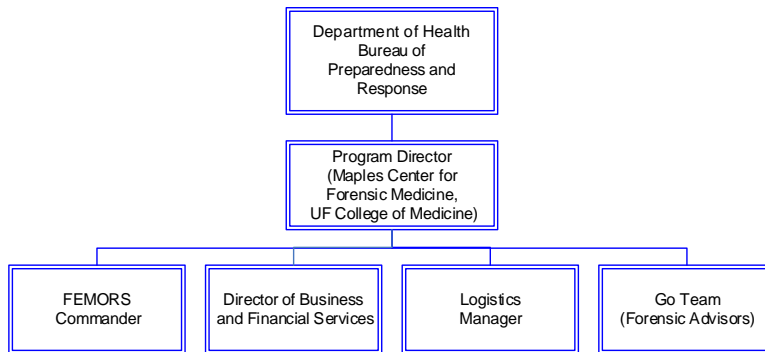
I FEMORS Organizational Structure

A) FEMORS' Mission

The FEMORS mission is to provide fatality management services during disaster events with dignity and respect for the dead. FEMORS will assist and support local District Medical Examiners, the Florida Department of Law Enforcement, and the Florida Department of Health with identification of the dead, preservation of evidence, return of human remains to families, and prevention of the spread of infectious disease.

B) FEMORS Sponsorship and Management Table of Organization

The Florida Department of Health, through its Bureau of Preparedness and Response, contracts with the University of Florida, through its College of Medicine, Department of Pathology, Maples Center for Forensic Medicine to serve as the sponsor for FEMORS. Day-to-day operations of FEMORS for team management, planning and training fall to a management team and a number of members who serve on advisory working groups.

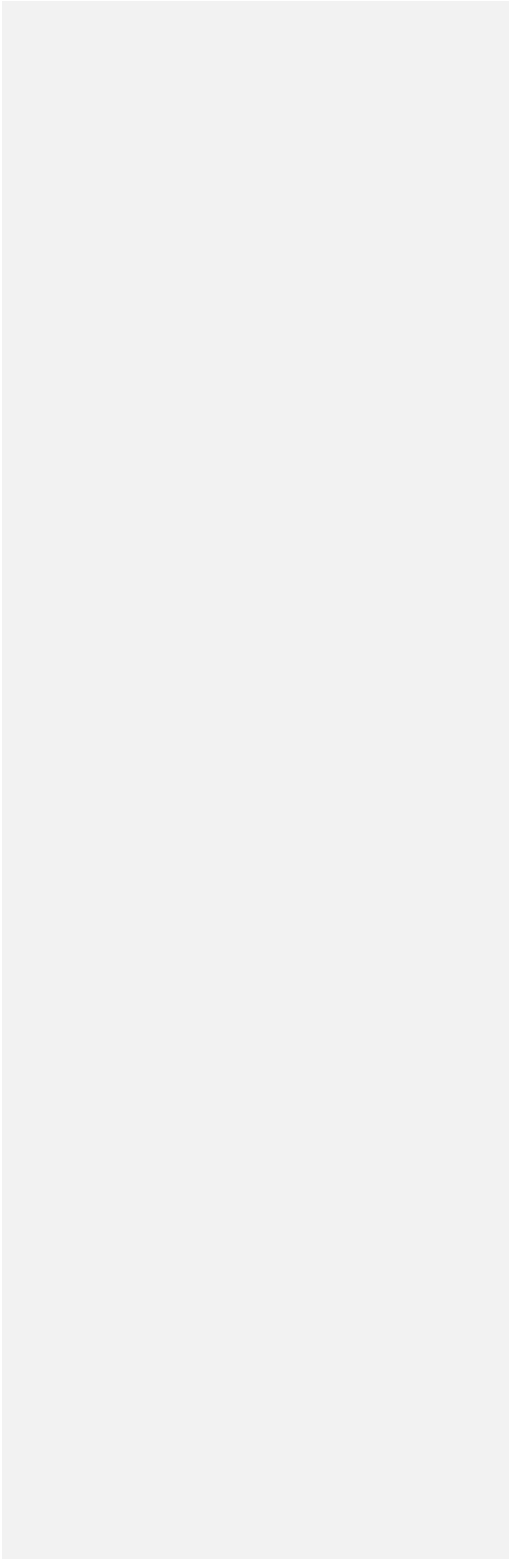


C) FEMORS OPERATIONAL STATUS DEFINITIONS

1. **Advisory:**
Places response team(s) in a state of increased monitoring of news coverage of a significant event that may result in a need for DOH assets including a FEMORS response. Advisories are for informational purposes only. DOH will not reimburse for any costs incurred as a result of the advisory notice.
2. **Alert:**
Places response team(s) in a state of increased readiness requiring overt preparatory action on the part of the alerted team. DOH may authorize activation of coordination team members for activities associated with the Alert. DOH may execute necessary asset procurement in support of team activities during Alert (e.g., truck, bus or van rental, consumable supply purchases, etc.).
3. **Deployment:**
Issuance of a "Mission Number" and placement of FEMORS personnel and/or teams in a pay status for standby purposes or actual deployment. Activation of FEMORS assets must be approved by DOH. If local EOC is unable to provide assistance as requested, DOH will execute necessary procurement in support of team activation.



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II FEMORS Team Membership

A) FEMORS Team Member Commitment

FEMORS members have dedicated and committed themselves to serving the needs of families during disaster events. FEMORS members maintain a state of "readiness" during the non-activation periods. Team members are expected to pursue training in mass fatality related subjects and to make themselves available for deployment on short notice. When team members are "activated/deployed" as a temporary Florida Department of Health (DOH) employee, pursuant to an agreement with the University of Florida to provide compensation to responders, they shall adhere to the FEMORS Disaster Team Code of Conduct (page 176) and follow instructions regarding work assignments and policies outlined in this FOG.

B) Position Classification Plan

Membership in FEMORS is limited to qualified individuals in the forensic disaster/mortuary community who have a desire to serve their community. Most of the positions involve working with deceased human remains, at least to some degree. All members are classified by position according to their respective training, education, and experience backgrounds.

Note Well: There is a distinct difference between a team member's "Classification" and his/her assigned "Job Title" during a deployment:

- Classification refers to the *compensation pay grade* assigned to the member.
- Job Title refers to the *assigned role the member fills* during a deployment.

For example, a member classified as an "Evidence Specialist" may be able to fill any number of credentialed Job Titles (See Section XII. Responder Job Titles, pages 77 to 175) which call for the skillset demonstrated by an Evidence Specialist such as:

- FM Morgue Personal Effects Specialist,
- FM Morgue Remains Storage-Release Specialist
- Forensic Photographer,
- Data Entry Specialist, etc.

The various membership *classifications* are:

CODE	FEMORS Title	Description (primary role, but not limited to)	Minimum Credential Requirement
FCMDFEMORS	Commander	Disaster Management of Human and Equipment Assets; ME Liaison; DOH/ESF-8 Liaison; Staff scheduling with the Planning Chief; May serve as FM Group Supervisor or Deputy, as directed by Medical Examiner.	Mass Fatality Disaster Response Experience; Management and Administration Experience
OPRC	Operations Chief	Coordinates and oversees Unit Leaders for Site Recovery, Morgue Operations, Morgue Identification Center and Victim Information Center. Liaisons with Incident Command as directed by FEMORS Commander.	Mass Fatality Disaster Response Experience; Management and Administration Experience
LOGC	Logistics Chief	Coordinates all logistical operations between Incident Command and DPMU team members.	Administration and Mechanical Aptitude Experience
PLAC	Planning Chief	Coordinates all situation reports and inputs for the Incident Command's Incident Action Plan (IAP); facilitates staging of personnel arriving and demobilizing	ICS training at 300 and 400 level
FINC	Finance Chief	Coordinates Administration and Financial documentation duties with DOH/ESF8	Administration and Financial Experience
SAFO	Safety Officer	Monitors proper PPE usage and safety factors in the scene and morgue environments	Chemistry/Bloodborne Background



CODE	FEMORS Title	Description (primary role, but not limited to)	Minimum Credential Requirement
LIAO	Liaison Officer	Coordinates all questions of operations between Medical Examiner and FEMORS command structure	Forensic administrative experience
BHLO	Behavioral Health Officer	Monitors team member performance and well being	M.D., Ph.D., Licensed Mental Health provider or Nurse
CHAP	Chaplain	Pastoral Care of FEMORS staff	Pastoral Experience
VICL	Victim Information Center Team Leader	Supervises Victim Information Center	Mass Fatality Disaster Response Experience; Management and Administration Experience
VICS	Victim Information Center Specialist	Interviews families in Victim Information Center for gathering VIP information on missing persons; Performs data entry of antemortem information	Training in VIC (non-Funeral Director Level)
DATL	Database Team Leader	Maintains and modifies the VIP database as requested by the Medical Examiner or Incident Command as necessary	FileMaker database high level programming experience
PATF	Pathologist, Forensic	Examines recovered remains, details anatomic observations; May serve as Team leader for Pathology or Morgue Identification Center	Forensic Pathology M.D. or D.O.
PATN	Pathologist, Non-Forensic	Examines recovered remains and details anatomic observations under the supervision of a forensic pathologist	M.D. or D.O. without forensic/ postmortem experience
ANTC	Anthropologist, Certified Forensic	Search or examination of bone or fragments; May serve as Team leader for scene or morgue Anthropology	Ph.D. with AAFS forensic board certification/ postmortem experience
ANTF	Anthropologist, Forensic	Search or examination of bone or fragments under the supervision of a forensic anthropologist	B.A., B.S., M.S., or Ph.D. in Anthropology without AAFS forensic board certification/ postmortem experience
ODNC	Odontologist, Certified Forensic	Examines dental remains, processes antemortem dental records for identification; May serve as Team leader for ante or postmortem Odontology	Licensed Dentist with AAFS forensic board certification/ postmortem experience
ODNF	Odontologist, Forensic	Examines dental remains, processes antemortem dental records for identification under the supervision of a forensic Odontologist	Licensed Dentist without AAFS forensic board certification/ postmortem experience
MEDI	Medical Investigator	Identification coordinator; Postmortem data entry and use of VIP Database searching for possible identification linkages; May perform VIC interviews or contact families for information; May serve as Team leader for Morgue Identification Center, Verification Unit, Morgue Operations, Admitting, Photography, Personal Effects, Radiology (Body X-Ray), Remains Holding or Storage, or Records Management; May assist with pathology, anthropology, odontology, DNA, or scene search Teams	Medical Examiner Forensic Investigator or Law Enforcement Death Investigation Detective



CODE	FEMORS Title	Description (primary role, but not limited to)	Minimum Credential Requirement
MRTO	Mortuary Officer	May serve as Team leader for Morgue Operations, Admitting, Personal Effects, Radiology (Body X-Ray), Embalming, Casketing, Remains Holding/ Storage, or Remains Release; May serve as FM VIC Interview Specialist	Licensed Funeral Director, Embalmer
DNAS	DNA Specialist	May serve as Team Leader for postmortem DNA collection and VIC DNA Team for specimen collection from families.	Laboratory level Forensic DNA Experience
FPTS	Fingerprint Specialist	Obtains print impressions from remains or antemortem specimens; Compares ante and postmortem prints for identification; May serve as Team leader for ante or postmortem Fingerprint Teams.	Postmortem Fingerprint Experience or Latent Print Analyst
FORS	Forensic Specialist	Assists DNA, pathology, anthropology, odontology, photography, or personal effects Teams; May serve as Team leader for Photography or Personal Effects	Laboratory level Forensic Experience: Toxicology, Chemistry, Firearms, etc.
DPMU	DPMU Team	Equipment managers and logistics coordinators	Administration and Mechanical Aptitude Experience
EVSP	Evidence Specialist	Scene Human Remains Recovery; Assists photography, personal effects, pathology, anthropology, odontology, or DNA Teams; May serve as Team leader for Human Remains Recovery Center or Transport, Remains Holding, Photography, Personal Effects, or Remains Storage.	Crime Scene Technician Experience
AUTT	Autopsy Technician	Assists pathology, anthropology, odontology, or DNA Teams; May serve as Team leader for Radiology (Body X-Ray)	Medical Examiner Morgue Autopsy or X-Ray Experience
ITNL	IT Network Lead	Sets up and troubleshoots network and server operation and modifications; assists command staff	Programming, IT or MIS Experience, MS Excel power user
DATS	Database Specialist	Assists the Database Team Leader as directed for modifications and other maintenance tasks.	FileMaker experience
PHOT	Photographer	Takes photographs at any of the several morgue stations or at disaster site	Forensic Photography Experience
ADSP	Administrative Specialist	Helps in any clerical capacity including data entry, records clerk, or morgue scribe	Clerical skills with basic computer skills
DENA	Dental Assistant	Assist Odontologists at table or in clerical capacity, or serve as Morgue Escort or scribe	Dental Hygienist or Assistant
MRTA	Mortuary Assistant	Morgue Escort, scribe, body storage handling	Members not otherwise defined
K9HD	Canine Handler and Human Remains Detection Canine	Disaster Type canine that displays the drive and nerve strength to endure the type of search work need to cover large areas during multi-day deployments and capable of state-wide deployments; Handler and canine will have good working relationship; canine will train in the discipline of Human Remains; Dual certifications for canines involved in this type of disaster work is not allowed.	Canine must be minimum of 12 months of age; Completed CGC or equivalent obedience; Must pass an annual Obedience Proficiency Test; Completion of National Human Remains certification



C) FEMORS Membership Categories

Membership in FEMORS falls into one of the following categories:

1. Applicant Member – any person who has completed an application package 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 whose UF application has been completed, reviewed, and approved and for whom FEMORS has assigned a Position Classification
4. Active Member – any person whose completed application package has been forwarded to DOH.
5. Inactive Member – any person whose Active status has been suspended due to:
 - a. Failure to maintain training requirements (potential for reserve),
 - b. Voluntary request for such status, or
 - c. Investigation of violation of Code of Conduct.

D) FEMORS Application Process

Individuals with related disaster, forensic or mortuary experience may apply for FEMORS membership by visiting the web site and following the instructions provided at <https://femors.org/membership/femors-application>. Applicant members are provided with instructions for completing the UF application package to become stand-by temporary state employees. Once credentials have been verified, the Applicant will be notified of acceptance and classification.

- UF Human Resources may require additional processing in some cases such as:
 - Background checks,
 - Fingerprinting, and
 - Drug testing for specific classes of healthcare licensees.
- FEMORS members are expected to notify FEMORS management of any changes in:
 - home address,
 - contact information (e-mail and cell phone),
 - name,
 - job or employment, and
 - additional training that would qualify for upgrading the member's classification.

E) UF Other Personal Services (OPS) Application Process

Upon activation, FEMORS members become temporary state employees for the period of activation and are provided compensation, liability, and Workers' Compensation coverage for work-related injuries. OPS status is the equivalent of part-time employment. Therefore no leave, health insurance, or retirement benefits accrue to the employee. Preprocessing of members is essential to avoid on-site processing during an actual incident when unfolding events preclude the careful evaluation of the application and required background checks.

Upon activation to an incident, the following additional forms must be completed at check in:

- DOH Attendance Record Form (page 322) or alternate as indicated for UF.
- Travel Reimbursement Worksheet (page 323) or alternate as indicated for UF.
- Direct Deposit Authorization Form (mandatory, requires a blank voided check)
- Other forms as required by DOH or UF at the time.

F) Compensation and Reimbursement Procedures

In the event of activation, members become temporary UF (University of Florida) employees and receive compensation for time worked. ("Activation" does not normally include training sessions or exercises.)

- i) Pay Scale (last adjusted Feb 2021)

The pay scale for FEMORS members was originally based on Florida's Broadband Pay Classification Plan depending on the position classification assigned to each. It was adapted to match UF's pay plan as closely as possible. Wherever possible, the pay grade most comparable to the duties performed is applied to the member's position classification.

	FEMORS OPS Classification Position Titles	Hourly Rate
ADSP	Administrative Specialist	\$ 20.00



ANTC	Anthropologist, Certified Forensic	\$	38.48
ANTF	Anthropologist, Forensic	\$	25.65
AUTT	Autopsy Technician	\$	25.65
BHLO	Behavioral Health Officer	\$	25.65
CHAP	Chaplain	\$	25.65
DATS	Database Specialist	\$	20.00
DATL	Database Team Leader	\$	38.48
DENA	Dental Assistant	\$	25.65
DNAS	DNA Specialist	\$	38.48
DPMU	DPMU Team	\$	30.78
EVSP	Evidence Specialist	\$	25.65
FCMD	FEMORS Commander	\$	57.19
FINC	Finance Chief	\$	47.81
FPTS	Fingerprint Specialist	\$	25.65
FORS	Forensic Specialist	\$	47.81
ITNL	IT Network Lead	\$	33.35
K9HD	Canine Handler and Human Remains Detection Canine	\$	42.00
LIAO	Liaison Officer	\$	30.78
LOGC	Logistics Chief	\$	47.81
MEDI	Medical Investigator	\$	33.35
MRTA	Mortuary Assistant	\$	20.00
MRTO	Mortuary Officer	\$	30.78
ODNC	Odontologist, Certified Forensic	\$	64.13
ODNF	Odontologist, Forensic	\$	51.30
OPRC	Operations Chief	\$	47.81
PATF	Pathologist, Forensic	\$	76.95
PATH	Pathologist, M.D., or D.O.	\$	61.33
PHOT	Photographer	\$	25.65
PLAC	Planning Chief	\$	47.81
SAFO	Safety Officer	\$	30.78
VICL	Victim Information Center Team Leader	\$	43.61
VICS	Victim Information Center Specialist	\$	20.00

ii) Overtime

- Overtime pay at the rate of one and one-half times the employee's hourly rate of pay shall be paid to all OPS positions for hours worked in excess of 40 hours in the Friday-Thursday pay period.

iii) Hours of Operation

- Disaster activation may result in round-the-clock operations. Members may be asked to work on 12-hour shifts, 7 days per week for the two-week period of activation. Disaster specific work hours or shifts will be determined by the ICS Commander, Medical Examiner, or other authority.

iv) Travel Days

- Members' first day of activation is used for travel, in-processing, and rest; normally work is assigned on the second day.
- Members' last day of work (the day before traveling home) is spent briefing the replacement member on the duties of the position being filled.
- Reimbursement for travel expenses is governed by DOH/UF rules and Sec 112.061, Florida Statutes and is paid after the period of activation ends (see Travel Reimbursement Worksheet, page 323).

v) Attendance Record

- State payroll bi-weekly pay weeks begin on a Friday and end on the second following Thursday.
- Each member must complete an OPS Attendance and Leave Record (page 322) for time spent in travel or work during an activation period.



G) Training Requirements

Disaster response work is often different from day-to-day tasks performed in normal occupations, even for forensic professionals. Members are not expected to know how to maximize the team effort of a FEMORS mission without adequate training.

- For this reason, each member is expected to take part in at least one disaster-related exercise, disaster-related training seminar, or disaster activation event in each two-year period in order to remain in Active status and ready for deployment. Failure to document such activity, or obtain an exemption granted by the Commander upon exigent circumstances, may be grounds for moving the member to Inactive status until the education requirement has been satisfied.
- The Rapid Assessment Go Team members (as designated by the FEMORS Commander), of the VIC Team, Odontology Team, DPMU Team and other members may be asked to participate in additional training sessions each year due to the depth of information to be learned.
- Normally, travel expenses are provided for training sessions, but temporary employment compensation is not provided.

H) Team Uniform Criteria

FEMORS members are encouraged to adopt the official uniform selected for the area of operation to which they are assigned. Standardized uniforms provide for instant recognition of other FEMORS members during a disaster operation when large numbers of individuals from multiple agencies are present and adding to confusion. The costs for uniform purchase are the member's responsibility as FEMORS is prohibited by grant authorization guidelines from paying for uniforms. Member uniform expenses, however, may be tax deductible (see your tax advisor for details). Uniforms may be worn during travel to and from activations and at training sessions.

1. Basic Uniform
 - a. Pants – Khaki, BDU or Tactical, cargo pants type in ripstop, federal cloth, or nylon fabrics.
 - For hot weather activations, Khaki pants with zip off pant legs, made from light weight nylon or other quick-dry materials, may be more appropriate for members who must wear Tyvek type coveralls.
 - b. Long or Short Sleeve Collared Shirt – Navy or sky blue with FEMORS logo embroidered over right chest; optional name may be embroidered over left chest.
 - For hot weather activations, light or dark blue shirts, made from light weight nylon or other quick-dry materials, may be more appropriate.
2. VIC Basic Uniform – Men
 - a. Pants – Khaki dress slacks
 - b. Long Sleeve Shirt – White with FEMORS logo embroidered over right chest
 - c. Tie (optional)
 - d. Jacket – Navy Blue blazer
3. VIC Basic Uniform – Women
 - a. Pants – Khaki dress slacks
 - b. Long Sleeve Shirt – White with FEMORS logo embroidered over right chest
 - c. Scarf (optional)
 - d. Jacket – Navy Blue blazer

I) Physical/ Medical Fitness

1. Individuals must be healthy enough to function under field conditions, which may include some or all of the following:
 - a. 12-hour shifts, austere conditions (possibly no showers, housing in tents, portable toilets).
 - b. Extreme weather conditions (long exposure to heat and humidity, lack of air conditioning, extreme cold, wet environments).
 - c. Long periods of standing.
2. Individuals should not require personal medications that need refrigeration (for example, Insulin).
3. Individuals should not have any physical conditions, impairments, or restrictions that would preclude them from participating in the moving and lifting of bodies and/or equipment and supplies.
4. Individuals should realize the psychologically and emotionally challenging nature of dealing with:
 - a. deceased whole and fragmented human remains in various stages of decomposition;
 - b. sights and smells associated with death including seeing children as victims; and
 - c. grieving survivors and family members of missing victims.



5. Immunizations: Refer to immunization recommendations for emergency responders by CDC.
 - a. Td toxoid or Tdap (Tetanus Diphtheria). Receipt of primary series and booster within the past 10 years.
 - b. Completion of Hepatitis B Vaccination Series OR completion of a waiver of liability.

J) Personal Preparedness

1. Readiness

FEMORS personnel should be prepared to respond to a mission within 4 hours of activation notice and for a period of up to 14 days, or at least until initial disaster recovery efforts have ensured adequate support for its operations. For planning purposes, members should err on the side of caution and prepare for 21 days. Due to the need for rapid response to a disaster or significant event, all personnel should have a deployment pack (or "Go Kit") containing necessary personal clothing, equipment, and supplies readily available for immediate mobilization. This should include appropriate clothing for the environment, personal hygiene items, medications, and protective items such as sunscreen and insect repellent. It should be contained in 1 or 2 personal packs at most. It is advantageous to be able to split the personal gear so that a small carrying pack of personal necessities can remain with the member at all times, while the gear not needed during transport or at the areas of operation can be left at the FEMORS FM Coordination Center (FMCC) or the lodging location.

- It is recommended that for space reasons, team members pack no more than seven days of uniforms and underclothes. Laundry service or field washing may be necessary to complete the remainder of the time deployed.
- Since team members may not find adequate food, shelter, or water available initially at the site and the FEMORS FMCC may not become fully operational until well into the response, team members should bring personal food and water for the initial 24 hours. Personal food should be of a type that can be easily carried in your pack and have a resistance to spoilage.

2. "Go Kit"

The following list suggests minimum requirements to provide the self-sufficiency necessary during mission operations. This list may be modified by Team management based on deployment location and weather conditions. Team members should adjust this minimum inventory for the specific requirements of the mission.

- FEMORS ID card with Lanyard
- Driver's License, Passport
- Rolling Duffel 30"
- Large Backpack
- 3 Pair Khaki BDU Pants
- 3 FEMORS Uniform Shirts
- 6 – 10 Tee Shirts, & Under garments
- 14 Pair of Heavy Cotton Socks
- 1 Pair Black Work Boots (steel toe preferred)
- Hat
- Casual Clothing: Jeans, Polo Shirts, Shorts, Tee Shirts, Bathing Suit, Shower Sandals, Sweatshirt
- Laundry Bag
- Tennis Shoes
- \$200 Cash (minimum), few dollars of loose change
- Cell Phone & Charger
- Spare Eyeglasses
- Clock (Manual Alarm)
- Watch
- LeatherMan-Type Tool
- Small Flashlight, With Spare Batteries
- Small First Aid Kit
- Rain Gear
- 4 Weeks of Prescription Medications
- Toiletries: Toothbrush, Toothpaste, Travel Shampoo, Soap, Wash Cloth, Towel, Aspirin, Roloids, Tylenol, Etc., Razor & Shaving Cream, Stick Deodorant, Sunscreen (UV), Baby Wipes, Detergent, 2 Rolls Toilet Paper, Q-Tips, Insect Repellent (Deet), Hand Sanitizer, Foot and Baby Powder & Several large zip lock plastic bags to put all of this stuff in to keep dry
- Small One Person Tent
- Lightweight Sleeping Bag
- 2 Large Garbage Bags (liners for sleeping bag)
- Air mattress and battery pump
- Small Pillow, 2 Old Sheets, 1 Light Blanket
- Power Bars, Pop Tarts, Crackers, Coffee, Tea Bags, Dried Fruit
- Stamps & Stationary
- Small Bible
- Deck of Cards
- Paperback Books



- Small Radio or CD Player, Walkman, etc.
- Void blank check for direct deposit forms
- Patches and pins to trade
- Teddy Bear for My Roomie
- And Most Important!!!!!!!
- A Positive Can Do Attitude

3. Human Remains Recovery Assignment

In addition, if the position duties and responsibilities subject the individual to working in a hazardous area, such as the disaster destruction site, the following Personnel Protective Equipment (PPE) may be required:

- Hard hat.
- Heavy work gloves (should be leather).
- Boots (should be steel toe/shank, water resistant).
- Eye protection (should meet ANSI 287.1).

K) Activation/Deployment Phases – General Duty Assignment Checklists

“Activation” refers to the process of placing a member in active pay status, with or without travel authorization. “Activation in place” may be appropriate for some pre-event, strike team, or stand-by situations. “Deployment” refers to the process of assigning a member to a temporary duty station that normally requires travel. For the most part Activation and Deployment refer to the same situation and are often used interchangeably. DOH ESF-8 activates/deploys FEMORS by issuing a Mission Number. Decisions to deploy personnel, teams, or equipment resources to meet mission objectives are made upon coordination between ESF-8 and FEMORS Command Staff. Activation/deployment orders to members are issued only through FEMORS Command Staff. Self-deployment without authorization by Command Staff may be grounds for moving the member to Inactive status.

The FEMORS Duty Assignment Checklists represent general operating procedures for FEMORS personnel before, during, and after mission assignment. The *General* Duty Assignment Checklist contains common actions that must be accomplished at each stage of the deployment by *all* positions. The FM Group Supervisor or Team Leaders may require additional on-site actions of team members depending on the nature and magnitude of the assignment.

While the checklists are intended to be a general summary of actions, it should be understood that:

- Some required actions might not be listed but must be identified and assumed by the appropriate position.
- Some actions may be the primary responsibility of another Team position but may require assistance and coordination from other position(s).
- The actions are listed in a general chronological order, but deviation may be required to meet mission objectives.

The following are general duties, responsibilities, and expectations that pertain to all FEMORS members.

1. Non-Alert Condition
No disaster activities required.
 team members are expected to attend training sessions as they are made available.
 team members are expected to inform Command with up-to-date changes in contact information – name, home and business address, phone numbers, fax numbers, e-mail addresses, etc.
2. Advisory Condition
Members receive word of a disaster event, possibly by way of TV coverage. No response is indicated at such times. Members may or may not receive any official word from FEMORS about the disaster. Members should:
 Take no action.
 Monitor media sources for information regarding the location and weather conditions of the incident.
 Refrain from calling Command Staff.
3. Upon Alert Notification
FEMORS Command Staff may receive official notice from DOH of a possible activation to a specific disaster. Members will receive official information, normally by e-mail broadcast to all members, from Command Staff placing them on Alert, at which time a Ready List of members available for response will be created.

At the onset of a mass fatality disaster, with or without official notice from DOH, it should be anticipated that a portion, or all, of the FEMORS Team may be placed on Alert. 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.

During the Alert phase, members should:

- Receive notification of possible activation from Command Staff via a text or email message from FLHAN Everbridge System.
- Inform employer of alert status and determine if absence will be authorized. Team members are encouraged to educate their employer in advance regarding FEMORS participation responsibilities prior to joining. It is advisable to have an agreement with your employer that outlines time off (vacation or administrative leave or leave without pay) and pay issues for deployment with FEMORS.
- Reply when requested from Command Staff as to availability status check for a two-week deployment.
- Provide additional contact phone numbers for follow-up contact and fax number for receipt of orders.
- Remain available via telephone, e-mail, or fax. If members are traveling, such as when on vacation, they should remain in constant contact with their workplace office or notify Command Staff as to contact telephone, fax number, or unavailability. Command Staff are NOT responsible for tracking down members for availability. Members are responsible to keep Command Staff posted regarding their whereabouts and availability.
- Transfer information as requested. Help may be needed in transferring information to other team members. If members are directed by FEMORS Command Staff to perform information transfer, they must be sure to relate the information exactly as it was given. It is recommended that members not call Command Staff during the Alert phase unless it is deemed absolutely necessary. Keep in mind that Command Staff will be extremely busy coordinating the activity and all calls should be kept to a minimum.
- Review FOG for anticipated assignment, Code of Conduct, and Go Kit readiness.
- Make necessary personal preliminary preparation for activation. Verify and resolve work and personal schedule conflicts for a two-week period. Identify areas of personal concern that will need attention during your absence. Keep in mind that members MAY or MAY NOT be activated. Be prepared to withdraw from business and social meetings or activities if activated. Make arrangements to pay bills while activated. Brief family members regarding the possible activation.
- Review the personal equipment checklist and medications (3-week supply recommended). During the Alert status, members should check their supply and, if necessary, contact physicians to acquire additional medications. All prescription medication MUST be carried in the original container bearing the label as it came from the pharmacy. In the event members are not aware, it is illegal to carry prescription medication outside of its original container. If members are caught, members are subject to arrest and incarceration.
- Assess personal gear readiness for the specific disaster area and environmental conditions. Insert last minute items into the pack such as fresh batteries, foodstuffs, fresh water, etc.
- Withdraw enough money (\$200 minimum suggested), some in cash and some available with credit/debit card, for the deployment (reimbursement and pay are processed *after* the disaster). If members are deployed, it will be necessary for them to take along enough cash and/or a credit card for a 2-week period as ATMs may be out of service for a period of time. Members will not receive money to purchase food and other items needed during travel to and from or while at the disaster. All pay and reimbursement will come to members after return home. For security reasons, it is a good idea to take a smaller amount of cash and to carry a debit or credit card.
- Monitor mission-related information from local sources such as Internet, radio, and television.
- Remain prepared to depart on short notice.

4. Upon Activation

The FEMORS Commander will receive official word from DOH/ESF-8 that Activation (deployment) of some or all of the Team is necessary. In case of a partial Team activation, selection will be based on "disaster-specific" needs and a fair method of rotation and criteria for deployment. Selection of Team Leaders and team members for deployment will be based on skill, experience, and specific qualities that will enhance the response effort. Command Staff will contact each team member to coordinate travel and lodging. FEMORS team members shall NOT respond to any disaster site under the pretense of FEMORS unless specifically requested by FEMORS Command Staff. During the Activation phase, members should:

- Receive notification of selection and assignment from Command Staff.
- Establish communications with the appropriate Team Leader if directed to do so.
- Participate in Team briefings and/or conference calls as requested.
- It is important to emphasize that members should not travel until members receive authorization and travel orders from Command Staff. However, this may be done by telephone notice so document that date, time, and person issuing the deployment order. Members will be given as much lead time as possible; however, members should



be prepared to leave home on very short notice. This warrants members having a good pre-plan for the issues previously discussed in the Alert phase.

- [] Report to the assigned Point of Departure, if applicable, at the designated time. Members should keep all receipts from the time they leave home. Command Staff will advise members later what a reimbursable expense is.
- [] Take the deployment pack. Make sure it is adequately stocked with items appropriate for the type of disaster and future weather conditions.
- [] Wear the designated FEMORS uniform during travel, if available.
- [] Review the FEMORS FOG for information pertinent to the assigned Job Title, Duty Assignment Checklist, operational procedures, and safety procedures.
 - The latest edition of the FOG always remains available for download to smart phone, iPad, or laptop from <https://femors.org/downloads/>. Remember it is over 500 pages in 8.5" x 11" PDF format so download is not quick. Physical printing is NOT advised. Typically, hard copies are present at each workstation for reference.
- [] Take advantage of available travel time for rest prior to arrival.
- [] Carry out assignments as directed.

5. On-Site Operations

Upon arrival at the disaster area, immediately report to the designated check-in center or to the FM Group Supervisor for your assignment.

- The FM Group Supervisor can be located via the FM Coordination Center (FMCC) or Mortuary Operations Center (MOC).
- VIC Team members may be directed to report to a different location if the VIC has already been set-up.

When reporting for duty, members will need to complete necessary forms as a temporary state employee.

When on site members should:

- [] Discard his/her EGO at the door and perform duties as a Team player. Every FEMORS member was selected because of a specific expertise. In a FEMORS operation, many areas of expertise are integrated into one "team" approach to the operation. A major ingredient in the success of a FEMORS mission is that each member performs his or her duties with a "team player attitude."
- [] Expect to work 12-hour operational periods.
- [] Report to the designated staging area as directed.
- [] Complete check-in procedures to include identification card issuance and medical screening, if applicable.
- [] Participate in the Team briefings and meetings as appropriate. Members should become familiar and comply with the chain of command and policies that are adopted for the "disaster-specific" operation. Each disaster will require some modification of the FEMORS standard operating guidelines. Members will receive more specific information at on-site briefings.
- [] Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.
- [] Remain professional – be aware of your surroundings when not on duty.
 - Remember FEMORS operational activities deal with sensitive issues. While on deployment members should remember the "world" is watching and listening. Members are expected to be professional with respect to behavior and conversation when out and about the area. Do not make the mistake of making off-the-wall comments or discussions that can be overheard.
 - Media sources have been known to plant reporters for the purpose of gathering information by eavesdropping on your group discussion. Always be conscious of the fact that even if it is not a reporter near you, it COULD be a friend or family member of a disaster victim and your comments and behavior will reflect on the credibility of FEMORS operations.
 - Any member may request permission from the FM Group Supervisor to post general, non-victim photographs to social media. Posting of *unauthorized* items to social media may be grounds for discipline.
- [] Comply with the Disaster Team Code of Conduct (page 176). Compliance with the Code of Conduct is mandatory and shall be followed by all members.
- [] Maintain telephone contact with family members to reduce anxiety and stress on them.
- [] Receive any appropriate issue of gear (e.g., radio, cell phone, etc.) pertinent to the position.
- [] Ensure use of all safety practices and procedures.
- [] Ensure proper equipment needs are met and equipment is operational prior to each operational period.
- [] Report any signs/symptoms of Extended Incident Stress Syndrome (EISS), injury, fatigue, or illness to the immediate supervisor.
- [] Brief replacements fully on all ongoing operations when relieved at the end of operational periods or rotation out of the mission.
- [] Provide supervisor with regular status reports as directed.



- Prepare and maintain records and reports, including duty station logs, as appropriate.
- Carry out assignments as directed.

6. Deactivation

Members may be released from the mission by either rotating out after a period of duty or upon completion of the FEMORS mission. In either case, members should:

- Participate in the Team briefings and meetings as requested.
- Prepare personal belongings for demobilization.
- Return all assigned equipment to appropriate location (Equipment Assignment form page 331).
- Attend incident stress debriefings, if available. Past experiences with disaster workers have proven the value of participation.
- Follow through with any Administration details (e.g., After Action Reports) with your Team Leader or Command Staff. Likely, there will be finalizing details that need attention. Completion of these details in a timely fashion will lessen the workload for all concerned. Participate in Team After Action Review activities, if applicable.
- Share your experience with your spouse or close friend but be cautious when children are present.
- Submit comments to Team Leader for discussion and possible inclusion in the After Action Report. Comments submitted should include a review of pertinent Job Titles, Duty Assignment Checklists, and procedures for recommended changes. They should also include, but not be limited to, noting Team accomplishments and issues.

L) Health Issues

FEMORS members are responsible for their medical and physical fitness. Team members should consider all medical conditions that might be aggravated by disaster response. If members are taking prescription medication, they will be responsible for having an adequate supply for the duration of the deployment. DOH/ESF-8 may deploy a medical component as part of the disaster response. Members should contact the medical unit if they need any medical assistance during the deployment.

1. Immunization

FEMORS members should already have obtained immunization shots for:

- a. Hepatitis B (3 shots over 6 months),
- b. Hepatitis A (2 shots over 6 months) is also recommended,
- c. Tetanus.

2. Sickness/Injury While on Activation

If a team member becomes ill or injured while on activation, the Team Leader should seek medical assistance immediately. In cases of injury, after medical attention is acquired, the Team Leader shall write a full report of the circumstances surrounding the event using the appropriate forms to report Workers' Compensation claims.

M) Vehicle Accidents

1. In case of an accident involving a personal, state-owned or rental vehicle, a state temporary employee is required to report the incident and complete necessary forms as required by DOH/ESF-8.
2. Notify Command Staff immediately.
3. Contact local police. File an official police report and retain a copy and the number before leaving the scene.
4. Obtain the other driver's license information (insurance, driver's license number, etc.) Provide the other driver with driver's license and rental vehicle information only.
5. For rental vehicles, call the rental company office and speak to the manager. Determine what paperwork needs to be completed.
6. Submit the following to the Command Staff:
 - Detailed accident statement.
 - Police report.
 - Proof of ownership (registration for personal vehicles).
 - Other driver's information.
 - Copy of driver's license.
 - Bills for any medical care received.
 - Any information that would be helpful in processing or explaining the claim. Pictures are beneficial.
7. It is important to remember that when using personally owned vehicles, each member's personal auto insurance is the primary insurance coverage. Workers' Compensation coverage applies only to wage issues and does not address personal property damage.



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III FEMORS' Role in Florida Comprehensive Emergency Management Plan

A) FEMORS' Role in Emergency Management

FEMORS is a volunteer organization of qualified people in the disaster/mortuary community who have a desire to serve the Medical Examiner and the community in the event of a disaster involving multiple fatalities. As a State asset to assist local needs, FEMORS' goal is to develop and implement protocols to respond to a mass fatality incident within the state using trained personnel from multiple state and local agencies.

FEMORS was created on July 1, 2002, under a federal Bioterrorism Preparedness grant from the Centers for Disease Control and Prevention. Grant funding was provided through the Department of Health under a contractual arrangement with the University of Florida's William R. Maples Center for Forensic Medicine. The Department of Health has provided additional funding through National Hospital Preparedness Program (HPP under ASPR) and the Public Health Emergency Preparedness (PHEP under CDC) Cooperative Agreement.

DOH modified its contract with UF to transfer human resource processing duties from DOH to UF. Since that time, activation of FEMORS members means they become temporary, part-time, employees of the University of Florida (and not FDOH) for the purposes of compensation, Workers Compensation and liability coverage.

Rapid and accurate identification of victims of a mass fatality incident is of critical importance to any disaster mitigation operation. Families of victims need assurance of professional treatment of loved ones' remains and expeditious identification of missing family members. The finality of identification brings some measure of finality for those whose lives were impacted by the suddenness and unexpected timing of the disaster. Finally, issues of probate cannot be resolved absent the issuance of a death certificate.

FEMORS team duties may include:

- initial scene response and evaluation,
- processing the scene for recovery of human remains,
- assisting the Medical Examiner with temporary morgue operations and administration,
- staffing of various forensic teams within the morgue (i.e., pathology, personal effects, evidence collection, radiology, fingerprint, odontology, anthropology, DNA collection, embalming),
- staffing of the VIC to meet with families of the missing to gather ante mortem records,
- victim identification,
- records management, and
- disposition of human remains (embalming/casketing or release to funeral home).

FEMORS is modeled on the Federal DMORT mass fatalities response system under the National Disaster Medical System. Several FEMORS members possess DMORT deployment experience and remain active members of DMORT. When a local disaster happens that does not generate a Federal Declaration (for example, the 2002 Georgia crematorium incident or the Rhode Island night club fire) local or state assets must be used before requesting the assistance of Federal assets. Thus, FEMORS is designed to be the first line of response to a state-level disaster until local arrangements can be made to resume near-normal operations.

FEMORS' team roster consists of less than 200 members while DMORT's total roster is approximately 1,000 members. With two-week rotations being the anticipated normal period of member activation, FEMORS can reasonably expect to manage an event for approximately one month. If the period of activation is anticipated to require multiple months of support, DMORT activation may be appropriate and requested. Transition from a FEMORS- to a DMORT-managed response will involve a transition period facilitated by the fact that the DMORT model was used as the basis of operations from the start.

B) Florida CEMP ESF-8 (Health and Medical) Function

The State of Florida's Comprehensive Emergency Management Plan (CEMP) designates the Department of Health as the lead state agency for Emergency Support Function 8 (ESF-8, Health and Medical Services) response to a natural or man-made disaster. The DOH coordinates the State's health, medical and limited social service assets in the event of a major natural (or man-made) disaster under the Incident Management System or ICS (more fully explained in Section IV- Disaster Direction and Control).



To accomplish this goal, ESF-8 oversees the emergency management functions of preparedness, response, recovery, and mitigation with all agencies and organizations that carry out health or medical services. All aspects of emergency management are directed by the Department's Emergency Coordinating Officer (ECO), located in the Office of the Secretary of Health. FEMORS reports to DOH through the Bureau of Preparedness and Response. Resources from DOH, other state entities, and voluntary organizations are obtained when local, county, and regional agencies are overwhelmed and additional assistance is requested or deemed needed by the Division of Emergency Management (DEM), within the Department of Community Affairs.

C) Florida CEMP ESF-16 (Law Enforcement) Function

The State of Florida's Comprehensive Emergency Management Plan (CEMP) designates the Florida Department of Law Enforcement (FDLE) as the lead state agency for Emergency Support Function 16 (ESF-16, Law Enforcement) response to a natural or man-made disaster. FDLE coordinates the State's law enforcement service assets in the event of a major natural (or man-made) disaster under the Incident Management System or ICS (more fully explained in Section IV- Disaster Direction and Control).

To accomplish this goal, ESF-16 oversees the emergency management functions of preparedness, response, recovery, and mitigation with all agencies and organizations that carry out law-enforcement-related services including forensic death investigation, i.e., Medical Examiners report through ESF-16. However, because fatality management is considered a health and medical function, ESF-16 often transfers requests for assistance to ESF-8 to manage issues associated with Medical Examiner responsibilities.

D) ESF-16 and ESF-8 Response

When a disaster resulting in multiple fatalities occurs, the local Medical Examiner having jurisdiction in the location has the legal obligation and responsibility to determine cause and manner of death and to issue death certificates. The investigation and identification process in a mass fatality situation is a multidisciplinary endeavor requiring multiple forensic and medical specialists to come together rapidly, often under adverse conditions. If the number of fatalities exceeds the capability of the Medical Examiner's local resources, he or she may obtain assistance from others.

1. County Level
For a local disaster without a State Declaration of Emergency, the Medical Examiner contacts the County EOC's ESF-16 representative who, in turn, requests ESF-8 assistance from the local or state DOH. ESF-8 arranges for or provides the requested resources, but the County may have to reimburse the state for costs incurred.
2. State Level
For a local disaster with a Governor's Executive Order or State Declaration of Emergency, the Medical Examiner contacts the County EOC's ESF-16 representative who, in turn, requests ESF-8 assistance from DOH. ESF-8 arranges for or provides the requested resources, and the State pays most of the costs while the County pays the balance of the support costs incurred.
3. Federal Level
For a local disaster with a Federal Declaration of Emergency, the Medical Examiner contacts the County EOC's ESF-16 representative who, in turn, requests ESF-8 assistance from DOH. DOH, in turn, provides the assistance or, if State resources are exceeded, requests ESF-8 assistance from Federal agencies as needed in line with the National Response Framework (NRF). The Federal ESF-8 lead agency (Department of Health and Human Services) assists with arranging for the requested resources; the State pays the costs initially and seeks Federal reimbursement after close of the incident.



IV Disaster Direction and Control

A) NIMS and ICS Overview

On February 28, 2003, President Bush issued Homeland Security Presidential Directive 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). This system provides a consistent nationwide template for Federal, State, tribal, local governments, and private organizations to work together effectively and efficiently to prepare for, respond to, and recover from domestic incidents, regardless of cause, size, or complexity, including acts of catastrophic terrorism. 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 as of FY 2005.

Further enhancements were spelled out in Presidential Policy Directive / PPD-8: National Preparedness of March 2011 by President Obama. (*This directive replaced Homeland Security Presidential Directive (HSPD)-8 (National Preparedness), issued December 17, 2003, and HSPD-8 Annex I (National Planning), issued December 4, 2007.*) PPD-8 called for development of the National Preparedness Goal and certain deliverables to be achieved. The National Preparedness Goal identifies response mission capabilities, among which is that of **Fatality Management Services**. It has as its Core Capability Preliminary Target to establish and maintain operations to recover a significant number of fatalities over a geographically dispersed area.

Fatality Management Services is defined as the capability to:

Provide fatality management services, including decedent remains recovery and victim identification, working with local, state, tribal, territorial, insular area, and Federal authorities to provide mortuary processes, temporary storage or permanent internment solutions, sharing information with mass care services for the purpose of reunifying family members and caregivers with missing persons/remains, and providing counseling to the bereaved.

B) Terminology (in descending command order)

Command Staff: In an incident management organization, the Command Staff consists of the Incident Commander and the special staff positions of Information Officer, Safety Officer, Intelligence Officer (if established), and Liaison Officer who report directly to the Incident Commander. They may have an assistant or assistants, as needed.

General Staff: The group of incident management personnel reporting to the Incident Commander. The General Staff normally consists of Operations Section Chief, Planning Section Chief, Logistics Section Chief, and Finance/Administration Section Chief.

Section: That organizational level with responsibility for a major functional area of the incident, e.g., Operations, Planning, Logistics, Finance/Administration, and Intelligence (if established). The section is organizationally between branch and Incident Commander.

Branch: The organizational level having functional or geographic responsibility for major parts of incident operations. A branch is organizationally between section and division/group in the Operations Section, and between section and units in the Logistics Section. Branches are identified by functional area.

Division: The partition of an incident into geographical areas of operation. Divisions are established when the number of resources exceeds the span-of-control of the operations chief. A division is located within the ICS organization between the branch and the group or task force/strike team.

Group (Team): Established to divide the incident into functional areas of operation. Groups are composed of resources assembled to perform a special function not necessarily within a single geographic division. Groups, when activated, are located between branches and resources in the operations section.

Unit: The organizational element having functional responsibility for a specific incident planning, logistics, or finance/administration activity.



Resources: Personnel and major items of equipment, supplies, and facilities available or potentially available for assignment to incident or event tasks, and for which status is maintained. Resources are described by kind and type, and may be used in tactical support or supervisory capacities at an incident or at EOCs.

Other Terms:

Operational Period: The period of time scheduled for execution of a given set of operation actions as specified in the Incident or EOC Action Plan. Operational Periods can be of various lengths, although usually not over 24 hours.

Incident Action Plan (IAP): An oral or written plan containing general objectives reflecting the overall strategy for managing an incident. It may include the identification of tactical resources and assignments. The Incident Action Plan may include attachments that provide direction and important information for management of the incident during one or more operational periods.

ICS Forms: Forms used to assemble the IAP are promulgated by FEMA. The most current version of standardized ICS forms can be found at:

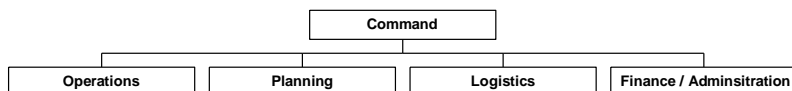
- FEMA - <https://training.fema.gov/emiweb/is/icsresource/icsforms/> (fillable PDF versions)
- Food and Drug Administration - <https://www.fda.gov/emergency-preparedness-and-response/national-incident-management-system-implementation/fda-incident-command-system-ics-forms> (both MS Word and PDF versions)

Branch Tactical Planning: An adaptation of daily reporting in which detailed action plans are developed within the Operations Section at the Branch level with the Planning Section providing support and coordination.

Situation Report (SitRep): A short (usually one page) report on the activities of a functional unit that often contributes to Branch Tactical Planning and to the IAP.

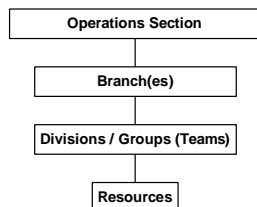
C) Organizational Elements

In ICS, positions and responsibilities not assigned to an individual remain the responsibility of the next higher position in the chain of command. The ICS organization has five major functions, as depicted below. These are command, operations, planning, logistics, and finance and administration.



1. Operations Section.

Operations at the incident include all activities focused on reduction of the immediate hazard, establishing situation control, and restoration of normal operations. The illustration at right depicts the primary organizational structure template for an Operations Section. ICS offers flexibility in determining the right approach based on specific circumstances of the incident at hand.



- a. Operations Section Chief and Deputies. The Operations Section Chief (OSC) is responsible for the direct management of all incident-related tactical/operational activities. The OSC will establish tactical objectives for each operational period, with all other section chiefs and unit leaders establishing their own supporting objectives. The OSC may have one or more deputies assigned, with the assignment of deputies from other agencies encouraged in the case of multi-jurisdictional incidents. An OSC should be designated for each operational period and should have direct involvement in the preparation of the Incident Action Plan (IAP) for the period of responsibility.
- b. Branches. Branches may be used to serve several purposes, and may be functional or geographic in nature. In general, branches are established when the number of divisions or groups exceeds the recommended supervisor/subordinate span of control of 1:3 to 1:7 for the OSC; a ratio of 1 supervisor for 5 subordinates is normally recommended (1:8 to 1:10 in the case of many larger-scale law enforcement operations).

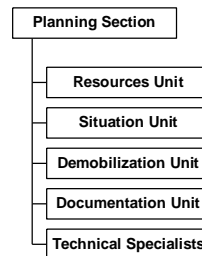


- c. Divisions and Groups. Divisions and Groups (Teams) are established when the number of resources exceeds the span of control of the Incident Commander/Operations Section Chief. Divisions are established to divide an incident into physical or geographical areas of operation. Groups (Teams) are established to divide the incident into functional areas of operation. For certain types of incidents, for example, the IC may establish intelligence functions as a functional group in the operations section. There may be additional levels of supervision below the Division or Group level.
- d. Units. Units may be a specific incident planning, logistics, or finance/administration activity.
- e. Resources. Resources refer to the combination of personnel and equipment required to enable incident management operations. Resources may be organized and managed in three different ways, depending upon the requirements of the incident.
 - i. Single Resources. These may be individual personnel or individual equipment items and the operators associated with them. Single resources represent primary tactical units.
 - ii. Task Forces. A Task Force is any combination of resources assembled in support of a specific mission or tactical need. All resource elements within a task force must have common communications and a designated leader.
 - iii. Strike Teams. Strike Teams are a set number of resources of the same kind and type that have an established minimum number of personnel.

The use of Strike Teams and Task Forces is encouraged, wherever possible, to optimize the use of resources, reduce the span of control over a large number of single resources, and reduce the complexity of incident management coordination and communications.

2. Planning Section

The Planning Section is responsible for collecting, evaluating, and disseminating tactical information pertaining to the incident. This section maintains information and intelligence on the current and forecasted situation, as well as the status of resources assigned to the incident. The planning section prepares and documents IAPs and incident maps and gathers and disseminates non-sensitive intelligence information that is critical to the incident. As shown at right, the planning section has four primary units and may include a number of technical specialists to assist in evaluating the situation and forecasting requirements for additional personnel and equipment.



The Planning Section Chief oversees all incident-related data gathering and analysis regarding incident operations and assigned resources, develops alternatives for tactical operations, conducts planning meetings, and prepares the Incident Action Plan for each operational period. Depending on the scope of the incident, the Chief may handle the Unit responsibilities or designate Unit Leaders to assist.

In large scale, complex incidents it is probable that Fatality Management will need to adapt to **Branch Tactical Planning** with the Incident Command structure. Branch Tactical Planning means that detailed action plans are developed within the Operations Section at the Branch level with the Planning Section providing support and coordination. This can occur when:

- a. Major or complex incident exist,
- b. Widely varied objectives exist, or
- c. Plan preparation and distribution cannot be done within available time.

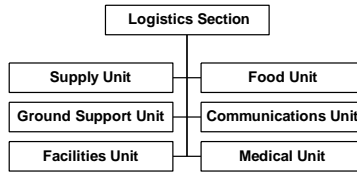
Branch tactical reporting involves:

- a. General incident objectives,
- b. Specific strategy for the branch for the next operational period,
- c. Branch resource summary for the next operational period, and
- d. Weather and safety information as appropriate.

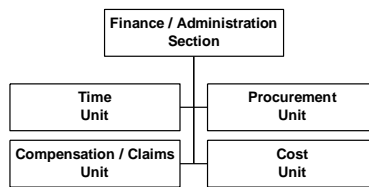
Situation Reports (SitReps) are developed at the Group Level for each Operational Period and serve as input to Branch Tactical Planning and to the Incident Action Plan as requested by Incident Command.



- Logistics Section**
The Logistics Section meets all support needs for the incident (except aircraft), including ordering resources through appropriate procurement authorities. It also provides facilities, transportation, supplies, equipment maintenance and fueling, food service, communications, and medical services for incident personnel. Depending on the scope of the incident, the Chief may handle the Unit responsibilities or designate Unit Leaders to assist.



- Finance/Administration Section**
When there is a specific need for financial, reimbursement (individual and agency/department), and Administration services for an incident, a Finance and Administration Section is established. Under the ICS, not all agencies will require such assistance. In large, complex scenarios involving significant funding originating from multiple sources, the Finance and Administration Section is an essential part of the ICS.



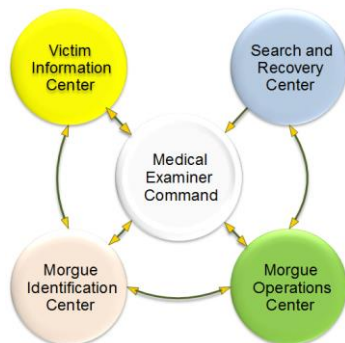
The Procurement Unit administers all financial matters pertaining to vendor contracts. This unit coordinates with local jurisdictions to identify sources for equipment; prepares and signs equipment rental agreements; and processes all Administration requirements associated with equipment rental and supply contracts. Note that in some agencies the Logistics Section's Supply Unit will be responsible for certain procurement activities. The procurement unit will also work closely with local cost authorities.

- ICS Position Titles**
For reference, the table at right describes the distinctive title assigned to each element of the ICS organization at each level, as well as the leadership title corresponding to each individual element. For the benefit of all responders, standardization of terminology aids in ready recognition of roles and responsibilities. The hierarchy term of supervisor is only used in the Operations Section.

ICS Position Titles	
<u>Organizational Element</u>	<u>Leadership Position</u>
Incident Command	Incident Commander
Command Staff	Officer
Section	Section Chief
Branch	Branch Director
Divisions/Groups (Teams)	Supervisor/Leader
Unit	Unit Leader

- Chain of Command and Unity of Command.** *Chain of command* refers to the orderly line of authority within the ranks of the organization. *Unity of command* means that every individual has a designated supervisor to whom they report at the scene of the incident. These principles clarify reporting relationships and eliminate the confusion caused by multiple, conflicting directives. Incident managers at all levels must be able to control the position and function of all personnel under their supervision.

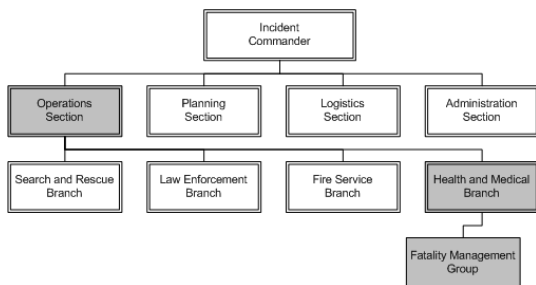
D) Functional Services Relationship Overview





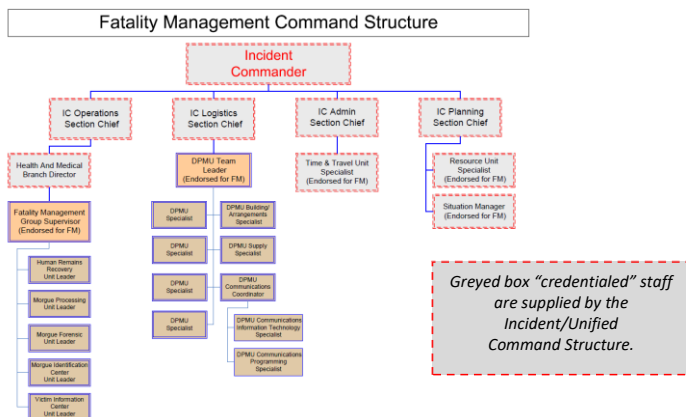
E) FEMORS Disaster Activation Command Structure

Overall direction and control of a disaster are managed by the ICS Commander. Elements related to the management of fatalities are coordinated by the Medical Examiner and DOH/ESF-8 who determine the level of assistance needed from FEMORS. Florida’s CEMP calls for the implementation of an Incident Command System to manage a disaster event. The role of an activated FEMORS team would fall under the ICS Operations Section’s Health and Medical Branch as the *Fatality Management Group*.



In a single jurisdiction incident, the Medical Examiner could serve as the Fatality Management Group Supervisor either directly or by delegation to another person such as a FEMORS member. In a multi-jurisdictional incident requiring the coordination of more than one Medical Examiner District, Incident Command may designate the FM Group Supervisor to coordinate these efforts to maximize allocation of resources.

FEMORS’ support to the Medical Examiner, in turn, follows ICS modeling by aligning the reporting responsibilities of its various operational functions as Units under the FM Group Supervisor and its DPMU Team under the Logistics Chief. Together with the Incident Command structure, the FM Group Supervisor also coordinates the assignment of Fatality Management oriented individuals to fill various support roles in the Planning and Administration Sections.



F) FM Group Supervisor (assumes the Medical Examiner so designates a deputy or other person)

FEMORS serves the needs of the Medical Examiner. Therefore, the FM Group Supervisor answers directly to the Medical Examiner. The FM Group Supervisor is responsible for all Team activity during the deployment period and will interface with local and State agencies and volunteer organizations as deemed necessary and appropriate by the Medical Examiner, ICS Commander, and the DOH/ESF-8 desk to assign and manage staff to positions.

G) Functional Services and Responsibilities Design

Upon activation, FEMORS is designed to provide a wide range of services to assist with processing victim remains.

- FATALITY MANAGEMENT ASSESSMENT TEAM** (also known as the Go Team) with these responsibilities:



- a. Respond to disaster site within four hours,
 - b. Establish liaison with Medical Examiner, and
 - c. Provide a Situation Report (SitRep) to FEMORS Director and DOH/ESF-8 through the designated chain of command.
2. **MEDICAL EXAMINER COMMAND COORDINATION** with these responsibilities (supported by Incident Command assignment of FM endorsed individuals):
- a. FM Coordination Center (FMCC) management,
 - i. Responder Check-in and Demobilization
 - ii. Time and Travel coordination of FEMORS responders
 - iii. Production of Situation Reports (SitRep)
 - iv. Scheduling of rotating staff.
 - b. Logistics coordination for management of equipment resources including establishment of the Information Resources Center (IRC);
 - i. IRC and records management functions may be located or moved as the event unfolds and as Medical Examiner resources dictate; and
 - ii. Initial set-up may be at the morgue or Victim Information Center (VIC) during early stages and moved to the Morgue Identification Center (MIC) during later stages as various elements demobilize.
3. **OPERATIONAL** Units:
- a. **HUMAN REMAINS RECOVERY UNIT** with these responsibilities:
 - i. Human Remains Staging Center establishment and management,
 - ii. Recovery and tracking of human remains,
 - iii. Anthropological assessment of human vs. non-human remains, and
 - iv. Human remains transport staging.
 - b. **MORGUE FORENSIC UNIT** with these responsibilities:
 - i. Pathology,
 - ii. Anthropology,
 - iii. Fingerprint,
 - iv. Radiology,
 - v. Odontology, and
 - vi. DNA.
 - c. **MORGUE ADMITTING/PROCESSING UNIT** with these responsibilities:
 - i. Admitting/Morgue Escort,
 - ii. Photography,
 - iii. Personal Effects,
 - iv. Embalming /Casketing, and
 - v. Remains Storage.
 - d. **VICTIM INFORMATION CENTER UNIT** with these responsibilities:
 - i. Victim Information Center (VIC) management,
 - ii. Interview of families and friends of victims reported missing (RM),
 - iii. Data gathering (VIP antemortem RM interview forms),
 - iv. DNA familial sample and victim reference specimen collection, and
 - v. Family Affairs (Remains Release).
 - e. **MORGUE IDENTIFICATION CENTER UNIT** with these responsibilities:
 - i. Morgue Identification Center (MIC) management,
 - ii. Data Entry (VIP postmortem, if applicable),
 - iii. Medical Records acquisition,
 - iv. Fingerprint ante and postmortem comparison,
 - v. Dental ante and postmortem comparison,
 - vi. Victim identification, and
 - vii. Records Management.



V Operational Overview - Space Requirements and Wrap-Around Services Needed

Temporary facilities must meet certain requirements for size, layout, support infrastructure and contracted services. Local EOC may require logistics liaison for site selection and wrap-around services providers.

- Airplane hangars and abandoned warehouses have served well as incident morgues.
- School gymnasiums, public auditorium, or similar facilities used by the general public will NOT be used.
- Facility should not have adjacent occupied office or workspace.

A) Structure for Incident Morgue Site (Human Remains Processing and Equipment Container Storage)

1. General Properties
 - a. Hard, weather-tight roofed structure preferred
 - b. Loading dock for equipment trailers
 1. Body trailers may require adequate ramps
 - c. Separate accessible office space for Morgue Identification Center and database servers
 - d. Separate space for administrative needs/personnel
 - e. Non-porous floors, preferably concrete
 - f. Floors capable of being decontaminated (hardwood and tile floors are porous and not usable)
 - g. Exact placement of the morgue stations within the facility is determined by:
 1. Electrical source location
 2. Water source location
 3. Morgue accessibility by personnel
 4. Placement of refrigerated trailers
 5. The morgue flow plan
 6. Security concerns
2. Floor Space
 - a. Morgue minimal size of 10,000 - 12,000 square feet
 - b. DPMU re-supply containers and staging area, minimum of 5,000 square feet
 - c. More square footage may be necessary for casket storage or other mission-specific needs
3. Site Accessibility and Security
 - a. Convenient to both incident scene and Medical Examiner office
 - b. Completely securable (away from families and media)
 - c. Easy access for staff and recovery vehicles & equipment deliveries
 - d. Tractor trailer accessible ingress and egress
 - e. 10-foot by 10-foot door (loading dock access is preferable or ground level with constructed temporary ramps)
 - f. Rental contract for two (2) forklifts on-site, minimum 3,000 lb. cap, used to move heavy equipment within the morgue during set-up and knock-down
 1. One (1) with 6' forks
 2. One (1) with standard forks

4. Human Remains Refrigerated Storage

- a. Refrigerated trailers (53 ft.) or alternative refrigerated space for human remains.
 1. Separate refrigerated trailers will be designated for processed vs. unprocessed human remains
 2. Number of decedents dictates the number of refrigerated trailers needed typically:
 - a. 21 on floor per trailer
 - i. No stacking
 - b. 42 if shelves are 3 rows-high
 - c. cannot be greater than chest high
- b. Parking lot space for placement of refrigerated trailers with morgue personnel access to storage of human remains
- c. Contracted Commercial Driver's License (CDL) driver for 53' Morgue Trailer tow vehicle
- d. Drivers with CDL for moving trailers as needed
- e. Service contract for trailer fuel and refrigeration maintenance

5. Electrical Services

- a. Electrical equipment utilizes standard household current (110-120 volts)
- b. DPMU cache contains:
 1. One trailered diesel generator (16K) towable
 2. Two trailered diesel generators (20K)
 3. Two portable diesel generators (5.5K)
 4. Two 1K Honda generators in field recovery vehicle
 5. Cache contains two (4) Power Distribution Panels: Electrical MGW501 Series 3 with: 1 (MI/CS6375-S-L) 50 Amp 120/240V Locking (Power Inlet); and outlets: 1- (MO/520-DDG-B) 20 Amp 120V St. Blade (Double Duplex-GFCI); 4- (MO/520-SG-B) 20 Amp 120V
- c. Power to be obtained from accessible on-site distribution panel (200-amp service)
- d. Electrical connections to distribution panels to be made by local licensed electricians
- e. DPMU may need 125K generator and a separate 70K generator for Administrative and Morgue Identification Center (MIC) office areas
- f. 30 amp/220 v RV type electrical service for Command Trailer (houses computer network database servers and radio systems)



6. **Fuel Services Contracts**

- a. Diesel for generators and refrigerated trucks
- b. Gasoline for
 1. Gator all-terrain vehicles
 2. Field recovery unit 1K Honda generators
- c. Propane for
 1. Command Trailer replenishment (if 30 amp/220 v RV type electrical service is not available)
 2. Forklifts

7. **Water Supply**

- a. Single source of cold water with standard hose bib connection
- b. Water hoses, hot water heaters, sinks, and connectors are contained in the DPMU

8. **Sanitation/Drainage**

- a. Pre-existing rest rooms within the facility are preferable
- b. Handicap equipped portable toilets may be required if existing rest rooms are not available
- c. Gray water will be disposed of utilizing existing sanitary sewer drainage
 1. If none, separate wastewater disposal contract is needed

9. **Waste Service Contracts**

- a. To be procured from local vendors
- b. Regular, non-hazardous solid waste (dumpster service)
- c. Biomedical waste, both liquid and dry, produced as a result of morgue operations, will be disposed of according to local/state requirements or contractors

10. **Communications Services**

- a. Telephone lines for telephone/fax capabilities
 1. Expansion may occur as the mission dictates
 2. If additional telephone lines are needed, only authorized personnel will complete any expansion and/or connections
- b. Broadband Internet connectivity

B) **DPMU coordination offices** 200 sq. ft.
(Adjacent to the DPMU)

1. Supply ordering and receiving
2. Inventory maintenance

C) **Sheltering accommodations for responders**

D) **Morgue Identification Center (MIC) Site** 1,000 sq. ft.
(Preferably near the DPMU)

1. Primary records management repository,
2. Medical investigation and verification,
3. Dental, fingerprint, pathology, anthropology comparison

E) **Victim Information Center (VIC) Site** ,5,000 sq. ft.
(Preferably at a hotel or convention center type setting for interviewing families reporting missing persons; often exists as a part of a larger Family Assistance Center away from morgue operations.)

1. 200 sq. ft. Admin/Command
2. 300 sq. ft. VIC Records Management/Computer Server
3. 400 sq. ft. Data Entry/Auditing
4. 100 sq. ft. Dental & Medical Records Acquisition
5. 1,000 sq. ft. Call Center (@ 100 sq. ft. per call taker, depends on number of call takers)
6. 1,000 sq. ft. Interview Rooms for private family meetings
7. 2,000 sq. ft. Briefing Room for group family meetings

CAVEAT: Response is *Never the Same*

- Always mission- and building-specific
- Morgue layout can be round, rectangle, square, L-shaped etc.
- Must use what is available



VI Operational Overview - Pre-Processing Operations

The operational overviews provide a sequential listing of practical issues, considerations, and assignment duties required for various aspects of a mission. The more prepared team members are to understand how tasks interrelate, the better equipped they will be to contribute to the FEMORS team mission of helping the Medical Examiner.

- The overviews (in outline format) assume that the Medical Examiner desires to take advantage of FEMORS' full capabilities. Realistically, however, larger Medical Examiner offices may request only limited assistance in specific areas to support their normal operations. The Medical Examiner's preferences will dictate the level of response provided and the Teams to be activated.
- FEMORS operations consist of various activities carried out at a number of facilities or locations within the facility. The following overview lists the various activities and the locations where they may take place during activation.

A) Activation/Deployment Events

1. Rapid Assessment Go Team (Fatality Management Assessment Team as designated by the FEMORS Commander) is deployed upon activation by DOH, Emergency Operations Center (EOC) ESF-8 desk (i.e., issuance of a Mission Number) to:
 - a. Contact the Medical Examiner(s) to offer assessment assistance,
 - b. Identify level of immediate response (personnel and/or equipment) needed,
 - c. Identify physical sites for FM Coordination Center (FMCC), responder and equipment staging, and responder lodging, and
 - d. Identify physical sites for temporary morgue (if applicable) and VIC.
2. Recommended Staffing (generic job titles)
 - a. 1 FM experienced state or federal team leader
 - b. 1 FM experienced logistics specialist
 - c. 1 FM experienced victim information (missing person) specialist
 - d. 1 FM experienced forensic specialist
3. FEMORS Management Team's response to incident includes:
 - a. FEMORS Director maintains contact with DOH at the State EOC (Tallahassee) and FEMORS Command Staff.
 - i. This may be done in a location not affected by compromised infrastructure at or near the incident site.
 - ii. Contact may be maintained by a radio system as a backup to landline and cellular telephone service if those are out of service.
 - b. FEMORS Commander joins Go Team for assessment.
 - c. The DPMU Unit Leader initiates preparations to transport DPMU from the warehouse in Orlando.
 - d. FEMORS Administrative Officer (Finance Chief) activates an alert system to identify members capable of responding (Alert Status-Ready List) during Go-Team assessment.
 - i. Team activation activities may be transferred to an interim base of operations while Command Staff are traveling to the site.
 - ii. Team activation activities will transfer to the FMCC once it is set up.
4. GO Team advises DOH/ESF-8 desk of:
 - a. Assessment results for Medical Examiner needs,
 - b. Personnel deployed and scheduled to respond,
 - c. Responder sheltering needs,
 - d. Equipment transportation needs (trucking contracts), and
 - e. Other special needs as identified in assessment.

B) FEMORS FM Coordination Center Events

At the request of the Medical Examiner, FEMORS establishes the FM Coordination Center (FMCC) for control of arriving FEMORS members and coordination with DOH/ESF-8. It may be co-located with other responding agencies.

1. The Rapid Assessment Go Team Leader remains in command until the FM Group Supervisor is designated by the Medical Examiner.
2. Recommended Staffing
 - a. FM Group Supervisor (typically assigned by Incident Command as FM endorsed)
 - Reports to the Health and Medical Branch Director under the IC Operations Section Chief
 - b. Time and Travel Unit Specialist (typically assigned by Incident Command as FM endorsed)



- Reports to the IC Administration Finance Section Chief
 - c. Resource Unit Specialist (typically assigned by Incident Command as FM endorsed)
 - Reports to the IC Planning Section Chief
 - d. Situation Manager (typically assigned by Incident Command as FM endorsed)
 - Reports to the IC Planning Section Chief
 - e. Safety Officer Assistant (typically assigned by Incident Command as FM endorsed)
 - Reports to the IC Safety Officer
 - f. Information Officer Assistant (if applicable, typically assigned by Incident Command as FM endorsed)
 - Reports to the IC Information Officer and coordinates communications with the Medical Examiner
 - g. Liaison Officer Assistant (typically provided by the Medical Examiner staff)
 - Reports to the Medical Examiner
 - h. Official Photographer (typically provided by the Medical Examiner staff)
 - Reports to the Medical Examiner
- 3. Physical Considerations and Requirements
 - a. Office-type area is separate from but close to morgue.
 - i. FEMORS Command Trailer with radio communication links should be near the FMCC and may serve as such until adequate fixed space can be secured.
 - ii. Radio communications during first 72 hours is maintained for contact with FEMORS Program Director.
 - b. Adequate space for all agencies to function if co-located.
 - c. Multiple hard telephone lines for phone, fax, and Internet access, if required
 - d. Computers and printers networked to functional areas.
 - e. Restrooms.
 - f. Office supplies and equipment: desks, chairs, fax (high resolution), copying machine(s), etc.
 - g. Two-way communication equipment for morgue base of operations personnel.
 - h. Cable television service (weather and news) to maintain situational awareness as events unfold.
- 4. Reporting in/Staging of FEMORS responders includes:
 - a. Resource Unit Specialist to log in arriving personnel and coordinate with Time and Travel staff for documentation processing and assignment,
 - i. Completion of DOH human resource forms to document OPS status, and
 - ii. Assignment of personnel as directed.
 - b. ID Cards may be issued by duty station assigned (authorization level):
 - i. Disaster Site/Scene for Human Remains Recovery,
 - ii. Morgue,
 - iii. VIC,
 - iv. MIC,
 - v. ADMIN,
 - vi. Official Photographer, or
 - vii. ALL (for Group Supervisors).
 - c. Member's first day of activation is typically used for travel, in-processing, and rest; normally work is assigned on second day if travel was lengthy.
 - d. Member's last day of work (the day before traveling home) is spent briefing the replacement member on the duties of the position being transferred.
 - e. Rotation scheduling anticipates arrival and departure dates for members to cover one overlap day for orientation (two-week maximum deployment is the goal).
- 5. Coordination of volunteers showing up (funeral directors, police, fire, citizens) is accomplished with Medical Examiner guidance.
- 6. Preparation of daily briefing agendas for FEMORS teams:
 - a. Reiterate mission goal and Medical Examiner needs,
 - b. Identify supervisory staff and team leader assignments,
 - c. Safety issues, buddy system, reports of injuries,
 - d. New arrival orientation for paperwork and overview of mission, and
 - e. Pre-shift updates 6am and 6pm (if 24-7 schedule).



C) DPMU Team Events

The IC Logistics Section Chief, in consultation with the FM Group Supervisor and/or the Medical Examiner, oversees the Disaster Portable Morgue Unit (DPMU) and the FEMORS Logistics Chief (DPMU Team Lead). The DPMU is maintained at a warehouse in Orlando and contains equipment and supplies needed to begin operations and continue for the first 72 hours until replenishment supplies can be arranged. All materials are segregated into kits by section of use and are palletized for truck transport provided by SEOC/ESF-8 (DEM in concert with DOH).

Transportation of the complete equipment cache requires at least four (4) 53-foot refrigerated trailers. Once on site, the initial four refrigerated trailers can be utilized to hold recovered remains both before and after morgue processing. (See Appendix G- DPMU Equipment Cache and Trailer Load Plans, page 515.)

Tent structures, power, water, heating, and air conditioning systems are not included in the DPMU. The DPMU is designed to be erected as needed inside of usable facilities augmented by the utilities listed. Refer to Section V - Operational Overview - Space Requirements and Wrap-Around Services Needed, page 37.

The DPMU contains portable radios systems designed to keep FEMORS teams in contact. The main base station is located in the Command Center or DPMU Station with repeater capability to reach out to an alternate site if needed. A series of hand-held radios is available for distribution among the DPMU Team and Unit Leader Staff in areas around the morgue operations. These have an effective range of 2 to 3 miles without repeater. A second cache of radios is available for the Disaster Site team. A mobile base station is deployed to and set up at the Disaster Site Center and serves as a repeater back to the morgue operations base so field recovery units can communicate with the morgue base if needed for safety issues, rate of recovery, etc.

Office space for operations will be needed to coordinate the many responsibilities of the DPMU Team.

1. Recommended Initial Staffing
 - a. 1 FM DPMU Team Leader
 - b. 1 FM DPMU Communications Coordinator
 - c. 1 FM DPMU Communications Information Technology Specialist
 - d. 1 FM DPMU Communications Programming Specialist
 - e. 1 FM DPMU Building/Arrangements Specialist
 - f. 4 FM DPMU Facilities Specialists
 - g. 1 FM DPMU Supply Specialist
2. Physical Considerations
 - a. Area is separate from but close to morgue.
 - b. Multiple hard telephone lines for phone, fax and Internet access, if required
 - c. Computers and printers networked.
 - d. Office supplies.
 - e. Fax (high resolution).
 - f. Copying machine(s).
 - g. Two-way communication equipment.
 - h. Office equipment, desks, chairs, etc.
3. Activate DPMU Team and arrange for transport of DPMU equipment.
 - a. Secure trucking contractor via SEOC/ESF-8 to transport palletized equipment. (See page 535)
 - b. Secure prime mover tow vehicle to transport trailered 16 & 20 KW generator units, if necessary.
 - c. Arrange for transport of the Disaster Site response truck and Command Post trailer.
4. Establish method for request and approval of additional equipment and supply resources via ICS Logistics Section channels. Conditions, primarily during the first 72 hours, may dictate an alternate process of making the request directly to SEOC/ESF-8, especially if FEMORS is serving multiple Medical Examiner Districts.
 - a. Establish communications (phone and radio if necessary) with Local and State EOC/ESF-8.
 - b. Determine the "burn rate" and order appropriate quantities of expendable supplies (personal protective equipment) needed for continuing operations beyond the first 72 hours. (see page 535)
5. Facilities Unit to secure fixed structure or tent-based accommodations for:
 - a. Morgue Site
 - b. Victim Information Center Site
 - c. FM Coordination Center
 - d. DPMU Team Offices
 - e. Sheltering accommodations for arriving personnel



6. Perform site preparations for temporary morgue and coordinate requests for contract services and rentable resources:
 - a. Warehouse or other fixed structure for morgue operations,
 - b. Tents or office trailers for FMCC, MIC, Odontology and Ante Mortem Fingerprint Teams,
 - c. Water supply and morgue table drainage (holding tank and biomedical waste disposal service agency if public sanitary sewer is not accessible),
 - d. Electrical power (200 KVA minimum)/HVAC if necessary,
 - e. Phone, internet and cable media services,
 - f. Morgue flooring (grading of field if needed, marine plywood for Body X-Ray Team if heavy X-ray units will be used),
 - g. Refrigerated trailers (no wooden flooring for cleanability; with dual electrical and diesel fuel power options) for:
 - i. remains holding (before processing), and
 - ii. remains storage (for after processing),
 - h. Carpentry for:
 - i. shelves inside trailers if necessary, and
 - ii. access ramps to load and unload remains from trailers.
 - i. Portable toilets (staged far enough away from morgue and an area for rest breaks to avoid odor problems).

D) Information Resource Center (IRC) Events

The Communications Unit of the DPMU Team is responsible for establishing the IRC. If not already established by the Medical Examiner, the IRC manages the various computer networks needed to run the FEMORS operations (see Policy 19, page 298). It facilitates the transfer of information at multiple sites. For example, the VIC computerizes antemortem data collected through the Victim Identification Program database (VIP) interview packet. The MIC computerizes postmortem data collected at the morgue. MIC then compares ante and postmortem data to develop presumptive identifications for consideration by the Identification Team (Verification Unit).

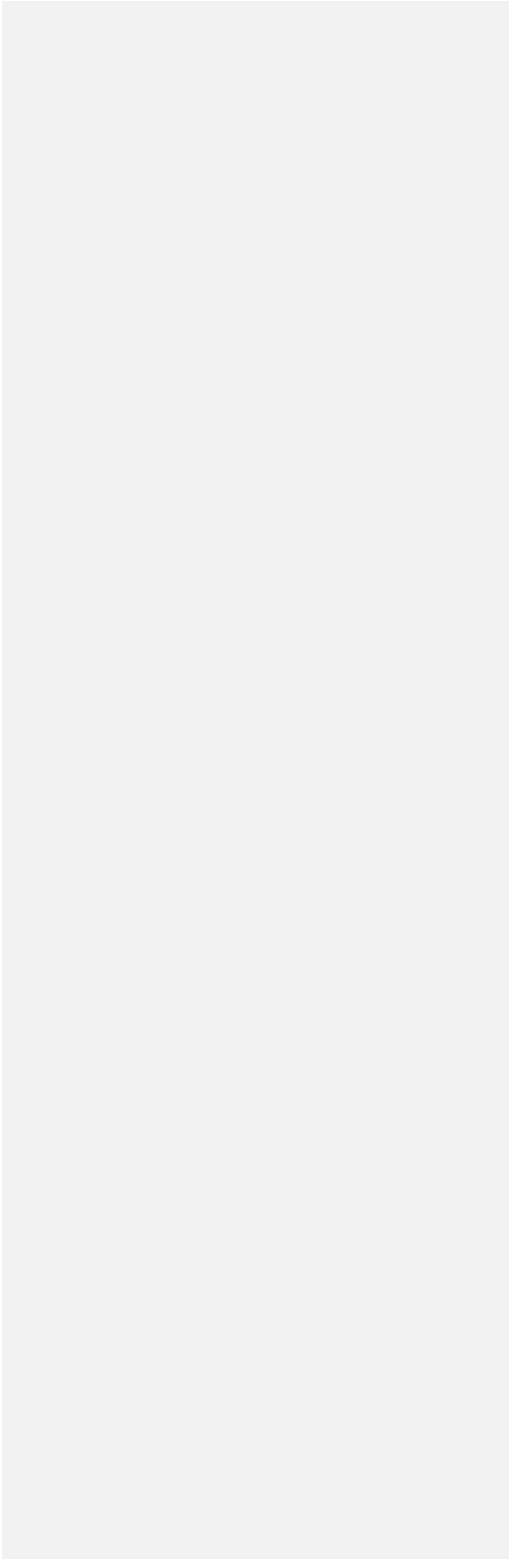
1. Recommended Staffing:
 - a. 1 FM DPMU Communications Information Technology Specialist (IT Network Lead) (for hardware, networking, etc.)
 - b. 1 FM DPMU Communications Programming Specialist (Database Team Leader) (for VIP, DEXIS, programming, etc.)
2. Recommended Equipment:
 - a. Computer server, laptops and networking equipment for morgue, MIC, and FMCC operations administered from a secured location in or near the MIC.
 - b. Computer server, laptops and networking equipment for VIC operations administered from the VIC.
 - c. Multiple hard telephone lines for phone, fax, and Internet access, if required
 - d. Two-way communication equipment.
 - e. Cable television or radio for latest news updates.
 - f. Office equipment, desks, chairs, etc.
3. Maintain On-Duty/Off-Duty Logbook to document individuals staffing the position.
4. Establish in a secure location separate from morgue but near FMCC if possible.
5. Establish secured network at FMCC, Morgue, MIC, and VIC for:
 - a. VIP server (web based with secured access),
 - b. Logging of remains storage information, and
 - c. Daily download of VIP antemortem (RM) data from VIC to server (if necessary due to lack of internet connectivity).
6. Servers each contain cellular modem capabilities to reach the internet, provided that local infrastructure is intact enough to permit cellular tower connectivity. This system, independent of local LAN, WAN, and WiFi infrastructures, permits secure, live internet connectivity for the VIP database between the MIC and VIC.
7. Set users' VIP client access rights for MIC, VIC, Morgue Admitting, Photography/Personal Effects, Odontology (antemortem), Fingerprints (antemortem), and Records Management Teams.
 - a. See Computer Network Security, Topology and Hierarchy Policy (page 298).
8. Set up networks if required for digital dental x-ray and digital body x-ray programs (due to transmission speeds and image file sizes).



9. Establish web link access for FMCC and MIC Teams to access VIP and search web limited to select user positions.
10. Set up digital photo storage and processing network for MIC, VIC, and Site Recovery teams. (See page 452)
11. Modify disaster-specific forms in the VIP database as needed.
12. Create a daily back up procedure.
13. When multiple agencies are involved in the deployment additional procedures may need to be implemented. For example, copies of specific records as well as specific reports may need to be generated by the IRC with FM Group Supervisor approval.
14. Upon completion of mission, prepare a complete digital set of all database files in a VIP runtime version on digital media for Medical Examiner's permanent records.



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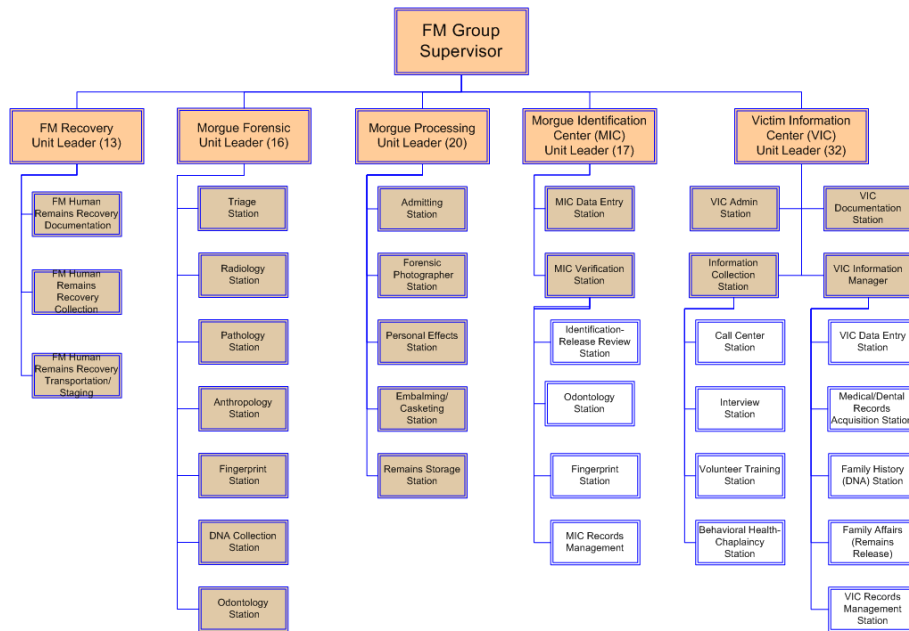


VII Operational Overview - Operations Group

The Operations Group performs all tactical work with recovering, processing, identifying human remains and gathering missing person information. Upon completion of morgue processing operations, Odontology and Fingerprint teams continue to effect identifications under the Morgue Identification Center Unit.

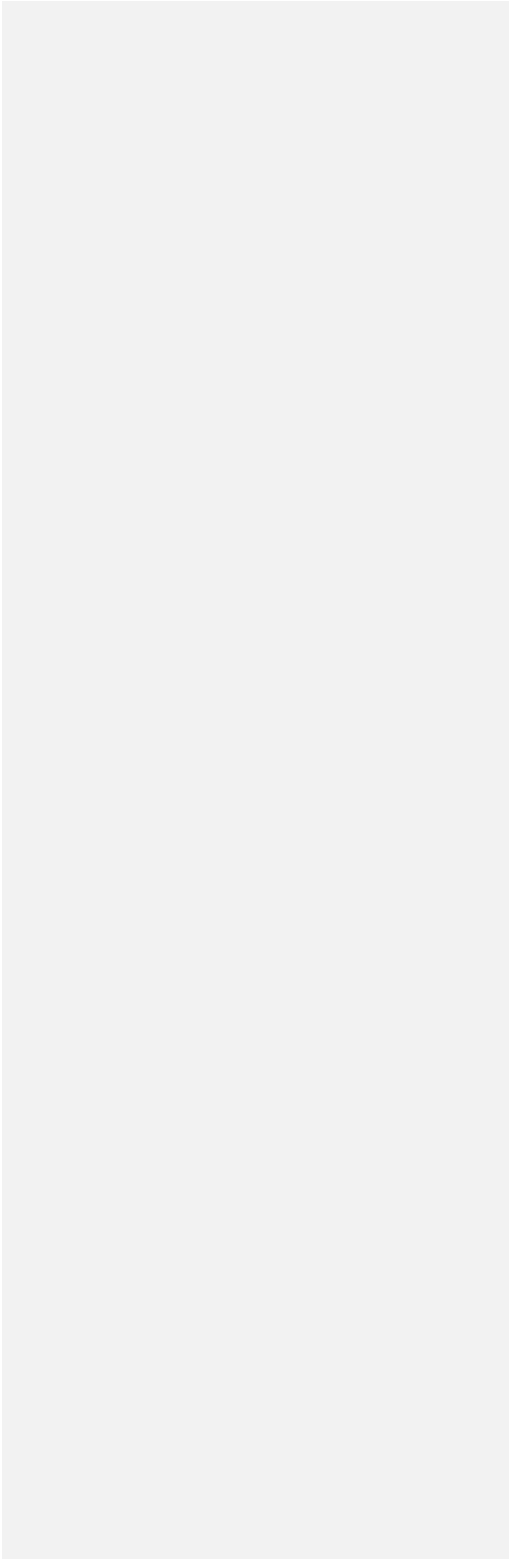
A) Recommended Staffing: (Optimal for full activation response)

- Morgue stations are divided into two units due to span of control limitations.





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VIII Operational Overview - Human Remains Recovery

A disaster may result in or produce a specific site or multiple sites where search, rescue and recovery activities take place. The FEMORS team focus at incident sites will be the discovery, documentation, and subsequent recovery of all artifacts involving human remains.

The “search” for victims/remains is normally an on-going process initiated by local law enforcement, Search & Rescue Teams, and Medical Examiner personnel soon after the incident occurred. By the time FEMORS personnel arrive, typically several hours post-event, the focus turns to proper documentation and recovery of victims/remains already located. Florida National Guard personnel may also be activated to assist the recovery effort.

As part of this effort, a human remains staging area may be formed to assist the ICS Commander. The FM Human Remains Recovery Unit Leader will be responsible for the coordination of all FEMORS search and recovery activities. (See also Policy 3) Human Remains Recovery Protocol Guide in Appendix A, page 178.)

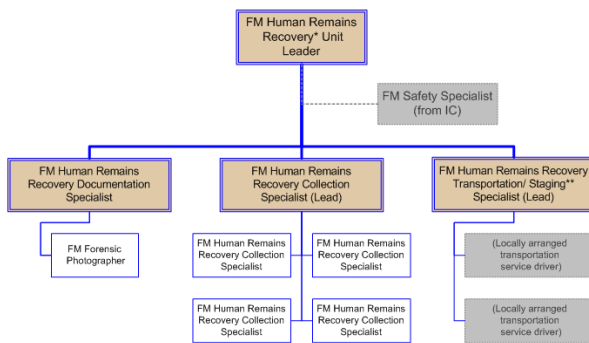
FEMORS does not yet possess the capability or equipment to enter chemical, biological, radiological, nuclear, or explosive (CBRNE) contaminated sites or handle contaminated human remains. Thus, Human Remains Recovery operations anticipate functioning in non-contaminated environments.

CAVEAT: if incident sites are contaminated, specialized teams from local HazMat Units or activation of the National Guard’s FL CBRNE Enhanced Response Force Package (CERFP) teams may be required for decontamination prior to FEMORS’ recovery of victims/remains.

Contact:
Florida National Guard Fatality Search and Recovery Team (FSRT)
125th Fighter Wing Command Post
Jacksonville, FL 904-741-7125
Request to reach the 125th Force Support Squadron Commander or Superintendent.

A) Recommended Staffing:

1. 1 FM Human Remains Recovery Unit Leader.
2. 1 Documentation Specialist (preferably a Forensic Anthropologist).
3. 1 Forensic Photographer
4. 5 Collection Specialists (one serving as Lead)
5. 3 Transportation Staging Specialists (one designated as Lead)
6. 1 Safety Officer Assistant (normally supplied by Incident Command)
7. 1 K9 Human remains detection team (K9 Handler and K9)



* Set up per geographic site if multiple sites
** Transportation Team may provide service to multiple sites



B) Physical Considerations Equipment

1. Staging area tents, chairs, tables, lighting
2. Mini generator if remote from power supply
3. Laptop PC for coordinating photography storage
4. All-in-One Printer/Copier/Scanner
5. Writing documentation equipment, logbooks or forms, office supplies
6. Radios or other communication equipment.
7. Heavy work gloves (should be leather).
8. PPE (level D) including eye protection (should meet ANSI 287.1).
9. Boots (should be steel toe/shank, water resistant).
10. Personal needs pack.
11. Rehydration supplies, drinking water and light food.
12. Camera kit.
13. GPS Unit.

C) General Operational Aspects

1. Extreme effort will be made to render the most respectful, dignified, and ethical treatment of the dead. It is recognized that the circumstances of the disaster may dictate innovative methods to accomplish recovery activities.
2. None of the remains shall be moved until approval has been given from the FM Human Remains Recovery Unit Leader who will seek approval from the Medical Examiner.
3. The FM Human Remains Recovery Unit Leader will survey and assess the situation making note of necessary information about the disaster at hand including: number of remains, security issues, worker safety issues, and special requests by investigating agencies. The FM Human Remains Recovery Unit Leader will develop a search plan if appropriate for the area and identify the number of personnel, equipment, and special resources, such as cadaver search canine, needed to accomplish the mission. This information will be passed on to the FM Group Supervisor and ICS Commander.
4. The FM Human Remains Recovery Unit Leader will conduct a briefing of team members prior to commencing activities. In addition to pertinent information regarding the mission at hand, the FM Human Remains Recovery Unit Leader will identify and alert team members of specific safety issues known at the time.
5. The Human Remains Recovery Team will conduct its operation in the most efficient manner possible. However, it must focus on standard practices of safety and evidence preservation.
6. Standard archaeological methodologies may be required in the planning and implementation of an effective and efficient search of the disaster to locate all relevant human biological materials.
7. The documentation of the site minimally includes the production of a plan view map or sketch displaying the location of all recovered human remains relative to permanent feature(s) of the scene.
8. Careful scene documentation will be carried out in the form of sketches, GPS readings, video, and/or photos. This may supplement primary scene documentation by the law enforcement agency in charge.
9. During initial search activities, suitable stakes, flags, or markings will be placed at the location of found human remains. Numbers (on waterproof, indelible materials) will be assigned to each whole or fragmented human remains located and records kept identifying the location of the remains within the disaster site.
10. Extensive efforts will be implemented to achieve recovery of all human tissue which will be documented, collected, and transferred to the morgue through the Transportation Staging Team.
11. Wallets and jewelry or other items attached to human remains will not be removed at the site. They will be transferred to the morgue with the remains.
12. When the situation dictates, the Human Remains Recovery Team may be required to remove the remains from the immediate site and transfer them to a Transportation Staging area. In the event a Transportation Staging area is not necessary the remains will be transferred to the morgue utilizing the best method available.
13. Site photography will be uploaded to secure networked digital storage either from a field assigned laptop when practical, or by delivery of digital media to the morgue. (See Policy 3, SOP 14, page 185)

D) Specific Operational Aspects

Human Remains Recovery Teams shall adhere to Policy 3) Human Remains Recovery Team Protocols in Appendix A, page 178.

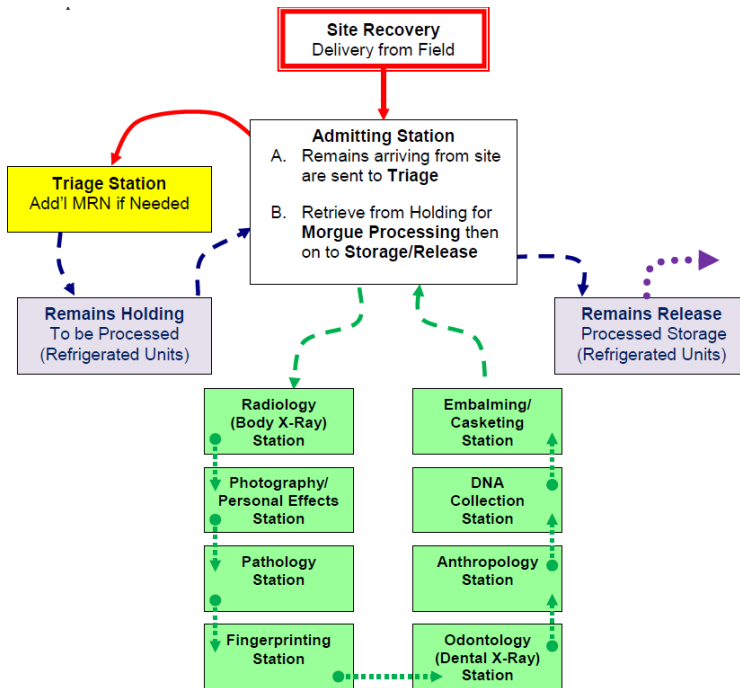


IX Operational Overview - Morgue Operations

Disaster specific needs dictate how the morgue will be set up to best accomplish the Medical Examiner’s processing of disaster victims for eventual identification. The assessment will determine what processes would be necessary to accomplish the mission and determine what additional tasks need to be accomplished to supplement the Medical Examiner’s resources.

The workflow of morgue operations begins as the remains are received from the field site(s).

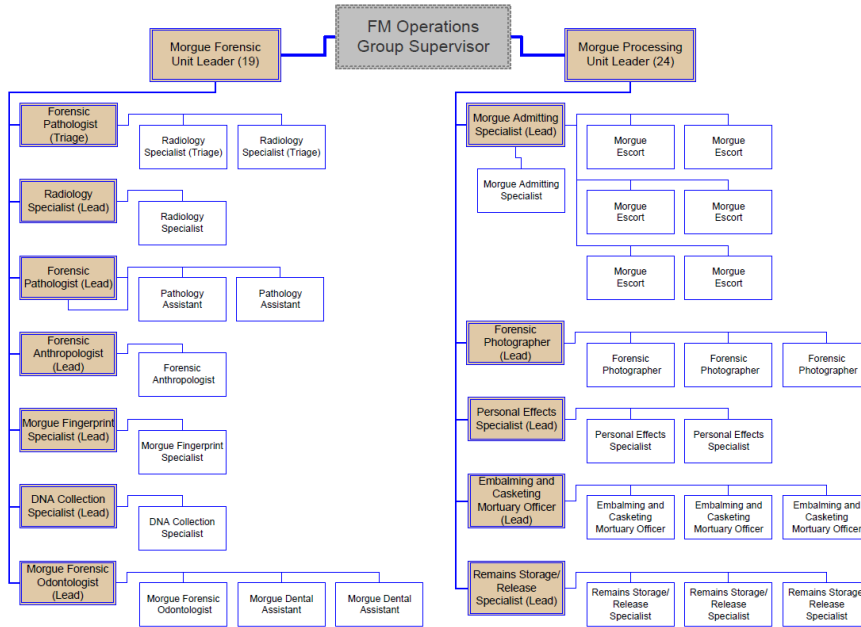
1. All remains (whole or fragmentary) are delivered to the Admitting Station where each receives a Morgue Reference Number (MRN) that will be used to cross reference site recovery, field assigned, grid location, and final Medical Examiner case numbers (once identified).
2. Remains are moved first to Triage where brief examination to include radiography is performed.
 - a. If the incident involves a potential for unexploded ordinance, shrapnel or weapons on victims, Triage may set up an X-Ray unit to screen disaster pouches prior to opening.
 - b. Verify contents as reported when delivered;
 - c. Designate on the Tracking Form the stations that will be required for postmortem processing, and
 - d. Ensure that comingled remains are not present.
 1. If comingling is present, the additional human remains fragments are removed and assigned separate MRNs by Admitting before storage. (See page 456)
3. Remains are next placed in refrigerated Holding facilities until morgue personnel are ready to process them.
4. Remains are retrieved for processing, assigned a Tracker and escorted throughout the morgue processing stations.
5. Remains are returned to Admitting when morgue processing is completed.
6. Remains are moved to refrigerated Release Holding facilities where they are stored until identified and released to a funeral service provider.





Duty assignments for the various teams involved in morgue processing are divided into two groups to maintain NIMS compliant span of control in supervisory responsibilities. These are:

- Morgue Forensic Unit, and
- Morgue Admitting/Processing Unit



A) Morgue General Considerations

1) Location/Layout/Floor plan

FEMORS will work with local officials, the Medical Examiner, Local EOC, State DOH/ESF-8, and others to establish a temporary morgue facility if necessary. (See Space Requirements and Wrap-Around Services Needed, p 37)

- Morgue processing of human remains is divided into work/function-oriented stations. It may be divided into as many as necessary to accomplish the mission.
- Cubicle size 12' x 24' typical.
 - 3,500 square feet minimum required for basic cubicle set up (96' x 40')
 - 2,500 square feet minimum required for DPMU equipment storage area
- Two-sided station path is desired if space is available.
- Station layouts may be adapted to any configuration required.

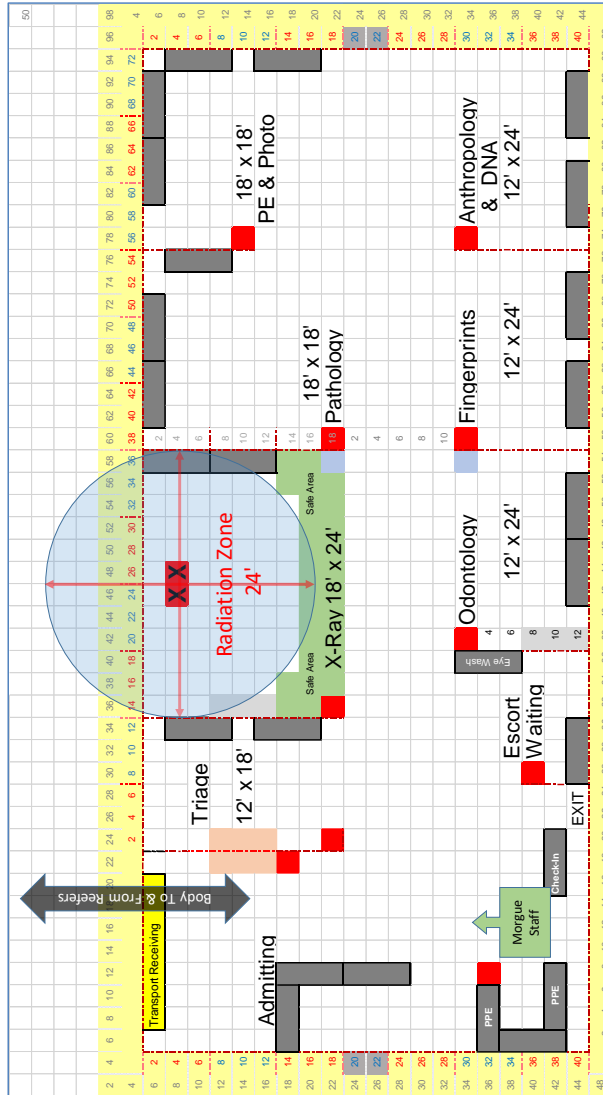
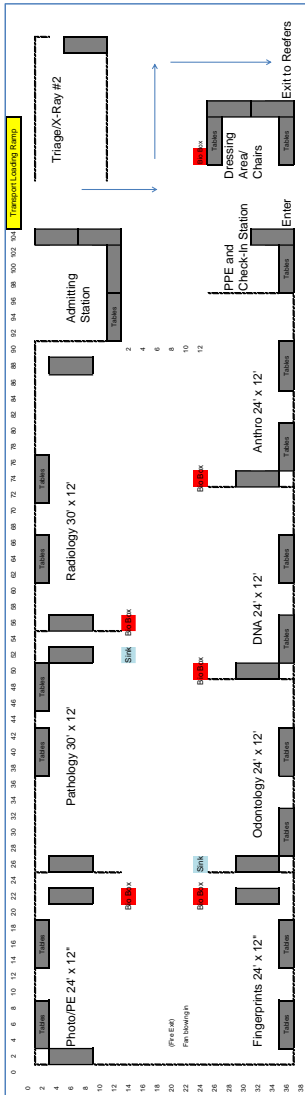
2) PPE/Entry to Morgue

This area provides a location for all morgue personnel to put on and remove personal protective equipment (donning and doffing) and to obtain first aid if necessary:

- Level D PPE is required for all personnel handling human remains.
- Location is near entry to morgue, adjacent to Admitting Station.
- Tables and chairs are present for putting on PPE.
- Contains First Aid/Eye Wash table.
- Contains sink for hand washing or another sanitizing alternative.
- PPE must be removed prior to departing the morgue area.

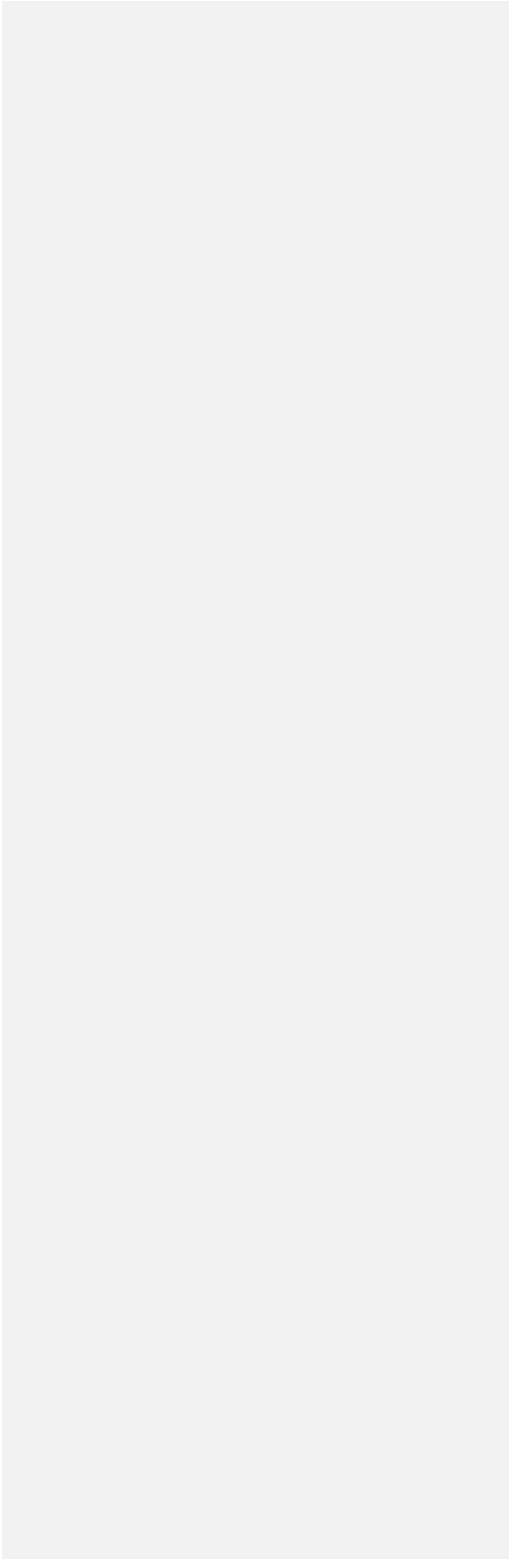


Examples of DPMU Floor Plan Options



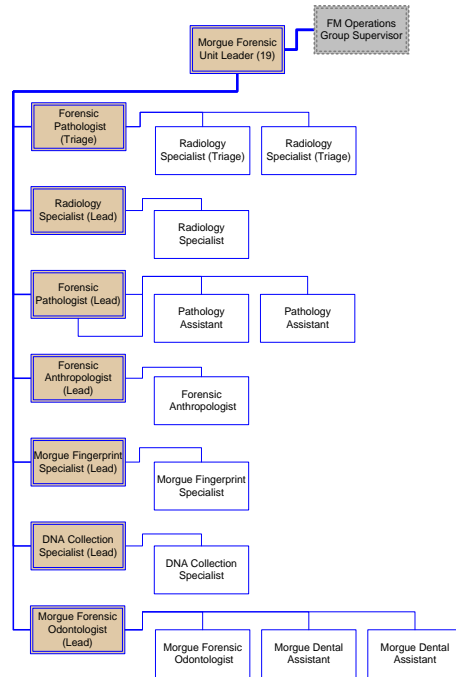


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B) Morgue Forensic Teams



1) Triage Team

This Team performs the first examination of human remains.

- A. Recommended Staffing (often personnel temporarily borrowed from Pathology and Radiology Stations):
 - 1. 1 Forensic Pathologist (designated as Station Lead),
 - 2. 2 FM Radiology Specialists, and
 - 3. (as needed) Anthropologist or Odontologist.
- B. Recommended Equipment:
 - 1. Protective clothing.
 - 2. Log book.
 - 3. 2 tables.
 - 4. 4 chairs.
 - 5. Station administrative (office supplies) kit
 - 6. Dosimeter for each member (See pages 190 and 453)
 - 7. Portable X-Ray unit
- C. If the incident involves a potential for unexploded ordinance, shrapnel or weapons on victims, full body radiographs of each body or part should be performed with remains still in the disaster pouch.
- D. Results of the exam determine to which morgue stations the remains are to be sent when time permits. This is recorded on the Tracking Form in the Disaster Victim Packets (DVP).

2) Radiology (Body X-Ray) Team

This Team obtains radiographs of human remains. Duties include:

- A. Recommended Staffing:
 - 1. 2 FM Pathology Specialists, (one designated as Station Lead).
- B. Recommended Equipment:
 - 1. Protective clothing.



2. Log book.
 3. 2 tables.
 4. 4 chairs.
 5. Station administrative (office supplies) kit
 6. Dosimeter Kit (See pages 190 and 459)
 7. Portable X-Ray unit
- C. Full body radiographs of each body or part should be performed as required.
- D. A log shall be kept of each Morgue Reference Number (MRN) processed.
- E. Postmortem exam (See Policy 5 - Radiology (Body X-Ray) Protocol Guide, page 190):
1. X-rays are taken by digital Direct Radiography (DR) system (provides image directly to computer screen and PC storage).
 2. Images are labeled with MRN information before digitization.
 3. Computer automates digitizing and data entry.
 4. Review is done by anthropologist or pathologist for specific characteristics that may be helpful in victim identification (anomalies) and/or additional exams indicated.
 5. Print copies for the Disaster Victim Packet (DVP) folder if appropriate
 6. Burn digital media with radiograph images (TIFF or JPG format) for DVP.
 - a. X-ray images are NOT incorporated into VIP media because the laptops of the X-Ray units cannot be placed on the morgue server network.
 - b. It may become necessary to transfer the digital images to a shared network folder location for ready access by other stations.

3) Pathology Team

The Pathology Leader shall assure that initial triage and examinations of remains is documented (if there is no separate Triage Team). This Team works in conjunction with Photography and Personal Effects Teams as remains are first inspected.

- A. Recommended Staffing (if autopsy is required, 2 stations would need to be staffed):
1. 1 Forensic Pathologist (designated as Station Lead),
 2. 2 FM Pathology Assistants, and
 3. At least two Mortuary Officers should remain available in the morgue for doing viewability assessments.
- B. Recommended Equipment:
1. Protective clothing.
 2. 2 tables.
 3. 4 chairs.
 4. Pathology Instrument Kit.
 5. Portable autopsy tables.
 6. Body and organ scales
 7. Lighting.
 8. Station administrative (office supplies) kit
- C. The Pathology Lead shall meet with the Medical Examiner and the FM Morgue Forensic Unit Leader or designee to establish "disaster-specific" guidelines and protocols for specimen collection, body examination, and/or autopsy.
- D. Assessment for "Viewability" of remains is performed by two Mortuary Officers and noted in the DVP. (Viewability for embalming considerations affects Jaw Resection Policy, page 231).
- E. Remains are photographed upon receiving and opening the remains pouch.
1. If discovered, unassociated fragmentary human remains are segregated for additional numbering and returned to Admitting Station if necessary.
 2. Every photo shall contain the visible MRN on the scale ruler
- F. Remains are classified (See Remains Classification Policy, page 229) as:
1. Complete Human Remains (C/HR), or
 2. Fragmented Human Remains (F/HR).
- G. Personal effects (See Personal Effects Policy, page 226) are documented and recovered (often in concert with Photography Team) upon examination by pathologist.
1. Descriptions should be generic, e.g., "yellow metal ring with clear colorless stone" (not: "gold diamond ring").
 2. Photography is done by digital camera.
 3. Property inventory/chain of custody forms are completed with MRN.



4. Personal information observable on personal effects shall be recorded, e.g., inscription on ring, name on personal papers, etc.
5. Initial cleaning is OK if not sealed for evidence.
6. Original inventory form goes with the packaged personal effects, copy to DVP file folder.

4) Anthropology Team (Morgue)

This Team may assist in 4 functional areas of the FEMORS operation. These include the

- documenting the incident site and associated material (separate Team),
 - assisting with the initial documentation and sorting of human remains in the morgue Triage or Pathology stations,
 - evaluating body x-rays for adequacy and identifying features, and
 - providing comprehensive forensic anthropological documentation of human remains in the morgue when appropriate
- A. Recommended Staffing:
 1. 2 Forensic Anthropologists (one designated as Station Lead).
 - B. Recommended Equipment:
 1. Protective clothing.
 2. Log book.
 3. 2 tables.
 4. 4 chairs.
 5. Anthropology Kit.
 6. Computer with Fordisk software installed.
 7. Station administrative (office supplies) kit
 - C. Comprehensive documentation is made of human skeletal and other fragmentary remains including assessment of bone, bone portion, side, chronological age, sex, stature, ancestral affiliation, antemortem trauma, and pathological conditions.
 - D. These attempts may require the removal of soft tissue in order to study the bone surfaces macroscopically.
 - E. Coordination with Pathology and DNA Teams may be an important consideration in cases of major fragmentation of human remains, especially where there has been submersion and bone is the primary tissue being recovered.
 - F. Attempts will also be made to emphasize skeletal features that could potentially provide an identification (primarily through radiographic comparison).
 - G. Postmortem x-rays are reviewed by anthropologist or pathologist for specific characteristics that may be helpful in victim identification (anomalies) and/or additional exams indicated.
 - H. Examination forms are completed for the DVP.

5) Fingerprinting Postmortem Team

This Team obtains postmortem friction ridge impressions, i.e., fingerprints, footprints, and/or palm prints, where appropriate of all victims.

- A. Recommended Staffing:
 1. 2 Fingerprint Specialists (one designated as Station Lead).
- B. Recommended Equipment:
 1. Protective clothing.
 2. Log book.
 3. 2 tables.
 4. 4 chairs.
 5. Fingerprint Postmortem Kit.
 6. Station administrative (office supplies) kit
- C. A log shall be kept of each MRN processed.
- D. Record ridge detail on finger and/or palmer surfaces.
- E. Techniques available:
 1. Clean the fingers of all foreign matter such as dirt, grease, blood, etc. Xylene is excellent for this, however, in most instances, washing the fingers with soap and water will suffice.
 2. If the skin is firm a small soft bristled brush can be used to clean the fingers by lightly brushing in the direction of the ridge flow.
 3. Make sure the surface is dry prior to printing as ink will not adhere to wet skin.
 4. In some instances, it may be necessary to amputate the fingers or surgically remove the skin in



order to obtain legible prints. Authorization from the Medical Examiner (or designee) must be granted prior to employing either of these methods.

5. At certain stages of decomposition, the epidermis can be easily separated from the dermis with a shallow cut around the wrist or a shallow cut below the first finger joint to release the skin. After cleaning and drying, the skin can be slipped over the technician's own finger like a glove and printed.
 6. When fingers are pliable and intact but wrinkles prevent adequate printing, an injection of tissue builder with a hypodermic syringe may satisfactorily remove the wrinkles.
 7. The powder method may be used if the skin is intact.
 8. When wrinkled or mummified fingers are encountered, Duplicast or similar silicone plastic impression material is often the most expedient and effective method of obtaining legible prints.
 9. The Duct Seal Method may be successful with wrinkled mummified fingers and water soaked fingers in the early stages of decomposition. Other pliable materials of similar consistency may also be used (e.g., Play Dough, Silly Putty, etc.).
 10. In most cases of incineration when the hands are tightly clenched, amputation of the fingers is usually necessary. In extreme cases, photography may be the only method for recording these prints due to the fragile condition of the skin.
- F. Photocopies of inked impressions are made for DVP file
- G. While the DVP is still at the station, original print cards are scanned into the MRN-associated VIP Media file.
1. This permits Fingerprint Analysts in MIC to get started on making comparisons with missing person reports before the DVP arrives at MIC Records.
- H. Original print cards are placed into clear, sheet-protector sleeves (for protection) and labeled with the MRN.
- I. Original inked impressions are grouped and couriered to Ante Mortem Fingerprint Team (or other Fingerprint identification Team as determined by Medical Examiner or law enforcement) for comparison with known print sources. This is coordinated by the Admitting Station.

6) DNA Collection Team

This Team is responsible for the collection and preservation of biological material specimens from remains for DNA testing at a laboratory.

- A. Recommended Staffing:
1. 2 DNA Specialists (one designated as Station Lead).
- B. Recommended Equipment:
1. Protective clothing.
 2. Log book.
 3. 2 tables.
 4. 4 chairs.
 5. DNA Instrument Kit.
 6. Station administrative (office supplies) kit
- C. Station Lead ensures that specimen collection procedures avoid cross contamination by training Team personnel on:
1. Using new gloves for each set of remains,
 2. Using new, disposable scalpel blades for each set of remains,
 3. Using appropriate agents and methods to clean autopsy saw blades, scissors, or other non-disposable instruments used between set of remains, and
 4. Using new collection containers appropriate for each specimen collected.
- D. Collected specimens are maintained in a secured freezer until couriered transfer to the DNA lab can be arranged.
- E. If the specimen was too small to sample and collected in its entirety for lab testing, notation will be made on the DNA report and the Morgue Escort will be instructed to return the DVP to the Admitting Station.
- F. A log shall be kept of each MRN processed.

7) Odontology Postmortem Team

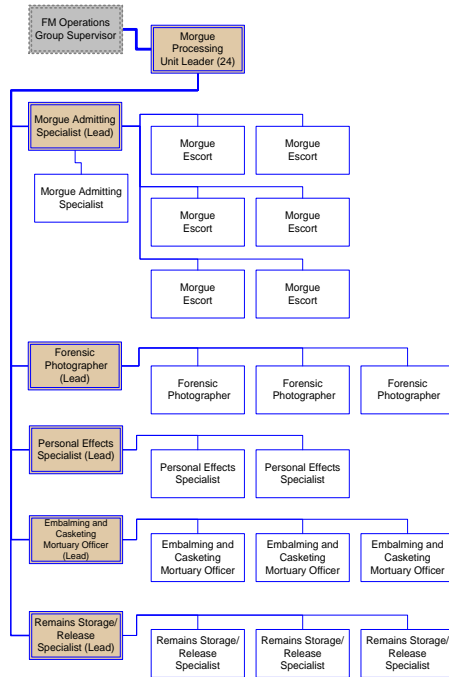
This Team assures that accurate dental charting and radiographs are performed and that the postmortem information collected is recorded for cross-matching with antemortem dental records (processed by the Ante Mortem Odontology Team in the Morgue Identification Center).



- A. Recommended Staffing (per station if more than one):
 - 1. 2 Forensic Odontologists (one designated as Station Lead).
 - 2. 2 Dental Assistants.
 - 3. 1 Photographer
- B. Recommended Equipment:
 - 1. Protective clothing.
 - 2. Log book.
 - 3. 2 tables.
 - 4. 4 chairs.
 - 5. DEXIS digital dental x-ray system.
 - 6. Hand held dental X-Ray unit.
 - 7. WinID dental laptop computer and printer.
 - 8. Odontology Postmortem Instrument Kit.
 - 9. Digital Camera.
 - 10. Station administrative (office supplies) kit
 - 11. Dosimeter for each member (See pages 190 and 467)
- C. The FEMORS policy regarding jaw resection (page 231) should be closely followed.
- D. The FEMORS Odontology Protocol Guide (page 232) should be closely followed.
- E. Perform postmortem dental exam.
- F. Digital x-rays taken
 - 1. are labeled with MRN information, and
 - 2. DEXIS number format shall include the MRN-000xx.
- G. Dental charting shall be done by two forensic Odontologists.
- H. WinID shall be used for postmortem data entry.
- I. All postmortem dental records shall remain with the DVP after data entry into WinID.
- J. A log shall be kept of each MRN processed.



C) **Morgue Admitting/Processing Teams**



1) **Admitting Escort Team**

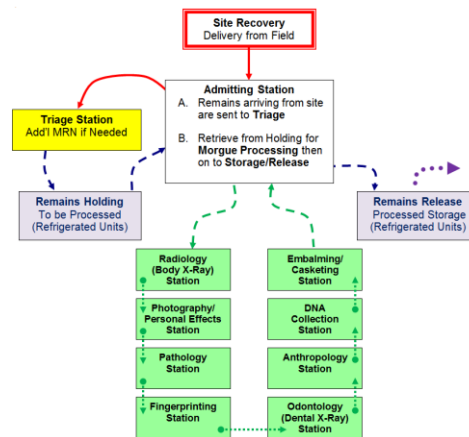
This Team tracks and records all remains received from the field as well as staff entering and leaving the morgue processing areas and assigns Morgue Escorts to each set of remains.

A. Recommended Staffing:

1. FM Morgue Admitting Specialist
2. 1 Assistant (non-escort).
3. 6 FM Morgue Escorts

B. Recommended Equipment:

1. 4 tables.
2. 4 chairs.
3. Logbooks or log forms.
4. Station administrative (office supplies) kit
5. Disaster Victim Packets (DVP).
 - a. Normally printed out from VIP database
6. Two-way communications equipment.
7. Computers.
8. Photocopier/printer.
9. Barcode label maker, if applicable.
10. Supply of necessary forms for all stations of the morgue.





- C. Admitting maintains the On-Duty/Off-Duty Logbook (Morgue Sign-In Log) to document individuals staffing the morgue.
 - D. All remains received at the morgue from the field are checked in at the Admitting station before triage and before being moved to refrigerated storage (Morgue Admitting Log, 328).
 - E. "Morgue Reference Number" (MRN) assignment is recorded in logbook upon delivery at the morgue:
 - 1. Admitting assures that every set of remains - container, pouch, or evidence bag, containing recovered intact or fragmented human remains - is assigned a sequential MRN as determined by Medical Examiner.
 - 2. The Site Recovery Number (SRN) will not normally become the MRN but will be cross referenced.
 - 3. Individual MRNs are issued for unassociated fragmentary remains.
 - a. This may occur upon triage or at Pathology, Photography, and Personal Effects sorting.
 - b. Additional Escort(s) are assigned with new folder(s) for additional unassociated remains.
 - c. Newly discovered unassociated remains are given separate MRNs (See Commingled Remains Found in Same Disaster Pouch Policy, page 230)
 - 4. The MRN shall be affixed to the human remains container with a waterproof tag or label in indelible ink.
 - F. The Recovery Site Report is used to initiate the case entry in VIP, generate the MRN, print out the Tracking Form for Triage Station, and finally print the full DVP for processing.
 - 1. Sequential MRNs are generated by the VIP database program to prevent inadvertent duplication of numbers.
 - 2. MRN assignment is entered in VIP to initiate the case tracking data so that Remains Holding can maintain inventory control.
 - 3. Once the Recovery Site Report data is entered the DVP is created with morgue processing forms all bearing the assigned MRN.
 - G. Each time human remains are brought into or returned to the morgue, regardless of the reason, they MUST ENTER through the Admitting Station and recorded in the logbooks.
 - 1. Morgue Escort is assigned and handed only one DVP folder at a time.
 - H. Admitting shall maintain a Morgue Tracking Log (page 330). The log should reflect the date, time, escort assigned, and destination of the remains processed.
 - I. The Admitting Lead shall ensure that a DVP is created containing necessary forms and that the outer jacket of the DVP has the MRN present in bold, legible, large letters and numbers. The DVP shall be given to the assigned escort along with any special instructions prior to the movement of the human remains.
 - J. Upon completion of processing, Escort returns with DVP folder to Admitting to verify:
 - 1. Stations involved in processing,
 - 2. Copies of personal effects inventories and fingerprint cards,
 - 3. Signatures of personnel processing the remains, and
 - 4. Signature of escort.
 - K. Remains are returned to Remains Holding.
 - L. Completed DVP folders are logged out and couriered to MIC for data input. In the event it is necessary to release a DVP to another Team of the morgue the Admitting Leader shall maintain a record of whom the DVP was released to and when it was returned.
 - 1. Some data entry may be accomplished while the remains and DVP are still present at the station.
- 2) **Remains Escort Team**
Morgue Escorts accompany human remains through the mortuary process and ensure proper documentation is complete and attached at each morgue station.
- A. Recommended Staffing:
 - 1. 6 Escorts to be staged near or next to the Admitting Station.
 - 2. Volunteers from a funeral director and embalmers disaster team work well as Escorts. Escorts will be carefully evaluated regarding their personal medical fitness taking into account conditions such as heart problems, high blood pressure, pregnancy, special impairments, etc. and for their experience associated with handling dead human remains. Stress factors will also be monitored carefully on all personnel serving as Escorts.
 - a. Escorts shall be instructed and warned about unauthorized actions of the Photography Policy, 225.

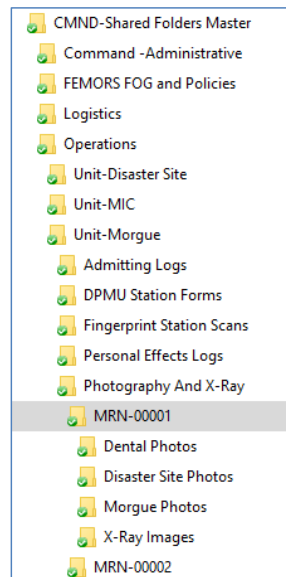


- B. Escort duties include:
 - 1. Moving assigned remains through processing stations as directed.
 - 2. Ensuring that processing forms are signed before moving to the next processing station.
 - 3. Keeping forms clean from contamination.
 - a. Contaminated forms should be brought to the attention of Admitting where a photocopy of the form may be made for the DVP and the original, contaminated one, destroyed as biomedical waste.
 - b. Alternatively, a replacement form may be completed at the station where the contamination occurred to replace the contaminated one.
 - 4. Delivering the completed DVP back to Admitting Station prior to delivery of the remains to storage areas.

3) **Photography Team**

The Photography Lead shall assure that quality photos are made of each set of remains that enters the morgue. Florida Statutes (Sec 406.135) makes the unauthorized display of “autopsy” photographs a third degree felony.

- A. Recommended Staffing:
 - 1. 4 Forensic Photographers (one designated as Station Lead).
 - 2. 1 may be called on to serve as a floating photographer to assist with Pathology, Odontology, Fingerprints, Anthropology, or DNA if needed.
- B. Recommended Equipment:
 - 1. Protective clothing
 - 2. 1 table
 - 3. 2 chairs
 - 4. 2 ladders
 - 5. Digital camera
 - 6. Computer
 - 7. Photocopier/printer/scanner
 - 8. Station administrative (office supplies) kit
- C. Remains are photographed upon receiving and opening the remains pouch (often in concert with Pathology Team).
 - 1. Digital photos may be stored on networked server folders and re-labeled appropriately with the MRN
 - a. See Policy 4) Numbering Systems for Human Remains (page 188).
 - b. A primary folder is made for each MRN into which all related photos and x-rays are stored.
 - 2. Every photo shall contain the MRN scale ruler.
 - a. As time permits, photos are uploaded to VIP’s media container for each MRN.
- D. Because photos of fatalities are of a sensitive and evidentiary nature, the Station Lead shall maintain stringent security and protection over all film or digital media taken until custody has been passed to the Admitting Lead or designee.
- E. Printing of photographs will be as directed by Medical Examiner policies. Generally, a set of photos will be produced in “proof sheet” form (typically 4-6 photos per page) for inclusion into the DVP. However, this printing may be conducted at a separate place and time from initial processing of the remains.
- F. The Station Lead shall be authorized to photograph human remains as outlined in the on-site plan but shall not have the authority to take candid or personal autopsy pictures around the morgue area. Candid pictures taken will be considered UNAUTHORIZED. ***The Disaster Team Code of Conduct (page 176) clearly prohibits unauthorized photographs or video by any person in the morgue area.***





4) Personal Effects Team

This Team is responsible for the collection, cleaning, accountability, and storage of personal effects found on deceased victims. (Personal effects found at the disaster site, unassociated with remains, are not typically processed through the morgue unless they contain apparent human biological material.) The ICS Commander, Medical Examiner, and other authorities may elect to have all personal effects stored at a separate Personal Effects Security depot until they can be documented (for potential methods of identification), retained as evidence, or released to next of kin.

- A. Recommended Staffing:
 - 1. 3 FM Morgue Personal Effects Specialist (one designated as Station Lead).
 - 2. 1 may be called on to serve as a floating member to assist with newly discovered items at Pathology, Radiology (Body X-Ray), Fingerprints, Dental, Anthropology, or DNA if needed.
- B. Recommended Equipment:
 - 1. Protective clothing.
 - 2. Logbooks.
 - 3. 1 table.
 - 4. 2 chairs.
 - 5. Bags and sealing supplies.
 - 6. Cleaning supplies.
 - 7. Computer
 - 8. Photocopier/printer
 - 9. Securable storage containers to hold personal effects.
 - 10. Station administrative (office supplies) kit
- C. The Station Lead shall assure that;
 - 1. the Personal Effects Policy (page 226) is followed,
 - 2. personal effects are inventoried (i.e., personal papers in wallets are identified individually),
 - 3. personal effects are packaged and tagged, and
 - 4. a log is maintained (page 340).
- D. Personal effects are photographed, documented and recovered upon examination (often in concert with Pathology Team) see page 464.
 - 1. Photography is done by digital camera with MRN in the photo.
 - 2. Property inventory forms (page 341) are completed with MRN.
 - 3. Record personal information observable on effects (initials on jewelry, names in wallets, driver licenses, credit cards, etc.)
 - 4. Initial cleaning is permissible if not sealed for evidence or needed for subsequent DNA testing.
- E. Original inventory form, in duplicate, remains with personal effects, copy to DVP file folder.
- F. Personal effects are grouped and couriered to the designated Personal Effects Security depot (if established by Medical Examiner or law enforcement) by a designated escort.
 - 1. If inventory form is not a carbonless duplicate form, arrange for copy to be made upon release to Personal Effects Security (to stay with the effects) and with the original returned to MIC Records Management for DVP file.
 - 2. Personal effects that are NOT sent off-site, are to be secured at the end of each shift in the lockable evidence cabinet maintained at the Remains Holding station.
 - a. This facilitates releasing personal effects along with the body to the designated funeral service provider for identified remains.
- G. The Station Lead shall be responsible for the custody and security of all items and for obtaining signatures on the proper release or chain of custody forms when transferring personal effects between the morgue Teams or to the Personal Effects Security area, if applicable.
- H. Under certain "disaster-specific" conditions, this Team will be responsible for cleaning, sanitizing, and rephotographing personal effects before release.



5) Embalming /Casketing Team

This Team ensures that thorough disinfection, preparation, and minor re-constructive cosmetic procedures are accomplished on each body or part of body when authorized by the appropriate NOK or at the direction of the Medical Examiner. This Team is also charged with placing human remains in a casket for the disposition of the remains to a designated site.

- A. Recommended Staffing:
 - 1. 2 FM Morgue Embalming-Casketing Mortuary Officers who are licensed Embalmers, one of whom may serve as Station Lead
- B. Recommended Equipment:
 - 1. Protective clothing.
 - 2. Log book.
 - 3. 2 tables.
 - 4. 4 chairs.
 - 5. Embalming Kit.
 - 6. Casket trucks.
- C. Embalming procedures shall not be performed on any body or body fragment unless appropriate approval has been granted in writing by the legal Next-of-Kin (NOK) or legal authority has been granted by Medical Examiner or DOH.
- D. Appropriate embalming reports shall be completed and inserted into the DVP.
- E. "Disaster-specific guidelines" for embalming should be established following FEMORS Embalming Policy (page 287) as closely as possible.
- F. FEMORS embalmers shall use embalming and minor re-constructive cosmetology techniques that will enhance the possibility of "viewability" of the deceased.
- G. Embalming chemicals are to be ordered on site (not part of DPMU cache due to shelf life) as needed.
- H. Medical Examiner determines if unidentified remains are to be casketed on-site.
- I. Caskets are to be ordered on-site.
- J. Place remains in caskets as necessary. The outside of the casket shall bear the name of the deceased and/or the MRN as appropriate on metal, weatherproof tags.
- K. Maintain a log reflecting the disposition of the remains.

6) Remains Holding Trailers (refrigerated)

- A. Storage of remains received from site recovery via the admitting station.

This Team manages trailers or other storage facilities and keeps accurate logs of human remains and personal effects delivered from the Admitting Station (upon transport from the field), released to the morgue for processing, and released to funeral homes upon identification.

 - 1. Recommended Staffing:
 - a. 4 FM Morgue Remains Storage-Release Specialist (one designated as Station Lead),
 - b. Two of these will be ground personnel who will transfer the remains by way of gurney to and from the Admitting Station of the morgue.
 - 2. Recommended Equipment:
 - a. Protective Clothing.
 - b. Clipboard and logbooks
 - c. Computer.
 - d. Photocopier/printer.
 - e. Flashlight.
 - f. Jackets for refrigerated areas.
 - g. Body gurneys for ground personnel.
 - h. Refrigerated trailers (no wooden floors for cleanability).
 - i. Padlocks for trailers.
 - j. Deodorizing agents.
 - k. Station administrative (office supplies) kit
 - l. Personal Effects Evidence Cabinet
 - 3. The Remains In (Receipt) Log (page 320) shall reflect the:
 - a. Morgue Reference Number (MRN),
 - b. Site Recovery Number (SRN),
 - c. Delivering party name,
 - d. Date/time of receipt



4. The Station Lead will
 - a. monitor the refrigeration units and assure that they are properly serviced;
 - b. maintain recommended temperature is 35-39 degrees Fahrenheit; and
 - c. assure the holding facilities are securely locked before leaving at the end of an operational period.
 5. Company name and logo on any trailers should be securely covered (strong enough to withstand high wind and rain).
 6. An evaluation must be made as to the number of fatalities expected to determine the holding storage capacity necessary.
 7. If trailers are used, approximate space requirement is 21 adult whole remains per 53-foot trailer without shelving (for optional variations see pages 323 to 326).
- B. Storage of remains received from morgue processing
- This Team manages trailers or other storage facilities and keeps an accurate log of human remains delivered from the morgue and released after Identification.
1. An evaluation must be made as to the number of fatalities expected to determine the storage capacity necessary.
 2. If trailers are used, approximate space requirement is 14 to 21 (two vs. three rows of 7 each) adult whole remains per 53-foot trailer. (See Trailer Layout Worksheets on pages 323 to 326.)
 - a. Capacity could be doubled or tripled by constructing shelving and lighting inside the trailers.
 - b. Construction of loading ramps for trailers may be needed.
 - c. Trailer doors should be positioned so that a tent covers only the doors for privacy leaving the refrigeration units available for servicing.
 - d. Fan speed reduction switches should be installed so that when the door is opened the fan speed slows. This helps prevent excessive discharge of offensive odors.
 - e. Company name and logo should be covered on any trailers (strong enough to withstand high wind and rain).
 3. The Station Lead will monitor the refrigeration units and assure that they are properly serviced.
 - a. Recommended temperature is 35-39 degrees Fahrenheit.
 - b. Any problems with temperature maintenance should be reported to the DPMU team immediately.
 4. Remains In (page 320), Storage Tracking (page 321), and Remains Out (page 327) logs shall reflect the MRN of each transfer.
 5. Trailers should be segregated for coding of storage location:
 - a. Unprocessed remains, and
 - b. Processed remains.
 6. Additional spreadsheets may be developed for inventory of remains, relocation, or release. This is necessary, for example, when several MRN cases are associated by Dental, DNA, or other forms of identification as one individual. Such cases are grouped and moved to an Identified Remains trailer for release.
 7. Remains Out Log procedure (as dictated or modified by Medical Examiner):
 - a. Victim's name or assigned case number (with all associated MRN cases listed),
 - b. Location of storage (final),
 - c. Date/time of release,
 - d. Funeral home name authorized to receive remains,
 - e. Name of company receiving remains (if different from funeral home),
 - f. Name of driver, and
 - g. Name of team personnel releasing the remains.
 - h. If any personal effects are released with the body, the appropriate FEMORS Personal Effects/Evidence Release Form must be signed by the person receiving the effects.
 - i. As time permits, enter all logbook information into the VIP database.
 8. Deliver all completed release paperwork to the MIC Records Management station.
 9. The Station Lead shall assure the storage facilities are attended at all times and securely locked before leaving at the end of an operational period.



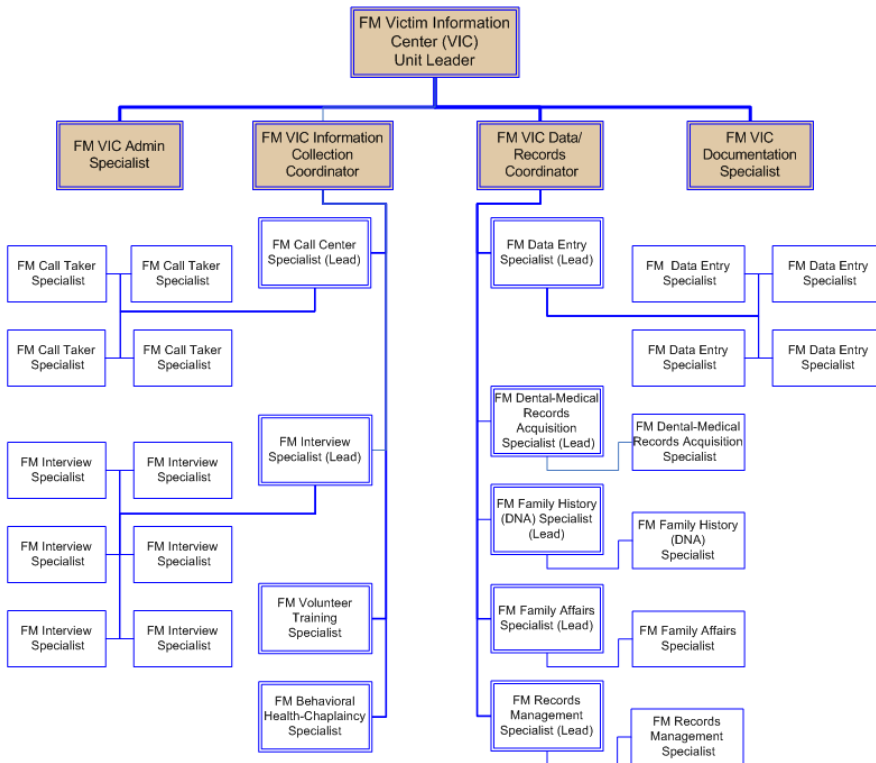
- C. Storage of Personal Effects received from morgue processing
This Team manages the Personal Effects Evidence Cabinet and keeps an accurate log of items received and released (see page 339).

- D. Cleaning of Storage Trailers
 1. Refrigerated trailers shall be kept as tidy and as clean as possible during use.
 2. Refrigerated trailers no longer needed for storage may be cleaned and decontaminated. Normally this is done by a contracted cleaning service. However, in the absence of such service, the procedures contained in Policy 18) Biological Decontamination of Aluminum Floor Refrigerated Trailers (page 296) may be used.



X Operational Overview - Victim Information Center (VIC)

The Victim Information Center (VIC) should be established as quickly as possible following a disaster incident. It may also be co-located with other responding agencies sometimes as part of a larger Family Assistance Center (FAC) which provides other services to victims and families such as lodging, financial assistance and the like. The mission of the VIC is to receive notice from families and concerned friends of possible disaster victims. The VIC collects antemortem information through interviews with the NOK and performs data entry so that identification of the deceased can be made. In addition, it transfers necessary information to the NOK and assists the Medical Examiner with notifications, if requested.



A) Recommended Staffing:

1. 1 VIC Unit Leader
2. 1 VIC Information Collection Coordinator
3. 5 Call Center Specialists
4. 7 Interview Specialists
5. 1 Volunteer Training Specialist
6. 1 Behavioral Health Specialist
7. 2 Dental/Medical Records Acquisition Specialists
8. 2 Family History DNA Specialists
9. 1 Family Affairs (Remains Release) Specialists
10. 2 Records Management Specialists
11. 1 VIC Documentation Specialist
12. 1 VIC Administration Specialist



B) Physical Considerations

1. The VIC should be located away from the disaster scene in an area that is easily accessible and easy for families to locate. The building used for the VIC should not be the same as the morgue.
2. Adequate space for all agencies to function.
3. Multiple hard telephone lines for phone (Call Center if activated), fax, and Internet access, if required
4. Computers and all-in-one printers networked to IRC.
 - a. Secure area for VIC Server.
5. Restrooms.
6. Office supplies.
7. Two-way communication equipment (in early stages for contact with morgue operations).
8. Appropriate food and beverages for family members.
9. Private rooms for consultation and interviews.
10. Security personnel.
11. Cable television or radio for latest news updates.
12. Office equipment, desks, chairs, etc.

C) Overview of Tasks and Duties

1. Hours of operation and telephone numbers should be released to the public by way of a news conference. This can be accomplished by working with the ICS Information Officer (IO).
2. The VIC should be organized and operated in such a way as to create an atmosphere of organization, calmness, professionalism, concern, and care. Accomplishing the mission of the VIC will require several agencies and volunteer organizations to coordinate together. FEMORS personnel will work with local authorities to make the VIC operational.
3. Maintain On-Duty/Off-Duty Logbook to document individuals staffing the center. Signature cards with handwritten initials should be made for all VIC personnel since their initials are being added to documents (e.g., when initials are put on a document to account for its completed computer entry).

D) Missing Person Information Collection Team

This Team manages the collection of antemortem data on victims reported missing.

1. Call Center operations manage the influx of phone calls regarding missing persons.
 - a. Initial contact information is obtained along with the name of the missing person.
 - b. Recontact by the Interview Team will be made to complete the interview data forms.
 - c. Volunteers offered by local authorities are managed for initial training prior to assuming victim contact duties.
2. VIC staff interview families and obtain personal data for input into VIP:
 - a. In person,
 - b. By telephone contact, and:
3. Chaplaincy and behavioral health personnel assist with grieving families and, if necessary, VIC staff.

E) Data Entry Team

This Team manages the entry of antemortem data on victims reported missing.

1. Each individual victim (whether known or suspected), for whom any antemortem information is received, will be entered into the appropriate computer database. Individual computer records are required even if multiple members of the same family are victims.
2. The victim's "unique number" (antemortem RM# or Reported Missing file) is assigned upon entry into VIP. The local Medical Examiner will determine the numbering assignments.
3. Prior to ANY computer entry, the database will be queried by name and/or unique number to eliminate the creation of duplicate records. This procedure should be done regardless of whether a completely new entry is being made or whether additional information is being added to a current record.
4. No antemortem computer record should be deleted for any reason. If a duplicate antemortem record needs to be removed from the active system, consult with the Database Team Leader for assistance.
5. After the initial entering of all data, the records should be printed out and audited for entry accuracy at least once. When the auditing/editing is completed, the date and the editing person's initials should be noted.
6. There are some antemortem records that should be scanned into the computer at the VIC. These include but are not limited to photographs.
7. It is the responsibility of all personnel to inform the IRC of all computer problems when they occur. Unauthorized personnel should not attempt to fix problems on their own.



F) Dental/Medical Records Acquisition Team

This Team contacts providers of dental and medical records based on information provided by victim families.

1. An Odontologist contacts dental offices of victims to obtain antemortem dental charts and x-rays for comparison. (*See also the Odontology protocol Guide, page 232.*)
 - a. Upon receipt and logging in at VIC Records Management, dental records are immediately transferred to the MIC Records Management station for the Odontology Team to begin comparison with victims processed in the morgue.
2. A Medical Investigator may also contact medical providers to obtain antemortem medical charts and body x-rays for comparison. Additional records of value to victim identification may also be pursued as investigative leads.
 - a. Upon discovery and receipt of fingerprint records, and logging in at VIC Records Management, they shall be immediately transferred to the MIC Records Management station for the Fingerprint Team to begin comparison with victims processed in the morgue.
3. All attempts to obtain records shall be documented in the VIP database.

G) Family History (DNA) Team

This Team contacts families in person or by phone to obtain DNA standards of the victim and kinship samples for DNA testing.

1. VIC should provide a separate interview room for DNA counseling to obtain:
 - a. Family tree genetic profile of potential DNA donors,
 - b. Buccal swab collection from family members, and
 - c. Reference materials from the victim, i.e., toothbrush, razors, etc.
2. Selection of the DNA laboratory to perform testing will be determined by the Medical Examiner and local authorities.
 - a. Multiple laboratories may be contracted.
 - b. Procedures for shipping specimens to laboratories will be developed according to the needs of the laboratory. (*See also the VIC DNA Family Reference Collection Protocol, page 304.*)
3. All DNA activities shall be documented in the VIP database.

H) Family Affairs (Remains Release Team-Funeral Directors)

This Team manages and documents the release of identified remains to authorized funeral homes.

1. Documentation procedures will be determined by Medical Examiner.
2. Notify funeral home of release status update as indicated in VIP. (See page 523 through 530.)
3. Notify Remains Storage of identification and potential release.
4. Coordinate release with funeral home including personal effects as appropriate.
5. Remains Log out procedure documented in VIP:
 - a. Victim's name (with all associated MRN cases listed),
 - b. Contact date and time with authorized next-of-kin
 - c. Name of NOK authorizing release,
 - d. Funeral home name authorized to receive remains,
 - e. Coordinate receipt of signed copies of release forms as appropriate.
6. Direct driver to Remains Release trailers with necessary authorizing paperwork.
7. Return any outstanding file materials to VIC Records Management and sign them back in for eventual delivery to the MIC Records Management station.
8. All family contacts and release activities shall be documented in the VIP database.

I) VIC Records Management Team

This Team manages and documents the storage of physical VIP antemortem (RM) file folders, while they are present at the VIC, in conjunction with the system set up by the Medical Examiner in the MIC Records Management station.

1. See also, Records Management Policy, page 289; and Flow Chart, 498 through 505.
2. Certain types of records are to be immediately transferred to the MIC Records Management station including:
 - a. Dental Records
 - b. Fingerprint Records
3. Completed RM case files are to be transferred MIC Records Management station after data entry and audits have been completed.
4. All VIC Records Management activities are to be updated in VIP.



J) Support Personnel

Because VIC operations are normally at a site removed some distance from the morgue operations, the Unit tends to operate as a sub ICS system while maintaining true reporting alignment to the FM Operations Group. Support staff may consist of:

1. VIC Supplies/Facilities Specialist to augment DPMU Team issues.
2. FM VIC Documentation Specialist to augment Planning Group issues (e.g., report input for SitRep preparation).
3. FM VIC Administrative Specialist to augment Administration Division issues (e.g., time and travel).

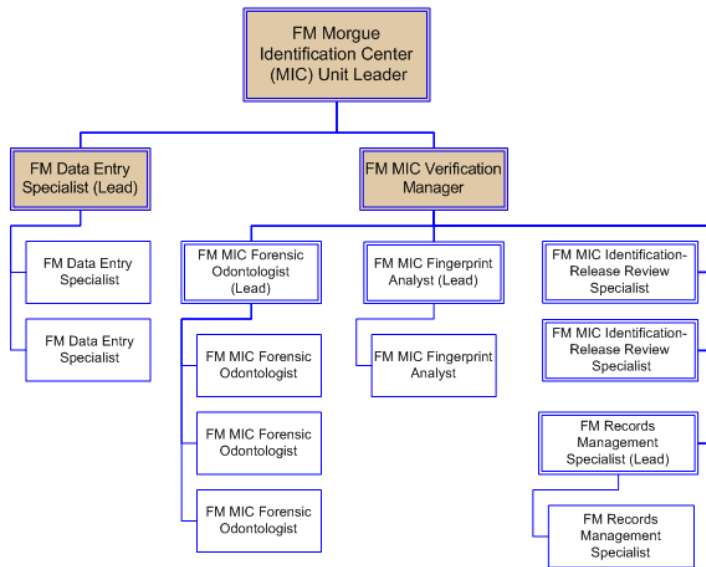


XI Operational Overview - Morgue Identification Center Unit

The FM Group Supervisor should provide regular updates to all team members on the status of the identification process. The Morgue Identification Center (MIC) Unit coordinates the remains identification processing functions including:

- Postmortem VIP data entry, if necessary,
- VIP data analysis of ante and postmortem indicators for leads to identification,
- Antemortem Fingerprint and Odontology Teams,
- Coordination of body x-ray comparisons,
- Channeling presumptive identification reports to the Medical Examiner, and
- Records management of:
 - DVP file folders (MRN Case files),
 - VIP antemortem missing person reports (RM case files),
 - Identified victims (ME Case number as assigned), and
 - Presumptive death certificates, if applicable.

In the absence of designation of duty assignments by the Medical Examiner, the following may be used to organize the Morgue Identification Center Unit.



A FM MIC Verification Manager is selected and made responsible for reviewing all pertinent ante and postmortem data and any other relevant information for the purpose of making presumptive identifications of deceased victims. The FM MIC Verification Manager coordinates the assembly of information indicating a potential identification for presentation to the Medical Examiner for approval. This may include reports of presumptive identification by visual, dental, anatomic features, fingerprint comparison or other means.

Prior to final review, the FM MIC Identification-Release Review Specialist will cross match ante and postmortem files to examine for any conflicting indicators (significant differences). The Verification Team should meet regularly to review the potential matches and determine whether the information is sufficient to recommend a presumptive identification to the local Medical Examiner. If necessary, the FM MIC Verification Manager may call upon specialists to provide input and review such as:

- Radiologists, or
- DNA lab representative.



If the Verification Team is in agreement on a presumptive identification VIP is used to generate a Recommendation of Presumptive Identification form which shall be completed, submitted to the Medical Examiner for approval, and placed in the VIP postmortem (MRN) folder of the victim identified. It shall also be scanned as digital media and imported to the applicable media portal for the MRN case in VIP.

All related postmortem files (in the case of additional identified fragmented human remains) shall be assembled into the primary VIP postmortem (MRN) file. The information will be returned to the FM MIC Identification-Release Review Specialist who will initiate:

- VIP entry of the assigned Medical Examiner Case Number,
- Processing of the death certificate, if so directed by the Medical Examiner,
- NOK notification procedures, if applicable and
- Release procedures managed by the VIC Family Affairs Team.

If the Verification Team cannot concur that the information positively identifies a victim, or if the Medical Examiner indicates a need for more information, the files will be returned to the FM MIC Identification-Release Review Specialist with a notation of why the Team cannot support identification. The FM MIC Identification-Release Review Specialist will attempt to obtain additional supporting information that will assist in the identification process.

This Unit manages a variety of tasks all of which are focused on establishing identification of victims. The Medical Examiner may incorporate his or her Medical Investigations staff into this Team including assignment of a Chief Investigator as MIC Unit Leader or FM MIC Verification Manager.

1. Recommended Equipment:
 - a. Adequate space for all agencies to function if multiple, e.g., law enforcement, vital statistics, etc.
 - b. Multiple hard telephone lines for phone, fax, and Internet access, if required
 - c. Computers and printers networked to IRC.
 - d. Color printer/copier/scanner/fax (multiple)
 - e. Restrooms.
 - f. Office supplies.
 - g. Two-way communication equipment.
 - h. Private rooms for consultation and interviews.
 - i. Security personnel.
 - j. Cable television or radio for latest news and situational updates.
 - k. Office equipment, desks, chairs, etc.
2. Maintain On-Duty/Off-Duty Logbook to document individuals staffing the Team. Signature cards with handwritten initials should be made for all MIC personnel rotating in and out since their initials may be added to documents (e.g., when initials are put on a document to verify its computer entry).
3. Location should be separate from morgue and serve as an adjunct to Medical Examiner's investigative staff.

A) Data Entry Team

This Team consists of 3 Data Entry Specialists and performs data entry/auditing in VIP including:

1. Morgue processing station documentation (DVP):
 - a. Pathology exams - body description and trauma,
 - b. Personal Effects
 - c. X-ray,
 - d. Fingerprints,
 - e. Odontology,
 - f. Anthropology, and
 - g. DNA.
2. Process digital photography from DVP (if not performed by the Photography Team):
 - a. Label each photo file in computer with MRN (see Numbering Policy, page 188) and store on server (batch processing for renaming a series of digital photos expedites this process),
 - b. Print a proofsheets of thumbnails for each morgue DVP folder.



B) Verification Team

This Team consists of one or more FM MIC Identification-Release Review Specialists who coordinate identification and notification procedures.

1. Initiate the preliminary antemortem/postmortem record comparisons based on a variety of possible match criteria (e.g., scars, tattoos, surgical procedures, unique clothing, other unique personal effects such as a ring with a specific engraving, etc.).
 - a. Notify FM MIC Verification Manager or others assigned about potential identification or leads, or
 - b. Contact family for additional information if applicable.
2. Receive identification match data for presentation to the FM MIC Verification Manager from:
 - a. Odontology,
 - b. Fingerprints,
 - c. Body X-ray,
 - i. Radiographic identification should be documented by two forensically qualified individuals according to the procedures established by the Medical Examiner.
 - d. Anatomic features (pathology/anthropology), or
 - e. DNA lab results.
3. Assemble all related files of a potential identification case (RM and MRN folders) and examine for logical inconsistencies (e.g., history of amputation but body part is present) prior to presentation to the FM MIC Verification Manager for review.
4. Assist with processing of the death certificate as directed for Medical Examiner signature.
5. Initiate notification of families (procedures to be determined by Medical Examiner) for positive identification to document release:
 - a. If applicable, follow NOK Notification of Positive Identification policy, page 294.
6. Prepare a letter of official notification to the NOK (as directed, drafted, and perhaps signed by the ME). Deliver the letter of official notification to the NOK if applicable to the VIC Family Affairs (Remains Release) Team.
7. Return all files related to the identified victim to the MIC Records Management station.

C) Ante Mortem Fingerprint Team

This Team compares antemortem fingerprint, footprint, and/or palm print records with prints obtained from victims (processed in the Morgue Fingerprint Station).

1. Recommended Staffing:
 - a. 2 Fingerprint Analysts (one designated as Team Lead)
2. Recommended Equipment:
 - a. Scanner for fingerprint records.
 - b. Multiple hard telephone lines for phone and fax.
 - c. Computer and printer networked to IRC.
 - d. Office supplies.
 - e. Color printer/copier/scanner/fax Office equipment, desks, chairs, etc.
3. All antemortem records shall remain with the antemortem (RM) folder except when being processed or examined for final identification comparison.
4. Original postmortem print cards, received by courier from the morgue, shall be logged in and maintained in secure files (copies exist in the DVP) in MRN order.
5. The FEMORS policies regarding Fingerprint Identification, page 292, and Records Management, page 289, should be closely followed.
6. Receive notice from MIC Records Management that antemortem fingerprint records have been received and filed with the antemortem (RM) folder.
7. Retrieve original fingerprint portion of VIP record for comparison.
8. Maintain a log of all positive identifications made.
9. Presumptive identification verification forms require two analysts to concur on ID (Recommendation of Presumptive Identification, in VIP).
10. Deliver presumptive identification report, original MRN print records, and antemortem records used to MIC Verification Manager to initiate final processing.



D) Ante Mortem Odontology Team

This Team shall assure that antemortem information collected is recorded for cross-matching with postmortem dental records (processed in the Morgue Odontology Station).

1. Recommended Staffing:
 - a. 4 Forensic Odontologists (one designated as Team Coordinator).
2. Recommended Equipment:
 - a. Scanner for dental x-ray records.
 - b. Multiple hard telephone lines for phone and fax.
 - c. WinID Computer networked to IRC.
 - d. Office supplies.
 - e. Color printer/copier/scanner/fax Office equipment, desks, chairs, etc.
3. All antemortem dental records shall remain with the antemortem (RM) folder except when being processed or examined for final identification comparison.
4. The FEMORS policies regarding Odontology Protocol Guide, page 232, and Records Management, page 289, should be closely followed.
5. WinID shall be used for antemortem data entry.
6. Receive notice from MIC Records Management that dental records have been received and filed with the antemortem (RM) folder.
7. Retrieve antemortem dental portion of (RM) folder record for comparison.
8. Retrieve postmortem dental portion of potential DVP records for comparison, if necessary.
9. Maintain a log of all positive identifications made.
10. Make printed images of comparison for VIP and DVP folders.
11. Presumptive identification verification forms require two forensic Odontologists to concur on ID (Recommendation of Presumptive Identification form in VIP).
12. Deliver presumptive identification report, antemortem dental records, and postmortem dental records used to MIC Verification Manager to initiate final processing.

E) MIC Records Management Team (File Room)

(If separate from Medical Examiner's normal file system)

This Team provides Records Management for disaster only records and is normally kept segregated from the filing of routine Medical Examiner cases.

1. Recommended Staffing:
 - a. 2 FM Records Management Specialists
2. Recommended Equipment:
 - a. Multiple hard telephone lines for phone and fax.
 - b. Computers (2) networked to IRC.
 - c. File cabinets (with locks if location is not inside a securable room).
 - d. Office supplies.
 - e. Color printer/copier/scanner/fax (2)
 - f. Office equipment, desks, chairs, etc.
3. The FEMORS policy regarding Records Management, page 289, should be closely followed.
 - a. See also flow charts 505 through 512.
4. Signature cards with handwritten initials should be made for all File Room personnel since their initials may be added to documents (e.g., when initials are put on logs to verify records release and return).
5. Information Security:
 - a. ALL information is confidential to those assigned to assist with the disaster.
 - b. The Medical Examiner, or designee, remains the official Records Custodian for purposes of release of information.
 - c. No file materials are to leave the File Room unless properly logged out by the Records Management Team to approved personnel. All files must be logged in and out with "File Out" system for tracking.
6. Serves as central receiving and distribution center with logging procedures for:
 - a. VIC and morgue (DVP) case files,
 - b. Dental records (antemortem digital or physical chart records),
 - c. Medical records and body x-rays (antemortem digital or physical chart records),
 - d. DNA samples for testing provided by families (other than those processed by VIC DNA Team),
 - e. Fingerprint records, however,



- i. Ante Mortem Fingerprint Team may request known prints directly from law enforcement agencies for comparison. Digital media may be used to transfer such records.
 - ii. These external source records shall be added to the antemortem (RM) file.
7. The MIC Records Management Team will maintain a log and VIP tracking for ANY information that leaves the File Room. This log will note:
 - a. Victim's name, RM, or MRN of case file,
 - b. Exact items taken (i.e., dental or fingerprint records),
 - c. Date, time, and person who checked it out,
 - d. Date, time, and person who returned it and checked it back in.
8. Upon arrival in the File Room, all antemortem records (VIP interview forms, X-rays, photographs, etc.) must be labeled with the victim's name and/or unique number, if applicable, and filed with the primary RM folder. Do NOT place a permanent label directly over information on them, if at all possible. Place them into separate clear sheet protectors or envelopes, if necessary, that are labeled with the:
 - a. victim's name and/or unique number, and
 - b. nature of contents:
 - i. medical records,
 - ii. dental records,
 - iii. fingerprint records, etc.
9. Individual missing persons (whether known or suspected) will each have an antemortem file. Individual folders are required even if multiple members of the same family are victims.
10. ALL antemortem information and records received will be manually logged by the MIC Records Management Team in two separate logs:
 - a. In the MIC Record Mgmt RM Log (page 402, printed versions of Excel spreadsheets to track records). This is maintained separately from the file folders in case a folder is missing.
 - b. In the individual's antemortem (RM) file folder a running log is kept of all materials added to the file (see Case File Folder Inventory 367), and
11. As time permits, update VIP with records tracking log information.
12. It is the responsibility of the MIC Records Management Team and Database Team Leader (or their designees) to reconcile the hard copy file folder inventory with computer files.
13. All ante and postmortem information and records are to be handled as evidence. The chain of custody of records must be maintained via the logs. The MIC Records Management Team must be able to account for all received information/records, whether they are in the direct possession of the MIC Records Management Team or checked out to an authorized individual.
14. For postmortem records, the Morgue Reference Number (MRN) system will be decided upon at the beginning of the incident by the Medical Examiner and FM Group Supervisor (see Human Remains Numbering System Policy, page 188). The established numbering systems must be used throughout the MIC. MIC personnel will not use any additional or alternative numbering system without prior authorization from the Medical Examiner or MIC Director.
15. File categories:
 - a. Unidentified Remains case files in MRN order and containing (if applicable):
 - i. DVP processing paperwork,
 - ii. Printouts of digital photos from scene and morgue,
 - iii. Digital media copy of all photos taken,
 - iv. Printouts of digital dental x-rays,
 - v. Digital media copy of all digital dental x-rays taken,
 - vi. Printouts of digital body x-rays,
 - vii. Digital media copy of all digital body x-rays taken, and
 - viii. Personal Effects & Body Release (Chain of Custody) Forms.
 - b. Missing Person Reports (RM) case files in Last Name alphabetical order and containing (if applicable):
 - i. Printed VIP interview form along with original hand completed one,
 - ii. Other law enforcement missing person reports submitted,
 - iii. Medical records or body x-rays submitted,
 - iv. Fingerprint records,
 - v. Dental antemortem records including x-rays, and
 - vi. Notes of contacts for information gathering.



- c. Identified Remains-Medical Examiner determines which Medical Examiner case number to use and merges into one file all related materials containing (if applicable):
- i. Presumptive identification reports,
 - ii. Record of transmittal of death certificate to Vital Stats (via EDRS)
 - iii. VIP RM antemortem reporting forms,
 - iv. Antemortem medical records,
 - v. DVP Photographs,
 - vi. DNA submission documents,
 - vii. MRN folders (multiple if DNA associates parts),
 - viii. Dental records (ante and postmortem),
 - ix. Body X-Ray (ante and postmortem),
 - x. Fingerprints and comparisons made,
 - xi. Remains release and funeral home documentation, and
 - xii. Personal effects release.
- NOTE: There are three types of Identified case files:*
- *Identified and Released*
 - *Identified and Ready for Release*
 - *Identified and Unclaimed.*
- d. Court Issued Presumptive Death Certificates and related documents (if applicable):
- i. Affidavits and supporting documents,
 - ii. Court order,
 - iii. Copy of presumptive death certificate issued, and
 - iv. Record of transmittal of death certificate to Vital Stats:
 - May require funeral director involvement,
 - May require family authorization for funeral home to handle,
 - Vital Stats coordination required.
 - v. If subsequently identified, an amended death certificate must be issued and all this material is moved to the Identified Remains file.
 - vi. These may also be filed with the corresponding reported missing (RM) file.



XII Responder Job Titles / Duty Assignment Checklists

FEMORS' Job Titles provide a formal method to document the basic duties of each position during a mission. Because of the unique nature of each disaster incident, adaptations of mission tasks will be made as needed in conjunction with the needs of the Medical Examiner. The FEMORS Job Titles on the following pages assume an optimal situation and full implementation of FEMORS capabilities.

The forms and logs listed in the Job Titles are for reference. Flexibility and adaptability are critical to a successful mission so any of these may be altered to meet the needs of a particular mission. Log sheets, in particular, are not intended to replace computer data entry. They serve as a redundant, quick reference guide to aid those working in the various stations when simple questions arise about what types of processing were accomplished for each case. When processing of all remains has been completed, the various logs are transferred to the Morgue Identification Center's Records Management Team.

It is important to lay out the distinction once again between *Job Title* (credentials and duty assignment, see page 75) and *Member Classification* (qualifications to become a member of the organization, see page 17).

- Job Title represents the response assignment under ICS in a *typed* team and defines the duties to be performed.
 - e.g., FM VIC Interview Specialist
 - e.g., FM Morgue Escort
- Member Classification represents the category of affiliation in the organization that defines the rate of compensation.
 - e.g., Mortuary Officer
 - e.g., Odontologist, Certified Forensic
- They do not necessarily always match!
 - A *Member Classification* may be used to fulfill any number of *Job Titles* as long as the required criteria of the *Job Title's* credentials are satisfied.
 - Job Title assignments may change during a deployment.
 - For example, a member classified as an Odontologist, Certified Forensic may serve as any of the following:
 - FM MIC Forensic Odontologist,
 - FM VIC Dental-Medical Records Acquisition Specialist,
 - FM Morgue Forensic Odontologist,
 - FM Morgue Forensic Unit Leader, or
 - Any Job Title for which the required criteria are satisfied.

These Job Titles mirror those developed for state level typed teams focused on Fatality Management first initiated in 2012.

"Typed" Fatality Management Teams consist of:

Team Name	Staff	Operational Overview Reference Page
1. <i>Fatality Management Assessment Team</i>	4	39
• FM Coordination Center (FMCC) staff	8	39
2. Human Remains Recovery Unit	9	47
3. Morgue Forensic Unit	19	53
4. Morgue Processing Unit	24	58
5. Victim Information Center (VIC) Unit	31	65
6. Morgue Identification Center (MIC) Unit	15	69
7. Disaster Portable Morgue Unit (DPMU) Team	10	41
Full Deployment Complement – 116 (<i>without Assessment Team</i>)		

Job Title composition of each of these teams is as follows:

1. Fatality Management Assessment Team (ad-hoc, temporary)
 - Four (4) personnel are expressed in generic terms and not credentialed as individually typed resources
 - Upon arrival of the balance of other teams, these 4 are reassigned to other positions.
 - a. 1 FM experienced state or federal team leader
 - b. 1 FM experienced logistics specialist
 - c. 1 FM experienced victim information (missing person) specialist
 - d. 1 FM experienced forensic specialist
2. Human Remains Recovery Unit (9 personnel)
 - a. 1 FM Human Remains Recovery Unit Leader



- b. 1 FM Human Remains Recovery Documentation Specialist
- c. 1 FM Forensic Photographer
- d. 5 FM Human Remains Recovery Collection Specialists
- e. 1 FM Human Remains Recovery Transportation Staging Specialist
- 3. Morgue Forensic Unit (19 personnel)
 - a. 1 FM Morgue Forensic Unit Leader
 - b. Triage Station
 - 1 FM Morgue Forensic Pathologist
 - 2 FM Morgue Radiology Specialists
 - c. Radiology Station
 - 2 FM Morgue Radiology Specialists
 - d. Pathology Station
 - 1 FM Morgue Forensic Pathologist
 - 2 FM Morgue Pathology Assistants
 - e. Anthropology Station
 - 2 FM Morgue Forensic Anthropologists
 - f. Fingerprint Station
 - 2 FM Morgue Forensic Fingerprint Specialists
 - g. DNA Collection Station
 - 2 FM Morgue DNA Collection Specialists
 - h. Odontology (Dental) Station
 - 2 FM Morgue Forensic Odontologists
 - 2 FM Morgue Dental Assistants
- 4. Morgue Processing Unit (24 personnel)
 - a. 1 FM Morgue Processing Unit Leader
 - b. Admitting Station
 - 2 FM Morgue Admitting Specialists
 - 6 FM Morgue Escorts
 - c. Photography Station
 - 4 FM Forensic Photographers
 - d. Personal Effects Station
 - 3 FM Morgue Personal Effects Specialists
 - e. Embalming-Casketing Station
 - 4 FM Morgue Embalming and Casketing Mortuary Officers
 - f. Remains Storage and Release Station
 - 4 FM Morgue Remains Storage and Release Specialists
- 5. Victim Information Center (VIC) Unit (31 Personnel)
 - a. 1 FM VIC Unit Leader
 - b. 1 FM VIC Information Collection Coordinator
 - c. 5 FM VIC Call Taker Specialist Specialists
 - d. 7 FM VIC Interview Specialists
 - e. 1 FM VIC Volunteer Training Specialist
 - f. 1 FM VIC Behavioral Health/Chaplaincy Specialist
 - g. 1 FM VIC Data/Records Coordinator
 - h. 1 FM VIC Dental/Medical Records Acquisition Specialist
 - i. 5 FM Data Entry Specialists
 - j. 2 FM VIC Family History Specialists
 - k. 2 FM VIC Family Affairs Specialists
 - l. 2 FM Records Management Specialists
 - m. 1 FM VIC Administrative Specialist
 - n. 1 FM VIC Documentation Specialist
- 6. Morgue Identification Center (MIC) Unit (15 personnel)
 - a. 1 FM MIC Unit Leader
 - b. 3 FM Data Entry Specialists
 - c. 1 FM MIC Verification Manager
 - d. 2 FM MIC Identification-Release Review Specialists
 - e. 4 FM MIC Forensic Odontologists



- f. 2 FM MIC Fingerprint Analysts
- g. 2 FM Records Management Specialists
- 7. Disaster Portable Morgue Unit (DPMU) Team (10 personnel)
 - a. 1 FM DPMU Team Leader
 - b. 1 FM DPMU Communications Coordinator
 - c. 1 FM DPMU Communications Information Technology Specialist
 - d. 1 FM DPMU Communications Programming Specialist
 - e. 1 FM DPMU Building/Arrangements Specialist
 - f. 4 FM DPMU Specialists
 - g. 1 FM DPMU Supply Specialist

The mission goals of each of the teams listed above was specified in the preceding Overview sections. Only those job titles specified in the typed teams are identified on the following pages. Job Titles define both duties and credentials.

- Duties identify the tasks to be accomplished by the person assigned.
- Credentials spell out those minimum required criteria for the position assigned.

Every credentialed Job Title contains a listing of required criteria in terms of training, experience and licenses or certification. In addition, there is a common set of criteria required for all Job Titles with respect to physical and medical fitness, and currency of responder-based training or participation. The common set of required criteria is listed in the following table.

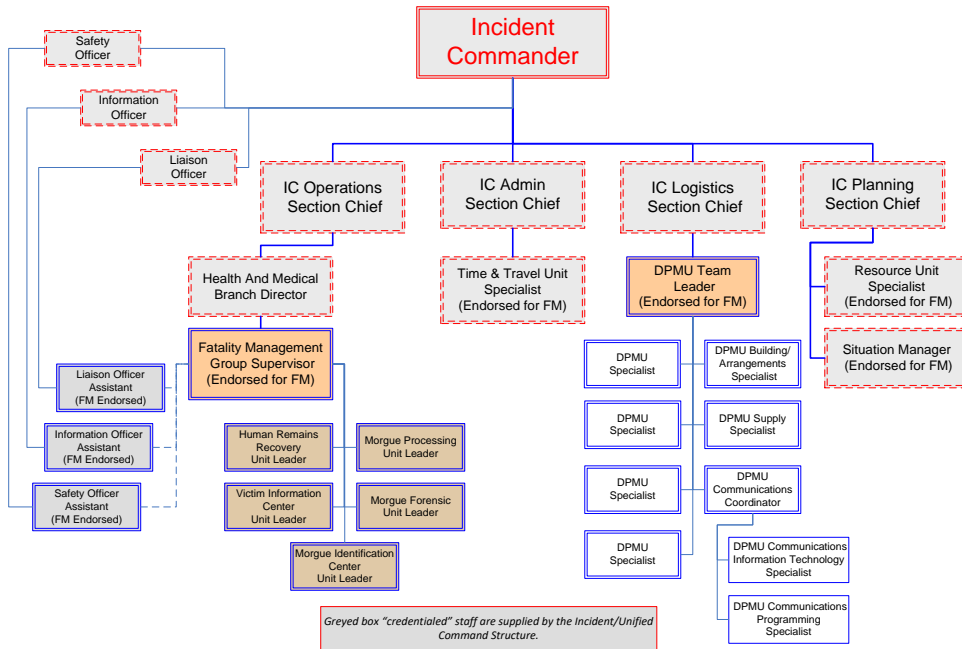
Common Set of Required Criteria

PHYSICAL/ MEDICAL FITNESS:	<ol style="list-style-type: none"> 1. Individuals must be healthy enough to function under field conditions, which may include some or all of the following: <ul style="list-style-type: none"> • 12-hour shifts, austere conditions (possibly no showers, housing in tents, portable toilets). • Extreme weather conditions (long exposure to heat and humidity, lack of air conditioning, extreme cold, wet environments). • Long periods of standing. 2. Individuals should not require personal medications that require refrigeration. 3. Individuals should not have any physical conditions, impairments, or restrictions that would preclude them from participating in the moving and lifting of bodies and/or equipment and supplies. 4. Individuals should realize the psychologically and emotionally challenging nature of dealing with: <ul style="list-style-type: none"> • deceased whole and fragmented human remains in various stages of decomposition; • sights and smells associated with death including seeing children as victims; and • grieving survivors and family members of missing victims. 5. Immunizations: <ul style="list-style-type: none"> Refer to immunization recommendations for emergency responders by Centers for Disease Control (https://www.cdc.gov/disasters/disease/responderimmun.html), including: <ul style="list-style-type: none"> • Td toxoid or Tdap (Tetanus Diphtheria). Receipt of primary series and booster within the past 10 years. • Completion of Hepatitis B Vaccination Series OR completion of a waiver of liability.
CURRENCY:	Qualifying incident experience, exercises, drills, or simulations every five years as determined by the AHJ.
ORDERING SPECIFICATIONS OR DESIGNATIONS	Can be ordered as a single resource? –Yes Can be ordered in conjunction with a NIMS typed team? –Yes Can be ordered in conjunction with a NIMS typed unit? –Yes
REFERENCES:	Note 1: Per NIMS compliance at the time of publication, ICS- and FEMA IS- training courses are listed. Designation of advanced ICS-300 or ICS-400 indicates that the prerequisites of ICS-100 and ICS-200 have been completed. Equivalent courses must meet the NIMS Five-Year Training Plan. As NIMS compliance requirements change, the requirements in this document will change to match them.



A. MEDICAL EXAMINER COMMAND COORDINATION

Fatality Management Coordination Structure





A. MEDICAL EXAMINER COMMAND COORDINATION	
<p>1. Rapid Assessment Go Team Leader for Fatality Management Advance Team <i>(Job title not typed or credentialed at federal level- reassigned to another position upon arrival of other teams)</i></p>	
DESCRIPTION:	<p>The FEMORS Go Team Leader is responsible for immediate response to an incident for the purpose of assessing the initial level of assistance required by the District Medical Examiner and communicating those needs to Department of Health ESF-8 and the FEMORS Director . The FEMORS Director or designee assembles the Go team to consist of:</p> <ul style="list-style-type: none"> 1 FM experienced state or federal team leader 1 FM experienced logistics specialist 1 FM experienced victim information (missing person) specialist 1 FM experienced forensic specialist <p>The goal of the Go Team is to arrive at the disaster within four hours of activation by DOH. Whenever possible the Go Team Leader will attempt to establish telephonic contact with the Medical Examiner prior to physical arrival at the incident.</p>

Credentials Required:

EDUCATION:	High School Diploma or equivalent
TRAINING: SEE COMMON SET OF REQUIRED CRITERIA, NOTE 1 (PAGE 77)	<p>Completion of the following courses/curricula:</p> <ol style="list-style-type: none"> 1. ICS-400: Advanced ICS for Command and General Staff, Complex Incidents, and MACS 2. IS-700A: NIMS, An Introduction. 3. IS-800B: NRF, An Introduction.
EXPERIENCE:	<ol style="list-style-type: none"> 1. Minimum of 5 years supervisory, management, or administrative experience in a Medical Examiner/Coroner system, law enforcement, or other death related career field. 2. Intermediate computer skills including e-mail, internet, and Microsoft Office Word and Excel spreadsheet proficiency. 3. Qualifying mass fatality incident experience, exercises, drills, or simulations every five years as determined by the Authority Having Jurisdiction (AHJ).
PROFESSIONAL AND TECHNICAL LICENSES AND CERTIFICATIONS	Not Applicable

Description of Duties

- Establishes and maintains liaison with District Medical Examiner and ICS Commander to identify needs and services until the designation and arrival of the FM Group Supervisor, or Deputy
- Assesses facilities requirements and locations for proper and timely setup and activation of the
 - FEMORS FM Coordination Center (FMCC),
 - Human Remains Recovery Transport Staging Area,
 - Morgue Operations Center (MOC),
 - Victim Information Center (VIC),
 - Morgue Identification Center (MIC),
 - Information Resources Center (IRC), and
 - other areas of operation as applicable.
- Communicates an Incident Situation Report (SitRep) to DOH/ESF-8 and FEMORS Director to identify

level of response needed (e.g., VIC, morgue teams, etc.)

- Remains as the Acting FM Group Supervisor until the arrival or designation of the FM Group Supervisor.

Upon Activation

- [] Upon receipt of advisory or alert, confirm the notification to DOH/ESF-8 and obtain instructions from FEMORS Director. Obtain 24-hour contact numbers.
- [] Review applicable sections of the FEMORS FOG as a refresher.
- [] Initiate telephone contact, if possible, with the Medical Examiner to advise of options available and potential response times.
- [] Respond to the incident to establish initial liaison



- with the District Medical Examiner and ICS Commander.
- [] Collect as much data as can be obtained about the type, location, and time frame of the mission.
 - [] Maintain ongoing communications with DOH/ESF-8 until the FMCC is on-site and operational.

On-site Operations

- [] Contact District Medical Examiner and ICS Commander to develop an initial SitRep to include:
 - Estimated victim count,
 - Resource needs,
 - Team support layout and requirements (e.g., FMCC, MOC, VIC, MIC, IRC),
 - Staging location for responding team members,
 - Communications procedures, and
 - Local and site hazards and personal safety precautions.

- [] Participate in planning and strategy sessions with local officials and communicate updates to the DOH/ESF-8 and FEMORS Director.
- [] Evaluate the capability of resources to complete the assignment. Order additional resources if needed.
- [] Upon arrival of FM Group Supervisor:
 - Provide SitRep,
 - Transfer all mission records, documentation, etc., to replacement, and
 - Accept duty reassignment.

Deactivation

- [] Ensure all equipment (Equipment Assignment form page 331) is returned to Logistics.
- [] Participate in development of a formal Team After Action Report.



A. MEDICAL EXAMINER COMMAND COORDINATION	
2. Fatality Management Group Supervisor <i>(State-level job title not specifically typed or credentialed at federal level but a person endorsed for FM by the Incident Commander or designee.)</i>	
DESCRIPTION:	The FM Group Supervisor is responsible for managing all aspects of a FEMORS mission from the time of activation through the return to the home jurisdiction including all resources (e.g., personnel and equipment). The FM Group Supervisor (if other than the Medical Examiner) reports directly to Medical Examiner, Operations Health & Medical Branch Director or other position as designated by the ICS Commander.

Credentials Required:

EDUCATION:	High School Diploma or equivalent
KNOWLEDGE, SKILLS, AND ABILITIES:	<ol style="list-style-type: none"> 1. Ability to work with database operations and tracking software 2. Familiarity with communications and logistics 3. Knowledge of public health needs, missing persons procedures, forensic requirements, and chain of custody needs
TRAINING: SEE COMMON SET OF REQUIRED CRITERIA, NOTE 1 (PAGE 77)	Completion of the following courses/curricula: <ol style="list-style-type: none"> 4. ICS-400: Advanced ICS for Command and General Staff, Complex Incidents, and MACS 5. IS-700A: NIMS, An Introduction. 6. IS-800B: NRF, An Introduction.
EXPERIENCE:	<ol style="list-style-type: none"> 1. Minimum of 5 years supervisory, management, or administrative experience in a Medical Examiner/Coroner system, law enforcement, or other death related career field. 2. Intermediate computer skills including e-mail, internet, and Microsoft Office Word and Excel spreadsheet proficiency. 3. Qualifying mass fatality incident experience, exercises, drills, or simulations every five years as determined by the Authority Having Jurisdiction (AHJ).
PROFESSIONAL AND TECHNICAL LICENSES AND CERTIFICATIONS	Not Applicable

Description of Duties

- | | |
|---|---|
| <ul style="list-style-type: none"> • Establishes and maintains liaison with District Medical Examiner, DOH/ESF-8, and ICS Commander to identify needs and services. • Assigns and supervises Unit Leaders for: <ul style="list-style-type: none"> ○ Human Remains Recovery Unit ○ Morgue Forensic Unit ○ Morgue Processing Unit ○ Victim Information Center Unit ○ Morgue Identification Center Unit • Establishes liaison with <ul style="list-style-type: none"> ○ DPMU Team Leader ○ Liaison Officer Assistant ○ Information Officer Assistant ○ Safety Officer Assistant ○ FM Planning Resource Unit Specialist ○ FM Planning Situation Manager ○ FM Administrative Time and Travel Unit | <p style="text-align: center;">Specialist</p> <ul style="list-style-type: none"> • Implements the Situation Report (SitRep) or other documentation needed by Incident Command to assemble the Incident Actions Plan (IAP) • Ensures proper and timely setup and activation of the <ul style="list-style-type: none"> ○ FEMORS FM Coordination Center (FMCC), ○ Human Remains Recovery Transport Staging Area, ○ Morgue Operations Center (MOC), ○ Victim Information Center (VIC), ○ Morgue Identification Center (MIC), ○ Information Resources Center (IRC), and ○ other areas of operation as applicable. • Ensures that supplies and support necessary to accomplish FEMORS mission objectives and activities are available. • Assigns Unit Leaders and provides direction and control. |
|---|---|



- Interacts with the DOH/ESF-8 for the coordination of Team staffing rotation and resupply requirements.
- Attends briefings with Medical Examiner and ensures all Team personnel are kept informed of mission objectives and status changes.
- Ensures the completion of all required reports and maintenance of records for DOH/ESF-8.
- Ensures Extended Incident Stress Syndrome (EISS) management activities for team members are addressed.
- Prepares the deployment After Action Review.

Upon Activation

- [] Upon receipt of advisory or alert, confirm the notification to DOH/ESF-8 and obtain instructions from FEMORS Director . Obtain 24-hour contact numbers.
- [] Establish communications with the Assessment Team, if applicable, to identify staging area.
- [] Collect as much data as can be obtained about the type, location, and timeframe of the mission and communicate to the DOH/ESF-8.
- [] Coordinate potential activation needs with Go Team and DOH/ESF-8.
- [] Activate Team readiness notification system to identify personnel ready for deployment.
- [] Ensure information on site conditions, prevailing environmental issues, and necessary resource requirements is obtained for DOH/ESF-8.
- [] Determine the specific personal gear required for incident area climate and location.
- [] Brief Rapid Assessment Go Team on:
 - Current situation status,
 - Schedule for events if full activation occurs,
 - Mobilization timetable, if full activation occurs,
 - Types of assistance likely to be needed, and
 - Appropriate personal gear and equipment required for the specific disaster area climate and location.
- [] Receive formal activation notice from DOH/ESF-8.
- [] Ensure that assigned Unit Leaders are adequately briefed on and understand the following:
 - Staging area,
 - Individual, Unit, and Team performance expectations, and
 - Methods for establishing and changing Team priorities.
- [] Ensure all personnel review applicable Job Titles of the FEMORS FOG.
- [] Discuss and coordinate anticipated logistical requirements with the Unit Leaders.
- [] Maintain ongoing communications with DOH/ESF-8.

On-site Operations

- [] Contact District Medical Examiner and ICS

Commander and receive an initial briefing to include:

- Incident Situation Report (SitRep).
 - Team objectives and assignment (scope of mission)
 - Operational work periods.
 - Team support layout and requirements (e.g., FMCC, MOC, VIC, MIC, IRC),
 - Communications procedures,
 - Procedures for requesting supplies and equipment if through local EOC.
 - team member medical treatment resources and evacuation procedures, and
 - Site hazards and personal safety precautions.
- [] With FM Planning Group Supervisor, develop and implement the Incident Action Plan (IAC).
 - [] Ensure an initial full Team briefing for all arriving personnel is conducted to include:
 - Team organizational structure,
 - Chain of command,
 - Centers layout and requirements,
 - Latest event information,
 - Environmental conditions,
 - Media issues and procedures,
 - Communications procedures,
 - Disaster Team Code of Conduct,
 - Operational work periods,
 - Team medical treatment and evacuation procedures,
 - Process for requesting supplies and equipment,
 - Site hazards and personal safety precautions, and
 - Other information provided by the Unit Leaders or Team specialists.
 - [] Identify local and DOH/ESF-8 reporting requirements:
 - To whom.
 - Type of information to be reported.
 - Reporting schedule.
 - Means of reporting.
 - [] Ensure that Division Supervisors develop a process to determine an overall operational assessment process that includes:
 - Functional requirements and immediate needs,
 - Work schedules for extended operations,
 - Rest and rotation periods for personnel, and
 - Adequacy of support facilities.
 - [] Evaluate the capability of resources to complete the assignment. Order additional resources if needed.
 - [] Monitor on-site coordination between the functions within the Team, other responders, local officials, and the DOH/ESF-8.
 - [] Conduct regular Team meetings and daily briefings. Identify:
 - Who should attend
 - Schedule
 - Unique agenda items



- [] Evaluate on-going Team operational performance in meeting established objectives to include:
 - Effectiveness of overall Team operations,
 - Assessment of equipment shortages and needs,
 - Assurance of health and welfare needs of personnel including the need to drink fluids, obtain nourishment, and take rest periods,
 - Assessment of fatigue in personnel,
 - Assessment of signs of EISS in personnel, and
 - Adherence to established procedures.
- [] Ensure demobilizing Unit/Team Leaders are debriefed.
- [] Review the status of the current Team assignment and advise the local official(s) and DOH/ESF-8 whether continued effort is necessary and advisable.
- [] Ensure the development of a FEMORS Demobilization Plan to include transition of FEMORS Team duties to Medical Examiner procured local assistance.
- [] Brief Command and General Staff concerning terminating the mission and preparing to return to home base.
- [] Prior to the receipt of the demobilization order, provide an estimate to the DOH/ESF-8 of the

personnel hours necessary for equipment clean-up/rehab of DPMU.

Deactivation

- [] Ensure all personally issued equipment (Equipment Assignment form page 331) is returned to Logistics.
- [] Ensure that personnel are assigned to assist with the breakdown of the DPMU, if necessary, and policing the areas of operation.
- [] Ensure the return of FEMORS FMCC site to at least its original condition.
- [] Maintain contact with the DOH/ESF-8 and follow demobilization plan.
- [] Conduct a Unit Leader debriefing session prior to the return to the home jurisdiction.
- [] Ensure all mission records, documentation, etc., are forwarded to DOH for archiving (exclude victim and investigation documentation), if applicable.
- [] Ensure follow up Team EISS management activities are conducted, if applicable.
- [] Prepare a formal Team After Action Report and forward to DOH, with copies to the FEMORS sponsoring organization, within 60 days after return from the mission.



A. MEDICAL EXAMINER COMMAND COORDINATION	
3. Liaison Officer Assistant <i>(Job title not specifically typed or credentialed at federal level but filled by a person endorsed for FM by the Incident Commander or designee.)</i>	
DESCRIPTION:	Incidents that are multi-jurisdictional, or have several agencies involved, may require the establishment of the Liaison Officer Assistant position on the Command Staff. The Liaison Officer Assistant is responsible for coordinating support agencies that wish to interact with the Medical Examiner. The Liaison Officer Assistant reports directly to the FM Group Supervisor and coordinates higher level needs with the Liaison Officer of the IC Command staff

Credentials Required:

EDUCATION:	High School Diploma or equivalent
TRAINING: SEE COMMON SET OF REQUIRED CRITERIA, NOTE 1 (PAGE 77)	Completion of the following courses/curricula: <ol style="list-style-type: none"> 1. ICS-100: Introduction to ICS. 2. ICS-200: Basic ICS. 3. IS-700A: NIMS, An Introduction. 4. IS-800B: NRF, An Introduction.
EXPERIENCE:	<ol style="list-style-type: none"> 1. Minimum of 2 years supervisory experience with a Medical Examiner/Coroner office or in a supervisory capacity with a law enforcement agency. 2. Intermediate computer skills including e-mail, internet, and Microsoft Office Word and Excel spreadsheet proficiency. 3. Qualifying incident experience, exercises, drills, or simulations every five years as determined by the Authority Having Jurisdiction (AHJ).
PROFESSIONAL AND TECHNICAL LICENSES AND CERTIFICATIONS	None

Minimum FEMORS Classification:

- FEMORS Commander Appointment

Description of Duties

- Serves as a contact point for Agency Representatives.
- Assists in establishing and coordinating interagency contacts.
- Monitors incident operations to identify current or potential inter-organizational problems.
- Coordinates activities of visiting dignitaries.

Upon Activation

- [] Upon receipt of advisory or alert obtain instructions from FM Group Supervisor. Obtain 24-hour contact numbers.
- [] Review applicable sections of the FEMORS FOG as a refresher with particular attention to Operational Overviews and policies on:
 - Pre Processing Operations (page 39)
 - Morgue Operations (page 50)
 - VIC Operations (page 65)
 - Code of Conduct (page 176)

- Equipment and Supplies Requisition (page 177)

On-site Operations

- [] Report in at the FM Coordination Center for assignment and log in procedures at the beginning of each shift.
- [] Participate in planning meetings, providing current resource status, including limitations and capability of assisting agency resources.
- [] Maintain a list of assisting and cooperating agencies and Agency Representatives.
- [] Monitor check-in sheets daily to ensure that all Agency Representatives are identified.

Deactivation

- [] Provide report and briefing to replacement on status of operations if rotating out prior to termination of the FEMORS mission.
- [] Ensure all personally issued equipment (Equipment Assignment form page 331) is returned to Logistics.
- [] Ensure that all required agency forms, reports and documents are completed prior to demobilization.
- [] Participate in a formal Team After Action Report.



A. MEDICAL EXAMINER COMMAND COORDINATION	
4. Information Officer Assistant <i>(Job title not specifically typed or credentialed at federal level but filled by a person endorsed for FM by the Incident Commander or designee.)</i>	
DESCRIPTION:	The Information Officer Assistant is responsible for developing and releasing information about the incident to the news media, to incident personnel, and to other appropriate agencies and organizations as determined by the Medical Examiner's needs. The Information Officer Assistant reports directly to the FM Group Supervisor and coordinates higher level needs with the Information Officer of the IC Command staff.

Credentials Required:

EDUCATION:	High School Diploma or equivalent
TRAINING: SEE COMMON SET OF REQUIRED CRITERIA, NOTE 1 (PAGE 77)	Completion of the following courses/curricula: <ol style="list-style-type: none"> 1. ICS-100: Introduction to ICS. 2. ICS-200: Basic ICS. 3. IS-700A: NIMS, An Introduction. 4. IS-800B: NRF, An Introduction.
EXPERIENCE:	<ol style="list-style-type: none"> 1. Minimum of 2 years supervisory experience with a Medical Examiner/Coroner office or in a supervisory capacity with a law enforcement agency. 2. Intermediate computer skills including e-mail, internet, and Microsoft Office Word and Excel spreadsheet proficiency. 3. Qualifying incident experience, exercises, drills, or simulations every five years as determined by the Authority Having Jurisdiction (AHJ).
PROFESSIONAL AND TECHNICAL LICENSES AND CERTIFICATIONS	None

Minimum FEMORS Classification:

- FEMORS Commander Appointment

- Equipment and Supplies Requisition (page 177)

Description of Duties

- Develop material for use in media briefings.
- Informs media and conducts media briefings if requested by Medical Examiner.
- Arranges for tours and other interviews or briefings that may be required.

On-site Operations

- Report in at the FM Coordination Center for assignment and log in procedures at the beginning of each shift.
- Participate in planning meetings, providing media information that may be useful to incident planning.
- Obtain Medical Examiner approval of media releases.
- Maintain current information summaries and/or displays on the incident and provide information on the status of the incident to assigned personnel.

Upon Activation

- Upon receipt of advisory or alert obtain instructions from FM Group Supervisor. Obtain 24-hour contact numbers.
- Review applicable sections of the FEMORS FOG as a refresher with particular attention to Operational Overviews and policies on:
 - Pre Processing Operations (page 39)
 - Morgue Operations (page 50)
 - VIC Operations (page 65)
 - Code of Conduct (page 176)

Deactivation

- Provide report and briefing to replacement on status of operations if rotating out prior to termination of the FEMORS mission.
- Ensure all personally issued equipment (Equipment Assignment form page 331) is returned to Logistics.
- Participate in a formal Team After Action Report.



A. MEDICAL EXAMINER COMMAND COORDINATION	
5. Safety Officer Assistant <i>(Job title not specifically typed or credentialed at federal level but filled by a person endorsed for FM by the Incident Commander or designee.)</i>	
DESCRIPTION:	The Safety Officer Assistant is responsible for assessing hazardous and unsafe situations and developing measures for ensuring personnel health and safety. The Safety Officer Assistant may be assigned assistants to serve at remote sites. The Safety Officer Assistant has emergency authority to stop and/or prevent unsafe acts. The Safety Officer Assistant reports directly to the FM Group Supervisor and coordinates higher level needs with the Safety Officer of the IC Command staff.

Credentials Required:

EDUCATION:	High School Diploma or equivalent
TRAINING: SEE COMMON SET OF REQUIRED CRITERIA, NOTE 1 (PAGE 77)	Completion of the following courses/curricula: <ol style="list-style-type: none"> 1. ICS-100: Introduction to ICS. 2. ICS-200: Basic ICS. 3. IS-700A: NIMS, An Introduction. 4. IS-800B: NRF, An Introduction. 5. HazMat Awareness Training or equivalent basic instruction consistent with: <ol style="list-style-type: none"> a. the hazards anticipated to be present, or present at the scene, b. the probable impact of those hazards, based upon the mission role of the individual, and c. use of the personal protective equipment consistent with “Guidance on Emergency Responder Personal Protective Equipment (PPE) for Response to CBRN Terrorism Incidents,” Dept of HHS, Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health (June 2008). (Note 2)
EXPERIENCE:	<ol style="list-style-type: none"> 1. Minimum of 2 years supervisory experience with a Medical Examiner/Coroner office or in a supervisory capacity with a law enforcement agency. 2. Intermediate computer skills including e-mail, internet, and Microsoft Office Word and Excel spreadsheet proficiency. 3. Qualifying incident experience, exercises, drills, or simulations every five years as determined by the Authority Having Jurisdiction (AHJ).
PROFESSIONAL AND TECHNICAL LICENSES AND CERTIFICATIONS	None
COMMENTS:	Note 2: CBRNE Contaminated human remains are NOT brought into or processed in a routine morgue setting until decontaminated to the point where they are deemed safe to handle in Level D (Universal Precautions) PPE.

Minimum FEMORS Classification:

- Safety Officer

Description of Duties

- Develops measures for ensuring personnel health and safety.
- Coordinates with Command Staff regarding emergency response personnel health and safety issues.
- Investigates and reports injuries and treatments in

accordance with Worker Compensation guidelines.

- Monitors safety procedures in all working environments.
- Stops and/or prevents unsafe acts.

Upon Activation

- [] Upon receipt of advisory or alert obtain instructions from FM Group Supervisor. Obtain 24-hour contact numbers.



- [] Review applicable sections of the FEMORS FOG as a refresher with particular attention to Operational Overviews and policies on:
 - Health Issues (page 27)
 - Vehicle Accidents (page 27)
 - Code of Conduct (page 176)
 - Equipment and Supplies Requisition (page 177)

On-site Operations

- [] Report in at the FM Coordination Center for assignment and log in procedures at the beginning of each shift.
- [] Assist Command Staff with daily briefings regarding safety issues.
- [] Assist in developing the Medical Plan (ICS 206 FEMORS Medical Plan), for the IAP if applicable.
- [] Monitor safety procedures at the disaster site environment including:
 - Proper usage of personal protective equipment (PPE).
 - Hydration and fatigue conditions
 - Sunburn protection
 - Insect activity (mosquito)
- [] Monitor safety procedures in the morgue environment including:
 - Proper usage of personal protective equipment (PPE),
 - Control and disposal of contaminated biomedical waste,
 - Shielding procedures and monitoring of radiation in the X-Ray and Odontology stations, and

- Proper use and disposal of hazardous chemicals.
- [] Monitor safety procedures in the VIC DNA Team environment including:
 - Proper usage of personal protective equipment (PPE),
 - Proper handling of biological specimens collected from families, and
 - Control and disposal of contaminated biomedical waste.
- [] Coordinate members' medical assistance with medical provider designated by ESF-8 or ICS.
- [] Coordinate behavioral health and chaplaincy needs as appropriate.
- [] Investigate and report injuries, illnesses, and treatments in accordance with Worker Compensation guidelines.
- [] Maintain a log of all injuries, illnesses, and treatments of members.

Deactivation

- [] Provide report and briefing to Safety Officer Assistant replacement on status of operations if rotating out prior to termination of the FEMORS mission.
- [] Ensure all mission records, documentation, etc., are forwarded to DOH for archiving (exclude victim and investigation documentation).
- [] Ensure all personally issued equipment (Equipment Assignment form page 331) is returned to Logistics.
- [] Participate in a formal Team After Action Report.



A. MEDICAL EXAMINER COMMAND COORDINATION	
6. FM Planning Resource Unit Specialist <i>(Job title not specifically typed or credentialed at federal level but filled by a person endorsed for FM by the Incident Commander or designee.)</i>	
DESCRIPTION:	The Resource Manager is responsible for maintaining the status of all assigned resources (primary and support) at an incident. This is achieved by overseeing the check-in/ check-out of all resources, maintaining a status-keeping system indicating current location and status of all resources, and maintenance of a master list of all resources (e.g., key supervisory personnel, primary and support resources, etc.). The Resource Manager reports directly to the FM Planning Group Supervisor.

Credentials Required:

EDUCATION:	High School Diploma or equivalent
TRAINING: SEE COMMON SET OF REQUIRED CRITERIA, NOTE 1 (PAGE 77)	Completion of the following courses/curricula: <ol style="list-style-type: none"> 1. ICS-100: Introduction to ICS. 2. ICS-200: Basic ICS. 3. IS-700A: NIMS, An Introduction. 4. IS-800B: NRF, An Introduction.
EXPERIENCE:	<ol style="list-style-type: none"> 1. Minimum of 2 years supervisory experience with a Medical Examiner/Coroner office or in a supervisory capacity with a law enforcement agency. 2. Intermediate computer skills including e-mail, internet, and Microsoft Office Word and Excel spreadsheet proficiency. 3. Qualifying incident experience, exercises, drills, or simulations every five years as determined by the Authority Having Jurisdiction (AHJ).
PROFESSIONAL AND TECHNICAL LICENSES AND CERTIFICATIONS	None

Minimum FEMORS Classification:

- FEMORS Commander Appointment

Description of Duties

- Establish the check-in / check-out function at incident locations.
- Maintain master roster of all personnel and equipment resources checked in at the incident.

Upon Activation

- [] See General Duty Assignment Checklist (page 24).
- [] Review applicable sections of the FEMORS FOG as a refresher with particular attention to Operational Overviews and policies on:
 - Pre Processing Operations (page 39)
 - Morgue Operations (page 50)
 - VIC Operations (page 65)
 - Code of Conduct (page 176)
 - Equipment and Supplies Requisition (page 177)

On-site Operations

- [] Identify Command Staff resource reporting requirements:
 - To whom.
 - Type of information to be reported.
 - Reporting schedule.
 - Method of reporting
- [] Coordinate with Commander and FM Planning Group Supervisor to identify Team anticipated personnel rotation requirements.
- [] Prepare and maintain the FM Coordination Center (FMCC) display (to include organization chart and resource allocation and deployment).

Deactivation

- [] Provide report and briefing to replacement on status of operations if rotating out prior to termination of the FEMORS mission.
- [] Ensure all personally issued equipment (Equipment Assignment form page 331) is returned to Logistics.
- [] Participate in a formal Team After Action Report.



A. MEDICAL EXAMINER COMMAND COORDINATION	
7. FM Planning Situation Manager <i>(Job title not specifically typed or credentialed at federal level but filled by a person endorsed for FM by the Incident Commander or designee.)</i>	
DESCRIPTION:	The Situation Manager is responsible for collection, processing and organizing of all incident information. The Situation Manager may prepare future projections of incident growth, maps and intelligence information. The Situation Manager reports directly to the FM Planning Group Supervisor.

Credentials Required:

EDUCATION:	High School Diploma or equivalent
TRAINING: SEE COMMON SET OF REQUIRED CRITERIA, NOTE 1 (PAGE 77)	Completion of the following courses/curricula: <ol style="list-style-type: none"> 1. ICS-100: Introduction to ICS. 2. ICS-200: Basic ICS. 3. IS-700A: NIMS, An Introduction. 4. IS-800B: NRF, An Introduction.
EXPERIENCE:	<ol style="list-style-type: none"> 1. Minimum of 2 years supervisory experience with a Medical Examiner/Coroner office or in a supervisory capacity with a law enforcement agency. 2. Intermediate computer skills including e-mail, internet, and Microsoft Office Word and Excel spreadsheet proficiency. 3. Qualifying incident experience, exercises, drills, or simulations every five years as determined by the Authority Having Jurisdiction (AHJ).
PROFESSIONAL AND TECHNICAL LICENSES AND CERTIFICATIONS	None

Minimum FEMORS Classification:

- FEMORS Commander Appointment

Description of Duties

- Begin collection and analysis of incident data as soon as possible.
- Prepare, post, or disseminate resource and situation status information as required, including special requests.
- Prepare the Incident Status Summary Form (ICS Form 209)
- Provide photographic services and maps if required.

Upon Activation

- [] See General Duty Assignment Checklist (page 24).
- [] Review applicable sections of the FEMORS FOG as a refresher with particular attention to Operational Overviews and policies on:
 - Pre Processing Operations (page 39)
 - Morgue Operations (page 50)
 - VIC Operations (page 65)
 - Code of Conduct (page 176)
 - Equipment and Supplies Requisition (page 177)

On-site Operations

- [] Identify Command Staff situation reporting requirements:
 - To whom.
 - Type of information to be reported.
 - Reporting schedule.
 - Method of reporting
- [] Coordinate with Commander and FM Planning Group Supervisor to identify factors, situations and circumstances to monitor (e.g., caseload projections, weather, traffic flow, etc.)
- [] Prepare periodic projections or as requested by the FM Planning Group Supervisor.

Deactivation

- [] Provide report and briefing to replacement on status of operations if rotating out prior to termination of the FEMORS mission.
- [] Ensure all personally issued equipment (Equipment Assignment form page 331) is returned to Logistics.
- [] Participate in a formal Team After Action Report.



A. MEDICAL EXAMINER COMMAND COORDINATION	
8. FM Administrative Time and Travel Unit Specialist <i>(Job title not specifically typed or credentialed at federal level but filled by a person endorsed for FM by the Incident Commander or designee.)</i>	
DESCRIPTION:	The Time and Travel Manager is responsible for tracking all attendance and travel aspects of a mission from the time of activation through the return to the home jurisdiction. The Time and Travel Manager reports directly to the Administration Group Supervisor (FEMORS Finance Chief).

Credentials Required:

EDUCATION:	High School Diploma or equivalent
TRAINING: SEE COMMON SET OF REQUIRED CRITERIA, NOTE 1 (PAGE 77)	Completion of the following courses/curricula: <ol style="list-style-type: none"> 1. ICS-100: Introduction to ICS. 2. ICS-200: Basic ICS. 3. IS-700A: NIMS, An Introduction. 4. IS-800B: NRF, An Introduction.
EXPERIENCE:	<ol style="list-style-type: none"> 1. Minimum of 2 years administrative experience with extensive Microsoft Office experience. 2. Qualifying incident experience, exercises, drills, or simulations every five years as determined by the Authority Having Jurisdiction (AHJ).
PROFESSIONAL AND TECHNICAL LICENSES AND CERTIFICATIONS	None

Minimum FEMORS Classification:

- Administrative Specialist

Description of Duties

- Performs Administration clerical duties in the FM Coordination Center.
- Processes arriving members for identification cards, travel expense vouchers, and administration documentation of time worked.

Upon Activation

- [] Review applicable sections of the FEMORS FOG as a refresher with particular attention to Operational Overviews and policies on:
 - FEMORS Command Post Events (page 39)
 - Code of Conduct (page 176)
 - Equipment and Supplies Requisition (page 177)
- [] Report in at the FM Coordination Center for assignment and log in procedures at the beginning of each shift.

On-site Operations

- [] Ensure that all personnel time records (Attendance and Leave Record, page 322) are accurately completed and transmitted according to policy.
- [] Ensure all deactivating personnel have completed out-processing documentation and received instructions on submission of travel expenses (Travel Reimbursement Worksheet, page 323).

Deactivation

- [] Ensure all personally issued equipment (Equipment Assignment form page 331) is returned to Logistics.
- [] Assist in the critique of the Unit performance.



B. HUMAN REMAINS RECOVERY UNIT	
1. FM Human Remains Recovery Unit Leader	
DESCRIPTION:	<p>The FM Human Remains Recovery Unit Leader is responsible for overseeing recovery efforts of human remains at a disaster site and serving as the liaison between the morgue operations and state/local recovery efforts. The FM Human Remains Recovery Unit Leader reports directly to the FM Group Supervisor.</p> <p>Duties of this position:</p> <ol style="list-style-type: none"> 1. Oversees, conducts, and directs recovery efforts for human remains at the disaster site. 2. Coordinates and plans for adequate personnel and equipment to perform Recovery operations at the disaster site. 3. Identifies and ensures that proper protective gear (e.g., steel toed and steel shank boots, waders, etc.) is worn at the disaster site by all personnel in hazardous areas. 4. Provides daily safety briefing to recovery personnel. 5. Provides direction and guidance to photographer and documentation specialist for disaster site processing (e.g., sketches, video, and photographs, etc.). 6. Monitors EISS levels of responder personnel and implements stress reduction measures, as necessary. 7. Notifies the FM Morgue Processing Unit Leader of the status and pace of the recovery operation.

Credentials Required:

EDUCATION:	High School Diploma or equivalent
TRAINING: SEE COMMON SET OF REQUIRED CRITERIA, NOTE 1 (PAGE 77)	<p>Completion of the following courses/curricula:</p> <ol style="list-style-type: none"> 1. ICS-400: Advanced ICS for Command and General Staff, Complex Incidents, and MACS 2. IS-700A: NIMS, An Introduction 3. IS-800B: NRF, An Introduction 4. L-984: NIMS ICS Strike Team/ Task Force Leader
EXPERIENCE:	<ol style="list-style-type: none"> 1. Minimum of 2 years supervisory, management, or administrative experience in a Medical Examiner/Coroner system or forensic unit of a law enforcement agency. 2. Intermediate computer skills including e-mail, internet, and Microsoft Office Word and Excel spreadsheet proficiency.
PROFESSIONAL AND TECHNICAL LICENSES AND CERTIFICATIONS	None

Minimum FEMORS Classification:

- Evidence Specialist,
- Anthropologist, Forensic or
- FEMORS Commander Appointment

Upon Activation

- [] Upon receipt of advisory or alert obtain instructions from FM Group Supervisor or FM Operations Group Supervisor. Obtain 24-hour contact numbers.
- [] Review applicable sections of the FEMORS FOG as a refresher with particular attention to Operational

Overviews and policies on:

- Human Remains Recovery Events (page 47)
- Code of Conduct (page 176)
- Equipment and Supplies Requisition (page 177)
- Human Remains Recovery Protocol Guide (page 178)
- Numbering Systems (page 188)



On-site Operations

- [] In conjunction with the FM Group Supervisor, FM Operations Group Supervisor and Medical Examiner,
 - determine the most appropriate disaster site staging area(s) for transport assembly.
 - develop coordinated Human Remains Recovery plans.
- [] Ensure victim remains are not moved until approval has been given by the Medical Examiner.
- [] Ensure that all recovered remains are documented and assigned a unique field or site number.
- [] Follow all Universal Precautions against exposure to communicable disease and biohazards.
- [] Ensure that any associated personal effects that were with the body upon recovery remain with the body when it leaves the disaster site for morgue processing.
- [] Monitor the site for safety hazards. Mitigate hazards.
- [] Maintain documentation of remains recovered and transported to morgue operations center
 - Recovery Site Report, page 333.

- Recovery Site Field Log, page 334.
- Recovery Site SR# Assignment Log, page 335.
- Recovery Site Transport Log, page 336.
- [] Monitor use of supplies and notify Logistics Supply Unit of anticipated replenishment needs.

Deactivation

- [] Provide report and briefing to replacement on status of operations if rotating out prior to termination of the FEMORS mission.
- [] Ensure proper site turnover to local officials after operations are complete.
- [] Ensure all documentation is forwarded to the FM Operations Group Supervisor.
- [] Ensure all personally issued equipment (Equipment Assignment form page 331) is returned to Logistics.
- [] Assist in the critique of the Team performance.
- [] Participate in a formal Team After Action Report.



B. HUMAN REMAINS RECOVERY UNIT	
2. FM Human Remains Recovery Documentation Specialist	
DESCRIPTION:	<p>The FM Human Remains Recovery Documentation Specialist assists in the proper written documentation of human remains recovered from the disaster incident site. The FM Human Remains Recovery Documentation Specialist reports directly to the FM Human Remains Recovery Unit Leader.</p> <p>Duties of this position:</p> <ol style="list-style-type: none"> 1. Oversees the report writing function at the disaster site. 2. Coordinates with the FM Human Remains Recovery Unit Leader to determine reporting requirements required to document location and nature of human remains recovered. 3. Ensures the field assigned number appears in every report whenever possible. 4. Maintains an accurate numbering system for each set of remains located. 5. Provides security of each report and provides duplicates for transportation with the remains to the morgue. 6. Ensures reports are stored on the computer network as time permits.

Credentials Required:

EDUCATION:	High School Diploma or equivalent
TRAINING: SEE COMMON SET OF REQUIRED CRITERIA, NOTE 1 (PAGE 77)	<p>Completion of the following courses/curricula:</p> <ol style="list-style-type: none"> 1. ICS-100: Introduction to ICS. 2. ICS-200: Basic ICS. 3. IS-700A: NIMS, An Introduction. 4. IS-800B: NRF, An Introduction.
EXPERIENCE:	<ol style="list-style-type: none"> 1. Minimum of 1 year investigative experience with a Medical Examiner/Coroner office, funeral service industry, or in an evidence processing capacity with a law enforcement agency. 2. Intermediate computer skills including e-mail, internet, and Microsoft Office Word and Excel spreadsheet proficiency.
PROFESSIONAL AND TECHNICAL LICENSES AND CERTIFICATIONS	None

Minimum FEMORS Classification:

- Anthropologist, Forensic
- Medical Investigator
- Evidence Specialist

- Ensure that steel toed and steel shank boots are available for work at the disaster site.

Upon Activation

- See General Duty Assignment Checklist (page 24).
- Review applicable sections of the FEMORS FOG as a refresher with particular attention to Operational Overviews and policies on:
 - Human Remains Recovery Events (page 47)
 - Code of Conduct (page 176)
 - Equipment and Supplies Requisition (page 177)
 - Human Remains Recovery Protocol Guide (page 178)
 - Numbering Systems (page 188)

On-site Operations

- Report in at the disaster site command post for assignment and log in procedures at the beginning of each shift.
- Brief FEMORS scene personnel if applicable to ensure all understand the overall processing flow and their specific duties and responsibilities.
- Assist with removal, preliminary examination, documentation, and photography of human remains and all personal effects found on or with the remains.
- Ensure that any associated personal effects that were with the body upon discovery remain with the body when it leaves the disaster site for morgue processing.



- [] Ensure that all recovered remains are documented and assigned a unique field or site number.
- [] Maintain documentation of remains recovered and transported to morgue operations center
 - Recovery Site Report, page 333.
 - Recovery Site Field Log, page 334.
 - Recovery Site SR# Assignment Log, page 335.
 - Recovery Site Transport Log, page 336.
- [] Maintain standard practices of evidence preservation.
- [] Assist with segregation of unassociated or commingled human remains for purposes of tracking number assignment.
- [] Follow all Universal Precautions against exposure to communicable disease and biohazards.
- [] Monitor use of supplies and notify Logistics Supply Unit of anticipated replenishment needs.

Deactivation

- [] Provide report and briefing to FM Human Remains Recovery Documentation Specialist replacement on status of operations if rotating out prior to termination of the FEMORS mission.
- [] Document any lost or damaged equipment or item requiring maintenance or servicing and provide list to the FM Human Remains Recovery Unit Leader.
- [] Ensure all personally issued equipment (Equipment Assignment form page 331) is returned to Logistics.
- [] Ensure all records and documentation are completed and forwarded to the FM Human Remains Recovery Unit Leader (or FM Operations Group Supervisor if no FEMORS FM Human Remains Recovery Unit Leader was assigned.)
- [] Assist in the critique of the Team performance.
- [] Participate in a formal Team After Action Report.



B. HUMAN REMAINS RECOVERY UNIT	
3. FM Human Remains Recovery Collection Specialist	
DESCRIPTION:	<p>The FM Human Remains Recovery Collection Specialist assists in the proper collection of human remains recovered from the disaster incident site. The FM Human Remains Recovery Collection Specialist reports directly to the FM Human Remains Recovery Unit Leader.</p> <p>Duties of this position:</p> <ul style="list-style-type: none"> • May serve as Lead for collection staff. • Employs proper PPE to protect against biological contamination when handling human remains. • Tags fragmented and whole human remains as directed with field assigned numbers as directed. • Moves remains into disaster pouches or other suitable transportation containers. • Uses proper lifting techniques with other specialists to move remains from location of discovery to a designated transportation staging area for transport to the morgue.

Credentials Required:

EDUCATION:	High School Diploma or equivalent
TRAINING: SEE COMMON SET OF REQUIRED CRITERIA, NOTE 1 (PAGE 77)	<p>Completion of the following courses/curricula:</p> <ol style="list-style-type: none"> 1. ICS-100: Introduction to ICS. 2. ICS-200: Basic ICS. 3. IS-700A: NIMS, An Introduction. 4. IS-800B: NRF, An Introduction.
EXPERIENCE:	<ol style="list-style-type: none"> 1. Minimum of 1 year investigative experience with a Medical Examiner/Coroner office, funeral service industry, or in an evidence processing capacity with a law enforcement agency. 2. Intermediate computer skills including e-mail, internet, and Microsoft Office Word and Excel spreadsheet proficiency.
PROFESSIONAL AND TECHNICAL LICENSES AND CERTIFICATIONS	None

Minimum FEMORS Classification:

- Photographer,
- Medical Investigator,
- Evidence Specialist, or
- Forensic Specialist

Upon Activation

- [] See General Duty Assignment Checklist (page 24).
- [] Review applicable sections of the FEMORS FOG as a refresher with particular attention to Operational Overviews and policies on:
 - Human Remains Recovery Events (page 47)
 - Code of Conduct (page 176)
 - Equipment and Supplies Requisition (page 177)
 - Numbering Systems (page 188)
- [] Ensure that steel toed and steel shank boots are available for work at the disaster site.

On-site Operations

- [] Report in at the disaster site command post for assignment and log in procedures at the beginning of each shift.
- [] Take appropriate photographs of remains as they are recovered and placed into transport containers ensuring that any Site Recovery Number appears in every photograph taken whenever possible.
- [] Coordinate with Admitting Station at morgue, as time permits, to upload scene photos to the networked file storage system.
- [] Follow all Universal Precautions against exposure to communicable disease and biohazards.

Deactivation

- [] Ensure all personally issued equipment (Equipment Assignment form page 331) is returned to Logistics.
- [] Assist in the critique of the Team performance.



B. HUMAN REMAINS RECOVERY UNIT	
4. FM Human Remains Recovery Fatality Management Human Remains Transportation Staging Specialist	
DESCRIPTION	<p>The Human Remains Transportation Staging Specialist directs and assists in the proper documentation of human remains transported from the disaster incident site to the morgue. The Transportation Staging Specialist reports directly to the FM Human Remains Recovery Unit Leader or other Search and Recovery manager as established by ICS Command Operations.</p> <p>Duties of this position:</p> <ol style="list-style-type: none"> Oversees the remains staging and transport functions at the disaster site from time of collection until the human remains have been transported to the incident morgue. Assists disaster site personnel with tracking recovered remains.

Credentials Required:

EDUCATION:	High School Diploma or equivalent
TRAINING: SEE COMMON SET OF REQUIRED CRITERIA, NOTE 1 (PAGE 77)	Completion of the following courses/curricula: <ol style="list-style-type: none"> ICS-100: Introduction to ICS. ICS-200: Basic ICS. IS-700A: NIMS, An Introduction. IS-800B: NRF, An Introduction.
EXPERIENCE:	<ol style="list-style-type: none"> Minimum of 1 year investigative experience with a Medical Examiner/Coroner office, funeral service industry, or in an evidence processing capacity with a law enforcement agency. Intermediate computer skills including e-mail, internet, and Microsoft Office Word and Excel spreadsheet proficiency.
PROFESSIONAL AND TECHNICAL LICENSES AND CERTIFICATIONS	None

Minimum FEMORS Classification:

- Medical Investigator,
- Evidence Specialist, or
- Mortuary Officer

Upon Activation

- [] See General Duty Assignment Checklist (page 24).
- [] Review applicable sections of the FEMORS FOG as a refresher with particular attention to Operational Overviews and policies on:
 - Human Remains Recovery Events (page 47)
 - Code of Conduct (page 176)
 - Equipment and Supplies Requisition (page 177)
 - Human Remains Recovery Protocol Guide (page 178)
 - Numbering Systems (page 188)
- [] Ensure that steel toed and steel shank boots are available for work at the disaster site.

On-site Operations

- [] Report in at the disaster site command post for assignment and log in procedures at the beginning of

each shift.

- [] Brief FEMORS transport staging personnel to ensure all understand the overall processing flow and their specific duties and responsibilities.
- [] Log in all remains brought to the transport staging area (Recovery Site Transport Log, page 336).
- [] Maintain standard practices of evidence preservation.
- [] Ensure that any associated personal effects that were with the body upon receipt remain with the body when it leaves the disaster site for morgue processing.
- [] Follow all Universal Precautions against exposure to communicable disease and biohazards.
- [] Monitor use of supplies and notify Logistics Supply Unit of anticipated replenishment needs.

Deactivation

- [] Provide report and briefing to replacement on status of operations if rotating out prior to termination of the FEMORS mission.
- [] Document any lost or damaged equipment or item



- requiring maintenance or servicing and provide list to the FM Human Remains Recovery Unit Leader.
- [] Ensure all personally issued equipment (Equipment Assignment form page 331) is returned to Logistics.
 - [] Ensure all records and documentation are completed

- and forwarded to the FM Human Remains Recovery Unit Leader.
- [] Assist in the critique of the Team performance.
 - [] Participate in a formal Team After Action Report.



B. HUMAN REMAINS RECOVERY UNIT	
5. FM Human Remains Recovery Forensic Photographer	
DESCRIPTION:	(See FM Forensic Photographer in Morgue Processing, page 121)

Minimum FEMORS Classification:

- Photographer,
- Medical Investigator,
- Evidence Specialist, or
- Forensic Specialist

Description of Duties

- Oversees the photography function at the disaster site.
- Coordinates with the team leader to determine photographic requirements, equipment and lighting required to capture the desired images.
- Uses subject-matter knowledge to anticipate the various stages in the recovery procedure to recognize points of interest and to apply discretion in documenting elements such as overall and mid-range photographs.
- Carries out precision processing operations to generate high quality digital images or photographs.
- Ensures the Site Recovery Number appears in every photograph taken whenever possible.
- Maintains an accurate numbering system for each set of digital images.
- Provides security of each set of digital.
- Ensures digital photos are stored on the computer network.

Upon Activation

- [] See General Operational Checklist (page 24).
- [] Review applicable sections of the FEMORS FOG as a refresher with particular attention to Operational Overviews and policies on:
 - Human Remains Recovery Events (page 47)
 - Code of Conduct (page 176)
 - Equipment and Supplies Requisition (page 177)
 - Photography (page 225)
 - Numbering Systems (page 188)
- [] Ensure that steel toed and steel shank boots are available for work at the disaster site.

On-site Operations

- [] Report in at the disaster site command post for assignment and log in procedures at the beginning of each shift.
- [] Take appropriate photographs of remains as they are recovered and placed into transport containers ensuring that any Site Recovery Number appears in every photograph taken whenever possible.
- [] Coordinate with Admitting Station at morgue, as time permits, to upload scene photos to the networked file storage system.
- [] Follow all Universal Precautions against exposure to communicable disease and biohazards.

Deactivation

- [] Ensure all personally issued equipment (Equipment Assignment form page 331) is returned to Logistics.
- [] Assist in the critique of the Team performance.



B. HUMAN REMAINS RECOVERY UNIT	
6. FM Human Remains Recovery Human Remains Detection Canine Team	
Description:	Disaster Type canine that displays the drive and nerve strength to endure the type of search work need to cover large areas during multi-day deployments and capable of state-wide deployments. Handler and canine will have good working relationship. The canine will train in the discipline of Human Remains. Dual certifications for canines involved in this type of disaster work is not allowed.

Credentials Required:

Education:	
Training: See Common Set of Required Criteria, Note 1 (page 77)	<p><u>Courses/Certifications required for Canine Handler:</u></p> <ul style="list-style-type: none"> • ICS-100,200, NIMS IS-700 and 800b, or higher • HazMat Awareness Level Course WPPA 4721/CFR 291910.120 Part Q • *Current CPR/AED certification • Current Basic First Aid Course or higher medical training • NASAR Search and Rescue Technician 2 minimum • Completion Bloodborne Pathogens training course that meets or exceeds 29CFR 1910 • Completion of a crime scene awareness class • Completion of Collapsed Structure Awareness training • Completion of approved K9 First Aid course <p><u>Training Classes/Certifications/Competencies required for Canine:</u></p> <ul style="list-style-type: none"> • Canine must be minimum of 12 months of age • Completed CGC or equivalent obedience • Must pass an annual Obedience Proficiency Test • Completion of National Human Remains certification
Experience:	
Professional and Technical Licenses and Certifications	Dual certifications for canines involved in this type of disaster work is not allowed.

Minimum FEMORS Classification:

- K9HD

- Code of Conduct (page 176)
- Equipment and Supplies Requisition (page 177)
- Numbering Systems (page 188)

Description of Duties

- displays the drive and nerve strength to endure the type of search work need to cover large areas during multi-day deployments and capable of state-wide deployments
- Handler and canine will have good working relationship
- The canine will train in the discipline of Human Remains

- [] Ensure that steel toed and steel shank boots are available for work at the disaster site.

On-site Operations

- [] Report in at the disaster site command post for assignment and log in procedures at the beginning of each shift.
- [] Follow all Universal Precautions against exposure to communicable disease and biohazards.

Upon Activation

- [] See General Operational Checklist (page 24).
- [] Review applicable sections of the FEMORS FOG as a refresher with particular attention to Operational Overviews and policies on:

- Human Remains Recovery Events (page 47)

Deactivation

- [] Ensure all personally issued equipment (Equipment Assignment form page 331) is returned to Logistics.
- [] Assist in the critique of the Team performance.



C. MORGUE FORENSIC UNIT	
1. FM Morgue Forensic Unit Leader	
DESCRIPTION:	<p>The FM Morgue Forensic Unit Leader is responsible for overseeing forensic teams in the morgue. The FM Morgue Forensic Unit Leader reports directly to the FM Group Supervisor, Group Supervisor or designee. In the absence of a FM Morgue Forensic Unit Leader the FM Group Supervisor, Group Supervisor or designee may assign one of the forensic specialists to serve in the capacity of the FM Morgue Forensic Unit Leader.</p> <p>Duties of this position:</p> <ol style="list-style-type: none"> 1. In conjunction with the local Medical Examiner/Coroner and FM Operations Group Supervisor, establishes guidelines for assigning a Morgue Reference Number (MRN) and processing procedures for the disaster. 2. Oversees needs and procedures of the: <ol style="list-style-type: none"> a. Radiology, b. Pathology, c. Fingerprint, d. Odontology, e. Anthropology, and f. DNA Collection teams. 3. Communicates supply and equipment needs of forensic stations up the chain for FM DPMU Supply Specialist.

Credentials Required:

EDUCATION:	High School Diploma or equivalent
TRAINING: SEE COMMON SET OF REQUIRED CRITERIA, NOTE 1 (PAGE 77)	<p>Completion of the following courses/curricula:</p> <ol style="list-style-type: none"> 1. ICS-300: Intermediate ICS for Expanding Incidents 2. IS-700A: NIMS, An Introduction 3. IS-800B: NRF, An Introduction 4. L-984: NIMS ICS Strike Team/ Task Force Leader
EXPERIENCE:	<ol style="list-style-type: none"> 1. Minimum of 2 years supervisory, management, or administrative experience with a Medical Examiner/Coroner office, forensic laboratory, or in an evidence processing unit with a law enforcement agency. 2. Intermediate computer skills including e-mail, internet, and Microsoft Office Word and Excel spreadsheet proficiency.
PROFESSIONAL AND TECHNICAL LICENSES AND CERTIFICATIONS	None

Minimum FEMORS Classification:

- Medical Investigator,
- Mortuary Officer, or
- FEMORS Commander Appointment

Upon Activation

- [] See General Duty Assignment Checklist (page 24).
- [] Review applicable sections of the FEMORS FOG as a refresher with particular attention to Operational Overviews and policies on:
 - Morgue Operations (page 50)
 - Code of Conduct (page 176)
 - Equipment and Supplies Requisition (page 177)



- Numbering Systems (page 188)
- Photography (page 225)
- Personal Effects (page 226)
- Classification of Human Remains (page 229)
- Commingled Remains (page 230)
- Jaw Resection (page 231)
- Odontology protocol Guide (page 232)

On-site Operations

- [] Ensure that unassociated human remains are separated from other unassociated remains during processing by Pathology Team, returned to Admitting, and assigned a unique MRN, DVP, and escort.
- [] Maintain constant communications with Team leaders on issues related to changes to or deviations from established disaster specific processing procedures.

- [] Follow all Universal Precautions against exposure to communicable disease and biohazards.
- [] Monitor use of supplies and notify FM Morgue Processing Unit Leader of anticipated replenishment needs.

Deactivation

- [] Provide report and briefing to FM Morgue Forensic Unit Leader replacement on status of operations if rotating out prior to termination of the FEMORS mission.
- [] Ensure all documentation is forwarded to the Morgue Operations Group Leader
- [] Ensure all personally issued equipment (Equipment Assignment form page 331) is returned to Logistics.
- [] Assist in the critique of the Team performance.
- [] Participate in a formal Team After Action Report.



C. MORGUE FORENSIC UNIT	
2. FM Morgue Radiology Specialist	
DESCRIPTION:	<p>The Radiology (Body X-Ray) Specialist is responsible for performing radiograph procedures (X-rays) of disaster victims for the purposes of documentation of the subject. The Radiology (Body X-Ray) Specialist reports directly to the FM Morgue Forensic Unit Leader.</p> <p>Duties of this position:</p> <ol style="list-style-type: none"> 1. May serve as Lead for the Radiology (Body X-Ray) station including the separate Triage station if used. 2. Coordinates with the FM Morgue Forensic Unit Leader to determine radiographic requirements and the appropriate methods for printing and displaying captured digital images. 3. Coordinates the printing of images and duplication onto CD media for each morgue case file folder. 4. Documents dosimeter usage and results for assigned staff.

Credentials Required:

EDUCATION:	Completion of degree requirements, if applicable, to function as a postmortem radiology technician in a Medical Examiner/Coroner office.
TRAINING: SEE COMMON SET OF REQUIRED CRITERIA, NOTE 1 (PAGE 77)	<p>Completion of the following courses/curricula:</p> <ol style="list-style-type: none"> 1. ICS-100: Introduction to ICS. 2. ICS-200: Basic ICS. 3. IS-700A: NIMS, An Introduction. 4. IS-800B: NRF, An Introduction.
EXPERIENCE:	<ol style="list-style-type: none"> 1. Minimum of 2 years autopsy technician experience with a Medical Examiner/Coroner office. 2. Intermediate computer skills including e-mail, internet, and Microsoft Office Word and Excel spreadsheet proficiency.
PROFESSIONAL AND TECHNICAL LICENSES AND CERTIFICATIONS	Active status of legal authority to function, if applicable, as a postmortem radiology technician granted by a state, the District of Columbia, or U.S. territory.

Minimum FEMORS Classification:

- Autopsy technician, or
- Mortuary Assistant

Upon Activation

- [] See General Duty Assignment Checklist (page 24).
- [] Review applicable sections of the FEMORS FOG as a refresher with particular attention to Operational Overviews and policies on:
 - Body X-Ray Team (page 53)
 - Code of Conduct (page 176)
 - Equipment and Supplies Requisition (page 177)
 - Numbering Systems (page 188)
 - Radiology (Body X-Ray) Protocol Guide (page, 190)
 - Records Management (page 289)

On-site Operations

- [] Report in at the morgue admitting station for assignment and log in procedures at the beginning of each shift.
- [] Set up digital body x-ray equipment from DPMU.
- [] Brief Radiology (Body X-Ray) Team morgue personnel to ensure all understand the overall processing flow and their specific duties and responsibilities.
- [] Provide training as necessary in using the computerized digital x-ray system to include:
 - Radiation safety basics including use of pen type dosimeters for monitoring personnel exposure,
 - basic exposure settings on the x-ray portable imager for typical bodies and parts,
 - use and care of the X-ray equipment,
 - encoding the MRN onto the X-ray image,



- use of the scanner for digitizing antemortem x-rays provided by families for comparison, if applicable, and
 - computer program use for on-screen viewing comparisons, storage, printing, and duplication of digital images to CD for the DVP (page, 190).
- [] Follow all radiological precautions (use of lead shielding) to prevent radiation exposure to operators and personnel in the morgue area. Wear protective lead apron and stand at least 12 feet (3.75 m) from the tube head and the nearest edge of the useful beam during exposures.
- [] Take radiographs of remains as required.
- [] Record the MRN on each postmortem x-ray image captured.
- [] Enclose printed copies of postmortem x-ray images in DVP for each set of remains.
- [] Maintain a log (page 351) of cases processed.
- [] Use an assigned scribe, or remove gloves prior to handling, to minimize the potential for contaminating the DVP or forms used.
- [] Complete radiology report documentation in DVP.
- [] Ensure that any associated personal effects that were with the body upon receipt remain with the body when it leaves the Team.

- [] Notify Pathology and Personal Effects Teams of personal effects newly discovered during x-ray processing.
- [] Have captured images reviewed by an anthropologist or pathologist for adequacy.
- [] Follow all Universal Precautions against exposure to communicable disease and biohazards.
- [] Monitor use of supplies and notify FM Morgue Forensic Unit Leader of anticipated replenishment needs.

Deactivation

- [] Provide report and briefing to replacement on status of operations if rotating out prior to termination of the FEMORS mission.
- [] Document any lost or damaged equipment or item requiring maintenance or servicing and provide list to the FM Morgue Forensic Unit Leader.
- [] Ensure all personally issued equipment (Equipment Assignment form page 331) is returned to Logistics.
- [] Ensure all records and documentation are completed and forwarded to the FM Morgue Forensic Unit Leader.
- [] Assist in the critique of the Team performance.
- [] Participate in a formal Team After Action Report.



C. MORGUE FORENSIC UNIT	
3. FM Morgue Forensic Pathologist	
DESCRIPTION:	<p>The FM Morgue Forensic Pathologist assists with the forensic identification process by determining the anatomic conditions indicating the cause of death by examination or by the preservation of sufficient evidence for later identification. The FM Morgue Forensic Pathologist also performs a triage process with the initial documentation and sorting of human remains derived from the recovery containers from the scene. The FM Morgue Forensic Pathologist reports directly to the FM Morgue Forensic Unit Leader.</p> <p>Duties of this position:</p> <ol style="list-style-type: none"> 1. May serve as Lead for Pathology or Triage Stations 2. Oversees the forensic pathology function and may assist in the admitting process with the identification of human remains and fragmented human remains. 3. In conjunction with the FM Morgue Forensic Unit Leader establishes guidelines for pathology procedures. 4. Coordinates documentation, photography, and removal of personal effects from remains. 5. Documents the extent of injuries and anatomic findings to assist in establishing the victim's cause of death and identification by close examination of remains. 6. Performs triage function by determining which morgue processing stations shall be used for the remains. 7. Completes processing documentation forms in morgue case file folder.

Credentials Required:

EDUCATION:	M.D. or D.O. with specialty in Forensic Pathology.
TRAINING: SEE COMMON SET OF REQUIRED CRITERIA, NOTE 1 (PAGE 77)	<p>Completion of the following courses/curricula:</p> <ol style="list-style-type: none"> 1. ICS-100: Introduction to ICS. 2. ICS-200: Basic ICS. 3. IS-700A: NIMS, An Introduction. 4. IS-800B: NRF, An Introduction.
EXPERIENCE:	<ol style="list-style-type: none"> 1. Minimum of 2 years forensic pathology experience with a Medical Examiner/Coroner office. 2. Intermediate computer skills including e-mail, internet, and Microsoft Office Word and Excel spreadsheet proficiency.
PROFESSIONAL AND TECHNICAL LICENSES AND CERTIFICATIONS	<ol style="list-style-type: none"> 1. Active status of legal authority to function as a FM Morgue Forensic Pathologist granted by a state, the District of Columbia, or U.S. territory. 2. American Board of Pathology-Forensic

Minimum FEMORS Classification:

- Forensic Pathologist

Upon Activation

- [] See General Duty Assignment Checklist (page 24).
- [] Review applicable sections of the FEMORS FOG as a refresher with particular attention to Operational Overviews and policies on:
 - Admitting/Morgue Escort Team (page 58)
 - Pathology Team (page 54)
 - Photography Team (page 60)

- Personal Effects Team (page 61)
- Code of Conduct (page 176)
- Equipment and Supplies Requisition (page 177)
- Numbering Systems (page 188)
- Photography (page 225)
- Personal Effects (page 226)
- Classification of Human Remains (page 229)
- Commingled Remains (page 230)
- Jaw Resection (page 231)



On-site Operations

- [] Report in at the morgue admitting station for assignment and log in procedures at the beginning of each shift.
- [] Assist in the setup of the pathology station.
- [] Brief Pathology Team personnel to ensure all understand the overall processing flow and their specific duties and responsibilities.
- [] Ensure all personnel follow pathology protocols.
- [] Ensure that unassociated human remains are:
 - separated from other unassociated remains during processing,
 - returned to Admitting, and
 - assigned a unique MRN, DVP, and escort.
- [] Coordinate with Photography and Personal Effects Team personnel the documentation and collection of personal effects.
- [] Collect body fluids/tissue specimens for toxicology where appropriate.
- [] Perform detailed examinations as required to aid in determining cause of death and positive identification, including autopsies if appropriate.
- [] Use an assigned scribe to complete the DVP or forms used, or remove gloves prior to handling, to minimize the potential for contaminating.
- [] Document thoroughly all examinations, autopsies,

anatomic specimens, and articles associated with the victim in DVP and return to the assigned Morgue Escort.

- [] Maintain a log (page 352) of cases processed.
- [] If appropriate, complete Autopsy/Examination Report (page 355).
- [] Follow all Universal Precautions against exposure to communicable disease and biohazards.
- [] Monitor use of supplies and notify FM Morgue Forensic Unit Leader of anticipated replenishment needs.

Deactivation

- [] Provide report and briefing to replacement on status of operations if rotating out prior to termination of the FEMORS mission.
- [] Ensure all documentation is forwarded to the FM Morgue Forensic Unit Leader.
- [] Document any lost or damaged equipment or item requiring maintenance or servicing and provide list to the FM Morgue Forensic Unit Leader.
- [] Ensure all personally issued equipment (Equipment Assignment form page 331) is returned to Logistics.
- [] Assist in the critique of the Team performance.
- [] Participate in a formal Team After Action Report



C. MORGUE FORENSIC UNIT	
4. FM Morgue Pathology Assistant	
DESCRIPTION:	<p>The FM Morgue Pathology Assistant is responsible for performing supporting tasks such as physically moving remains being examined, preparation of collection materials or forms, cleaning of instruments and work surfaces, or other related duties. The FM Morgue Pathology Assistant reports directly to the FM Morgue Forensic Pathologist.</p> <p>Duties of this position:</p> <ol style="list-style-type: none"> 1. Receives instructions from Morgue Pathologist about duties and procedures to be followed. 2. Ensures all support functions for processed remains are completed.

Credentials Required:

EDUCATION:	Completion of degree requirements, if applicable, to function as a postmortem radiology technician in a Medical Examiner/Coroner office.
TRAINING: SEE COMMON SET OF REQUIRED CRITERIA, NOTE 1 (PAGE 77)	<p>Completion of the following courses/curricula:</p> <ol style="list-style-type: none"> 1. ICS-100: Introduction to ICS. 2. ICS-200: Basic ICS. 3. IS-700A: NIMS, An Introduction. 4. IS-800B: NRF, An Introduction.
EXPERIENCE:	<ol style="list-style-type: none"> 1. Minimum of 2 years autopsy technician experience with a Medical Examiner/Coroner office. 2. Intermediate computer skills including e-mail, internet, and Microsoft Office Word and Excel spreadsheet proficiency.
PROFESSIONAL AND TECHNICAL LICENSES AND CERTIFICATIONS	None

Minimum FEMORS Classification:

- Autopsy Technician
- Mortuary Assistant

Upon Activation

- [] See General Duty Assignment Checklist (page 24).
- [] Review applicable sections of the FEMORS FOG as a refresher with particular attention to Operational Overviews and policies on:
 - Pathology Team (page 54)
 - Photography Team (page 60)
 - Personal Effects Team (page 61)
 - Code of Conduct (page 176)
 - Equipment and Supplies Requisition (page 177)
 - Numbering Systems (page 188)
 - Photography (page 225)
 - Personal Effects (page 226)
 - Commingled Remains (page 230)

On-site Operations

- [] Report in at the morgue admitting station for assignment and log in procedures at the beginning of each shift.
- [] Partake in briefing of Pathology Team morgue personnel to ensure all understand the overall processing flow and their specific duties and responsibilities.
- [] Strive to prevent biohazard contamination of the DVP or other documentation by avoiding placement near contaminated surfaces or handling it with contaminated gloves.
- [] Clean instruments and station areas as needed.
- [] Follow all Universal Precautions against exposure to communicable disease and biohazards.

Deactivation

- [] Ensure all personally issued equipment (Equipment Assignment form page 331) is returned to Logistics.
- [] Assist in the critique of the Team performance.



C. MORGUE FORENSIC UNIT	
5. FM Morgue Forensic Anthropologist	
DESCRIPTION:	<p>The FM Morgue Forensic Anthropologist assists in the victim identification process through examination of human remains in a variety of conditions. The FM Morgue Forensic Anthropologist in the morgue may also assist in the triage process with the initial documentation and sorting of human remains derived from the recovery containers from the scene. The FM Morgue Forensic Anthropologist reports directly to the FM Morgue Forensic Unit Leader.</p> <p>Duties of this position:</p> <ol style="list-style-type: none"> 1. Oversees the Anthropology function at the morgue and may serve as Lead for station. 2. Coordinates with the FM Morgue Forensic Unit Leader to determine anthropological requirements and the appropriate methods for examining and documenting findings. 3. Determines whether remains are human. 4. Assesses to the extent possible sex, chronological age, ancestry affiliation, stature, and other conditions of each team of remains. 5. Assesses unique features, pathological conditions, ante mortem bone trauma, and medical interventions that may be used for positive identification. 6. Conducts radiographic comparisons for positive identification or turns over information to forensic radiologists, analyzes trauma to skeletal remains. 7. Correlates investigative evidence with laboratory findings to assist with the identification process. 8. May be assigned, and report to, the FM Human Remains Recovery Unit Leader for field work.

Credentials Required:

EDUCATION:	Post graduate degree in anthropology (Masters or Ph.D.)
TRAINING: SEE COMMON SET OF REQUIRED CRITERIA, NOTE 1 (PAGE 77)	<p>Completion of the following courses/curricula:</p> <ol style="list-style-type: none"> 1. ICS-100: Introduction to ICS. 2. ICS-200: Basic ICS. 3. IS-700A: NIMS, An Introduction. 4. IS-800B: NRF, An Introduction.
EXPERIENCE:	<ol style="list-style-type: none"> 1. Minimum of 4 years' experience providing forensic anthropology services to a Medical Examiner/Coroner office, forensic laboratory or law enforcement agency. 2. Intermediate computer skills including e-mail, internet, and Microsoft Office Word and Excel spreadsheet proficiency.
PROFESSIONAL AND TECHNICAL LICENSES AND CERTIFICATIONS	None

Minimum FEMORS Classification:

- Anthropologist, Certified Forensic or
- Anthropologist, Forensic

- Anthropology Team (page 55)
- Code of Conduct (page 176)
- Equipment and Supplies Requisition (page 177)
- Numbering Systems (page 188)
- Commingled Remains (page 230)

Upon Activation

- [] See General Duty Assignment Checklist (page 24).
- [] Review applicable sections of the FEMORS FOG as a refresher with particular attention to Operational Overviews and policies on:



On-site Operations

- [] Report in at the morgue admitting station for assignment and log in procedures at the beginning of each shift.
- [] Participate in briefing of Anthropology Team morgue personnel to ensure all understand the overall processing flow and their specific duties and responsibilities.
- [] Assist in the setup of the anthropology station.
- [] Assist with preliminary examination and documentation of remains.
- [] Establish number of victims by segregation of commingled remains recovered.
- [] Maintain a log (page 362) of cases processed.
- [] Ensure that unassociated human remains are:
 - separated from other unassociated remains during processing,
 - returned to Admitting, and
 - assigned a unique MRN, DVP, and escort.
- [] Establish ancestry, sex, approximate age, stature, ante or postmortem trauma, and skeletal pathology, if

necessary.

- [] Direct photography of unique features to document the biological profile, if applicable.
- [] Provide consultation and input on identifications, as appropriate.
- [] Use an assigned scribe, or remove gloves prior to handling, to minimize the potential for contaminating the DVP or forms used.
- [] Document all examinations thoroughly.
- [] Complete the anthropological report documentation in DVP.
- [] Ensure that any associated personal effects that were with the body upon receipt remain with the body when it leaves the Team.
- [] Follow all Universal Precautions against exposure to communicable disease and bio-hazards.

Deactivation

- [] Ensure all personally issued equipment (Equipment Assignment form page 331) is returned to Logistics.
- [] Assist in the critique of the Team performance.



C. MORGUE FORENSIC UNIT	
6. FM Morgue Fingerprint Specialist	
DESCRIPTION:	<p>The FM Morgue Fingerprint Specialist assists in the victim identification process by obtaining and recording postmortem finger, palm, and/or footprint impressions. The FM Morgue Fingerprint Specialist reports directly to the FM Morgue Forensic Unit Leader.</p> <p>Duties of this position:</p> <ol style="list-style-type: none"> 1. Oversees the postmortem fingerprinting function and may serve as Lead for the station. 2. Coordinates with the FM Morgue Forensic Unit Leader to determine fingerprint requirements and the appropriate methods for recording, storing and duplicating ridge detail impressions obtained. 3. Obtains all available ridge detail impressions, or other comparable material, for comparative purposes. 4. Maintains log of prints obtained for each morgue reference number. 5. Provides guidance and instruction to fingerprint personnel from local departments involved in field investigations, as necessary. 6. Coordinates information obtained with MIC Fingerprint Specialist.

Credentials Required:

EDUCATION:	High School Diploma or equivalent
TRAINING: SEE COMMON SET OF REQUIRED CRITERIA, NOTE 1 (PAGE 77)	<p>Completion of the following courses/curricula:</p> <ol style="list-style-type: none"> 1. ICS-100: Introduction to ICS. 2. ICS-200: Basic ICS. 3. IS-700A: NIMS, An Introduction. 4. IS-800B: NRF, An Introduction.
EXPERIENCE:	<ol style="list-style-type: none"> 1. Minimum of 4 years' experience providing forensic fingerprint processing services to a Medical Examiner/Coroner office, forensic laboratory or law enforcement agency. 2. Intermediate computer skills including e-mail, internet, and Microsoft Office Word and Excel spreadsheet proficiency.
PROFESSIONAL AND TECHNICAL LICENSES AND CERTIFICATIONS	None

Minimum FEMORS Classification:

- Fingerprint Specialist

Upon Activation

- [] See General Duty Assignment Checklist (page 24).
- [] Review applicable sections of the FEMORS FOG as a refresher with particular attention to Operational Overviews and policies on:
 - Fingerprinting Postmortem Team (page 55)
 - Code of Conduct (page 176)
 - Equipment and Supplies Requisition (page 177)
 - Numbering Systems (page 188)
 - Records Management (page 289)

On-site Operations

- [] Report in at the morgue admitting station for assignment and log in procedures at the beginning of each shift.
- [] Assist in the setup of the fingerprint station.
- [] Brief Fingerprint Team morgue personnel to ensure all understand the overall processing flow and their specific duties and responsibilities.
- [] Label each set of prints collected with MRN followed by "-FP01", "-FP02", etc.
- [] Process remains to obtain all available ridge detail impressions, or other comparable material, for comparative purposes.
- [] Provide guidance and instruction as necessary to



- fingerprint personnel from local jurisdictions involved in the investigation.
- [] Confer as necessary with officials of law enforcement and others who are directly concerned with facts of the disaster.
 - [] Ensure that any associated personal effects that were with the body upon receipt remain with the body when it leaves the Team.
 - [] Use an assigned scribe, or remove gloves prior to handling, to minimize the potential for contaminating the DVP or forms used.
 - [] Complete fingerprint report documentation in DVP.
 - [] Place original print cards into clear plastic sheet protectors (for protection and ease of use) and label with the MRN.
 - [] Ensure all DVP documentation is completed and returned to the assigned Morgue Escort.
 - [] Maintain a log (page 360) of cases processed.
 - [] If appropriate, provide copies of print impressions

- obtained to the designated AFIS fingerprint analysis team established by ICS Command for the incident.
- [] Follow all Universal Precautions against exposure to communicable disease and biohazards.
 - [] Monitor use of supplies and notify FM Morgue Forensic Unit Leader of anticipated replenishment needs.

Deactivation

- [] Provide report and briefing to replacement on status of operations if rotating out prior to termination of the FEMORS mission.
- [] Document any lost or damaged equipment or item requiring maintenance or servicing and provide list to the FM Morgue Forensic Unit Leader.
- [] Ensure all personally issued equipment (Equipment Assignment form page 331) is returned to Logistics.
- [] Assist in the critique of the Team performance.
- [] Participate in a formal Team After Action Report.



C. MORGUE FORENSIC UNIT	
7. FM Morgue DNA Collection Specialist	
DESCRIPTION:	<p>The FM Morgue DNA Collection Specialist assists in the victim identification process by collecting biological material from human remains for DNA testing. The DNA Specialist reports directly to the FM Morgue Forensic Unit Leader.</p> <p>Duties of this position:</p> <ol style="list-style-type: none"> 1. Oversees the DNA collection function at the morgue and may serve as Lead for station. 2. Coordinates with the FM Morgue Forensic Unit Leader and/or Medical Examiner/Coroner to determine biological material sampling requirements and the appropriate methods for collecting and transferring specimens to the DNA lab. 3. Selects best appropriate specimen from remains and fragmentary human remains. 4. Transfers biological specimens to DNA lab.

Credentials Required:

EDUCATION:	Completion of degree requirements suitable to function as a DNA analyst in a forensic laboratory.
TRAINING: SEE COMMON SET OF REQUIRED CRITERIA, NOTE 1 (PAGE 77)	<p>Completion of the following courses/curricula:</p> <ol style="list-style-type: none"> 1. ICS-100: Introduction to ICS. 2. ICS-200: Basic ICS. 3. IS-700A: NIMS, An Introduction. 4. IS-800B: NRF, An Introduction.
EXPERIENCE:	<ol style="list-style-type: none"> 1. Minimum of 4 years' experience providing forensic DNA services to a Medical Examiner/Coroner office, forensic laboratory or law enforcement agency. 2. Intermediate computer skills including e-mail, internet, and Microsoft Office Word and Excel spreadsheet proficiency.
PROFESSIONAL AND TECHNICAL LICENSES AND CERTIFICATIONS	None

Minimum FEMORS Classification:

- DNA Specialist

Upon Activation

- [] See General Duty Assignment Checklist (page 24).
- [] Review applicable sections of the FEMORS FOG as a refresher with particular attention to Operational Overviews and policies on:
 - DNA Collection Team (page 56)
 - Code of Conduct (page 176)
 - Equipment and Supplies Requisition (page 177)
 - Numbering Systems (page 188)

On-site Operations

- [] Report in at the morgue admitting station for assignment and log in procedures at the beginning of each shift.
- [] Brief DNA Team morgue personnel to ensure all understand the overall processing flow and their

- specific duties and responsibilities.
- [] Provide training as necessary to ensure personnel follow processing protocols.
- [] Assist in the setup of the DNA station.
- [] Ensure that specimen collection procedures avoid cross contamination of specimens by training Team personnel on:
 - Using new gloves for each set of remains,
 - Using new, disposable scalpel blades for each set of remains,
 - Using appropriate agents and methods to clean autopsy saw blades, scissors, or other non-disposable instruments used between specimens being processed, and
 - Using new collection containers for each specimen collected.
- [] If multiple specimens are collected from a single case label each specimen taken with MRN followed by “-DN01”, “-DN02”, etc.



- [] Ensure proper storage and control of DNA specimens from collection through transfer to DNA lab.
- [] Ensure maintenance of chain of custody of medical and legal evidence for body parts and remains.
- [] Document all examinations thoroughly.
- [] Enclose DNA report documentation in DVP.
- [] Maintain a log (page 363) of all cases processed.
- [] Ensure that any associated personal effects that were with the body upon receipt remain with the body when it leaves the Team.
- [] Follow all Universal Precautions against exposure to communicable disease and bio-hazards.
- [] Monitor use of supplies and notify FM Morgue Forensic Unit Leader of anticipated needs.

Deactivation

- [] Provide report and briefing to DNA staff replacement on status of operations if rotating out prior to termination of the FEMORS mission.
- [] Document any lost or damaged equipment or item requiring maintenance or servicing and provide list to the FM Morgue Forensic Unit Leader.
- [] Ensure all personally issued equipment (Equipment Assignment form page 331) is returned to Logistics.
- [] Assist in the critique of the Team performance.
- [] Participate in a formal Team After Action Report.



C. MORGUE FORENSIC UNIT	
8. FM Morgue Forensic Odontologist	
DESCRIPTION:	<p>The FM Morgue Forensic Odontologist assists in the victim identification process by determination of dental characteristics on human remains for comparison with ante mortem dental records. The FM Morgue Forensic Odontologist reports directly to the FM Morgue Forensic Unit Leader.</p> <p>Duties of this position:</p> <ol style="list-style-type: none"> 1. Oversees the morgue forensic dentistry function and may serve as Lead for station. 2. Coordinates with the FM Morgue Forensic Unit Leader to determine dental radiographic requirements and the appropriate methods for printing and displaying captured digital images. 3. Performs postmortem dental examinations. 4. Digitizes radiographs and other images for computer graphical comparison using DEXIS 5. Maintains and examines dental records, charts, and radiographs created during morgue operations. 6. Computerizes postmortem dental information using the DEXIS and WinID programs.

Credentials Required:

EDUCATION:	Graduate of an accredited dental school.
TRAINING: SEE COMMON SET OF REQUIRED CRITERIA, NOTE 1 (PAGE 77)	Completion of the following courses/curricula: <ol style="list-style-type: none"> 1. ICS-100: Introduction to ICS. 2. ICS-200: Basic ICS. 3. IS-700A: NIMS, An Introduction. 4. IS-800B: NRF, An Introduction.
EXPERIENCE:	<ol style="list-style-type: none"> 1. Minimum of 2 years forensic dental identification experience with a Medical Examiner/Coroner office using DEXIS, WinID and/or other applicable computer software programs. 2. Proficiency in the use of Photoshop digital editing software.
PROFESSIONAL AND TECHNICAL LICENSES AND CERTIFICATIONS	Graduate of an accredited dental school.

Minimum FEMORS Classification:

- Odontologist, Certified Forensic or
- Odontologist, Forensic

Upon Activation

- [] See General Duty Assignment Checklist (page 24).
- [] Review applicable sections of the FEMORS FOG as a refresher with particular attention to Operational Overviews and policies on:
 - Odontology Postmortem Team (page 56)
 - Code of Conduct (page 176)
 - Equipment and Supplies Requisition (page 177)
 - Numbering Systems (page 188)
 - Jaw Resection (page 231)
 - Odontology Protocol Guide (page 232)
 - Records Management (page 289)

On-site Operations

- [] Report in at the morgue admitting station for assignment and log in procedures at the beginning of each shift.
- [] Assist in the setup of the odontology station .
- [] Participate in briefing of Odontology Postmortem Team morgue personnel to ensure all understand the overall processing flow and their specific duties and responsibilities.
- [] Follow the numbering system for each set of records obtained that is compatible with the local Medical Examiner's system.
- [] Maintain a log (page 361) of all cases processed.
- [] Label each set of digital dental x-rays taken with MRN.



- [] Provide training as necessary in using the computerized digital x-ray system to include:
 - basic exposure settings on the x-ray portable imager for dental materials,
 - use and care of the digitizing/imaging plate, and
 - use of computer program for on-screen viewing comparisons, storage, printing, and duplication of digital images to CD for the DVP.
- [] Perform examinations and record necessary dental information as required.
- [] Take digital dental X-rays when necessary.
- [] Ensure Odontology Protocol Guide procedures are followed (page 232).
- [] Follow all radiological precautions (use of lead shielding) to prevent radiation exposure to operators and personnel in the morgue area.
- [] Use an assigned scribe, or remove gloves prior to handling, to minimize the potential for contaminating

- the DVP or forms used.
- [] Document thoroughly all dental anatomic specimens and prostheses associated the victim.
- [] Ensure concurrence by at least two forensic Odontologists to complete dental charting of unidentified remains.
- [] Enter postmortem dental charting information into WinID.
- [] Enclose original dental report documentation in DVP.
- [] Ensure that any associated personal effects that were with the body upon receipt remain with the body when it leaves the Team.
- [] Follow all Universal Precautions against exposure to communicable diseases and bio-hazards.

Deactivation

- [] Ensure all personally issued equipment (Equipment Assignment form page 331) is returned to Logistics.
- [] Assist in the critique of the Team performance.



C. MORGUE FORENSIC UNIT	
9. FM Morgue Dental Assistant	
DESCRIPTION:	The FM Morgue Dental Assistant is responsible for performing supporting tasks such as physically moving remains being examined, preparation of collection materials or forms, cleaning of instruments and work surfaces, or other related duties. The FM Morgue Dental Assistant reports directly to the Morgue Odontologist. Duties of this position: <ol style="list-style-type: none"> 1. Receives instructions from Morgue Odontologist about duties and procedures to be followed. 2. Ensures all support functions for processed remains are completed.

Credentials Required:

EDUCATION:	High School Diploma or equivalent
TRAINING: <small>SEE COMMON SET OF REQUIRED CRITERIA, NOTE 1 (PAGE 77)</small>	Completion of the following courses/curricula: <ol style="list-style-type: none"> 1. ICS-100: Introduction to ICS. 2. ICS-200: Basic ICS. 3. IS-700A: NIMS, An Introduction. 4. IS-800B: NRF, An Introduction.
EXPERIENCE:	Intermediate computer skills including e-mail, internet, and Microsoft Office Word and Excel spreadsheet proficiency.
PROFESSIONAL AND TECHNICAL LICENSES AND CERTIFICATIONS	Active status of legal authority, if required, to function as a dental assistant or dental hygienist granted by a state, the District of Columbia, or U.S. territory.

Minimum FEMORS Classification:

- Dental Assistant

Upon Activation

- [] See General Duty Assignment Checklist (page 24).
- [] Review applicable sections of the FEMORS FOG as a refresher with particular attention to Operational Overviews and policies on:
 - Odontology Postmortem Team (page 56)
 - Code of Conduct (page 176)
 - Equipment and Supplies Requisition (page 177)
 - Numbering Systems (page 188)
 - Records Management (page 289)

On-site Operations

- [] Report in at the morgue admitting station for assignment and log in procedures at the beginning of each shift.

- [] Partake in briefing of Odontology Postmortem Team morgue personnel to ensure all understand the overall processing flow and their specific duties and responsibilities.
- [] Ensure Odontology Protocol Guide procedures are followed (page 232).
- [] Strive to prevent biohazard contamination of the DVP or other documentation by avoiding placement near contaminated surfaces or handling it with contaminated gloves.
- [] Clean instruments and station areas as needed.
- [] Follow all Universal Precautions against exposure to communicable disease and biohazards.

Deactivation

- [] Ensure all personally issued equipment (Equipment Assignment form page 331) is returned to Logistics.
- [] Assist in the critique of the Team performance.



D. MORGUE PROCESSING UNIT	
1. FM Morgue Processing Unit Leader	
DESCRIPTION:	<p>The FM Morgue Processing Unit Leader is responsible for overseeing processing teams in the morgue while providing security for the remains and accompanying records. The FM Morgue Processing Unit Leader reports directly to the FM Group Supervisor. In the absence of the FM Morgue Processing Unit Leader, the Admitting Specialist shall assume those duties.</p> <p>Duties of this position:</p> <ol style="list-style-type: none"> 1. In conjunction with the local Medical Examiner/Coroner and FM Operations Group Supervisor, establishes guidelines for assigning a Morgue Reference Number (MRN) and processing procedures for the disaster. 2. Oversees needs and procedures of the following teams: <ol style="list-style-type: none"> a. Admitting/Escort, b. Photography, c. Personal Effects, d. Embalming/Casketing, and e. Remains Storage. 3. Oversees case number assignments and issuance of the morgue case file folder known as the Disaster Victim Packet (DVP). 4. Ensures all forms for assigned remains are completed after each morgue station has completed processing. 5. Submits completed morgue case folders to the MIC when remains processing is complete.

Credentials Required:

EDUCATION:	High School Diploma or equivalent
TRAINING: SEE COMMON SET OF REQUIRED CRITERIA, NOTE 1, PAGE 77	<p>Completion of the following courses/curricula:</p> <ol style="list-style-type: none"> 1. ICS-300: Intermediate ICS for Expanding Incidents 2. IS-700A: NIMS, An Introduction 3. IS-800B: NRF, An Introduction 4. L-984: NIMS ICS Strike Team/ Task Force Leader
EXPERIENCE:	<ol style="list-style-type: none"> 1. Minimum of 2 years supervisory, management, or administrative experience in a Medical Examiner/Coroner system, law enforcement, or other death-related career field. 2. Intermediate computer skills including e-mail, internet, and Microsoft Office Word and Excel spreadsheet proficiency.
PROFESSIONAL AND TECHNICAL LICENSES AND CERTIFICATIONS	None

Minimum FEMORS Classification:

- Medical Investigator,
- Mortuary Officer, or
- FEMORS Commander Appointment

a refresher with particular attention to Operational Overviews and policies on:

- Morgue Operations (page 50)
- Code of Conduct (page 176)
- Equipment and Supplies Requisition (page 177)
- Numbering Systems (page 188)
- Photography (page 225)
- Personal Effects (page 226)

Upon Activation

- [] See General Duty Assignment Checklist (page 24).
- [] Review applicable sections of the FEMORS FOG as



- Classification of Human Remains (page 229)
- Commingled Remains (page 230)
- Biological Decontamination of Aluminum Floor Refrigerated Trailers (page 296)

On-site Operations

- [] Brief team personnel to ensure all understand the overall processing flow and their specific duties and responsibilities.
- [] Ensure that unassociated human remains separated from other unassociated remains during processing by Pathology Team are returned to Admitting, and assigned a unique MRN, DVP, and escort.
- [] Follow all Universal Precautions against exposure to

- communicable disease and biohazards.
- [] Monitor use of supplies and notify FM Group Supervisor of anticipated replenishment needs.

Deactivation

- [] Provide report and briefing to replacement on status of operations if rotating out prior to termination of the FEMORS mission.
- [] Ensure all documentation is forwarded to the FM Group Supervisor
- [] Ensure all personally issued equipment (Equipment Assignment form page 331) is returned to Logistics.
- [] Assist in the critique of the Team performance.
- [] Participate in a formal Team After Action Report.



D. MORGUE PROCESSING UNIT	
2. FM Morgue Admitting Specialist	
DESCRIPTION:	<p>The FM Morgue Admitting Specialist is responsible for logging remains entering the morgue, issuing a Morgue Reference Number (MRN) and assigning a FM Morgue Escort to physically move remains through the appropriate morgue stations. The FM Morgue Admitting Specialist reports directly to the FM Morgue Processing Unit Leader. If a FM Morgue Processing Unit Leader is not designated, the FM Morgue Admitting Specialist shall assume these duties.</p> <p>Duties of this position:</p> <ol style="list-style-type: none"> 1. May serve as Lead for Admitting and Escort staff. 2. Receives instructions from FM Morgue Processing Unit Leader about duties and procedures to be followed. 3. Ensures that every set of human remains processed in the morgue is assigned an escort and is properly documented from initial receipt from the field through final release to funeral service providers. 4. Maintains security and control over logbooks and/or case file folders as directed.

Credentials Required:

EDUCATION:	High School Diploma or equivalent
TRAINING: SEE COMMON SET OF REQUIRED CRITERIA, NOTE 1, PAGE 77	<p>Completion of the following courses/curricula:</p> <ol style="list-style-type: none"> 1. ICS-100: Introduction to ICS. 2. ICS-200: Basic ICS. 3. IS-700A: NIMS, An Introduction. 4. IS-800B: NRF, An Introduction.
EXPERIENCE:	<ol style="list-style-type: none"> 1. Minimum of 2 years supervisory, management, or administrative experience in a Medical Examiner/Coroner system, law enforcement, or other death-related career field. 2. Intermediate computer skills including e-mail, internet, and Microsoft Office Word and Excel spreadsheet proficiency.
PROFESSIONAL AND TECHNICAL LICENSES AND CERTIFICATIONS	None

Minimum FEMORS Classification:

- Mortuary Assistant

- Biological Decontamination of Aluminum Floor Refrigerated Trailers (page 296)

Upon Activation

- [] See General Duty Assignment Checklist (page 24).
- [] Review applicable sections of the FEMORS FOG as a refresher with particular attention to Operational Overviews and policies on:
 - Morgue Operations (page 50)
 - Code of Conduct (page 176)
 - Equipment and Supplies Requisition (page 177)
 - Numbering Systems (page 188)
 - Photography (page 225)
 - Personal Effects (page 226)
 - Classification of Human Remains (page 229)
 - Commingled Remains (page 230)

On-site Operations

- [] Report in at the morgue admitting station for assignment and log in procedures at the beginning of each shift.
- [] Partake in briefing of morgue personnel to ensure all understand the overall processing flow and their specific duties and responsibilities.
- [] Assist the FM Morgue Processing Unit Leader upon receipt of a single set of remains from Remains Holding Team as directed.
- [] Maintain log of MRN assignment and cross-reference to any Site Recovery Numbers on remains delivered from the disaster site (Morgue Admitting Log, page



- 346).
- Coordinate retrieval of remains with Remains Holding Team Leader.
 - Assign Morgue Escorts as needed to accompany the remains through the morgue processing stations.
 - Review completed DVP to ensure it contains
 - Each applicable morgue Team's completed DVP form,
 - Personal effects inventory,
 - Fingerprint impressions card,
 - Original dental charting, digitized x-ray printouts, and CD (of originals), if applicable,
 - Body x-ray printouts and CD, and
 - Digital photo(s), if applicable.
 - Update Morgue Tracking Log (page 348) to reflect
 - Remains classification
- Teams involved in processing, and
 - Transmittal of DVP to MIC.
- Transmit completed DVP by courier to the MIC.
 - Prevent biohazard contamination of the DVP or other documentation by avoiding placement near contaminated surfaces or handing it to any person with contaminated gloves.
 - Follow all Universal Precautions against exposure to communicable disease and biohazards.

Deactivation

- Ensure all personally issued equipment (Equipment Assignment form page 331) is returned to Logistics.
- Assist in the critique of the Team performance.



D. MORGUE PROCESSING UNIT	
3. FM Morgue Escort	
DESCRIPTION:	<p>The FM Morgue Escort is responsible for physically accompanying a set of remains from the Admitting Station until completion of morgue processing and controlling the morgue case file documentation procedures. The FM Morgue Escort reports directly to the FM Morgue Admitting Specialist.</p> <p>Duties of this position:</p> <ol style="list-style-type: none"> 1. Maintains security and control over remains and morgue case file from time of receipt until placement in Remains Storage/Release facilities. 2. Receives instructions from Morgue Pathologist (triage) about morgue stations to which the remains must be escorted for processing. 3. Ensures all logs and morgue case file forms for processed remains are completed. 4. Submits tracking information and morgue case file to the FM Morgue Admitting Specialist when processing is complete. 5. Delivers processed remains to Remains Storage.

Credentials Required:

EDUCATION:	High School Diploma or equivalent
TRAINING: SEE COMMON SET OF REQUIRED CRITERIA, NOTE 1, PAGE 77	Completion of the following courses/curricula: <ol style="list-style-type: none"> 1. ICS-100: Introduction to ICS. 2. ICS-200: Basic ICS. 3. IS-700A: NIMS, An Introduction. 4. IS-800B: NRF, An Introduction.
EXPERIENCE:	Qualifying incident experience, exercises, drills, or simulations every five years as determined by the AHJ.
PROFESSIONAL AND TECHNICAL LICENSES AND CERTIFICATIONS	None

Minimum FEMORS Classification:

- Mortuary Assistant

Upon Activation

- [] See General Duty Assignment Checklist (page 24).
- [] Review applicable sections of the FEMORS FOG as a refresher with particular attention to Operational Overviews and policies on:
 - Admitting/Morgue Escort Team (page 58)
 - Code of Conduct (page 176)
 - Equipment and Supplies Requisition (page 177)
 - Numbering Systems (page 188)
 - Commingled Remains (page 230)

On-site Operations

- [] Report in at the morgue admitting station for assignment and log in procedures at the beginning of each shift.
- [] Partake in briefing of morgue personnel to ensure all understand the overall processing flow and their specific duties and responsibilities.
- [] Receive assignment of a single set of remains from the FM Morgue Admitting Specialist along with a DVP.
- [] Physically escort the remains to each station as determined by triage.
- [] Prevent biohazard contamination of the DVP or other documentation by avoiding placement near contaminated surfaces or handing it to any person with contaminated gloves.
- [] Ensure that each Team leader has signed off on the appropriate forms of the DVP upon completion of



- processing.
- [] Deliver tracking information and DVP to the FM Morgue Processing Unit Leader when processing is complete.
- [] Ensure that the remains stay in the escort's presence at all times until transfer to Remains Storage/Release Team.

- [] Follow all Universal Precautions against exposure to communicable disease and biohazards.

Deactivation

- [] Ensure all personally issued equipment (Equipment Assignment form page 331) is returned to Logistics.
- [] Assist in the critique of the Section performance.



D. MORGUE PROCESSING UNIT	
4. FM Forensic Photographer	
DESCRIPTION:	<p>The FM Forensic Photographer is responsible for still photography documentation of recovery site, medical specimens, postmortem examinations, and other medical procedures for diagnostic and legal purposes. The FM Forensic Photographer reports directly to the FM Morgue Processing Unit Leader or the FM Human Remains Recovery Unit Leader as assigned.</p> <p>Duties of this position:</p> <ol style="list-style-type: none"> 1. Oversees the photography function and may serve as Lead for station staff. 2. Coordinates with the FM Morgue Processing Unit Leader to determine photographic requirements and the equipment (digital/film) and lighting required to capture the desired images. 3. Uses subject-matter knowledge to anticipate the various stages in the procedure to recognize points of interest and to apply discretion in documenting elements beyond the scope of explicit instructions. 4. Carries out precision processing operations to generate high quality digital images or photographs. 5. Ensures the morgue reference number appears in every photograph taken. 6. Maintains an accurate numbering system for each set of digital images and roll of film. 7. Provides security of each set of digital images and exposed film. 8. Notifies the FM Morgue Processing Unit Leader of apparently unauthorized individuals taking photographs in the morgue area. 9. May be assigned, and report to, the FM Human Remains Recovery Unit Leader for field work.

Credentials Required:

EDUCATION:	High School Diploma or equivalent
TRAINING: SEE COMMON SET OF REQUIRED CRITERIA, NOTE 1, PAGE 77	<p>Completion of the following courses/curricula:</p> <ol style="list-style-type: none"> 1. ICS-100: Introduction to ICS. 2. ICS-200: Basic ICS. 3. IS-700A: NIMS, An Introduction. 4. IS-800B: NRF, An Introduction.
EXPERIENCE:	<ol style="list-style-type: none"> 1. Minimum of 2 years photography experience with a Medical Examiner/Coroner office or in an evidence processing/photography capacity with a law enforcement agency. 2. Intermediate computer skills including e-mail, internet, and Microsoft Office Word and Excel spreadsheet proficiency.
PROFESSIONAL AND TECHNICAL LICENSES AND CERTIFICATIONS	None

Minimum FEMORS Classification:

- Photographer,
- Medical Investigator, or
- Evidence Specialist.

Upon Activation

- [] See General Duty Assignment Checklist (page 24).
- [] Review applicable sections of the FEMORS FOG as a refresher with particular attention to Operational Overviews and policies on:
 - Photography Team (page 60)
 - Personal Effects Team (page 61)



- Code of Conduct (page 176)
- Equipment and Supplies Requisition (page 177)
- Numbering Systems (page 188)
- Photography (page 225)

On-site Operations

- [] Brief team personnel to ensure all understand the overall processing flow and their specific duties and responsibilities.
- [] Station at least one photographer to remain available at the Pathology Team at all times.
- [] Station at least one photographer to remain available at all times to float among other Teams as needed.
- [] Maintain a log (page 357) of cases processed.
- [] Take appropriate photographs of remains as they enter morgue documenting the MRN in every photograph.
- [] For digital photography storage, use PC and/or CD ROM storage as directed.
- [] Maintain a security system for exposed film rolls.
- [] Submit exposed film rolls to the Admitting/

Processing Teams Leader at the end of each operational period, or effect the development, as directed.

- [] Follow all Universal Precautions against exposure to communicable disease and biohazards.
- [] Monitor use of supplies and notify Logistics Supply Unit of anticipated replenishment needs.

Deactivation

- [] Provide report and briefing to Morgue Photography Manager replacement on status of operations if rotating out prior to termination of the FEMORS mission.
- [] Ensure all records and documentation are completed and forwarded to the FM Morgue Processing Unit Leader.
- [] Ensure all personally issued equipment (Equipment Assignment form page 331) is returned to Logistics.
- [] Assist in the critique of the Team performance.
- [] Participate in a formal Team After Action Report.



D. MORGUE PROCESSING UNIT	
5. FM Morgue Personal Effects Specialist	
DESCRIPTION:	<p>The FM Morgue Personal Effects Specialist is responsible for the collection and documentation of personal effects found on victims after admission to the morgue. The FM Morgue Personal Effects Specialist reports directly to the FM Morgue Processing Unit Leader.</p> <p>Duties of this position:</p> <ol style="list-style-type: none"> 1. Serves as the personal effects custodian and may serve as Lead for station. 2. Coordinates with the FM Morgue Processing Unit Leader to determine documentation, packaging, and transfer to storage requirements for personal effects recovered from human remains during morgue processing. 3. Ensures collection of all personal effects found on deceased victims in conjunction with Pathology station processing or elsewhere. 4. Maintains log of items collected for each morgue reference number. 5. Ensures that maintenance of chain of custody for items is maintained. 6. Ensures the personal effects are secured for eventual disposition to NOK or law enforcement. 7. Cleans and sanitizes effects as appropriate.

Credentials Required:

EDUCATION:	High School Diploma or equivalent
TRAINING: SEE COMMON SET OF REQUIRED CRITERIA, NOTE 1, PAGE 77	<p>Completion of the following courses/curricula:</p> <ol style="list-style-type: none"> 1. ICS-100: Introduction to ICS. 2. ICS-200: Basic ICS. 3. IS-700A: NIMS, An Introduction. 4. IS-800B: NRF, An Introduction.
EXPERIENCE:	<ol style="list-style-type: none"> 1. Minimum of 2 years evidence handling experience with a Medical Examiner/Coroner office or in an evidence processing capacity with a law enforcement agency. 2. Intermediate computer skills including e-mail, internet, and Microsoft Office Word and Excel spreadsheet proficiency.
PROFESSIONAL AND TECHNICAL LICENSES AND CERTIFICATIONS	None

Minimum FEMORS Classification:

- Medical Investigator,
- Evidence Specialist, or
- Mortuary Officer

- Equipment and Supplies Requisition (page 177)
- Numbering Systems (page 188)
- Personal Effects (page 226)

Upon Activation

- [] See General Duty Assignment Checklist (page 24).
- [] Review applicable sections of the FEMORS FOG as a refresher with particular attention to Operational Overviews and policies on:
 - Pathology Team (page 54)
 - Photography Team (page 60)
 - Personal Effects Team (page 61)
 - Code of Conduct (page 176)

On-site Operations

- [] Report in at the morgue admitting station for assignment and log in procedures at the beginning of each shift.
- [] In conjunction with the FM Morgue Processing Unit Leader, establish disaster-specific guidelines and protocols for personal effects numbering, transfer documentation, secured storage facilities, cleaning and repackaging, and release to NOK.
- [] Brief Personal Effects Team morgue personnel to



- ensure all understand the overall processing flow and their specific duties and responsibilities.
- [] Ensure Personal Effects Policy is followed.
 - [] Maintain a log (page 358) of cases processed.
 - [] Label multiple items collected from an individual case with MRN followed by “-PE01”, “-PE02”, etc.
 - [] Tag and have photographed all personal effects obtained from remains during morgue processing with MRN visible.
 - [] Maintain chain of custody of collected items.
 - [] Use an assigned scribe, or remove gloves prior to handling, to minimize the potential for contaminating the DVP or forms used.
 - [] Complete examination report documentation in DVP (as appropriate).
 - [] Inventory pockets, wallets, purses listing individual documents or items on the Personal Effects/Evidence Release (Chain of Custody) Form (page 359).
 - Place the original in the MRN file and attach a copy to the bagged item(s).
 - [] Do NOT clean items if they represent the only source of potential biological material for DNA testing.
 - For example, a MRN that consists only of a blood stained watch should not be cleaned. It

- should be submitted to DNA as received.
- [] Secure personal effects in lockable storage.
 - [] Obtain signatures for proper release of personal items on the Personal Effects/Evidence Release (Chain of Custody) Form (page 359).
 - [] Follow all Universal Precautions against exposure to communicable disease and biohazards.
 - [] Monitor use of supplies and notify FM Morgue Processing Unit Leader of anticipated replenishment needs.

Deactivation

- [] Provide report and briefing to Morgue Personal Effects Manager replacement on status of operations if rotating out prior to termination of the FEMORS mission.
- [] Ensure all records and documentation are completed and forwarded to the Morgue Personal Effects Manager.
- [] Ensure all personally issued equipment (Equipment Assignment form page 331) is returned to Logistics.
- [] Assist in the critique of the Team performance.
- [] Participate in a formal Team After Action Report



D. MORGUE PROCESSING UNIT	
6. FM Morgue Embalming-Casketing Mortuary Officer	
DESCRIPTION:	<p>The FM Morgue Embalming-Casketing Mortuary Officer is responsible for the embalming of human remains after completion of morgue processing. The FM Morgue Embalming-Casketing Mortuary Officer reports directly to the FM Morgue Processing Unit Leader.</p> <p>Duties of this position:</p> <ol style="list-style-type: none"> 1. May serve as Lead for embalming-casketing staff 2. Oversees the embalming-casketing function. 3. Coordinates with the FM Morgue Processing Unit Leader and/or Medical Examiner/Coroner to determine embalming requirements and the appropriate methods for embalming remains. 4. Sets up the embalming process. 5. Requisitions a sufficient supply of embalming-casketing equipment and supplies. 6. Acts as liaison with State and local funeral directors for assistance through the Medical Examiner/Coroner, if necessary. 7. Determines the viewable or non-viewable status of remains as requested by the other morgue stations. 8. Exercises the application of specialized techniques for pre-embalming, embalming, and post-embalming processes. 9. Practices necessary re-constructive cosmetology where appropriate to enhance viewability.

Credentials Required:

EDUCATION:	Completion of degree requirements to function as a licensed funeral director/embalmer
TRAINING: SEE COMMON SET OF REQUIRED CRITERIA, NOTE 1, PAGE 77	<p>Completion of the following courses/curricula:</p> <ol style="list-style-type: none"> 1. ICS-100: Introduction to ICS. 2. ICS-200: Basic ICS. 3. IS-700A: NIMS, An Introduction. 4. IS-800B: NRF, An Introduction.
EXPERIENCE:	<ol style="list-style-type: none"> 1. Minimum 3 years embalming experience. 2. Intermediate computer skills including e-mail, internet, and Microsoft Office Word and Excel spreadsheet proficiency.
PROFESSIONAL AND TECHNICAL LICENSES AND CERTIFICATIONS	Active status of legal authority to function as a funeral director/embalmer granted by a state, the District of Columbia, or U.S. territory.

Minimum FEMORS Classification:

- Mortuary Officer

- Numbering Systems (page 188)
- Embalming Guidelines (page 287)

Upon Activation

- [] See General Duty Assignment Checklist (page 24).
- [] Review applicable sections of the FEMORS FOG as a refresher with particular attention to Operational Overviews and policies on:
 - Embalming Team (page 62)
 - Code of Conduct (page 176)
 - Equipment and Supplies Requisition (page 177)

On-site Operations

- [] Report in at the morgue admitting station for assignment and log in procedures at the beginning of each shift.
- [] Brief Embalming Team morgue personnel to ensure all understand the overall processing flow and their specific duties and responsibilities.
- [] Provide training as necessary to ensure personnel



- follow processing protocols (Embaling Guidelines, page 287).
- [] Set up embalming function. Include sufficient space for all staging areas including embalming supplies.
- [] Coordinate with Logistics Supply Unit for procurement of sufficient embalming chemicals and proper hazardous waste disposal contractor services.
- [] Verify NOK authorization or Medical Examiner directive prior to embalming and any necessary reconstructive cosmetology.
- [] Embalm or process remains as appropriate.
- [] Complete appropriate FEMORS embalming forms and insert in DVP.
- [] Maintain a log (pages 364 and 365) of all cases processed.

- [] Follow all Universal Precautions against exposure to communicable disease and biohazards.
- [] Monitor use of supplies and notify FM Morgue Processing Unit Leader of anticipated replenishment needs.

Deactivation

- [] Provide report and briefing to replacement on status of operations if rotating out prior to termination of the FEMORS mission.
- [] Ensure all personally issued equipment (Equipment Assignment form page 331) is returned to Logistics.
- [] Assist in the critique of the Team performance.
- [] Participate in a formal Team After Action Report.



D. MORGUE PROCESSING UNIT	
7. FM Morgue Remains Storage-Release Specialist	
DESCRIPTION:	<p>The Remains Storage/Release Specialist is responsible for receiving and logging remains transported from the disaster site, holding them in refrigerated units, releasing them for processing through the morgue, and finally, the storage and release of remains after completion of morgue processing. The Remains Storage/Release Specialist reports directly to the FM Morgue Processing Unit Leader.</p> <p>Duties of this position:</p> <ol style="list-style-type: none"> 1. May serve as Lead for station. 2. Oversees receipt and storage of remains received from the disaster site and upon completion of morgue processing. 3. Coordinates with the FM Morgue Processing Unit Leader, and/or Medical Examiner/Coroner to determine remains storage requirements and the appropriate methods for documentation and storage of remains. 4. Ensures all logs and forms for received and released remains are maintained. 5. Maintains security and control over remains from time of receipt until release to designated funeral service provider. 6. Ensures a sufficient supply of refrigerated trailers through liaison with FM DPMU Team Leader. 7. Ensures release of remains is done systematically and with proper records in accordance with the procedures of Medical Examiner/Coroner.

Credentials Required:

EDUCATION:	High School Diploma or equivalent
TRAINING: SEE COMMON SET OF REQUIRED CRITERIA, NOTE 1, PAGE 77	<p>Completion of the following courses/curricula:</p> <ol style="list-style-type: none"> 1. ICS-100: Introduction to ICS. 2. ICS-200: Basic ICS. 3. IS-700A: NIMS, An Introduction. 4. IS-800B: NRF, An Introduction.
EXPERIENCE:	<ol style="list-style-type: none"> 1. Minimum of 1 year evidence handling experience with a Medical Examiner/Coroner office, funeral services industry, or in an evidence processing capacity with a law enforcement agency. 2. Intermediate computer skills including e-mail, internet, and Microsoft Office Word and Excel spreadsheet proficiency.
PROFESSIONAL AND TECHNICAL LICENSES AND CERTIFICATIONS	None

Minimum FEMORS Classification:

- Mortuary Assistant

Upon Activation

- [] See General Duty Assignment Checklist (page 24).
- [] Review applicable sections of the FEMORS FOG as a refresher with particular attention to Operational Overviews and policies on:

- Remains Storage (page 62)
- Code of Conduct (page 176)
- Equipment and Supplies Requisition (page 177)
- Numbering Systems (page 188)
- Records Management (page 289)
- Biological Decontamination of Aluminum Floor Refrigerated Trailers (page 296)



On-site Operations

- [] Report in at the morgue admitting station for assignment and log in procedures at the beginning of each shift.
- [] Partake in briefing of morgue personnel to ensure all understand the overall processing flow and their specific duties and responsibilities.
- [] Strive to prevent biohazard contamination of the DVP or other documentation by avoiding placement near contaminated surfaces or handling it with contaminated gloves.

- [] Maintain logs of all cases processed:
 - Remains In (Receipt) Log (page 337)364,
 - Remains Storage Tracking Log (page 338)
 - Remains Out (Release) Log (page 345)
- [] Clean instruments and station areas as needed.
- [] Follow all Universal Precautions against exposure to communicable disease and biohazards.

Deactivation

- [] Ensure all personally issued equipment (Equipment Assignment form page 331) is returned to Logistics.
- [] Assist in the critique of the Team performance.



E. VICTIM INFORMATION CENTER UNIT	
1. Fatality Management Victim Information Center (VIC) Unit Leader	
DESCRIPTION:	<p>The Victim Information Center Unit Leader is responsible for establishing the Victim Information Center (VIC), managing a call center if activated, ensuring proper interviewing of families and acquaintances of victims using database forms, and coordinating the exchange of information between the Morgue Identification Center (MIC) and the VIC. In the absence of the Victim Information Center Unit Leader, the VIC Information Manager shall assume these duties. The Victim Information Center Unit Leader reports directly to the FM Group Supervisor, Group Supervisor or designee.</p> <p>Duties of this position:</p> <ol style="list-style-type: none"> 1. Coordinates with the FM Group Supervisor, Group Supervisor or designee and local authorities in determining the location of the VIC and call center if activated. 2. Liaisons with the FM DPMU Communications Coordinator on form modifications, data collection techniques, and identifications made by the MIC Team. 3. Monitors call volume surges and staffing levels needed (coordinated with the IC Logistics Resource Unit), especially during the first few days of the event. 4. Directs initial focus and resources to collecting missing person data while the database capabilities are being installed. 5. Assists the Medical Examiner/Coroner in providing current information of the deceased and those reported missing to the Next-of-Kin. 6. Provides discretion and confidentiality of all verbal and written documentation concerning the deceased, NOK, and family members.

Credentials Required:

EDUCATION:	High School Diploma or equivalent
TRAINING: SEE COMMON SET OF REQUIRED CRITERIA, NOTE 1, PAGE 77	<p>Completion of the following courses/curricula:</p> <ol style="list-style-type: none"> 1. ICS-300: Intermediate ICS for Expanding Incidents 2. IS-700A: NIMS, An Introduction 3. IS-800B: NRF, An Introduction 4. L-984: NIMS ICS Strike Team/ Task Force Leader
EXPERIENCE:	<ol style="list-style-type: none"> 1. Minimum of 2 years supervisory, management, or administrative experience in a Medical Examiner/Coroner system, law enforcement, or other death-related career field. 2. Intermediate computer skills including e-mail, internet, and Microsoft Office Word and Excel spreadsheet proficiency.
PROFESSIONAL AND TECHNICAL LICENSES AND CERTIFICATIONS	None

Minimum FEMORS Classification:

- Victim Information Center Team Leader,
- Mortuary Officer, or
- FEMORS Commander Appointment

Upon Activation

- [] Upon receipt of advisory or alert obtain instructions from FM Group Supervisor or FM Operations Group Supervisor. Obtain 24-hour contact numbers.

- [] Review applicable sections of the FEMORS FOG as a refresher with particular attention to Operational Overviews and policies on:
- Victim Information Center (page 65)
 - Code of Conduct (page 176)
 - Equipment and Supplies Requisition (page 177)
 - Numbering Systems (page 188)
 - Records Management (page 289)



On-Site Operations

- [] In conjunction with the FM Group Supervisor, FM Operations Group Supervisor and Medical Examiner, determine the most appropriate area for the VIC to be set up and to publish telephone contact numbers through Information Officer channels.
- [] Request necessary supplies, equipment, telephone, fax, and data lines, copiers, etc., from Logistics Supply Unit.
- [] Set up VIC stations.
- [] Provide systematic approach to operations.
- [] Work with the IRC Technical Specialist to set up and ensure proper functioning of computer equipment assigned to the VIC.
- [] Brief interviewers and data entry personnel to ensure all understand the overall information management system and their specific duties and responsibilities.
- [] Provide training as necessary.
- [] Maintain accountability and security of any

documentation with the family.

- [] Coordinate family support options with other appropriate agencies.

Deactivation

- [] Provide input into the FEMORS Demobilization Plan on length of time to complete family interaction.
- [] Coordinate with Medical Examiner on transition of VIC operations to Medical Examiner staff following demobilization.
- [] Provide report and briefing to replacement on status of operations if rotating out prior to termination of the FEMORS mission.
- [] Forward all completed records to the MIC Records Management.
- [] Ensure all personally issued equipment (Equipment Assignment form page 331) is returned to Logistics.
- [] Participate in a formal Team After Action Report.



E. VICTIM INFORMATION CENTER UNIT	
2. FM VIC Information Collection Coordinator	
DESCRIPTION:	<p>The FM VIC Information Collection Coordinator is responsible for coordinating call center intake operators and the interview team collecting ante mortem data on victims reported missing. The FM VIC Information Collection Coordinator reports directly to the VIC Unit Leader.</p> <p>Duties of this position:</p> <ol style="list-style-type: none"> 1. Oversees needs and procedures of the: <ol style="list-style-type: none"> a. Call Center Team, b. Interview Team, c. Volunteer Training, d. Family History Team e. Dental/Medical Records Acquisition 2. Ensures newly arriving VIC personnel and volunteers are trained and assisted on proper call taking and interview procedures. 3. Oversees the collection, security, and timely transfer of interview forms to the Data Entry Team. 4. Provides discretion and confidentiality of all verbal and written documentation concerning the deceased, NOK, and family members.

Credentials Required:

EDUCATION:	High School Diploma or equivalent
TRAINING: SEE COMMON SET OF REQUIRED CRITERIA, NOTE 1, PAGE 77	Completion of the following courses/curricula: <ol style="list-style-type: none"> 1. ICS-100: Introduction to ICS. 2. ICS-200: Basic ICS. 3. IS-700A: NIMS, An Introduction. 4. IS-800B: NRF, An Introduction.
EXPERIENCE:	<ol style="list-style-type: none"> 1. Minimum of 2 years supervisory, management, or administrative experience in a Medical Examiner/Coroner system or funeral service industry. 2. Advanced computer skills including e-mail, internet, and Microsoft Office Word and Excel spreadsheet proficiency and experience on the platform used for the database.
PROFESSIONAL AND TECHNICAL LICENSES AND CERTIFICATIONS	None

Minimum FEMORS Classification:

- VIC Specialist,
- Medical Investigator, or
- Mortuary Officer
- Code of Conduct (page 176)
- Equipment and Supplies Requisition (page 177)
- Numbering Systems (page 188)
- Records Management (page 289)

Upon Activation

- [] See General Duty Assignment Checklist (page 24).
- [] Review applicable sections of the FEMORS FOG as a refresher with particular attention to Operational Overviews and policies on:
 - Victim Information Center (page 65)

On-Site Operations

- [] Report as directed to the VIC Information Manager.
- [] Review interview protocols to be followed.
- [] Take part in briefing of interviewers and data entry personnel to ensure all understand the overall information management system and their specific



- duties and responsibilities.
- [] Develop call taker greeting scripts to aid in prioritizing reports of missing persons.
 - [] Revise call taker scripts as situations and needs evolve.
 - [] Coordinate family support options with other appropriate agencies.
 - [] Coordinate replacement supplies or equipment with Supplies Manager

Deactivation

- [] Provide report and briefing to replacement on status of operations if rotating out prior to termination of the FEMORS mission.
- [] Ensure all personally issued equipment (Equipment Assignment form page 331) is returned to Logistics.
- [] Assist in the critique of the Team performance.



E. VICTIM INFORMATION CENTER UNIT	
3. FM VIC Call Taker Specialist	
DESCRIPTION:	<p>The FM VIC Call Taker Specialist is responsible for completing the Call Center database page with families and acquaintances of victims in the Victim Information Center. The FM VIC Call Taker Specialist reports directly to the FM VIC Information Collection Coordinator.</p> <p>Duties of this position:</p> <ol style="list-style-type: none"> 1. May serve as Lead for Call Taker staff. 2. Receives incoming calls reporting missing persons. 3. Initiates database Call Center data page. 4. Provides discretion and confidentiality of all verbal and written documentation concerning the deceased, NOK, and family members.

Credentials Required:

EDUCATION:	High School Diploma or equivalent
TRAINING: SEE COMMON SET OF REQUIRED CRITERIA, NOTE 1, PAGE 77	<p>Completion of the following courses/curricula:</p> <ol style="list-style-type: none"> 1. ICS-100: Introduction to ICS. 2. ICS-200: Basic ICS. 3. IS-700A: NIMS, An Introduction. 4. IS-800B: NRF, An Introduction.
EXPERIENCE:	<ol style="list-style-type: none"> 1. Minimum of 1 year administrative experience in a Medical Examiner/Coroner system or funeral service industry. 2. Intermediate computer skills including e-mail, internet, and Microsoft Office Word and Excel spreadsheet proficiency.
PROFESSIONAL AND TECHNICAL LICENSES AND CERTIFICATIONS	None

Minimum FEMORS Classification:

- VIC Specialist, or
- Mortuary Officer.

Upon Activation

- [] See General Duty Assignment Checklist (page 24).
- [] Review applicable sections of the FEMORS FOG as a refresher with particular attention to Operational Overviews and policies on:
 - Victim Information Center (page 65)
 - Code of Conduct (page 176)
 - Equipment and Supplies Requisition (page 177)
 - Numbering Systems (page 188)
 - Records Management (page 289)

On-Site Operations

- [] Report as directed to the VIC Call Center Specialist.
- [] Uses call taker scripts for missing person reports.

- [] Take part in briefing of call takers, interviewers and data entry personnel to ensure all understand the overall information management system and their specific duties and responsibilities.
- [] Receives incoming calls reporting missing persons by telephone with care and dignity for the victims to obtain VIP data.
- [] Refers requests for additional antemortem information and recontact NOK as necessary.
- [] Maintain accountability and security of any documentation with the family.
- [] Coordinate family support options with other appropriate agencies.

Deactivation

- [] Ensure all personally issued equipment (Equipment Assignment form page 331) is returned to Logistics.
- [] Assist in the critique of the Team performance.



E. VICTIM INFORMATION CENTER UNIT	
4. FM VIC Interview Specialist	
DESCRIPTION:	<p>The FM VIC Interview Specialist is responsible for completing the missing person interview package with families and acquaintances of victims in the Victim Information Center. The FM VIC Interview Specialist reports directly to the FM VIC Information Collection Coordinator.</p> <p>Duties of this position:</p> <ol style="list-style-type: none"> 1. May serve as Lead for Interview staff. 2. Interviews families and acquaintances of victims to obtain ante mortem (Reported Missing) data. 3. Assists newly arriving VIC staff on proper interview procedures. 4. Assists with the collection, security, and timely transfer of ante mortem medical and dental records to the VIC FM Records Management Specialist. 5. Provides discretion and confidentiality of all verbal and written documentation concerning the deceased, NOK, and family members.

Credentials Required:

EDUCATION:	High School Diploma or equivalent
TRAINING: SEE COMMON SET OF REQUIRED CRITERIA, NOTE 1, PAGE 77	<p>Completion of the following courses/curricula:</p> <ol style="list-style-type: none"> 1. ICS-100: Introduction to ICS. 2. ICS-200: Basic ICS. 3. IS-700A: NIMS, An Introduction. 4. IS-800B: NRF, An Introduction.
EXPERIENCE:	<ol style="list-style-type: none"> 1. Minimum of 1 year administrative experience in a Medical Examiner/Coroner system or funeral service industry. 2. Intermediate computer skills including e-mail, internet, and Microsoft Office Word and Excel spreadsheet proficiency.
PROFESSIONAL AND TECHNICAL LICENSES AND CERTIFICATIONS	None

Minimum FEMORS Classification:

- VIC Specialist, or
- Mortuary Officer

Upon Activation

- [] See General Duty Assignment Checklist (page 24).
- [] Review applicable sections of the FEMORS FOG as a refresher with particular attention to Operational Overviews and policies on:
 - Victim Information Center (page 65)
 - Code of Conduct (page 176)
 - Equipment and Supplies Requisition (page 177)
 - Numbering Systems (page 188)
 - Records Management (page 289)

On-Site Operations

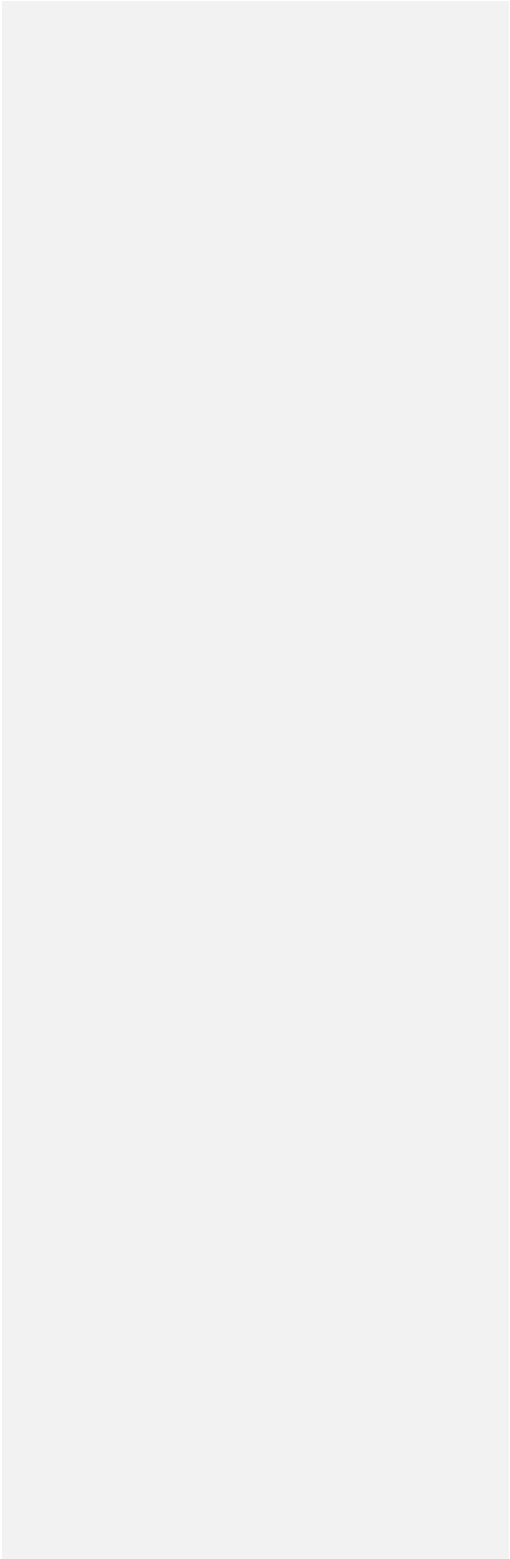
- [] Report as directed to the VIC Interview Specialist.
- [] Review call taker scripts for missing person reports.
- [] Review interview sheets to be completed.
- [] Take part in briefing of interviewers and data entry personnel to ensure all understand the overall information management system and their specific duties and responsibilities.
- [] Receives incoming calls reporting missing persons.
- [] Interview families in person or by telephone with care and dignity for the victims to obtain VIP data.
- [] Receive requests for additional antemortem information and recontact NOK as necessary.



- [] Collect and document incoming additional medical and dental records; transfer to Records Management.
- [] Maintain accountability and security of any documentation with the family.
- [] Coordinate family support options with other appropriate agencies.

Deactivation

- [] Ensure all personally issued equipment (Equipment Assignment form page 331) is returned to Logistics.
- [] Assist in the critique of the Team performance.





E. VICTIM INFORMATION CENTER UNIT	
5. FM VIC Volunteer Training Specialist	
DESCRIPTION:	<p>The FM VIC Volunteer Training Specialist is responsible for managing the training of volunteer staff on call taking and completing the interview package with families and acquaintances of victims in the Victim Information Center. The FM VIC Volunteer Training Specialist reports directly to the FM VIC Information Collection Coordinator.</p> <p>Duties of this position:</p> <ol style="list-style-type: none"> 1. Arranges training of newly arriving VIC volunteers on proper call taking and interview procedures. 2. Provides discretion and confidentiality of all verbal and written documentation concerning the deceased, NOK, and family members.

Credentials Required:

EDUCATION:	High School Diploma or equivalent
TRAINING: SEE COMMON SET OF REQUIRED CRITERIA, NOTE 1, PAGE 77	<p>Completion of the following courses/curricula:</p> <ol style="list-style-type: none"> 1. ICS-100: Introduction to ICS. 2. ICS-200: Basic ICS. 3. IS-700A: NIMS, An Introduction. 4. IS-800B: NRF, An Introduction.
EXPERIENCE:	<ol style="list-style-type: none"> 1. Minimum of 2 years supervisory, management, or administrative experience in a Medical Examiner/Coroner system or funeral service industry. 2. Intermediate computer skills including e-mail, internet, and Microsoft Office Word and Excel spreadsheet proficiency.
PROFESSIONAL AND TECHNICAL LICENSES AND CERTIFICATIONS	None

Minimum FEMORS Classification:

- VIC Specialist, or
- Mortuary Officer

Upon Activation

- [] See General Duty Assignment Checklist (page 24).
- [] Review applicable sections of the FEMORS FOG as a refresher with particular attention to Operational Overviews and policies on:
 - Victim Information Center (page 65)
 - Code of Conduct (page 176)
 - Equipment and Supplies Requisition (page 177)
 - Numbering Systems (page 188)
 - Records Management (page 289)

On-Site Operations

- [] Report as directed to the FM VIC Information

Collection Coordinator.

- [] Review call taker scripts for missing person reports.
- [] Review interview sheets to be completed.
- [] Take part in briefing of interviewers and data entry personnel to ensure all understand the overall information management system and their specific duties and responsibilities.
- [] Develop just-in-time training modules for volunteer interview staff.

Deactivation

- [] Provide report and briefing to replacement on status of operations if rotating out prior to termination of the FEMORS mission.
- [] Ensure all personally issued equipment (Equipment Assignment form page 331) is returned to Logistics.



E. VICTIM INFORMATION CENTER UNIT	
6. Fatality Management Behavioral Health/ Chaplaincy Specialist	
DESCRIPTION:	<p>The Behavioral Health/Chaplaincy Specialist is responsible for managing the referral of service options with families, acquaintances of victims and VIC personnel as needs arise. The Behavioral Health/Chaplaincy Specialist reports directly to the FM VIC Information Collection Coordinator.</p> <p>Duties of this position:</p> <ol style="list-style-type: none"> 1. Coordinates information and liaison on family support service options with other appropriate agencies. 2. Meets with families who experience emotional difficulties during the interview process. 3. Offers guidance to VIC personnel during times of stress. 4. Works to coordinate social activities and events for after-work hours to ease the stresses of long work cycles. 5. Provides discretion and confidentiality of all verbal and written documentation concerning the deceased, NOK, and family members.

Credentials Required:

EDUCATION:	<ol style="list-style-type: none"> 1. Completion of a master's degree in Mental Health or Substance Abuse Counseling, or its equivalent at an accredited college or university; or 2. Completion of degree requirements to function as a behavioral health practitioner, or 3. Ordination, commission or certification by a recognized religious body
TRAINING: SEE COMMON SET OF REQUIRED CRITERIA, NOTE 1, PAGE 77	<p>Completion of the following courses/curricula:</p> <ol style="list-style-type: none"> 1. ICS-100: Introduction to ICS. 2. ICS-200: Basic ICS. 3. IS-700A: NIMS, An Introduction. 4. IS-800B: NRF, An Introduction. 5. Psychological First Aid, Disaster Behavioral Health or Chaplaincy, or other appropriate disaster-related behavioral health training
EXPERIENCE:	<ol style="list-style-type: none"> 1. Ongoing, active participation with an established health care related providing entity such as a hospital, health system, agency (government), or service (nongovernment), or 2. Minimum of 2 years of experience in a clinical setting commensurate with the mission assignment, or 3. Minimum of 1 year chaplaincy service.
PROFESSIONAL AND TECHNICAL LICENSES AND CERTIFICATIONS	Professional certification in Mental Health and/or Substance Abuse counseling, or ordination, commission or certification by a recognized religious body

Minimum FEMORS Classification:

- Behavioral Health Specialist, or Chaplain

- Code of Conduct (page 176)
- Equipment and Supplies Requisition (page 177)
- Numbering Systems (page 188)

Upon Activation

- [] See General Duty Assignment Checklist (page 24).
- [] Review applicable sections of the FEMORS FOG as a refresher with particular attention to Operational Overviews and policies on:
 - Victim Information Center (page 65)

On-Site Operations

- [] Report as directed to the FM VIC Information Collection Coordinator.
- [] Review interview sheets to be completed to understand the process



- [] Take part in briefing of interviewers and data entry personnel to ensure all understand the overall information management system and their specific duties and responsibilities.
- [] Develop just-in-time training modules for VIC staff on signs and symptoms of stress and stress reduction techniques.

Deactivation

- [] Provide report and briefing to replacement on status of operations if rotating out prior to termination of the FEMORS mission.
- [] Ensure all personally issued equipment (Equipment Assignment form page 331) is returned to Logistics.
- [] Assist in the critique of the Team performance.



E. VICTIM INFORMATION CENTER UNIT	
7. Fatality Management Dental/Medical Records Acquisition Specialist	
DESCRIPTION:	<p>The Dental/Medical Records Acquisition Specialist is responsible for contacting dental/medical healthcare providers of reported missing persons to obtain copies of records. The Dental/Medical Records Acquisition Medical Investigator reports directly to the FM VIC Data/Records Coordinator.</p> <p>Duties of this position:</p> <ol style="list-style-type: none"> 1. Receives notice of potential family dental and medical healthcare providers of victims reported missing from Interview or Data Entry teams. 2. Initiates telephonic contact with potential dental and medical healthcare providers in order to obtain copies of ante mortem dental x-rays and charts, medical records, and body x-rays for comparison by the MIC teams. 3. Assists in transfer of collected dental/medical records to VIC FM Records Management Specialist for use by the MIC teams.

Credentials Required:

EDUCATION:	High School Diploma or equivalent
TRAINING: SEE COMMON SET OF REQUIRED CRITERIA, NOTE 1, PAGE 77	<p>Completion of the following courses/curricula:</p> <ol style="list-style-type: none"> 1. ICS-100: Introduction to ICS. 2. ICS-200: Basic ICS. 3. IS-700A: NIMS, An Introduction. 4. IS-800B: NRF, An Introduction.
EXPERIENCE:	<ol style="list-style-type: none"> 1. Minimum of 2 years investigative, supervisory, management, or administrative experience in a Medical Examiner/Coroner system. 2. Intermediate computer skills including e-mail, internet, and Microsoft Office Word and Excel spreadsheet proficiency.
PROFESSIONAL AND TECHNICAL LICENSES AND CERTIFICATIONS	None

Minimum FEMORS Classification:

- Odontologist, Forensic, or
- Odontologist, Non-Forensic

Upon Activation

- [] See General Duty Assignment Checklist (page 24).
- [] Review applicable sections of the FEMORS FOG as a refresher with particular attention to Operational Overviews and policies on:
 - Victim Information Center (page 65)
 - Code of Conduct (page 176)
 - Equipment and Supplies Requisition (page 177)
 - Numbering Systems (page 188)
 - Odontology Protocol Guide (page 232)

On-site Operations

- [] Report in at the VIC for assignment and log in procedures at the beginning of each shift.

- [] Partake in briefing of VIC personnel to ensure all understand the overall processing flow and their specific duties and responsibilities.
- [] Contact dental/medical healthcare providers to obtain known records of missing persons and arrange for delivery to VIC.
- [] Update VIP with contact information on dental/medical healthcare providers.
- [] Monitor use of supplies and notify Supplies/Facilities Manager of anticipated replenishment needs.

Deactivation

- [] Provide report and briefing to replacement on status of operations if rotating out prior to termination of the FEMORS mission.
- [] Ensure all personally issued equipment (Equipment Assignment form page 331) is returned to Logistics.
- [] Assist in the critique of the Team performance.



E. VICTIM INFORMATION CENTER UNIT	
8. FM VIC Family History (DNA) Specialist	
DESCRIPTION:	<p>The FM VIC Family History (DNA) Specialist is responsible for coordinating meetings with families to obtain genetic information, familial DNA samples, and missing person reference DNA specimens for testing. The FM VIC Family History (DNA) Specialist reports directly to the FM VIC Data/Records Coordinator.</p> <p>Duties of this position:</p> <ol style="list-style-type: none"> 1. Participates in the ante mortem information and DNA materials gathering function. 2. Coordinates with the Victim Information Center Unit Leader, FM VIC Data/Records Coordinator, and/or Medical Examiner/Coroner on data and DNA materials collection requirements and the appropriate methods for documentation and delivery of materials to the DNA lab selected for testing. 3. Liaisons with the FM DPMU Communications Coordinator on form modifications and data input techniques required for DNA samples tracking. 4. Ensures all ante mortem family tree information from families is collected and included in the case file (Reported Missing) packet. 5. Provides copies of the family tree information to appropriate DNA labs as approved. 6. Ensures all ante mortem Buccal swabs from families and victim reference specimens collected are properly documented as to provenance and delivered to appropriate DNA labs as approved. 7. May serve as Lead for DNA staff.

Credentials Required:

EDUCATION:	Completion of degree requirements suitable to function as a DNA analyst in a forensic laboratory.
TRAINING: SEE COMMON SET OF REQUIRED CRITERIA, NOTE 1, PAGE 77	<p>Completion of the following courses/curricula:</p> <ol style="list-style-type: none"> 1. ICS-100: Introduction to ICS. 2. ICS-200: Basic ICS. 3. IS-700A: NIMS, An Introduction. 4. IS-800B: NRF, An Introduction.
EXPERIENCE:	Minimum of 4 years' experience providing forensic DNA services to a Medical Examiner/Coroner office, forensic laboratory or law enforcement agency.
PROFESSIONAL AND TECHNICAL LICENSES AND CERTIFICATIONS	Certification requirements suitable to function as a DNA analyst in a forensic laboratory.

Minimum FEMORS Classification:

- DNA Specialist

- Records Management (page 289)
- VIC DNA Family Reference Collection Protocol (page 304)

Upon Activation

- [] See General Duty Assignment Checklist (page 24).
- [] Review applicable sections of the FEMORS FOG as a refresher with particular attention to Operational Overviews and policies on:
 - Victim Information Center (page 65)
 - Code of Conduct (page 176)
 - Equipment and Supplies Requisition (page 177)
 - Numbering Systems (page 188)

On-site Operations

- [] Report as directed to the VIC Information Manager.
- [] Partake in briefing of VIC and DNA Team personnel to ensure all understand the overall processing flow and their specific duties and responsibilities.
- [] Coordinate and log incoming additional DNA specimen materials (toothbrush, razor, etc.); transfer to the VIC Records Management Team for DNA lab.



Adhere to the established system for

- families visiting the VIC to provide family tree lineage information and to provide Buccal swab samples for DNA testing.
- families visiting the VIC to provide victim reference specimens, i.e., toothbrush, razor, etc.
- families unable to visit the VIC to provide family tree lineage information by telephone interview with a DNA Specialist.
- families unable to visit the VIC to provide Buccal swab samples for DNA testing by mailing the collection kit with instructions for use and return of the kit.
- families unable to visit the VIC to provide victim reference specimens i.e., toothbrush, razor, etc. by mail or other delivery mode with instructions on handling, packaging and shipment.
- delivery of collected DNA materials to the designated storage or testing laboratory facility.

Deactivation

- [] Provide report and briefing to replacement on status of operations if rotating out prior to termination of the FEMORS mission.
- [] Ensure all personally issued equipment (Equipment Assignment form page 331) is returned to Logistics.
- [] Assist in the critique of the Team performance.
- [] Participate in a formal Team After Action Report.



E. VICTIM INFORMATION CENTER UNIT	
9. FM VIC Family Affairs Specialist	
DESCRIPTION:	<p>The FM VIC Family Affairs Specialist is responsible for coordinating the release of identified victims to the funeral service provider selected by the family. The FM VIC Family Affairs Specialist reports directly to the FM VIC Data/Records Coordinator.</p> <p>Duties of this position:</p> <ol style="list-style-type: none"> 1. Coordinates with the Victim Information Center Unit Leader, VIC FM VIC Information Collection Coordinator, and/or Medical Examiner/Coroner on procedures to be followed to effect release of identified remains. 2. Ensures all documentation is completed to verify release of remains. 3. Ensures personal effects of the victim are released as directed. 4. Updates database for release status of identified remains and personal effects as directed. 5. May serve as Lead for Family Affairs staff.

Credentials Required:

EDUCATION:	Completion of degree requirements to function as a licensed funeral director
TRAINING: SEE COMMON SET OF REQUIRED CRITERIA, NOTE 1, PAGE 77	<p>Completion of the following courses/curricula:</p> <ol style="list-style-type: none"> 1. ICS-100: Introduction to ICS. 2. ICS-200: Basic ICS. 3. IS-700A: NIMS, An Introduction. 4. IS-800B: NRF, An Introduction.
EXPERIENCE:	<ol style="list-style-type: none"> 1. Minimum 3 years funeral director experience. 2. Intermediate computer skills including e-mail, internet, and Microsoft Office Word and Excel spreadsheet proficiency.
PROFESSIONAL AND TECHNICAL LICENSES AND CERTIFICATIONS	Current funeral director license

Minimum FEMORS Classification:

- Mortuary Officer

Upon Activation

- [] See General Duty Assignment Checklist (page 24).
- [] Review applicable sections of the FEMORS FOG as a refresher with particular attention to Operational Overviews and policies on:
 - Victim Information Center (page 65)
 - Code of Conduct (page 176)
 - Equipment and Supplies Requisition (page 177)
 - Numbering Systems (page 188)
 - Personal Effects (page 226)
 - NOK Notification of Positive Identification (page 294)

On-site Operations

- [] Report in at the VIC for assignment and log in

- procedures at the beginning of each shift.
 - [] Partake in briefing of VIC personnel to ensure all understand the overall processing flow and specific duties and responsibilities.
 - [] Notify funeral home of release status when updated.
 - [] Notify Remains Storage of identification and potential release.
 - [] Coordinate release with funeral home and delivery of personal effects.
 - [] Direct driver to Remains Release trailers with necessary authorizing paperwork.
- Deactivation**
- [] Provide report and briefing to replacement on status of operations if rotating out prior to termination of the FEMORS mission.
 - [] Ensure all personally issued equipment (Equipment Assignment form page 331) is returned to Logistics.
 - [] Assist in the critique of the Team performance.



E. VICTIM INFORMATION CENTER UNIT	
10. FM VIC Documentation Specialist	
DESCRIPTION:	<p>The FM VIC Documentation Specialist is responsible for providing statistical reporting of VIC progress for the Situation Reports as well as special project reports as directed. The FM VIC Documentation Specialist reports directly to the Victim Information Center Unit Leader.</p> <p>Duties of this position:</p> <ol style="list-style-type: none"> 1. Receives direction from the Victim Information Center Unit Leader on types of documentation required by the Incident Command Planning Section Chief for daily Situation Reports. 2. Creates specialized reports as directed.

Credentials Required:

EDUCATION:	High School Diploma or equivalent
TRAINING: SEE COMMON SET OF REQUIRED CRITERIA, NOTE 1, PAGE 77	<p>Completion of the following courses/curricula:</p> <ol style="list-style-type: none"> 1. ICS-100: Introduction to ICS. 2. ICS-200: Basic ICS. 3. IS-700A: NIMS, An Introduction. 4. IS-800B: NRF, An Introduction.
EXPERIENCE:	<ol style="list-style-type: none"> 1. Minimum of 2 years administrative/bookkeeping with extensive Microsoft Office experience. 2. Intermediate computer skills including e-mail, internet, and Microsoft Office Word and Excel spreadsheet proficiency.
PROFESSIONAL AND TECHNICAL LICENSES AND CERTIFICATIONS	None

Minimum FEMORS Classification:

- Medical Investigator,
- Administrative Specialist,
- Evidence Specialist, or
- Mortuary Officer

Upon Activation

- [] See General Duty Assignment Checklist (page 24).
- [] Review applicable sections of the FEMORS FOG as a refresher with particular attention to Operational Overviews and policies on:
 - Victim Information Center (page 65)
 - Code of Conduct (page 176)
 - Equipment and Supplies Requisition (page 177)

On-site Operations

- [] Report in at the VIC for assignment and log in procedures at the beginning of each shift.
- [] Partake in briefing of VIC personnel to ensure all understand the overall processing flow and specific duties and responsibilities.
- [] Maintain personnel scheduling of FEMORS staff and coordinate requests for replacements through the Planning Chief.
- [] Provide special reports as directed.

Deactivation

- [] Provide report and briefing to replacement on status of operations if rotating out prior to termination of the FEMORS mission.
- [] Ensure all personally issued equipment (Equipment Assignment form page 331) is returned to Logistics.
- [] Assist in the critique of the Team performance.



E. VICTIM INFORMATION CENTER UNIT	
11. FM VIC Administrative Specialist	
DESCRIPTION:	<p>The FM VIC Administrative Specialist is responsible for managing attendance and travel voucher records for personnel as an assistant to the IC's Administrative/Finance Section Chief. The FM VIC Administrative Specialist reports directly to the Victim Information Center Unit Leader.</p> <p>Duties of this position:</p> <ol style="list-style-type: none"> 1. Receives direction from the Victim Information Center Unit Leader on types of documentation required by the IC Admin/Finance Section Chief for time and travel. 2. Assists with maintaining staffing org charts. 3. Assists personnel with completion of forms required for time and travel. 4. Coordinates VIC Unit Leader requests for personnel to the IC Logistics Resource Unit Leader.

Credentials Required:

EDUCATION:	High School Diploma or equivalent
TRAINING: SEE COMMON SET OF REQUIRED CRITERIA, NOTE 1, PAGE 77	<p>Completion of the following courses/curricula:</p> <ol style="list-style-type: none"> 1. ICS-100: Introduction to ICS. 2. ICS-200: Basic ICS. 3. IS-700A: NIMS, An Introduction. 4. IS-800B: NRF, An Introduction.
EXPERIENCE:	<ol style="list-style-type: none"> 1. Minimum of 2 years administrative/bookkeeping with extensive Microsoft Office experience. 2. Intermediate computer skills including e-mail, internet, and Microsoft Office Word and Excel spreadsheet proficiency.
PROFESSIONAL AND TECHNICAL LICENSES AND CERTIFICATIONS	None

Minimum FEMORS Classification:

- Administrative Specialist,
- Evidence Specialist, or
- Mortuary Officer

Upon Activation

- [] See General Duty Assignment Checklist (page 24).
- [] Review applicable sections of the FEMORS FOG as a refresher with particular attention to Operational Overviews and policies on:
 - Victim Information Center (page 65)
 - Code of Conduct (page 176)
 - Equipment and Supplies Requisition (page 177)

On-site Operations

- [] Report in at the VIC for assignment and log in procedures at the beginning of each shift.
- [] Partake in briefing of VIC personnel to ensure all understand the overall processing flow and specific duties and responsibilities.
- [] Maintain personnel time and travel documentation for coordination with the Administrative Group Supervisor.

Deactivation

- [] Provide report and briefing to replacement on status of operations if rotating out prior to termination of the FEMORS mission.
- [] Ensure all personally issued equipment (Equipment Assignment form page 331) is returned to Logistics.
- [] Assist in the critique of the Team performance.



E. VICTIM INFORMATION CENTER UNIT	
12. FM Data Entry Specialist	
DESCRIPTION:	<p>The FM Data Entry Specialist is responsible for performing</p> <ol style="list-style-type: none"> 1. postmortem data entry and auditing from morgue file folders or similar computer data processing work in the MIC; or, 2. ante mortem data entry and auditing from interview forms or similar computer data processing work in the VIC. <p>The FM Data Entry Specialist reports directly to either the FM MIC Morgue Identification Center Unit Leader or the FM VIC Data/Records Coordinator as assigned.</p> <p>Duties of this position:</p> <ol style="list-style-type: none"> 1. Participates in the identification function. 2. Receives direction from the MIC Unit Leader, FM VIC Data/Records Coordinator, and/or Medical Examiner/Coroner on data entry requirements and the appropriate methods for documentation and verifying entered data. 3. Ensures all ante and postmortem processing data is entered in database. 4. Ensures all ante mortem digitized (scanned) photographs from families are stored on the computer server and images printed for inclusion in the case file packet. 5. Assists Radiology, Fingerprints, and Photography staff with inputting postmortem digital images to the appropriate case file. 6. Edits computer entries to ensure accuracy and completeness of records. 7. May serve as an auditor for data entry of other personnel to check against typographical errors. 8. May serve as Lead for Data Entry and Auditing staff.

Credentials Required:

EDUCATION:	High School Diploma or equivalent
TRAINING: SEE COMMON SET OF REQUIRED CRITERIA, NOTE 1, PAGE 77	<p>Completion of the following courses/curricula:</p> <ol style="list-style-type: none"> 1. ICS-100: Introduction to ICS. 2. ICS-200: Basic ICS. 3. IS-700A: NIMS, An Introduction. 4. IS-800B: NRF, An Introduction.
EXPERIENCE:	<ol style="list-style-type: none"> 1. Intermediate computer skills including e-mail, internet, and Microsoft Office Word and Excel spreadsheet proficiency.
PROFESSIONAL AND TECHNICAL LICENSES AND CERTIFICATIONS	None

Minimum FEMORS Classification:

- VIC Specialist,
- IR Data Entry, or
- Mortuary Officer

a refresher with particular attention to Operational Overviews and policies on:

- Victim Information Center (page 65)
- Code of Conduct (page 176)
- Equipment and Supplies Requisition (page 177)
- Numbering Systems (page 188)

Upon Activation

- [] See General Duty Assignment Checklist (page 24).
- [] Review applicable sections of the FEMORS FOG as



On-site Operations

- [] Report in at the VIC for assignment and log in procedures at the beginning of each shift.
- [] Partake in briefing of VIC personnel to ensure all understand the overall processing flow and their specific duties and responsibilities.
- [] Monitor use of supplies and notify Data Entry Team Leader of anticipated replenishment needs.
- [] Begin data entry immediately upon receiving completed VIP forms from interviewers.

- [] Performs double check verification of other VIC personnel data entry.
- [] Ensure all antemortem digital photography is stored on the computer server and images are printed for inclusion in the VIP antemortem (RM) folder.

Deactivation

- [] Ensure all personally issued equipment (Equipment Assignment form page 331) is returned to Logistics.
- [] Assist in the critique of the Team performance.



E. VICTIM INFORMATION CENTER UNIT	
13. FM Records Management Specialist	
DESCRIPTION:	(See FM Records Management Specialist in Morgue Identification Center)

Minimum FEMORS Classification:

- Medical Investigator,
- Administrative Specialist,
- Evidence Specialist, or
- Mortuary Officer

Description of Duties

- Receives direction from the VIC Records Management Coordinator on tracking and delivery requirements and the appropriate methods for documentation and verifying received materials.
- Ensures all received file materials are properly documented.
- Follows file tracking procedures account for every file folder.
- Ensures compliance with Records Management Policy (page 289).

Upon Activation

- [] See General Duty Assignment Checklist (page 24).
- [] Review applicable sections of the FEMORS FOG as a refresher with particular attention to Operational Overviews and policies on:
 - Victim Information Center (page 65)
 - Records Management (page 72 and 289)
 - Code of Conduct (page 176)
 - Equipment and Supplies Requisition (page 177)
 - Numbering Systems (page 188)

On-site Operations

- [] Report in at the VIC for assignment and log in procedures at the beginning of each shift.
- [] Partake in briefing of VIC personnel to ensure all understand the overall processing flow and specific duties and responsibilities.
- [] Maintain records log locator systems to expedite

locating and retrieving files when required for release or reexamination.

- [] Maintain a storage system to segregate case files by
 - reported missing,
 - found alive,
 - identified but unclaimed, and
 - identified and ready for release.
- [] Log and file materials as received (alphabetically in Last Name order):
 - VIP antemortem (RM) reports
 - Medical records or DNA specimen authorization forms.
- [] Ensure notification of the appropriate MIC Team when new antemortem records have been received for transfer.
- [] Maintain record log-out procedures to include file release to MIC Records File Room for:
 - VIP antemortem (RM) file transfer
 - Medical, dental and X-ray records transfer
- [] Coordinate release of files systematically and with proper accounting for person receiving file in accordance with the wishes of Medical Examiner.
- [] Coordinate delivery of ME case files to Family Affairs upon release of identified cases.

Deactivation

- [] Provide report and briefing to replacement on status of operations if rotating out prior to termination of the FEMORS mission.
- [] Ensure all personally issued equipment (Equipment Assignment form page 331) is returned to Logistics.
- [] Assist in the critique of the Team performance.



F. MORGUE IDENTIFICATION CENTER UNIT	
1. FM MIC Morgue Identification Center Unit Leader	
DESCRIPTION:	<p>The FM MIC Morgue Identification Center Unit Leader is responsible for establishing the Morgue Identification Center (MIC) consisting of the Verification, Data Entry, Fingerprint Ante Mortem, Ante Mortem Odontology, and Records Management teams. The Medical Examiner/Coroner may elect to assign his/her existing Medical Investigative staff to oversee or approve final identification verification, remains release, and file management procedures. The FM MIC Morgue Identification Center Unit Leader reports directly to the FM Group Supervisor, Group Supervisor or designee. The FM MIC Verification Manager may serve as MIC Unit Leader.</p> <p>Duties of this position:</p> <ol style="list-style-type: none"> 1. Oversees identification functions: <ol style="list-style-type: none"> a. DVP (Disaster Victim Packet of postmortem processing information) data entry and analysis, b. Medical Records review, c. Identification report verification, and d. Records Management. 2. Coordinates with the FM Group Supervisor and/or Medical Examiner/Coroner to determine post processing identification requirements and the appropriate methods for documentation and storage of file materials. 3. Coordinates set up of the MIC consisting of the Verification, Fingerprint Ante Mortem, Odontology Ante Mortem, and Records Management Teams 4. Liaisons with the FM DPMU Communications Coordinator on form modifications, data input techniques, and identifications made. 5. Ensures information management system equipment in the MIC is installed and functioning properly.

Credentials Required:

EDUCATION:	High School Diploma or equivalent
TRAINING: SEE COMMON SET OF REQUIRED CRITERIA, NOTE 1, PAGE 77	Completion of the following courses/curricula: <ol style="list-style-type: none"> 1. ICS-300: Intermediate ICS for Expanding Incidents 2. IS-700A: NIMS, An Introduction 3. IS-800B: NRF, An Introduction 4. L-984: NIMS ICS Strike Team/ Task Force Leader
EXPERIENCE:	<ol style="list-style-type: none"> 1. Minimum of 2 years supervisory, management, or administrative experience in a Medical Examiner/Coroner system, law enforcement, or other death-related career field. 2. Intermediate computer skills including e-mail, internet, and Microsoft Office Word and Excel spreadsheet proficiency.
PROFESSIONAL AND TECHNICAL LICENSES AND CERTIFICATIONS	None

Minimum FEMORS Classification:

- Forensic Pathologist,
- Medical Investigator, or
- FEMORS Commander Appointment

Upon Activation

- [] Upon receipt of advisory or alert obtain instructions from FM Group Supervisor or FM Operations Group Supervisor. Obtain 24-hour contact numbers.
- [] Review applicable sections of the FEMORS FOG as



a refresher with particular attention to Operational Overviews and policies on:

- Pre Processing Operations (page 39)
- Morgue Operations (page 50)
- Victim Information Center (page 65)
- Code of Conduct (page 176)
- Equipment and Supplies Requisition (page 177)
- Numbering Systems (page 188)
- Photography (page 225)
- Personal Effects (page 226)
- Classification of Human Remains (page 229)
- Odontology Protocol Guide (page 232)
- Records Management (page 289)
- Visual Identification (page 291)
- Fingerprint Identification (page 292)
- Anatomic Features Identification (page 293)
- NOK Notification (page 294)

On-site Operations

- [] In conjunction with the FM Operations Group Supervisor and Medical Examiner, determine the most appropriate area for the MIC Teams.
- [] Request necessary supplies, office equipment, telephone, fax, and data lines, copiers, etc., from Logistics Supply Unit.
- [] Request Internet web access to perform searches related to victims and NOK contacts.
- [] Brief MIC Team Leaders and personnel to ensure all understand the overall information management

system, their specific duties and responsibilities, and procedural changes as they occur.

- [] Establish body release authorization, death certificate processing and personal effects release procedures for Family Affairs (Remains Release) Team in VIC.
- [] Coordinate with Medical Examiner on how identified victim case files will be finalized and numbered.
- [] Provide daily reports to the Medical Examiner, Team Leaders, and DOH/ESF-8 regarding number of:
 - Missing persons reported,
 - Victims identified and methods used, and
 - Unidentified remains to be identified.

Deactivation

- [] Provide input into the FEMORS Demobilization Plan on length of time to complete identifications.
- [] Coordinate with Medical Examiner on transition of MIC operations to Medical Examiner staff following demobilization.
- [] Provide report and briefing to replacement on status of operations if rotating out prior to termination of the FEMORS mission.
- [] Ensure all documentation is forwarded to the FM Operations Group Supervisor.
- [] Ensure all personally issued equipment (Equipment Assignment form page 331) is returned to Logistics.
- [] Assist in the critique of the Team performance.
- [] Participate in a formal Team After Action Report.



F. MORGUE IDENTIFICATION CENTER UNIT	
2. FM MIC Verification Manager	
DESCRIPTION:	<p>The FM MIC Verification Manager is responsible for managing remains identification processing functions including: reviewing database ante mortem missing person reports for potential identifying features; coordinating identification reports; processing death certificates; and assembling potential identified files for Medical Examiner/Coroner approval. The Medical Examiner/Coroner may elect to assign his/her existing Medical Investigative staff to oversee or approve final identification verification, remains release, and file management procedures. The FM MIC Verification Manager reports directly to the MIC Unit Leader. In the absence of a MIC Unit Leader, the FM MIC Verification Manager shall also serve as the MIC Unit Leader.</p> <p>Duties of this position:</p> <ol style="list-style-type: none"> 1. Participates in the identification function. 2. Receives direction from the MIC Unit Leader and/or Medical Examiner/Coroner on post processing identification requirements and the appropriate methods for documentation and storage of file materials. 3. Assists with set up of the MIC office. 4. Liaisons with the FM DPMU Communications Manager and Programming specialist on form modifications, data input techniques, and identifications made. 5. Ensures that additional records deemed necessary (e.g., dental X-rays and charts, medical, and fingerprint records, and other data) are ordered and tracked. 6. Coordinates requests for ante mortem records and materials from VIC FM Records Management Specialist. 7. Coordinates reports of presumptive identification with file materials for presentation to the Medical Examiner /Coroner for approval. 8. Assists the Medical Examiner/Coroner with notifications of positive identification to Next-of-Kin, if appropriate. 9. Coordinates processing of death certificates (via EDRS) upon establishment of positive identification or court ordered presumptive death declaration. 10. Ensures body release procedure notification to VIC Family Affairs (Remains Release) Specialist.

Credentials Required:

EDUCATION:	High School Diploma or equivalent
TRAINING: SEE COMMON SET OF REQUIRED CRITERIA, NOTE 1, PAGE 77	<p>Completion of the following courses/curricula:</p> <ol style="list-style-type: none"> 1. ICS-100: Introduction to ICS. 2. ICS-200: Basic ICS. 3. IS-700A: NIMS, An Introduction. 4. IS-800B: NRF, An Introduction.
EXPERIENCE:	<ol style="list-style-type: none"> 1. Minimum of 2 years death investigation experience with a Medical Examiner/Coroner office. 2. Intermediate computer skills including e-mail, internet, and Microsoft Office Word and Excel spreadsheet proficiency.
PROFESSIONAL AND TECHNICAL LICENSES AND CERTIFICATIONS	None



Minimum FEMORS Classification:

- Medical Investigator

Upon Activation

- [] See General Duty Assignment Checklist (page 24).
- [] Review applicable sections of the FEMORS FOG as a refresher with particular attention to Operational Overviews and policies on:
 - Pre Processing Operations (page 39)
 - Morgue Operations (page 50)
 - VIC Operations (page 65)
 - Code of Conduct (page 176)
 - Equipment and Supplies Requisition (page 177)
 - Numbering Systems (page 188)
 - Photography (page 225)
 - Personal Effects (page 226)
 - Classification of Human Remains (page 229)
 - Odontology Protocol Guide (page 232)
 - Records Management (page 289)
 - Visual Identification (page 291)
 - Fingerprint Identification (page 292)
 - Anatomic Features Identification (page 293)
 - NOK Notification (page 294)

On-site Operations

- [] Report in at the MIC for assignment and log in procedures at the beginning of each shift.
- [] Partake in briefing of MIC personnel to ensure all understand the overall processing flow and their specific duties and responsibilities.
- [] Monitor use of supplies and notify MIC Director of anticipated replenishment needs.
- [] Use Internet web access to perform searches related to victims and NOK contacts.
- [] Liaison with the Database Team Leader to incorporate any modifications to the data entry procedures used in the identification process.
- [] Ensure coordination of incoming additional antemortem materials and records for distribution.
 - Antemortem body x-rays are delivered to MIC Records Management with notification made to Radiology (Body X-Ray) Team for digitizing and comparison with appropriate MRN cases, if applicable.
 - Antemortem dental records and x-rays are delivered to MIC Records Management with notification made to Ante Mortem Odontology Team for digitizing and input to WinID System for comparison.
 - Antemortem fingerprint records are delivered to MIC Records Management with notification made to Ante Mortem Fingerprint Team for comparison.
 - Antemortem medical records are delivered to MIC Records Management with notification made to ID/Review Release Specialist team.

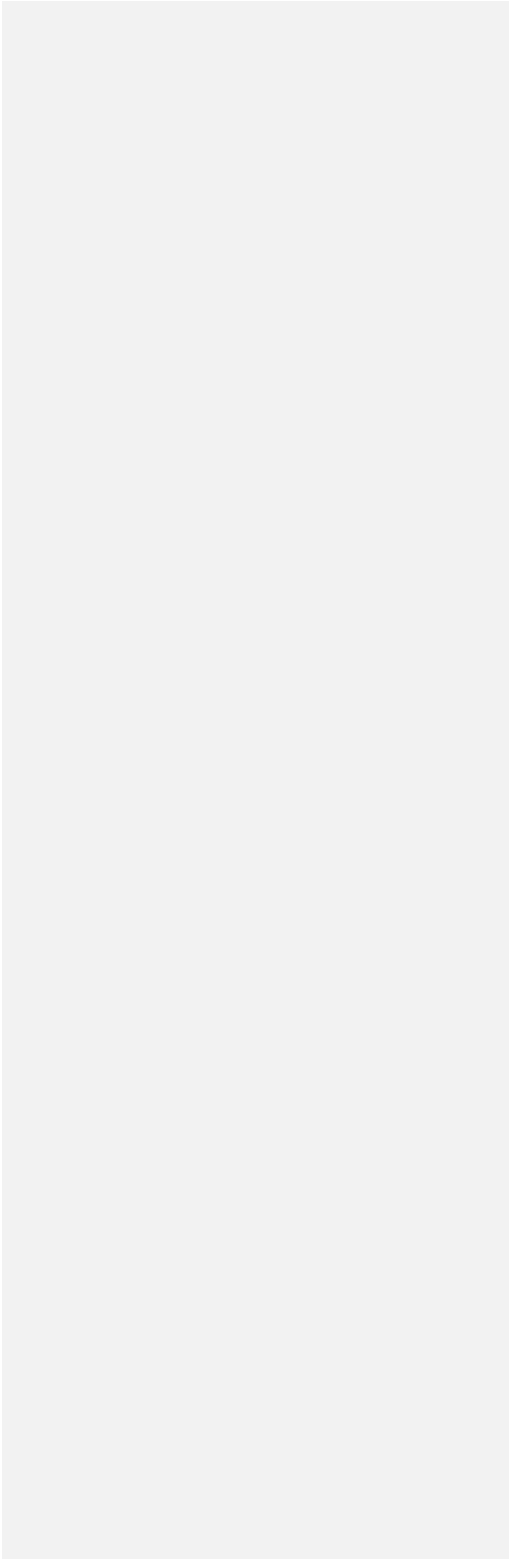
- Coordinate incoming DNA Buccal swab collection specimens for distribution to DNA lab.
- Coordinate incoming additional DNA specimen materials (toothbrush, razor, etc.) for transfer to DNA lab for testing.
- [] Maintain accountability and security of any additional materials provided by the family or other sources.
- [] Retrieve files as necessary from Records Management and follow all file tracking and log-out procedures.
- [] Return files not being actively reviewed to Records Management whenever possible.
- [] Receive Report of Presumptive Identification for presentation to Medical Examiner from
 - Ante Mortem Odontology,
 - Ante Mortem Fingerprints,
 - Body X-ray,
 - Anatomic feature), or
 - DNA lab.
- [] Assemble all related files of a potential identification case (VIP antemortem (RM) folder, MRN files, and medical records) and examine for logical inconsistencies (e.g., history of amputation but body part is present). Review prior to presentation to Medical Examiner for decision.
- [] Once Report of Presumptive Identification is approved by the Medical Examiner, perform VIP data entry to assign positive victim identifications (VIP) to postmortem records (MRNs), including how identification was made, and by whom, time and date.
- [] Coordinate with VIC Family Affairs Team on notification of families (procedures to be determined by Medical Examiner) of positive identification and obtain:
 - signed authorization from next-of-kin identifying funeral home of choice (Remains Release Authorization, page 398), and
 - if body part or less than complete remains, written family directive on preferred method of notification and handling of additional parts identified later (See Policy 17-NOK Notification of Positive Identification, 294)
- [] Assemble all related files of an identification case (there may be several fragmentary remains MRNs linked by dental or DNA matching to one individual) and merge into the VIP antemortem (RM) file.
 - Medical Examiner will determine the final numbering system for identified remains cases.
- [] Return all identified persons files to MIC Records Management with notation of merged MRN file numbers and presumptive death certificate files, if applicable.



Deactivation

- Provide report and briefing to replacement on status of pending identification cases if rotating out prior to termination of the FEMORS mission.
- Ensure all personally issued equipment (Equipment

- Assignment form page 331) is returned to Logistics.
- Assist in the critique of the Team performance.
- Participate in a formal Team After Action Report





F. MORGUE IDENTIFICATION CENTER UNIT	
3. FM MIC Identification-Release Review Specialist	
DESCRIPTION:	<p>The FM MIC Identification-Release Review Specialist is responsible for performing remains identification processing functions including review of database ante mortem missing person reports for potential identifying features, coordinating identification reports, processing death certificates, assembling potential identified files for Medical Examiner/Coroner approval, and notifying NOK, if appropriate. The Medical Examiner/Coroner may elect to assign his/her existing Medical Investigative staff to oversee or approve final identification verification, NOK notification, remains release, and file management procedures. The FM MIC Identification-Release Review Specialist reports directly to the FM MIC Verification Manager.</p> <p>Duties of this position:</p> <ol style="list-style-type: none"> 1. Receives direction from the FM MIC Verification Manager and/or Medical Examiner/Coroner on post processing identification requirements and the appropriate methods for documentation and storage of file materials. 2. Reviews all postmortem processing data entered in database. 3. Orders and tracks additional records (e.g., dental X-rays and charts, medical, and fingerprint records, and other data) deemed necessary. 4. Examines Reports of Presumptive Identification with file materials for presentation to the Medical Examiner/Coroner for approval. 5. Assists the Medical Examiner/Coroner with notifications of positive identification to NOK, if appropriate. 6. Coordinates processing of death certificates upon establishment of positive identification or court ordered presumptive death declaration. 7. Initiates release procedure notification to VIC Family Affairs (Remains Release) Coordinator.

Credentials Required:

EDUCATION:	High School Diploma or equivalent
TRAINING: SEE COMMON SET OF REQUIRED CRITERIA, NOTE 1, PAGE 77	<p>Completion of the following courses/curricula:</p> <ol style="list-style-type: none"> 1. ICS-100: Introduction to ICS. 2. ICS-200: Basic ICS. 3. IS-700A: NIMS, An Introduction. 4. IS-800B: NRF, An Introduction.
EXPERIENCE:	<ol style="list-style-type: none"> 1. Minimum of 2 years death investigation experience with a Medical Examiner/Coroner office. 2. Intermediate computer skills including e-mail, internet, and Microsoft Office Word and Excel spreadsheet proficiency.
PROFESSIONAL AND TECHNICAL LICENSES AND CERTIFICATIONS	None

Minimum FEMORS Classification:

- Medical Investigator

Upon Activation

- [] See General Duty Assignment Checklist (page 24).
- [] Review applicable sections of the FEMORS FOG as a refresher with particular attention to Operational

Overviews and policies on:

- VIC Operations (page 65)
- Code of Conduct (page 176)
- Equipment and Supplies Requisition (page 177)
- Numbering Systems (page 188)
- Photography (page 225)
- Personal Effects (page 226)



- Classification of Human Remains (page 229)
- Odontology Protocol Guide (page 232)
- Records Management (page 289)
- Visual Identification (page 291)
- Fingerprint Identification (page 292)
- Anatomic Features Identification (page 293)
- NOK Notification (page 294)

On-site Operations

- [] Report in at the MIC for assignment and log in procedures at the beginning of each shift.
- [] Partake in briefing of MIC personnel to ensure all understand the overall processing flow and their specific duties and responsibilities.
- [] Conduct a daily, morning inventory of all files being actively worked on in the section for Records Management accounting.
- [] Use Internet web access to perform searches related to victims and NOK contacts.
- [] Perform data analysis in VIP to locate potentially identifiable features and possible matches.
- [] Begin cross references on all personal effects.
- [] Continue cross references to all fields as time allows.
- [] Receive and track requests for additional antemortem information and forward to NOK.
- [] Order and track all additional records (e.g., dental X-rays and charts, medical, dental, and fingerprint records, DNA Buccal swab kits, and other data) deemed necessary.
- [] Coordinate incoming additional antemortem materials and records through MIC Records Management for distribution.
 - Antemortem body x-rays are delivered to Radiology (Body X-Ray) Team for digitizing and comparison with appropriate MRN cases, if applicable.
 - Antemortem dental records and x-rays are delivered to Ante Mortem Odontology Team for digitizing and input to WinID System for comparison.
 - Antemortem fingerprint records are delivered to Ante Mortem Fingerprint Team for comparison.
 - Antemortem medical records are reviewed for unique anatomic features (e.g., surgical implants, surgical history, amputations, etc.) and incorporated into VIP as deemed appropriate.
 - Coordinate incoming DNA Buccal swab collection specimens for distribution to DNA lab.
 - Coordinate incoming additional DNA specimen materials (toothbrush, razor, etc.) for transfer to DNA lab for testing.
- [] Maintain accountability and security of any

- additional materials provided by the family or other sources.
- [] Retrieve files as necessary from Records Management and follow all file tracking and log-out procedures.
- [] Conduct a daily, morning inventory of all files being actively worked on in the section for Records Management accounting.
- [] Return files not being actively reviewed to Records Management whenever possible.
- [] Receive identification match data for presentation to Medical Examiner from
 - Ante Mortem Odontology,
 - Ante Mortem Fingerprints,
 - Body X-ray,
 - Anatomic features (Pathology or Anthropology), or
 - DNA lab.
- [] Assemble all related files of an identification case (VIP antemortem (RM) folder, MRN files, and medical records) and examine for logical inconsistencies (e.g., history of amputation but body part is present). Present files to FM MIC Verification Manager for review prior to presentation to Medical Examiner for decision.
- [] Once approved by the Medical Examiner, perform VIP data entry to assign potential positive victim identifications (VIP) to postmortem records (MRNs), including how identification was made, and by whom, time and date.
- [] Input identification match data in VIP from reports provided by:
 - Odontology,
 - Fingerprints,
 - Body X-ray,
 - Anatomic features (Pathology or Anthropology), or
 - DNA.
- [] Assemble all related files of an identification case (there may be several fragmentary remains MRNs linked by dental or DNA matching to one individual) and merge into the VIP antemortem (RM) file.
- [] Return all identified persons files to Records Management with notation of merged MRN file numbers and presumptive death certificate files, if applicable.

Deactivation

- [] Ensure all personally issued equipment (Equipment Assignment form page 331) is returned to Logistics.
- [] Assist in the critique of the Team performance.



F. MORGUE IDENTIFICATION CENTER UNIT	
4. FM MIC Fingerprint Analyst	
DESCRIPTION:	<p>The FM MIC Fingerprint Analyst assists in the victim identification process by receiving and analyzing ante mortem fingerprint records for comparison with postmortem impressions obtained during processing. The FM MIC Fingerprint Analyst reports directly to the FM MIC Verification Manager.</p> <p>Duties of this position:</p> <ol style="list-style-type: none"> 1. Coordinates with the FM MIC Verification Manager to determine fingerprint requirements and the appropriate methods for comparing ante mortem records with ridge detail impressions obtained from victims. 2. May serve as Lead for Fingerprint staff. 3. Correlates all ante mortem data with postmortem fingerprint data for identification purposes. 4. Ensures concurrence by at least two forensic fingerprint analysts to declare a match between ante and postmortem records. 5. Provides Presumptive identification reports to FM MIC Verification Manager. 6. Coordinates with local agencies for access to AFIS or similar fingerprint databases.

Credentials Required:

EDUCATION:	Completion of training or degree requirements suitable to function as a fingerprint analyst in a forensic laboratory or law enforcement agency.
TRAINING: SEE COMMON SET OF REQUIRED CRITERIA, NOTE 1, PAGE 77	<p>Completion of the following courses/curricula:</p> <ol style="list-style-type: none"> 1. ICS-100: Introduction to ICS. 2. ICS-200: Basic ICS. 3. IS-700A: NIMS, An Introduction. 4. IS-800B: NRF, An Introduction.
EXPERIENCE:	<ol style="list-style-type: none"> 1. Minimum of 2 years Latent Print Analyst (qualified to provide court testimony) Experience 2. Intermediate computer skills including e-mail, internet, and Microsoft Office Word and Excel spreadsheet proficiency.
PROFESSIONAL AND TECHNICAL LICENSES AND CERTIFICATIONS	None

Minimum FEMORS Classification:

- Fingerprint Specialist,
- Forensic Specialist, or
- Evidence Specialist

Upon Activation

- [] See General Duty Assignment Checklist (page 24).
- [] Review applicable sections of the FEMORS FOG as a refresher with particular attention to Operational Overviews and policies on:
 - Ante Mortem Fingerprint Team (page 71)
 - Code of Conduct (page 176)
 - Equipment and Supplies Requisition (page 177)
 - Numbering Systems (page 188)
 - Records Management (page 289)

- Fingerprint Identification (page 292)

On-site Operations

- [] Report in at the MIC for assignment and log in procedures at the beginning of each shift.
- [] Assist in the setup of the Ante Mortem Fingerprint Team.
- [] Participate in briefing of Ante Mortem Fingerprint Team personnel to ensure all understand the overall processing flow and their specific duties and responsibilities.
- [] Receive notification that antemortem fingerprint records have been received and filed.
- [] Retrieve original antemortem fingerprint records from VIC Records Management and follow all file tracking and log-out procedures.



- [] Ensure that a copy of original antemortem records is made and placed in the VIP antemortem (RM) file prior to removing the original set to the Team.
- [] Use VIP antemortem (RM) file numbering, if available, and record the VIP number on each antemortem fingerprint record followed by “-FP01”, “-FP02”, etc.
- [] Maintain a log of all antemortem fingerprint records received from families or other sources.
- [] Conduct a daily, morning inventory of all files being actively worked on in the section for MIC Records Management accounting.
- [] For antemortem fingerprint records received from sources other than VIC Records Management:
 - Use originals for day to day work, and
 - Deliver copies of original fingerprint records to VIC Records Management for inclusion in the VIP antemortem (RM) folder whenever possible.

- [] Affect identification based on comparisons between ante and postmortem prints as required.
- [] Provide guidance and instruction as necessary to fingerprint personnel from local jurisdictions involved in the investigation.
- [] Confer as necessary with officials of law enforcement and other agencies on locating sources of antemortem fingerprint records.
- [] Ensure concurrence by at least two fingerprint examiners to declare a match between ante and postmortem records.
- [] Follow all Universal Precautions against exposure to communicable disease and biohazards.

Deactivation

- [] Ensure all personally issued equipment (Equipment Assignment form page 331) is returned to Logistics.
- [] Assist in the critique of the Team performance.



F. MORGUE IDENTIFICATION CENTER UNIT	
5. FM MIC Forensic Odontologist	
DESCRIPTION:	<p>The FM MIC Forensic Odontologist assists in the victim identification process by receiving and managing ante mortem dental records for comparison with postmortem records obtained during processing.</p> <p>The FM MIC Forensic Odontologist reports directly to the FM MIC Verification Manager.</p> <p>Duties of this position:</p> <ol style="list-style-type: none"> 1. May serve as Lead for MIC Odontology staff. 2. Coordinates with the FM MIC Verification Manager and/or Medical Examiner/Coroner to determine dental requirements and the appropriate methods for comparing ante mortem records with records obtained from victims. 3. Computerizes ante mortem dental information and generates best matches using the DEXIS and WinID programs. 4. Correlates all ante mortem data with postmortem data for identification purposes. 5. Ensures concurrence by at least two forensic Odontologists to declare a match between ante and postmortem records. 6. Provides Presumptive identification reports to FM MIC Verification Manager.

Credentials Required:

EDUCATION:	Graduate of an accredited dental school.
TRAINING: SEE COMMON SET OF REQUIRED CRITERIA, NOTE 1, PAGE 77	<p>Completion of the following courses/curricula:</p> <ol style="list-style-type: none"> 1. ICS-100: Introduction to ICS. 2. ICS-200: Basic ICS. 3. IS-700A: NIMS, An Introduction. 4. IS-800B: NRF, An Introduction.
EXPERIENCE:	<ol style="list-style-type: none"> 1. Minimum of 2 years forensic dental identification experience with a Medical Examiner/Coroner office using DEXIS, WinID and/or other applicable computer software programs. 2. Proficiency in the use of Photoshop digital editing software.
PROFESSIONAL AND TECHNICAL LICENSES AND CERTIFICATIONS	Graduate of an accredited dental school.

Minimum FEMORS Classification:

- Odontologist, Certified Forensic, or
- Odontologist, Forensic
- Odontology Protocol Guide (page 232)
- Records Management (page 289)

Upon Activation

- [] See General Duty Assignment Checklist (page 24).
- [] Review applicable sections of the FEMORS FOG as a refresher with particular attention to Operational Overviews and policies on:
 - Ante Mortem Odontology Team (page 72)
 - Code of Conduct (page 176)
 - Equipment and Supplies Requisition (page 177)
 - Numbering Systems (page 188)

On-site Operations

- [] Report in at the MIC for assignment and log in procedures at the beginning of each shift.
- [] Assist in the setup of the Ante Mortem Odontology Team.
- [] Participate in briefing of Ante Mortem Odontology Team personnel to ensure all understand the overall processing flow and their specific duties and responsibilities.



- [] Provide training as necessary in using the computerized digital x-ray system to include:
 - scanner for digitizing antemortem x-rays, and
 - transfer of images to WinID.
 - [] Receive notification that antemortem dental records have been received and filed
 - [] Retrieve original antemortem dental records from VIC Records Management and follow all file tracking and log-out procedures.
 - [] Maintain a log of all antemortem dental records received from families or other sources.
 - [] Conduct a daily, morning inventory of all files being actively worked on in the section for MIC Records Management accounting.
 - [] Scan antemortem dental x-rays and enter charting information using the WinID program.
 - [] For antemortem dental records received from sources other than VIC Records Management:
 - Prepare copies for day to day work,
 - Deliver original dental records to Records Management for inclusion in the VIP antemortem (RM) folder whenever possible.
 - [] Affect identification based on comparisons between ante and postmortem records as required.
 - [] Return files not being actively reviewed to MIC Records Management whenever possible.
 - [] Provide guidance and instruction as necessary to dental personnel from local jurisdictions involved in the investigation.
 - [] Confer as necessary with officials of law enforcement and other agencies on locating sources of antemortem dental records.
 - [] Ensure concurrence by at least two forensic Odontologists to declare a match between ante and postmortem records.
 - [] Provide reports of presumptive identification by dental comparison to MIC Odontology Ante Mortem Coordinator.
 - [] Follow all Universal Precautions against exposure to communicable disease and biohazards.
- Deactivation**
- [] Ensure all personally issued equipment (Equipment Assignment form page 331) is returned to Logistics.
 - [] Assist in the critique of the Team performance.



F. MORGUE IDENTIFICATION CENTER UNIT	
6. FM Data Entry Specialist	
DESCRIPTION:	<p>The FM Data Entry Specialist is responsible for performing</p> <ol style="list-style-type: none"> 1. postmortem data entry and auditing from morgue file folders or similar computer data processing work in the MIC; or, 2. ante mortem data entry and auditing from interview forms or similar computer data processing work in the VIC. <p>The FM Data Entry Specialist reports directly to either the FM MIC Morgue Identification Center Unit Leader or the FM VIC Data/Records Coordinator as assigned.</p> <p>Duties of this position:</p> <ol style="list-style-type: none"> 1. Participates in the identification function. 2. Receives direction from the MIC Unit Leader, FM VIC Data/Records Coordinator, and/or Medical Examiner/Coroner on data entry requirements and the appropriate methods for documentation and verifying entered data. 3. Ensures all ante and postmortem processing data is entered in database. 4. Ensures all ante mortem digitized (scanned) photographs from families are stored on the computer server and images printed for inclusion in the case file packet. 5. Assists Radiology, Fingerprints, and Photography staff with inputting postmortem digital images to the appropriate case file. 6. Edits computer entries to ensure accuracy and completeness of records. 7. May serve as an auditor for data entry of other personnel to check against typographical errors. 8. May serve as Lead for Data Entry and Auditing staff.

Credentials Required:

EDUCATION:	High School Diploma or equivalent
TRAINING: SEE COMMON SET OF REQUIRED CRITERIA, NOTE 1, PAGE 77	<p>Completion of the following courses/curricula:</p> <ol style="list-style-type: none"> 1. ICS-100: Introduction to ICS. 2. ICS-200: Basic ICS. 3. IS-700A: NIMS, An Introduction. 4. IS-800B: NRF, An Introduction.
EXPERIENCE:	<ol style="list-style-type: none"> 1. Intermediate computer skills including e-mail, internet, and Microsoft Office Word and Excel spreadsheet proficiency.
PROFESSIONAL AND TECHNICAL LICENSES AND CERTIFICATIONS	None

Minimum FEMORS Classification:

- IR Data Entry,
- Medical Investigator, or
- Evidence Specialist.

Upon Activation

- [] See General Operational Checklist (page 24).
- [] Review applicable sections of the FEMORS FOG as a refresher with particular attention to Operational

Overviews and policies on:

- Code of Conduct (page 176)
- Equipment and Supplies Requisition (page 177)
- Numbering Systems (page 188)
- Photography (page 225)
- Personal Effects (page 226)
- Classification of Human Remains (page 229)
- Records Management (page 289)



On-site Operations

- [] Report in at the MIC for assignment and log in procedures at the beginning of each shift.
- [] Partake in briefing of MIC personnel to ensure all understand the overall processing flow and their specific duties and responsibilities.
- [] Begin data entry immediately upon receiving completed DVP folders from morgue.
- [] Ensure all postmortem digital photography is stored on the computer server and images are printed for inclusion in the DVP.

- [] Retrieve files as necessary from Records Management and follow all file tracking and log-out procedures.
- [] Return files not being actively reviewed to Records Management whenever possible.

Deactivation

- [] Ensure all personally issued equipment (Equipment Assignment form page 331) is returned to Logistics.
- [] Assist in the critique of the Team performance.



F. MORGUE IDENTIFICATION CENTER UNIT	
7. FM Records Management Specialist	
DESCRIPTION:	<p>The FM Records Management Specialist is responsible for managing the storage and retrieval of all files related to the disaster. Such files include:</p> <ol style="list-style-type: none"> 1. postmortem morgue file folders in the Morgue Identification Center, or 2. ante mortem VIC interview forms in the Victim Information Center. <p>The Medical Examiner/Coroner may elect to assign his/her existing staff to oversee or approve records management procedures. The FM Records Management Specialist reports directly to the Morgue Identification Center (MIC) Unit Leader or the FM VIC Data/Records Coordinator as assigned.</p> <p><i>Note: MIC Records Management station serves as the Primary set of Medical Examiner/Coroner records files. All record files in the VIC Records Management station are temporary and eventually transitioned to the MIC station.</i></p> <p>Duties of this position:</p> <ol style="list-style-type: none"> 1. Oversees records management functions and may serve as Lead for MIC or VIC records management staff. 2. Coordinates with the Morgue Identification Center (MIC) Unit Leader, Victim Information Center (VIC) Unit Leader, and/or Medical Examiner/Coroner to determine records management requirements and the appropriate methods for storing, retrieving, and merging documentation. 3. Ensures that file tracking procedures account for every file folder. 4. Ensures compliance with Medical Examiner/Coroner established records management policy.

Credentials Required:

EDUCATION:	High School Diploma or equivalent
TRAINING: SEE COMMON SET OF REQUIRED CRITERIA, NOTE 1, PAGE 77	<p>Completion of the following courses/curricula:</p> <ol style="list-style-type: none"> 1. ICS-100: Introduction to ICS. 2. ICS-200: Basic ICS. 3. IS-700A: NIMS, An Introduction. 4. IS-800B: NRF, An Introduction.
EXPERIENCE:	<ol style="list-style-type: none"> 1. Minimum of 2 years administrative/records experience with an ME/C office, law enforcement, or other death-related career field. 2. Intermediate computer skills including e-mail, internet, and Microsoft Office Word and Excel spreadsheet proficiency.
PROFESSIONAL AND TECHNICAL LICENSES AND CERTIFICATIONS	None

Minimum FEMORS Classification:

- Medical Investigator,
- Administrative Specialist,
- Evidence Specialist, or
- Mortuary Officer

Upon Activation

- [] See General Duty Assignment Checklist (page 24).
- [] Review applicable sections of the FEMORS FOG as a refresher with particular attention to Operational Overviews and policies on:
 - Records Management (page 72)



- Code of Conduct (page 176)
- Equipment and Supplies Requisition (page 177)
- Numbering Systems (page 188)
- Records Management (page 289)

On-site Operations

- [] Report in at the MIC for assignment and log in procedures at the beginning of each shift.
- [] Partake in briefing of MIC personnel to ensure all understand the overall processing flow and their specific duties and responsibilities.
- [] Maintain chain of custody documentation for all materials received and distributed.
- [] Log and file materials as received:
 - VIP antemortem (RM) reports from VIC together with related medical records or DNA specimen authorization forms (alphabetically in Last Name order),
 - VIP postmortem DVP folders from morgue (numerically in MRN order), and
 - Court ordered presumptive death certificate files (alphabetically in Last Name order).
- [] Follow file log-out procedures to include partial file release for postmortem comparison:
 - Dental ante,
 - Fingerprint ante, and
 - Body x-ray ante.
- [] Coordinate release of files systematically and with proper accounting for person receiving file in accordance with the wishes of Medical Examiner.
- [] Serve as central receiving and distribution center with

logging procedures for incoming known victim:

- Dental records,
 - Medical records and body x-rays,
 - DNA samples for testing (other than those processed by DNA Team-VIC),
 - Fingerprint records, however,
 - Ante Mortem Fingerprint Team may obtain known prints directly from law enforcement agencies for comparison.
- [] File known victim received materials in the appropriate VIP antemortem (RM) folder.
 - [] Notify the appropriate Team (Odontology or Radiology) of x-rays received for which digitizing will be required so that they may retrieve the materials.
 - [] Notify the Verification Unit of medical records received for which review will be required so that they may retrieve the materials.
 - [] Notify the Ante Mortem Fingerprint Team of fingerprint records received for which review will be required so that they may retrieve the materials.
 - [] Notify the DNA Team at VIC of received DNA samples for testing (other than those processed by DNA Team) for which processing will be required so that they may retrieve the materials from Records Management if necessary.

Deactivation

- [] Ensure all personally issued equipment (Equipment Assignment form page 331) is returned to Logistics.
- [] Assist in the critique of the Team performance.



G. DISASTER PORTABLE MORGUE UNIT (DPMU)	
1. FM DPMU Team Leader	
DESCRIPTION:	<p>The Fatality Management (FM) DPMU (Disaster Portable Morgue Unit) Team Leader is responsible for all support requirements needed to facilitate effective and efficient incident fatality management, including the coordination of resource ordering. The FM DPMU Team Leader also coordinates facilities, transportation, supplies, equipment maintenance and fuel, food services, communications, information technology support, and medical services. The FM DPMU Team Leader reports directly to the Logistics Section Chief or designee.</p> <p>Duties of this position:</p> <ol style="list-style-type: none"> 1. Supervises (if applicable): <ol style="list-style-type: none"> a. FM DPMU Communications Coordinator b. FM DPMU Building/Arrangements Specialist c. DPMU Specialist d. FM DPMU Supply Specialist 2. Establishes and maintains liaison with assigned channels for logistical support. 3. Coordinates the Disaster Portable Morgue Unit team (DPMU) that erects and deploys the equipment cache as needed for the Administrative Command Post, Morgue Operation Center, Morgue Identification Center, and Victim Information Center. 4. Develops the Supply function which provides the locations and personnel needed to order, receive, process, store, and distribute all supply needs. 5. Develops the Communications function to make the most effective use of the communications and technology resources available.

Credentials Required:

EDUCATION:	High School Diploma or equivalent
TRAINING: SEE COMMON SET OF REQUIRED CRITERIA, NOTE 1, PAGE 77	Completion of the following courses/curricula: <ol style="list-style-type: none"> 1. ICS-400: Advanced ICS for Command and General Staff, Complex Incidents, and MACS 2. IS-700A: NIMS, An Introduction 3. IS-800B: NRF, An Introduction 4. L-984: NIMS ICS Strike Team/ Task Force Leader
EXPERIENCE:	<ol style="list-style-type: none"> 1. Multi-craft aptitude (both Mechanical and Electrical) 2. Intermediate computer skills including e-mail, internet, and Microsoft Office Word and Excel spreadsheet proficiency. 3. At least one ICS deployment in a logistics staff position.
PROFESSIONAL AND TECHNICAL LICENSES AND CERTIFICATIONS	None

Minimum FEMORS Classification:

- FEMORS Commander Appointment

Upon Activation

- [] Upon receipt of advisory or alert obtain instructions from FM Group Supervisor. Obtain 24-hour contact numbers.

- [] Review applicable sections of the FEMORS FOG as a refresher with particular attention to Operational Overviews and policies on:
- Pre Processing Operations (page 39)
 - Morgue Operations (page 50)
 - VIC Operations (page 65)
 - Code of Conduct (page 176)



- Equipment and Supplies Requisition (page 177)
 - Numbering Systems (page 188)
- [] Notify and coordinate DPMU team activities as needed

On-site Operations

- [] Identify Command Staff reporting requirements:
- To whom.
 - Type of information to be reported.
 - Reporting schedule.
 - Method of reporting
- [] Identify local and DOH/ESF-8 equipment and supply request procedures:
- Requests submitted to whom,
 - Type of information to be provided, and
 - Method of requesting goods.
- [] Coordinate with Commander and FM Operations Group Supervisor to
- Ensure that incident facilities are adequate.
 - Ensure that the resource ordering procedure is made known to appropriate Team Leaders.
 - Develop transportation system to support operational needs.

- Place orders for resources as needed.
- [] Coordinate with Commander to implement the Incident Action Plan and demobilization plan including time required to clean, decontaminate, inventory, repack and transport DPMU back to warehouse.
- [] Ensure that all supplies and equipment are inventoried, returned to the cache, and prepared for transport.

Deactivation

- [] Maintain contact with the Command Staff and assist with development of demobilization plan.
- [] Ensure all personally issued equipment (Equipment Assignment form page 331) is returned to Logistics.
- [] Ensure all used and missing supplies and equipment are documented upon inventory and reported to Planning Group for reimbursement.
- [] Provide report and briefing to replacement on status of operations if rotating out prior to termination of the FEMORS mission.
- [] Participate in a formal Team After Action Report.



G. DISASTER PORTABLE MORGUE UNIT (DPMU)	
2. FM DPMU Communications Coordinator	
DESCRIPTION:	<p>The FM DPMU Communications Coordinator is responsible for developing plans for the effective use of incident communications equipment and facilities including computer networking and internet access; installing and testing of communications equipment; distribution of communications equipment to incident personnel; and the maintenance and repair of communications equipment. The Communications Coordinator reports directly to the FM DPMU Team Leader.</p> <p>Duties of this position:</p> <ol style="list-style-type: none"> 1. Obtain a briefing from the FM DPMU Team Leader 2. Determine requirements for each unit requiring communications. This Coordinator installs and tests all communications equipment; supervises and operates the incident communications center; distributes and recovers communications equipment assigned to incident personnel; and maintains and repairs communications equipment on site. 3. Ensure that incident communications and message centers are established. 4. Ensure communications systems are installed and tested. 5. Ensure an equipment accountability system is established. 6. Coordinate with local or State ESF units to secure communications equipment and linkages as required. 7. Maintain records on all communications equipment as appropriate. 8. Supervises the FM DPMU Communications Information Technology Specialist and DPMU Programming Specialist positions.

Credentials Required:

EDUCATION:	High School Diploma or equivalent
TRAINING: SEE COMMON SET OF REQUIRED CRITERIA, NOTE 1, PAGE 77	Completion of the following courses/curricula: <ol style="list-style-type: none"> 1. ICS-100: Introduction to ICS. 2. ICS-200: Basic ICS. 3. IS-700A: NIMS, An Introduction. 4. IS-800B: NRF, An Introduction.
EXPERIENCE:	<ol style="list-style-type: none"> 1. Multi-craft aptitude (both Mechanical and Electrical) 2. Computer networking and radio usage familiarity
PROFESSIONAL AND TECHNICAL LICENSES AND CERTIFICATIONS	None

Minimum FEMORS Classification:

- DPMU Specialist, or
- Commander Appointment

- Morgue Operations (page 50)
- VIC Operations (page 65)
- Code of Conduct (page 176)
- Equipment and Supplies Requisition (page 177)

Upon Activation

- [] See General Duty Assignment Checklist (page 24).
- [] Review applicable sections of the FEMORS FOG as a refresher with particular attention to Operational Overviews and policies on:
 - Pre Processing Operations (page 39)
 - Information Resources Center (page 42)

On-Site Operations

- [] In conjunction with the DPMU Team Leader and Medical Examiner, determine the most appropriate forms of communication to activate.
- [] Request necessary contracts and services through ESF-8 desk at local or State level for:



- Radio communications to EOC,
 - Land based or satellite telephone service, and
 - Cable and Internet access service
- [] Provide technical information as required on:
- Adequacy of communications systems currently in operation.
 - Geographic limitation on communications systems.
 - Equipment capabilities/limitations.
 - Amount and types of equipment available.
 - Anticipated problems in the use of communications equipment.

- [] Recover equipment from Units being demobilized.

Deactivation

- [] Demobilize communication systems and honor remediation requirements of contracts, if applicable.
- [] Provide report and briefing to Communications Manager replacement on status of operations if rotating
- [] Ensure all personally issued equipment (Equipment Assignment form page 331) is returned to Logistics.
- [] Assist in the critique of the Unit performance.
- [] Participate in a formal Team After Action Report.



G. DISASTER PORTABLE MORGUE UNIT (DPMU)	
3. FM DPMU Communications Information Technology Specialist	
DESCRIPTION:	<p>The Communications Information Technology Specialist provides appropriate computer technical support and management for equipment installation and network wiring and maintenance. The Communications Information Technology Specialist reports directly to the Communications Coordinator.</p> <p>Duties of this position:</p> <ol style="list-style-type: none"> 1. Provides system maintenance for all computer hardware and software during the mission. 2. Prints out reports as directed. 3. Ensures all information management system equipment is set up at the VIC, MIC, morgue, and administrative command post and functioning properly. 4. Monitors server performance and capacity. 5. Ensures security of networks. 6. Establishes a backup system for daily use.

Credentials Required:

EDUCATION:	High School Diploma or equivalent
TRAINING: SEE COMMON SET OF REQUIRED CRITERIA, NOTE 1, PAGE 77	<p>Completion of the following courses/curricula:</p> <ol style="list-style-type: none"> 1. ICS-100: Introduction to ICS. 2. ICS-200: Basic ICS. 3. IS-700A: NIMS, An Introduction. 4. IS-800B: NRF, An Introduction.
EXPERIENCE:	<ol style="list-style-type: none"> 1. Multi-craft aptitude (both Mechanical and Electrical) 2. Computer networking and radio usage familiarity
PROFESSIONAL AND TECHNICAL LICENSES AND CERTIFICATIONS	None

Minimum FEMORS Classification:

- IR Computer Specialist with networking experience

Upon Activation

- [] See General Duty Assignment Checklist (page 24).
- [] Review applicable sections of the FEMORS FOG as a refresher with particular attention to Operational Overviews and policies on:
 - Pre Processing Operations (page 39)
 - Information Resources Center (page 42)
 - Morgue Operations (page 50)
 - VIC Operations (page 65)
 - Code of Conduct (page 176)
 - Equipment and Supplies Requisition (page 177)
 - Numbering Systems (page 188)

On-Site Operations

- [] Report in at the IRC for assignment and log in procedures at the beginning of each shift.
- [] Partake in briefing of IRC personnel to ensure all understand the overall processing flow and their specific duties and responsibilities.
- [] Ensure computer hard drives are cleaned from the previous mission.
- [] Set up IRC, MOC, MIC, VIC, DEXIS (digital dental x-ray network), ADC, digital body x-ray network, if applicable, and administrative data information management systems (e.g., computers, fax machines, printers, modems, scanner, and copiers).
- [] Ensure information management systems are networked and functioning properly.
- [] Provide ongoing technical support to ensure the information management system continues to function properly.
- [] Deliver all requested reports as scheduled.



Deactivation

- Erase all mission files from the computer hard drives.
- Prepare the system and files for the next deployment.
- Suggest improvements to the information collection and record keeping for future missions.

- Ensure all documentation is forwarded to the Commander.
- Ensure all personally issued equipment (Equipment Assignment form page 331) is returned to Logistics.
- Assist in the critique of the Unit performance.



G. DISASTER PORTABLE MORGUE UNIT (DPMU)	
4. FM DPMU Communications Programming Specialist	
DESCRIPTION:	<p>The Communications Programming Specialist provides appropriate computer programming support and management of victim tracking database and maintenance. The Communications Programming Specialist reports directly to the Communications Coordinator.</p> <p>Duties of this position:</p> <ol style="list-style-type: none"> 1. Provides database maintenance for all computer stations during the mission. 2. Controls user log-in names and security privileges for access to database. 3. Provides report and data programming changes as dictated by the needs of the event. 4. Monitors database server performance and capacity. 5. Ensures security of database. 6. Establishes a backup system for daily use.

Credentials Required:

EDUCATION:	High School Diploma or equivalent
TRAINING: <small>SEE COMMON SET OF REQUIRED CRITERIA, NOTE 1, PAGE 77</small>	<p>Completion of the following courses/curricula:</p> <ol style="list-style-type: none"> 1. ICS-100: Introduction to ICS. 2. ICS-200: Basic ICS. 3. IS-700A: NIMS, An Introduction. 4. IS-800B: NRF, An Introduction.
EXPERIENCE:	<ol style="list-style-type: none"> 1. Multi-craft aptitude (both Mechanical and Electrical) 2. Computer programming experience on the platform used for the database.
PROFESSIONAL AND TECHNICAL LICENSES AND CERTIFICATIONS	None

Minimum FEMORS Classification:

- IR Computer Specialist with FileMaker programming experience.

Upon Activation

- [] See General Duty Assignment Checklist (page 24).
- [] Review applicable sections of the FEMORS FOG as a refresher with particular attention to Operational Overviews and policies on:
 - Pre Processing Operations (page 39)
 - Information Resources Center (page 42)
 - Morgue Operations (page 50)
 - VIC Operations (page 65)
 - Code of Conduct (page 176)
 - Equipment and Supplies Requisition (page 177)
 - Numbering Systems (page 188)

On-Site Operations

- [] In conjunction with the DPMU Team Leader, Communications Manager and Medical Examiner, determine the most appropriate area for the IRC to be set up.
- [] Request necessary supplies, computer equipment, telephone, fax, and data lines, copiers, etc., from DPMU Team.
- [] Ensure information management system equipment is networked and functioning properly including:
 - Administrative server with VIP database,
 - Morgue connections to server,
 - WinID dental comparison database,
 - Body digital x-ray database,
 - Internet access to FEMORS web site,
 - MIC connections to server,
 - Records Management connections to server, and
 - VIC connection to server or alternate method of transferring daily update of VIP data to



administrative VIP server.

- [] Provide training to personnel on the computer systems as necessary.
- [] Adapt information collection and record keeping system to include the information needs of the specific disaster, (e.g. cultural and religious customs).
- [] Provide DVP and VIP interview template forms for data collection.
- [] Generate reports upon approval of the FM Group Supervisor.
- [] Provide reference guide of recovery locations, if applicable, (e.g., GPS coordinates, seating chart, etc.).
- [] Back up all computer files on a daily basis.

Deactivation

- [] Ensure databases contain complete information from incident.
- [] Provide the local Medical Examiner with database copies on CD and physical records.
- [] Ensure access to data through training of local end-users on applicable information systems so that data may be updated and effectively used by local authorities.
- [] Ensure all files from DPMU cached PC hard disk drives are erased.
- [] Provide report and briefing to replacement on status of operations if rotating out prior to termination of the FEMORS mission.
- [] Ensure all personally issued equipment (Equipment Assignment form page 331) is returned to Logistics.
- [] Assist in the critique of the Unit performance.
- [] Participate in a formal Team After Action Report.



G. DISASTER PORTABLE MORGUE UNIT (DPMU)	
5. FM DPMU Building/Arrangements Specialist	
DESCRIPTION:	<p>The FM DPMU Building/Arrangements Specialist is primarily responsible for monitoring the layout and uses of incident facilities, (e.g., morgue, Victim Information Center, Morgue Identification Center and Administrative Command Post). The Building/Arrangements Specialist coordinates lodging and sanitation facilities for incident personnel. The FM DPMU Building/Arrangements Specialist reports directly to the FM DPMU Team Leader.</p> <p>Duties of this position:</p> <ol style="list-style-type: none"> 1. Obtain a briefing from the FM DPMU Team Leader. 2. Assist with determination of the requirements for each facility. 3. Coordinate lodging facilities. 4. Coordinate security services. 5. Coordinate facility maintenance services (e.g., sanitation, lighting, clean up). 6. Coordinate through designated channels with local or State ESF units to secure facilities required. 7. Supervise the overall set up, operation, and deactivation of facilities. 8. Maintain facility records

Credentials Required:

EDUCATION:	High School Diploma or equivalent
TRAINING: SEE COMMON SET OF REQUIRED CRITERIA, NOTE 1, PAGE 77	<p>Completion of the following courses/curricula:</p> <ol style="list-style-type: none"> 1. ICS-100: Introduction to ICS. 2. ICS-200: Basic ICS. 3. IS-700A: NIMS, An Introduction. 4. IS-800B: NRF, An Introduction.
EXPERIENCE:	<ol style="list-style-type: none"> 1. Multi-craft aptitude (both Mechanical and Electrical) 2. Intermediate computer skills including e-mail, internet, and Microsoft Office Word and Excel spreadsheet proficiency.
PROFESSIONAL AND TECHNICAL LICENSES AND CERTIFICATIONS	None

Minimum FEMORS Classification:

- DPMU Specialist, or
- Commander Appointment

Upon Activation

- [] See General Duty Assignment Checklist (page 24).
- [] Review applicable sections of the FEMORS FOG as a refresher with particular attention to Operational Overviews and policies on:
 - Pre Processing Operations (page 39)
 - Morgue Operations (page 50)
 - VIC Operations (page 65)
 - Code of Conduct (page 176)

- Equipment and Supplies Requisition (page 177)

On-Site Operations

- [] In conjunction with the DPMU Team Leader and Medical Examiner, determine the most appropriate area for the facilities to be set up.
- [] Request necessary contracts and services through ESF-8 desk at local or State level for:
 - Portable morgue,
 - Victim Information Center,
 - Morgue Identification Center and
 - FM Coordination Center
- [] Maintain facility records



Deactivation

- [] Demobilize facilities and honor remediation requirements of contracts, if applicable.
- [] Provide report and briefing to Logistics Facilities Manager replacement on status of operations if rotating out prior to termination of the FEMORS mission.

- [] Ensure all personally issued equipment (Equipment Assignment form page 331) is returned to Logistics.
- [] Assist in the critique of the Unit performance.
- [] Participate in a formal Team After Action Report.



G. DISASTER PORTABLE MORGUE UNIT (DPMU)	
6. FM DPMU Facilities Specialist	
DESCRIPTION:	<p>The FM DPMU Facilities Specialist is primarily responsible for supporting and maintaining the layout and activation of incident facilities, (e.g., morgue, Victim Information Center, Morgue Identification Center and Administrative Command Post). The FM DPMU Facilities Specialist reports directly to the FM DPMU Team Leader.</p> <p>Duties of this position:</p> <ol style="list-style-type: none"> 1. Obtain a briefing from the FM DPMU Team Leader 2. Provide facility maintenance services (e.g., equipment set-up and repair, sanitation, lighting, clean up). 3. Participate in the overall set up, operation, and deactivation of facilities. 4. Maintain facility records

Credentials Required:

EDUCATION:	High School Diploma or equivalent
TRAINING: SEE COMMON SET OF REQUIRED CRITERIA, NOTE 1, PAGE 77	<p>Completion of the following courses/curricula:</p> <ol style="list-style-type: none"> 1. ICS-100: Introduction to ICS. 2. ICS-200: Basic ICS. 3. IS-700A: NIMS, An Introduction. 4. IS-800B: NRF, An Introduction.
EXPERIENCE:	<ol style="list-style-type: none"> 1. Multi-craft aptitude (both Mechanical and Electrical) 2. Intermediate computer skills including e-mail, internet, and Microsoft Office Word and Excel spreadsheet proficiency.
PROFESSIONAL AND TECHNICAL LICENSES AND CERTIFICATIONS	None

Minimum FEMORS Classification:

- DPMU Specialist, or
- Commander Appointment

Upon Activation

- [] See General Duty Assignment Checklist (page 24).
- [] Review applicable sections of the FEMORS FOG as a refresher with particular attention to Operational Overviews and policies on:
 - Pre Processing Operations (page 39)
 - Morgue Operations (page 50)
 - VIC Operations (page 65)
 - Code of Conduct (page 176)
 - Equipment and Supplies Requisition (page 177)

On-Site Operations

- [] Maintain facility records
- [] Provide multi-craft assistance (both mechanical and electrical) with activation and maintenance of equipment as requested.

Deactivation

- [] Demobilize facilities and honor remediation requirements of contracts, if applicable.
- [] Ensure all personally issued equipment (Equipment Assignment form page 331) is returned to Logistics.
- [] Assist in the critique of the Unit performance.
- [] Participate in a formal Team After Action Report.



G. DISASTER PORTABLE MORGUE UNIT (DPMU)	
7. FM DPMU Supply Specialist	
DESCRIPTION:	<p>The FM DPMU Supply Specialist is primarily responsible for ordering equipment and supplies; receiving and storing all supplies for the incident; maintaining an inventory of supplies; and servicing non-expendable supplies and equipment. The FM DPMU Supply Specialist reports directly to the FM DPMU Team Leader.</p> <p>Duties of this position:</p> <ol style="list-style-type: none"> 1. Receives and responds to requests for, supplies and equipment. 2. Handles tool operations, which include storing, disbursing, and servicing of all tools and portable, nonexpendable equipment 3. Coordinates equipment and supply requests through designated channels

Credentials Required:

EDUCATION:	High School Diploma or equivalent
TRAINING: SEE COMMON SET OF REQUIRED CRITERIA, NOTE 1, PAGE 77	<p>Completion of the following courses/curricula:</p> <ol style="list-style-type: none"> 1. ICS-100: Introduction to ICS. 2. ICS-200: Basic ICS. 3. IS-700A: NIMS, An Introduction. 4. IS-800B: NRF, An Introduction.
EXPERIENCE:	<ol style="list-style-type: none"> 1. Multi-craft aptitude (both Mechanical and Electrical) 2. Intermediate computer skills including e-mail, internet, and Microsoft Office Word and Excel spreadsheet proficiency.
PROFESSIONAL AND TECHNICAL LICENSES AND CERTIFICATIONS	None

Minimum FEMORS Classification:

- DPMU Specialist

Upon Activation

- See General Duty Assignment Checklist (page 24).
- Review applicable sections of the FEMORS FOG as a refresher with particular attention to Operational Overviews and policies on:
 - Pre Processing Operations (page 39)
 - Morgue Operations (page 50)
 - VIC Operations (page 65)
 - Code of Conduct (page 176)
 - Equipment and Supplies Requisition (page 177)

On-Site Operations

- Order, receive, distribute, and store supplies and

- equipment.
- Coordinate requests for personnel with Planning and Administration Chiefs
- Maintain an inventory of supplies and equipment.
- Determine the type and amount of supplies enroute.
- Service reusable equipment.
- Notify DOH/ESF-8 of any unfilled positions or technical specialists, as required.

Deactivation

- Provide report and briefing to replacement on status of operations if rotating out prior to termination of the FEMORS mission.
- Ensure all personally issued equipment (Equipment Assignment form page 331) is returned to Logistics.
- Assist in the critique of the Unit performance.
- Participate in a formal Team After Action Report



Appendix A - Policies

Policy 1) FEMORS Disaster Team Code of Conduct

Members should take pride in the sacrifices members make and the work the entire FEMORS Team accomplishes. When activated into State service, members serve as DOH State employees representing Florida government. Indirectly, all members also represent the University of Florida by virtue of its sponsorship. Conduct while on active duty should always be professional and with the best interest of the State in mind. As a DOH employee and FEMORS team member, members must adhere to the Code of Conduct. Violation of the Code of Conduct may result in removal from the disaster site and temporary or permanent suspension from the Team. Each case of misconduct will be handled by the Commander or forwarded to DOH Headquarters for appropriate action.

1. Insubordination will not be tolerated.
2. The chain of command will be followed. Criticisms, complaints, concerns, and grievances shall be channeled up the chain of command.
3. Command Staff communication with DOH/ESF-8 should be limited to problems/issues that cannot be resolved by the Team. Team member communication with DOH/ESF-8 is discouraged except when requested by DOH/ESF-8. Team members should contact the FM Administrative Time and Travel Unit Specialist or the Group Supervisor with questions and/or concerns.
4. Any article written by a team member for publication, or any personal news release regarding an official deployment or the activities of a Team, that identifies a particular disaster victim, must be approved by FEMORS' Program Director.
5. Discussion with any media source during activation is prohibited unless authorized by the FEMORS' Commander.
6. Any team member who willfully takes unauthorized photographs, audio recordings, or videotapes at restricted areas of a disaster site response, regardless of whether the material was posted to social media, will be removed from the disaster site and his or her actions will be considered grounds for permanent removal from the Team.
7. Any member may request permission from the FM Group Supervisor to post general, non-victim photographs for posting to social media. Posting of unauthorized items to social media may be grounds for discipline.
8. Failure to report for duty when and where members agreed without legitimate excuse is considered misconduct.
9. Entering into unauthorized contracts for goods or services in the name of the Team, FEMORS, or Florida State Government is strictly prohibited.
10. Unprofessional conduct such as disrespect regarding the injured, dead, their personal effects, or families will not be tolerated and shall be considered gross misconduct.
11. Acceptance of any bribe of money, goods, or services in exchange for information is prohibited.
12. Misappropriation of personal effects or money collected from the disaster shall not be tolerated and shall be considered gross misconduct.
13. Gambling or any gaming for money between team members is not allowed during disaster activation.
14. Team uniforms shall not be worn into bars, taverns, or other establishments in which a bad reflection would be made on the Team or FEMORS.
15. The use of any illegal drug or abuse of prescription medication at any time while on activation is strictly prohibited. Violation of this is considered gross misconduct and grounds for permanent removal from the Team. Prescription warnings should be followed as to avoid injury of self or others.
16. Consumption of alcoholic beverages while on duty is prohibited. Driving or operation of government equipment or equipment issued to the government while under the influence of alcohol or drugs is prohibited and shall be regulated by local laws.
17. Local government laws and ordinances will be respected. Being temporarily employed by the state does not allow Team personnel to ignore local laws. In the event a team member is arrested, he or she shall face prosecution according to local laws. Any member arrested shall notify Command Staff immediately. Failure to so notify shall constitute a violation of the Code of Conduct.
18. Team members are responsible for their actions and activities during off-hours and are responsible for reporting to their disaster work assignment at the time and place scheduled. Tardiness due to social activities will be considered misconduct.
19. Inappropriate, foul, or profane language is not tolerated.
20. Discrimination or harassment of any type, including but not limited to, race, religion, cultural background, national origin, or sexual orientation shall not be tolerated.
21. Hazing, pinning, initiation, public or private intimidation or humiliation, ceremonies or ritual events directed against any team member are strictly prohibited.



Policy 2) Equipment and Supply Requisitions

On-site operations will consume supplies and equipment in the DPMU cache. Reordering of supplies or requesting equipment not already contained in the DPMU requires a tracking system for proper accountability. The process for requisitioning such materials involves the following steps:

1. Team Leaders are responsible for requisitioning materials needed for their respective sections.
2. Team Leaders complete an Equipment or Supply Requisition Form (page 330).
3. The requisition is passed up through the Chain of Command to the Unit Leader level where it is delivered to the Supply Unit of the DPMU Team. (This is to keep all parties informed of the request so duplicate requests can be avoided.)
4. The Supply Unit will either
 - a. Fill the request with materials from the cache, or
 - b. Place the orders to obtain the requested materials.
5. Delivery of the materials will be made to the Team Leader as soon as possible.



Policy 3) Human Remains Recovery Team Protocols

IMMEDIATE RESPONSE CAVEAT: All disasters are local. In the first few hours following a disaster, notification of the location of human remains is made to the Medical Examiner. Recovery of these remains is coordinated by Medical Examiner staff using local resources. When Recovery Team resources arrive to assist, they are incorporated as directed by the Medical Examiner.

MISSION: To provide a well-trained, fully equipped, highly motivated FEMORS capability to respond to disaster situations and coordinate or perform the tasks of recovery of human remains.

SCOPE: FEMORS Human Remains Recovery operations will be conducted in non-contaminated environments. For contaminated environments, assistance of decontamination teams must be requested to render the remains safe to handle prior to transportation to morgue operations for processing. The mission will be conducted in accordance with state and local laws and regulations as directed by the Medical Examiner.

CAVEAT: if incident sites are contaminated, specialized teams from local HazMat Units or activation of the National Guard's FL CBRNE Enhanced Response Force Package (CERFP) teams may be required for decontamination prior to FEMORS' recovery of victims/remains.

Contact:
Florida National Guard Fatality Search and Recovery Team (FSRT)
125th Fighter Wing Command Post
Jacksonville, FL 904-741-7125
Request to reach the 125th Force Support Squadron Commander or Superintendent.

OBJECTIVE: To conduct an operation in which human remains are located, properly documented, and recovered in a dignified and respectful manner.

CONCEPT OF OPERATIONS:

- Command & Control: The Human Remains Recovery Unit is a functional element responsible to the existing command structure under the FM Operations Group Supervisor.
- Safety: Health and welfare of FEMORS responders shall remain the top priority.
 - Contaminated human remains must be rendered safe before the Human Remains Recovery Team initiates recovery operations.
 - Any responder may refuse a mission if that responder believes that he/she cannot complete the mission safely.
 - No responder can be compelled to perform any task that the responder deems to be unsafe.
 - No responder shall be required to perform beyond his or her level of training and capability.
- Qualifications: Any FEMORS member who is capable of meeting the physical, mental, and skill demands may serve on the Human Remains Recovery Team.

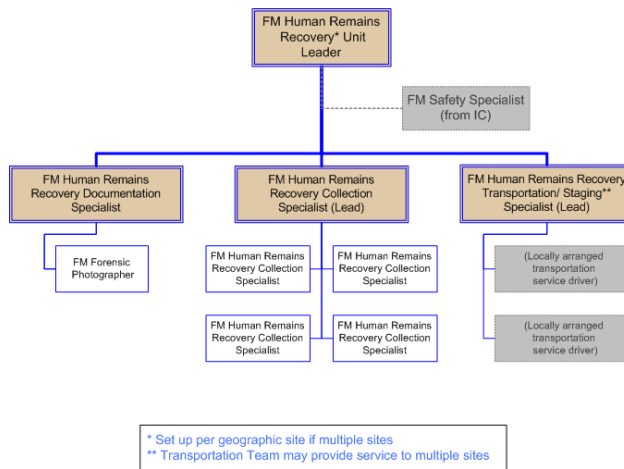
STANDARD OPERATING PROCEDURES (SOPS): SOPs cover the following topics:

1. Command and Control/Team Composition
2. Scene and Responder Safety/PPE
3. Decontamination/Utilization of Ancillary Services
4. Search Method Basics
5. Scene Processing
6. Assessment and Initial Search
7. Documentation of the Location of Human Remains, Personal Effects, and Evidence
8. Collection of Recovered Remains
9. Transportation of Human Remains
10. Chain of Custody
11. Scene Imaging and Mapping
12. Scene Security and Control
13. Equipment
14. Field Photography Upload Storage



Standard Operating Procedures (SOPs)

1. **Command and Control/Team Composition** - While the Medical Examiner is responsible for fatality management operations, supporting resources augment that responsibility.
 - a. Initiating a NIMS compliant system is essential for deploying and managing resources at the scene of a mass fatality incident. This system establishes a primary point of contact at the scene, an effective line of communication, and the ability to provide a safe and secure scene of operations. The FM Human Remains Recovery Unit Leader will use this system to support and coordinate Human Remains Recovery efforts, establish staging areas as necessary, and allocate resources including equipment, supplies, and personnel.
 - b. The basic organizational model (below) will be adapted or expanded to meet mission needs.



- c. The FM Human Remains Recovery Unit Leader will implement the following:
 - i. Establish organizational command and control. Work with the jurisdictional Medical Examiner, local, state, and Federal responders to develop an integrated ICS.
 - ii. Maintain communications with the Incident Command Operations Chief and FEMORS Command.
 - iii. Assess or establish physical boundaries (perimeter, zones, etc.).
 - iv. Request and/or conduct a safety sweep of the area by personnel qualified to identify and evaluate additional hazards and safety concerns.
 - v. Develop a search plan for the area(s) and identify the number of personnel, equipment, and special resources, such as cadaver search canine, needed to accomplish the mission.
 - vi. Delegate respective NIMS compliant positions as necessary for the Human Remains Recovery operations.
 - vii. Establish on-scene facilities as necessary (such as staging, rehab, command, access, etc.)
 - viii. Develop joint operational action planning to include strategies, tactics and methodologies, timelines and processing milestones.
 - ix. Implement documentation for scene access, resource management, action planning, and a log of actions taken at the scene.
 - x. Implement documentation for the collection, recovery and transportation of human remains and personal effects.
 - xi. Ensure that none of the remains are moved until approval has been authorized the Medical Examiner through appropriate channels.



2. **Scene and Responder Safety/PPE**

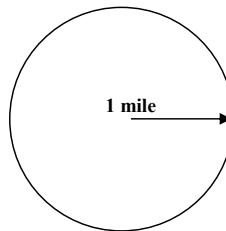
- a. Responder safety overrides all other concerns. FEMORS personnel must take steps to identify and remove or mitigate safety hazards that may further threaten responders. FEMORS personnel must exercise due caution while performing emergency operations to avoid injuries to themselves and others.
- a. The FM Human Remains Recovery Unit Leader or designated safety officer will conduct a briefing of team members prior to commencing activities to alert team members of specific safety issues known at the time.
- b. Safety is the responsibility of every team member. Following the initial evaluation of the scene, FEMORS personnel should:
 - i. Follow standard Environmental Protection Agency (EPA) and Occupational Safety and Health Administration (OSHA) regulations.
 - ii. Follow standard distancing precautions for potential nuclear, biological, and chemical hazards.
 - iii. Mark hazard areas clearly and designate safety zones and safe havens if necessary.
 - iv. Communicate hazards to other personnel arriving at the scene.
 - v. Monitor personnel for dehydration, stress, and fatigue and treat as necessary.
 - vi. Utilize the established medical plan, including sufficient medical personnel assigned to treat site responders.
 - vii. Establish scene safety plan to include an evacuation plan.
- c. PPE: The determination of the level of personnel protection required will be the responsibility of the FM Human Remains Recovery Unit Leader in consultation with the designated safety officer or other qualified designee in accordance with applicable standards.

3. **Decontamination/Utilization of Ancillary Services** - The Human Remains Recovery team shall coordinate with necessary ancillary services as dictated by the mission. Such services may include, but are not limited to, Urban Search and Rescue (USAR) teams, canine cadaver teams, and other local, state, and federal services such as DMORT-WMD team if contamination of remains is encountered.

- a. FEMORS does not possess HazMat trained staff or equipment necessary to handle events that are chemical, biological, radiological, nuclear, or explosive (CBRNE) in nature.
- b. CBRNE events will require the assistance of non-FEMORS resources to decontaminate human remains prior to retrieval by FEMORS Human Remains Recovery Specialists.
- c. Recovery of contaminated remains may be delayed for substantial periods of time (days to weeks in the case of radiological incidents) until appropriate decontamination resources can be implemented.
- d. Local HazMat teams with appropriate level of PPE may be called upon to move contaminated human remains to a holding facility (preferably refrigerated) until decontamination procedures can be implemented.
- e. Weak structural integrity of damaged buildings may prevent recovery until heavy equipment teams are able to minimize safety risks.

4. **Search Method Basics** - Utilizing established search protocols, an appropriate search method will be employed with consideration given to weather, terrain, location and condition of the human remains. Appropriate documentation of search method shall be done.

- a. Establishing the Search Area -There are four methods of establishing the Search Area:
 - i. Theoretical: Disaster area within which the human remains could be located
Theoretical Search Area = πr^2
Area = $3.14 * 1^2 = 3.1$ square miles
The Search Team Leader initially must consider the total area (that of a circle) within which the human remains may be located.





- ii. **Experiential:** Experiential data which reflects the distances human remains have been located in similar conditions. Experience derived from previous incidents can be extremely valuable in establishing a search area. The Search Team Leader can use analyses of case history data as a tool for establishing the search area. Although they provide assistance, past experiences are not absolutes and always subject to exceptions.
 - iii. **Subjective:** Evaluation of the limiting factors that exist for the specific incident and geographic location. Almost without fail, there will be a broad spectrum of subjective factors that will affect the establishment of the search area. Among them are:
 - “Likely spots”,
 - Natural barriers and terrain features,
 - Physical clues, and
 - Historical data.
 - Gut feeling or intuition based on special circumstances.
 - iv. **Deductive Reasoning:** Methodical step-by-step analysis of circumstances. Going from the general to the specific. This is the process of reasoning in which the Search Team Leader looks at general facts and circumstantial evidence and logically deduces probable conclusions that are not obvious or were not known initially.
- b. Allocating Search Resources- Successful search missions are dependent on quick response, efficient searching and good management. The three factors essential for a successful operation are:
- i. Resources: the right ones, responding at the right times, in the right places.
 - ii. Communications: of all types, to all search members, plus feedback to the FM Human Remains Recovery Unit Leader.
 - iii. Management: searches fail because of poor management more than any other reason.
- c. Keys to Successful Searching
- i. Respond quickly.
 - ii. Confine movements of witnesses.
 - iii. Use advance teams to flag routes.
 - iv. Find clues.
 - v. Protect clues.
 - vi. Diversify your initial response action.
 - vii. Back up your operations – redundancy can equal success.
- d. Grid Search Personnel Requirements- To Search One Square Mile:

Spacing (feet)	Searchers	Hours*	Total Searcher Hours
150	35.2	3.5	123.2
140	37.7	3.5	132
130	40.6	3.5	142.2
120	44	3.5	154
110	48	3.5	168
100	53	3.5	185.5
90	58.7	3.5	205.3
80	66	3.5	231
70	75.4	3.5	264
60	88	3.5	308
50	105.6	3.5	369.6
40	132	3.5	462
30	176	3.5	616
20	264	3.5	924
10	528	3.5	1848

*Average trained grid team takes 3.5 hours to go 1 mile.

5. **Scene Processing** - The complete and accurate identification of human remains and evidentiary processing begins at the scene of the mass fatality incident. The Medical Examiner has the ultimate responsibility for the recovery and identification of the deceased.
- a. Processing typically follows sequential steps:



- i. Assessment and initial search team, if available, locates and flags potential human remains
 - ii. Documentation search team:
 - Verifies human vs. animal (anthropology),
 - Assigns a field number to the remains,
 - Determines GPS coordinates
 - Photographs the remains with the Site Recovery Number,
 - Logs the description and location,
 - Affixes identifying tags or markings to the human remains, and
 - Notifies the Collection Team for removal to the transportation staging area.
 - iii. Collection team
 - Places human remains in disaster pouches or other suitable containers,
 - Verifies Site Recovery Number on the remains and pouches, and
 - Removes remains to the transportation staging area.
 - iv. Transportation Team
 - Transports recovered remains to morgue processing center, and
 - Documents removal from site and receipt at morgue processing.
 - b. The Human Remains Recovery teams have to assume that any mass fatality scene could be a crime scene. They are expected to carefully document every piece of physical evidence recovered from the scene.
 - c. The scene perimeter should be large enough to ensure its protection from public access until all agencies have agreed to release the scene.
 - d. Although teams can discard information later, scene processing always involves the physical destruction of the actual scene, and additional information may not be recoverable after the scene has been processed and released.
 - e. Efficient information recovery proceeds from the least intrusive to the more intrusive (e.g., after teams locate, flag, and sequentially number the human remains, they are photographed prior to removal).
 - f. Although protocols may change in the middle of an event depending on the scope and extent of the incident, documenting every aspect of the human remains/evidence processing operation will ensure the preservation of information.
6. **Assessment and Initial Search** - Before processing the scene, FEMORS Command, in consultation with the local Medical Examiner, is expected to:
- a. Assess the scope of the human remains recovery area to define the mission.
 - b. Determine the size and composition of the Human Remains Recovery Teams. Each team should be led by a competent forensically trained member. The composition of each team can include any combination of FEMORS team members and local responders as authorized by the Medical Examiner. However, emphasis must be placed on health, strength, and endurance capability of the members. Team composition should be dictated by the needs (strategic goals and operational objectives) of the incident.
 - c. Integrate the Human Remains Recovery Teams according to existing interagency jurisdiction and chain of command. The scope and extent of the mass fatality incident determines the number of agencies involved.
 - d. Establish and/or verify control over access to the scene. Coordinate FEMORS access to the site.
 - e. Establish communications among transport vehicles, on-scene incident command, the Operations Division, and the morgue, as necessary.
 - f. Establish an on-scene human remains staging station.
 - g. Determine if initial search teams are to be dispatched to locate and flag potential remains for follow-up by Search Team documentation personnel. During initial search activities, suitable stakes or markings will be placed at the location of found human remains without disturbing the remains.
 - h. Standard archaeological methodologies may be needed in the planning and implementation of an effective and efficient search of the disaster to locate all relevant human biological materials.
7. **Documentation of the Location of Human Remains, Personal Effects, and Evidence:**
- a. The Human Remains Recovery teams shall include documentation in the permanent record of processing the scene. Photographic documentation creates a permanent record of the scene that



supplements the written incident reports. The teams shall complete this documentation, including location information, before the removal or disturbance of any items. Videotaping may serve as an additional record but not as a replacement for still photography. Records of each set of human remains or other item recovered will be documented in writing on:

- i. Search Team Reports and Logbooks:
 - Site Recovery Report, page 333.
 - Recovery Site Field Log, page 334 (for each site if multiple sites are involved).
 - Recovery Site SR# Assignment, page 335.
 - Recovery Site Transport Log, page 336.
 - ii. Forms designated for use by Medical Examiner.
 - iii. Toe Tags or other attachments using waterproof markers.
 - iv. Disaster pouches and other packaging materials.
- b. The Human Remains Recovery teams are expected to adhere to Medical Examiner dictated procedures including:
- i. Locating, flagging, and attaching field reference numbers to all human remains, personal effects, and evidence in the grid.
 - ii. Assigning field reference numbers for items recovered. (Multiple sites will require coordination of field number systems to be used.) The number system used should be:
 - Internally consistent, cross-referenced with other agencies and integrated into all protocols and reports,
 - Expandable yet simple to interpret,
 - Capable of indicating where the remains, personal effects, and evidence were recovered,
 - Capable of tracking remains, personal effects, and evidence throughout the investigation, and
 - Relate to subsequent processing steps without error.
 - iii. Recording recovery location information including GPS coordinates, if applicable, and notes that may help with personal identification or scene reconstruction (e.g., name and address on mail in the vicinity of the remains, generic descriptors, such as a foot or shoe).
 - iv. Photographing individual items (midrange and close) with an identifier (i.e., field reference number and a grid identifier, if applicable) and scale. Consider including a directional compass arrow that points north.
 - v. Documenting the evidence collector (e.g., the collector's unique identifier or name and the date and time of recovery).
 - vi. All remains, effects and evidence should be documented on an appropriate form provided by the local jurisdiction or developed and approved for the specific mission.
8. **Collection of Recovered Remains** - Conduct the systematic removal of human remains, personal effects, and evidence:
- a. Using a permanent marker, mark the outside of the primary bag or container and tag with the identifying number, the collector's unique identifier or name, and the date and time of collection.
 - b. Place the same identifying number on the inside of the body bag or other bag or container. Utilization of the aluminum tag is recommended if available.
 - c. Transport all personal effects on or with the human remains to the morgue. Wallets and jewelry or other items attached to human remains will not be removed at the site. They will be transferred to the morgue with the remains.
 - d. When necessary and possible, wrap the head before moving it to protect cranial/ facial fragments and teeth.
 - e. Do not assume that fragmented human remains are associated with each other. Unless directly connected by intact tissue, all partial human remains will be handled individually. If a presumptive association is possible, a note shall be made on all applicable forms.
 - f. After removing the human remains, photograph the areas from which evidence was recovered to document whether anything was under the human remains.
 - g. After the Human Remains Recovery teams have cleared the area and before releasing the scene for public access, conduct a final shoulder-to-shoulder sweep search to locate any additional items.



9. **Transportation of Human Remains:** Human remains shall be removed from the recovery location in a manner consistent with normal dignified funeral practices unless an immediate removal is dictated by exigent circumstances.
 - a. All human remains will be singularly placed in a disaster pouch and labeled in accordance with established consistent procedures.
 - b. The human remains will not be stacked one on the other in any vehicle or storage facility.
 - c. To the degree possible, human remains will not be commingled.

10. **Chain of Custody:** Establishing and maintaining a chain of custody verifies the integrity of the evidence. The remains/evidence processing teams are expected to maintain the chain of custody throughout the recovery process. Throughout the investigation, those responsible for preserving the chain of custody shall:
 - a. Use Medical Examiner/law enforcement standard chain of custody procedures.
 - b. Document the time of arrival and departure of Human Remains Recovery personnel at the scene.
 - c. Document the collection of evidence by recording its location at the scene and time of collection.
 - d. Document all transfers of custody (including the name of the recipient and the date and manner of transfer).

11. **Scene imaging & mapping:** If overall scene mapping is not already assigned to a designated unit by Incident Command, the Human Remains Recovery teams can use a grid system to divide the scene into manageable units to show the location and context of items (i.e., their positions relative to other items) at the scene. A grid system may need to be three dimensional if building searches involve multiple floors. The documentation of the site minimally includes the production of a plan view map or sketch displaying the location of all recovered human remains relative to permanent feature(s) of the scene. The Human Remains Recovery teams are expected to (as dictated by the event):
 - a. Identify boundaries and fixed landmarks (e.g., a utility pole, building corners, or GPS located points).
 - b. Establish a primary point of reference for the scene.
 - c. Divide the scene into identifiable sectors and create a grid system.
 - d. Use accurate measuring devices. Suggestion: Consider using steel tapes (which do not stretch) and electronic measuring/positioning devices.
 - e. Record overall views of the scene (e.g., wide-angle, aerial, 360-degree) with a designated photographer to relate items spatially within the scene and relative to the surrounding area. A combination of still photography, videotaping, and other techniques is most effective.
 - f. Remember to:
 - i. Consider muting the audio portion of any video recording unless there is a narration.
 - ii. Minimize the presence of scene personnel in photographs/videos.
 - iii. Maintain photo and video logs.

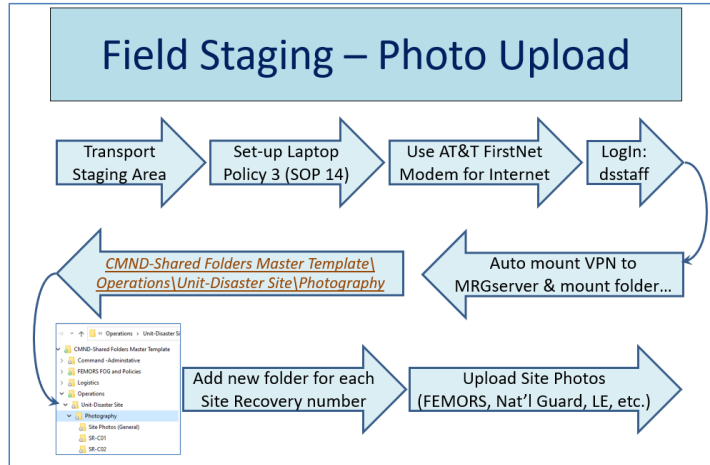
12. **Scene Security and Control:** Human Remains Recovery Team personnel shall follow established mission security protocols and request additional security resources as needed.

13. **Equipment:** The Human Remains Recovery Unit Leader shall establish a field base of operations and maintain an equipment cache. The DPMU Unit Leader will be responsible for ensuring the maintenance, readiness and delivery of the cache. The initial equipment cache includes:
 - a. Flags, Marking
 - b. Gloves, Leather
 - c. GPS Handheld units
 - d. Human remains pouches
 - e. Office supplies, Logbooks, Markers
 - f. Photo Kit with GPS Card
 - g. PPE (Level D)
 - h. Radios
 - i. Rakes
 - j. Rulers
 - k. Shovels
 - l. Toe Tags, (Paper and Aluminum Write On)
 - m. Tarps
 - n. Trowels
 - o. Generators
 - p. Computers
 - q. Printers
 - r. Coolers



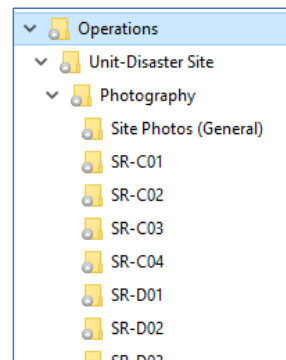
14. Field Photography Upload Storage

- a. Overview - At the Transportation Staging area, site photography will be uploaded to secure, networked, digital storage when practical from a field assigned laptop.



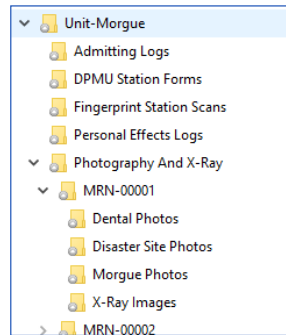
- i. Medical Examiner and investigative staff access for review of site photography may aid in victim identification.
- ii. Such field upload capability would be useful to secure FEMORS' staff site photos without requiring the digital media SIM cards to be shuttled to the incident morgue along with the body. The number of such media cards may not be sufficient to keep up with timely recycling if there are multiple recovery sites, and it avoids the risk of misplacement of such cards.
- iii. In addition, it is a way for National Guard, law enforcement, or other agency photos to be uploaded from the field.
- b. One laptop, predesignated for this task, has been configured with secure VPN-WiFi to access the MRG server from the field to reach the folder: CMND-Shared Folders\Operations\Unit-Disaster Site\Photography.

- i. Documentation that is not normally stored immediately inside the VIP database - especially for site recovery, administrative, finance, and planning functions - can be maintained in one, primary, set of networked folders.
- ii. Photography for one victim, for example, is collected (in addition to morgue processing) from:
- Site Recovery (SR# - with unique numbering in any of a variety of field assigned numbering schemes).
 - Different cameras may be used but each assigns internal numbers (which could inadvertently create duplicates) to the raw images which need to be renumbered to the SR# visible in the photo ruler.
 - Multiple collection sites and different collection agencies may also complicate collection of all recovery photography.



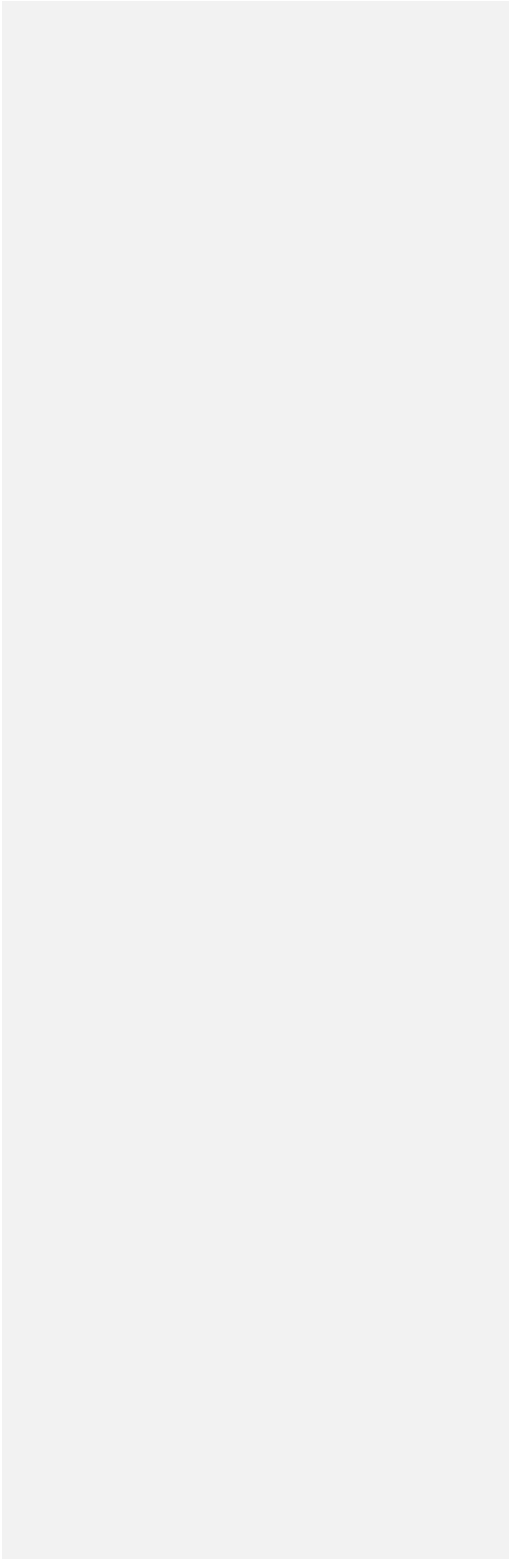


- iii. Later, once the remains are delivered to the morgue, the SR# is updated by appending it to the Morgue Reference Number (MRN) so they are properly cross-referenced. [For example-"MRN00001, SR-C01"]
 - MRN-SR photos are then copied to the proper MRN folder.
- c. As each set of human remains is delivered to the Transportation Staging area, staging staff will process any photographic media provided.
 - i. Copy the media to the laptop and return the camera or digital media to the transport staff (for return to the photography staff).
 - *Caution, there might be several SR#s present on one SIM card!*
 - ii. Renumber each image with the proper SR# as determined by the SR# visible in the photo ruler
 - iii. Locate the *Disaster Site* shared folders hosted on Morgue server.
 - iv. Open the Photography subfolder
- d. Create a NEW folder for *each* SR#.
 - i. Copy all SR# photos from the laptop to the new folders.
 - ii. General overall site photos, without distinct SR# rulers visible, will be placed into the "Site Photos (General)" folder.





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Policy 4) Numbering Systems for Human Remains Policy

An accurate and reliable numbering system for all human remains is crucial to an effective FEMORS mission. The system must conform to the needs of the local Medical Examiner as well as be sufficient for proper evidence tracking. *In the absence of an established Medical Examiner system* the following guidelines may be employed. There are several places where the numbering system must be carefully managed.

1. Field or Human Remains Recovery - The numbering system starts in the field.
 - a. It should always be consecutive and non-repeating. A simple system is preferred (e.g., Bag 1, Bag 2, Bag 3, etc.).
 - b. Prefixes MAY be used to clarify where they were found (e.g. F-1 for floating remains in the water, S-1 for submerged remains, Grid B-3, etc.).
 - c. In the field, all individual remains must be given their own number.
 - d. If remains are not connected by clothing or tissue, they must get different bags and numbers.
 - e. FEMORS number conventions:
 - i. Site Recovery Number (SRN#)
 - ii. Morgue Reference Number (MRN#)
 - iii. VIC Reported Missing (RM#)
 - iv. Medical Examiner Number (ME#)-typically one ME number for each death certificate
2. Morgue Operations -
 - a. If possible, the Site Recovery Number system shall be used as the Morgue Reference Number (MRN) system upon log in at the Admitting Station unless a different system is established by the Medical Examiner.
 - b. When necessary, the MRN and suffixes will be used to further identify multiple items related to the same MRN (be sure to include the leading zeros for numbers 01 through 09):
 - i. Disaster site digital photographs stored in the computer server should be titled with the MRN (once assigned at Admitting Station) followed by DS01 through DS0x to designate the number of digital photographs taken.
 - ii. Morgue processing digital photographs stored in the computer server should be titled with the MRN followed by MG01 through MG0x to designate the number of digital photographs taken.
 - iii. Morgue digital dental photographs stored in the computer server should be titled with the MRN followed by MD01 through MD0x to designate the number of digital photographs taken.
 - iv. Personal Effects collected should be labeled with the MRN followed by PE01 through PE0x to designate the number of items collected for each case.
 - v. Postmortem digital body x-rays stored in the body x-ray computer server (if applicable) should be titled with the MRN in the set up for each victim in the computer.
 - All x-rays taken during a single session are encoded with the MRN and a sequential number. This set cannot be added to later.
 - A) The first set of x-rays taken should be titled with the MRN
 - B) Subsequent sets taken (re-x-rays taken at a later time) should be titled with MRNa, MRNb, etc.
 - Antemortem body x-rays received as medical records would be labeled by the number assigned to the VIP antemortem (RM) folder, e.g., RM#- BX01 through BX0x to designate the number of digital body x-rays received.
 - vi. Fingerprint cards created should be labeled with the MRN followed by FP01 through FP0x to designate the number of print impression cards made for each case.
 - Antemortem fingerprint cards would be labeled by the number assigned to the VIP antemortem (RM) folder, e.g., RM#- FP01 through -FP0x to designate the number of fingerprint cards received.
 - vii. Postmortem digital dental x-rays stored in the dental x-ray computer server (DEXIS) should be titled with the MRN when the WinID and DEXIS records are created.
 - Antemortem dental x-rays digitized and entered into WinID would be labeled by the number assigned to the VIP antemortem (RM) folder, e.g., RM###.
 - Antemortem dental x-rays NOT entered into WinID would be labeled by the number assigned to the VIP antemortem (RM) folder plus a suffix, e.g., RM#- DX01 through DX0x to designate the number of digital dental x-rays received and digitized.



- viii. Postmortem DNA specimens (only if multiple specimens are collected from a single MRN item) should be titled with the MRN followed by DN01 through DN0x to designate the number of specimens taken.
 - Antemortem DNA known family samples (Buccal swabs) would be labeled by the number assigned to the VIP antemortem (RM) folder, e.g., RM#- DB01 through DB0x to designate the number of samples received.
 - Antemortem DNA known reference specimens (e.g., toothbrush, clothing, razor, etc.) would be labeled by the number assigned to the VIP antemortem (RM) folder, e.g., RM#- DR01 through DR0x to designate the number of specimens received.
- c. Summary of case numbering suffixes applied (be sure to include the leading zero for numbers 01 through 09):
 - i. Computer Stored Items:
 - DS01 Disaster Site Digital Photos (initially recorded with a Site Recovery Number)
 - a. Once body is entered at Admitting Station, scene photos are renumbered in computer to MRN###-DS01, MRN###-DS02, etc.
 - MG01 Morgue Processing Digital Photos (initially recorded with only the MRN)
 - a. i.e., renumbered in computer to MRN###-MG01, MRN###-MG02, etc.
 - MD01 Morgue Dental Digital Photos (initially recorded with only the MRN)
 - a. i.e., renumbered in computer to MRN###-MD01, MRN###-MD02, etc.
 - MRN### Body X-rays
 - a. Postmortem PDF or MS Word docs (i.e., MRN###) generated from digital x-ray computer
 - b. Sub numbering may apply only if more than one set of x-rays is taken on the same case.
 - ii. File Folder Stored Items:
 - PE01 Personal Effects
 - a. (i.e., MRN###-PE01, MRN###-PE02, etc.)
 - BX01 Body X-rays
 - a. Antemortem-medical records (i.e., RM###-BX01, RM###-BX02, etc.)
 - FP01 Fingerprints
 - a. Postmortem (i.e., MRN###)
 - b. Antemortem –records (i.e., RM###-FP01, RM###-FP02, etc.)
 - DX01 Dental X-rays
 - a. Postmortem entered in WinID (i.e., MRN###)
 - b. Antemortem entered in WinID (i.e., RM###)
 - c. Antemortem NOT entered in WinID (i.e., RM###-DX01, etc.)
 - DN01 DNA Specimens - postmortem (i.e., MRN###-DN01, MRN###-DN02, etc.)
 - DB01 DNA Family Samples - Buccal swabs (i.e., RM###-DB01, RM###-DB02, etc.)
 - DR01 DNA Reference Specimens - known victim DNA (i.e., RM###-DR01, RM###-DR02, etc.)
3. Identified Remains Case Number Conventions
 - a. The Medical Examiner may elect to enter identified remains in the District’s existing computerized case file management system for that office once MRN case files have been matched to VIC (RM-Reported Missing) case files.
 - i. Cross reference notes should be made to indicate which FAN, VIC (RM-Reported Missing) case and MRN case(s) are associated with the assigned ME case number.
 - ii. Multiple MRN cases may be matched by dental or DNA identification to one individual.
 - b. The Medical Examiner may elect to use the first MRN identified with a particular RM as the PRIMARY number.
 - i. Additional MRN cases identified as the same individual may be cross referenced to the primary MRN for tracking purposes (and will have the same ME#).
 - ii. Logs of MRN numbers should be updated to reflect the primary and secondary links for tracking purposes.



Policy 5) Radiology (Body X-Ray) Protocol Guide

Part I – Dosimeter System Usage Guide

Each person assigned to dental x-ray or radiology in the morgue shall be assigned a pen-type dosimeter (Model W-138 0-200mR) to measure exposures. Usage will be logged in and out for each operational period by the Station Lead. Readings are recorded at the end of the shift.

The Charging Process - Zeroing the Dosimeter

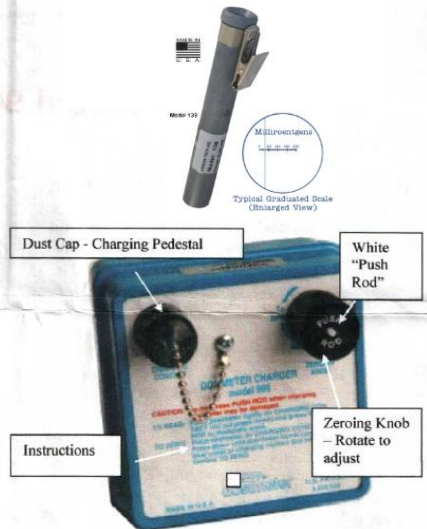
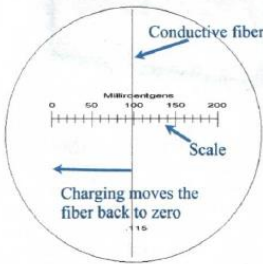
Accumulated radiation is read directly on an internal calibrated scale of the dosimeter. A Dosimeter Charger (AT DCA 909 or Rad Alert 750-6) is required in order to return the dosimeter to zero after each exposure period if desired.

One end of the dosimeter contains an optical eye-piece; the opposite end is sealed by a diaphragm switch which houses the insulated steel charging pin. The instrument is charged (set to zero) by pressing the charging pin onto the charging socket on the charger.

When the charging end of the dosimeter is pressed firmly into the charging contact (pedastal) on the charger, the pin contacts the electrometer frame. Sufficient voltage is applied to charge up the dosimeter and to set the fiber to zero.

Step 1: To read a dosimeter, simply remove the cap on the charging contact. Place the dosimeter on the charging pedestal and press the "Push Rod" to activate the light.

If the light does not come on it could mean there is no battery inside the charger. **Replace the battery** by removing the screw in the center of the bottom plate and install a new battery. Note: The + end of the battery needs to be aligned with the + (pos) marking on the circuit board inside the charger.



CAUTION; Do NOT press PUSH ROD when charging. Dosimeter may be damaged.

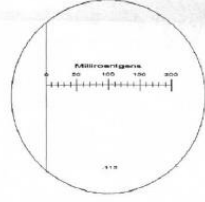
Step 2: While pressing the charging end of the dosimeter firmly down in the receptacle of the charger, **adjust** the "Zeroing Knob" on the charger. While looking through the dosimeter at the light that comes, adjust until a zero reading is indicated. If the fiber is not moving, press the dosimeter farther down in the receptacle and try again.

Step 3: At times, a transient "kick" is experienced when zeroing the dosimeter. The charging contact of the charger automatically compensates for the kick when the dosimeter is withdrawn slowly from the contact. You can see this effect by holding the dosimeter on the charging contact while looking into the instrument. Withdraw the instrument slowly. You will note that just before the light turns off, the hairline will shift. With a little practice the hairline can be made to shift so that its final position coincides with the zero line. Optimum performance is obtained when electrostatic kick is compensated for in this manner. The hairline will remain on or near the zero position for long periods when not exposed to radiation.

Step 4: When resetting the dosimeter to zero, the fiber may disappear and remain hidden. To release the fiber, slowly turn the "Zeroing Knob" knob until the fiber reappears.

Keep repeating steps 1 through 4 as needed. Some practice might be required to become proficient at zeroing the dosimeter.

Your dosimeter should now be on zero (0) and ready for use
Note: When properly zeroed the fiber will remain on zero. >



<https://www.dosimeter.com/direct-reading-dosimeters/direct-reading-dosimeter-w138-0-200mr-with-sapphire-window/>



417 Main Avenue West
P.O. Box 1240
Rolla, ND 58367-1240

"ISO 9001:2000 Certified"

Phone: 701-477-6461
Fax: 701-477-6464
E-mail: sales@dosimeter.com
Web: www.dosimeter.com

DCA Model 909 Charger

Model 909

Battery-Powered Dosimeter Charger

Easier charging, viewing, dosimeter protection and improved accuracy... these are the biggest reasons that the DCA Model 909 Dosimeter Charger is the best value on the market today!

The charger's reading light reduces re-zeroing time and effort by eliminating the need to remove the dosimeter from the charger for reading. Simply view the scale while the dosimeter is resting lightly on the charger contact after rezeroing. Reading in the same orientation as charging also minimizes the effect that gravitational induced fiber movement has on dosimeter accuracy and precision.

The DCA Model 909 charging contact is spring-loaded and has a positive mechanical stop. This design feature makes it impossible to damage dosimeters through excessive charging force.



Model 909

The patented "kick" feature found on the DCA Model 909 Charger automatically removes residual static charge from the dosimeter's charging pin every time the dosimeter is re-zeroed. This eliminates a major source of erroneous fiber movement (up to 5% of full scale)

CAUTION; Do NOT press PUSH ROD when charging. Dosimeter may be damaged.

Features

- Capable of charging any self-reading dosimeter
- Conforms to ANSI N42.6-1980
- Operates on one 1.5 V "D" cell battery
- Has the ability to "Kick" or remove all residual charge from dosimeters properly, which prevents spurious upscale fiber movement
- Reading light to allow for easy charging/viewing
- Residual static charge removed for improved accuracy

Specifications

Weight:	10.6 oz. (302 g)
Width:	4" (102 mm)
Length:	4" (102 mm)
Height:	3.5" (89 mm)
Case	ABS Plastic
Controls	One turn potentiometer Reading; spring-loaded push rod
Power – Battery	1.5 V "D" cell
Charging voltage	40 V to 220 V
Operating Temperature	0 – 120 F (-18 – 49 C)
Lamp	Model 222 (TL-3 Miniature screw)

Operating Instructions on reverse side

<https://www.dosimeter.com/dosimeter-chargers/909b-dosimeter-charger/>



Part II - FEMORS Source-Ray Digital Body X-Ray (MRAD-07R & 09) System Set Up and Operating Procedures

Objectives:

Part II-A. Setup Source-Ray Unit and Sensor

Part II-B. Record a series of X-Rays for a case

Part II-C. Export images

- 1) Export digital media sets with all JPG images and DXViewer program to removable media
- 2) Copy digital sets to a shared network folder for storage and review

i. MRAD-07R



ii. MRAD-09





Part II-A. Setup Source-Ray Unit and Sensor and Operating Procedures

1) Uncrate X-Ray unit



- a) Pull unit to edge and stand up
- b) Allow front wheels to fall forward and snap into place.
- c) Depress release lever to swing x-ray head arm fully upward.
- d) Rotate the x-ray head to point downward.

2) Open the instruments box.

- a) Place the laptop support tray in position.
- b) Place Lenovo Thinkpad laptop on the support tray.
- c) Verify that USB Bluetooth dongle is in place.



- 3) Plug in power cord (gray) from Source-Ray unit.
- 4) Power ON the Source-Ray unit.
- 5) Plug in ThinkPad laptop power supply (black).



Power ON/OFF Switch

Power cord Source-Ray

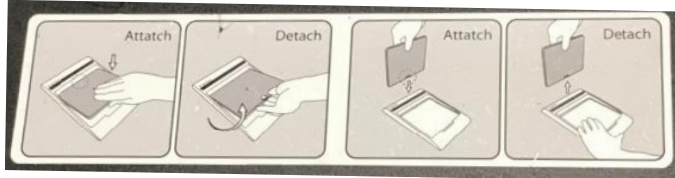
Power supply ThinkPad

- 6) Place power cords into lower bin and protect cords from foot traffic/trip hazards as necessary with cable protectors.





- 7) Set up the sensor (receiving) unit.
 - a) Set up the sensor's battery recharging unit with the spare battery in a safe location.
 - b) Both batteries may be charged at the same time if necessary during initial setup.



- c) Press the battery status check (green lights indicate charge level).



- d) When charged, insert battery into sensor back and lock into place.





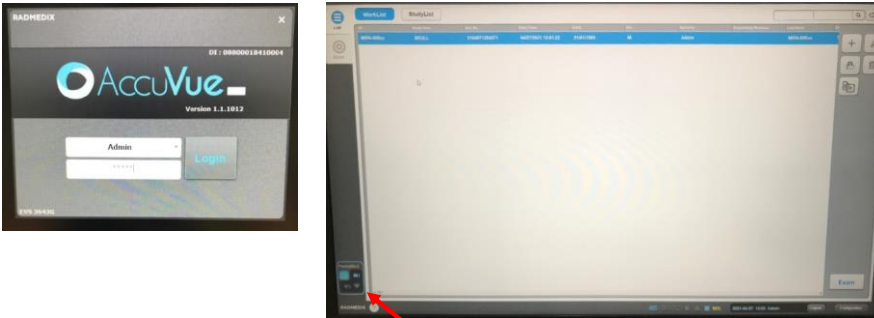
- e) Press the PWR button to start sensor (it takes a few minutes to fully power up and link to the ThinkPad).



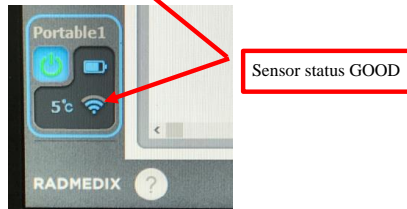
- 8) Power ON the laptop with the Netgear Bluetooth dongle (to sensor plate) inserted in a USB port.
 - a) Windows log-in (user: Radmedix/ password: [nothing]).



- b) Open and Log-in to **AccuVue** (admin/admin) to the **WorkList** page



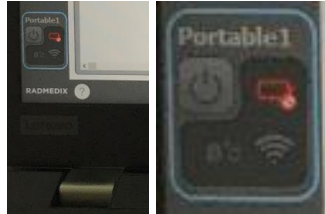
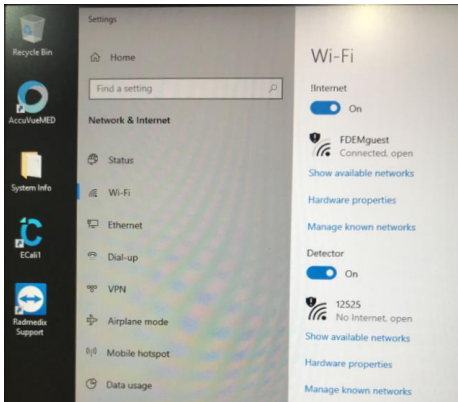
- c) Note if sensor is connecting?



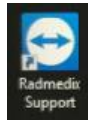


9) TROUBLESHOOTING:

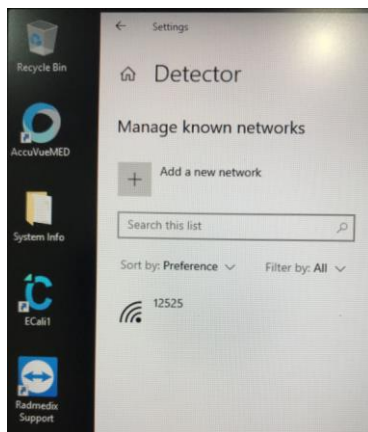
- a) If WiFi to detector shows NO connection then verify “Detector” configuration.
- b) Quit AccuVue, open Windows Network & Internet setting, select Wi-Fi.



- c) “Internet” may (or may not) be set to allow remote technical assistance from Radmedix via TeamViewer.



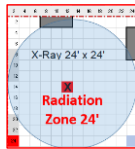
- d) Notice the “Detector” setting. It should be set to reach the X-ray’s sensor plate; either:
 - i) 12525 for MRAD-09, or
 - ii) 12142 for MRAD-07R
- e) If more than one item is listed for the detector (such as the local WiFi), remove the extra item.



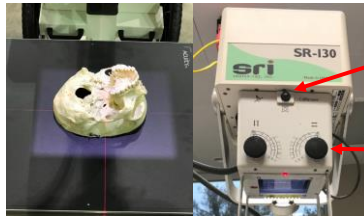


Part II-B. Record a series of X-Rays for a case

- 1) Exposure orientation – Safety consideration:
 - a) Expose radiographs in VERTICAL alignment *only* (straight down onto autopsy table).
 - b) Do NOT expose laterally in a temporary morgue setting because there are no protective lead walls to prevent exposure of radiation to other workers behind tarp partitions.
 - c) If an exposure of a body for a lateral view is required, rotate and prop the body up on one side and shoot vertically down onto the table.
 - d) No person is to stand within the 12' radius protective circle of the x-ray source during any exposure.
 - i) The Exposure switch has a cord that reaches to about 18 feet.



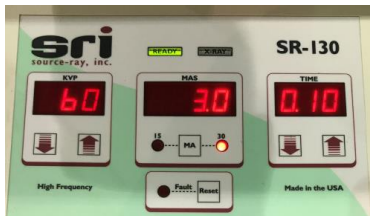
- 2) Position the sensor under specimen(s) area to be x-rayed.
(Use plastic **RED bags** to protect sensor from body fluids.)
 - a) Trim exposure area with viewing window (illuminated area).



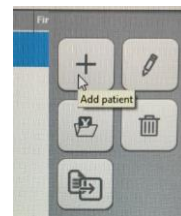
Illuminator button

Window adjustments

- b) Adjust power settings as necessary.
 - i) Less for small specimens (hands, feet, skulls, common tissue etc.),
 - ii) More for full body thickness.

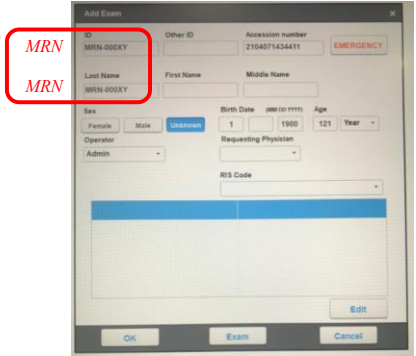


- 3) Enter new MRN case data.
 - a) Click on **WorkList** button then click on the **Add Patient (+)** button at top right.

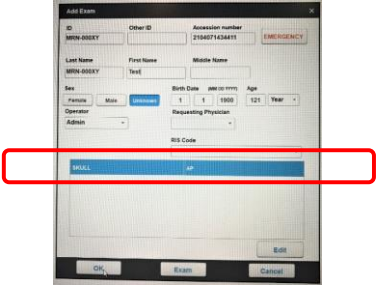




- b) Fill in MRN case information:
 - i) **ID**, format as “**MRN-000XY**” (Upper Case plus 5 digits)
 - ii) Accession number (*do not alter, leave the default*)
 - iii) **Name** (same as **MRN-000XY**)
 - iv) **Gender**, select one if known
 - v) Birth Date (*leave the default*)
 - vi) Operator (*leave the default*)
 - vii) Requesting Physician (*leave the default*)
 - viii) RIS code (*leave the default*)
- c) Click **EDIT** button.
 - i) Select choice of body part.
 - ii) Click on **ADD** button.
 - iii) Click **OK**.



- iv) Verify and Click **OK**.

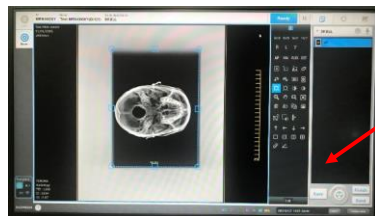


- d) Laptop home screen (blank screen is ready to expose x-ray).
 - i) A quiet “Ready” voice can be heard when the unit is set.



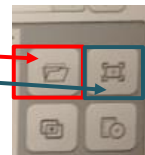


- 4) Take exposure.
 - a) Extend coiled exposure switch 12' to outside of protective circle.
 - i) Clear all other workers from the 12' circle.
 - b) Exposure switch button has 3 stages:
 - i) Rest
 - ii) Activate (to charge up the capacitor)
 - (1) Depress and hold half-way until **Green** light indicates unit is ready to expose image.
 - iii) Expose (to send the x-ray to the sensor)
 - (1) Depress button fully (one second).
 - (2) Noticeably short sound is emitted.
 - c) Image is captured, click SAVE button.

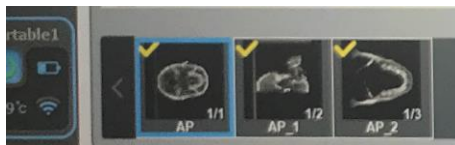


SAVE button

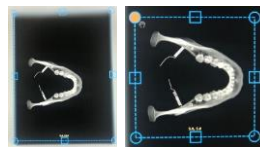
- d) Review and reshoot if necessary
 - (1) Review mode – side by side comparison
 - (2) Reshoot mode – to take more exams



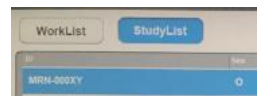
- 5) Reposition sensor and repeat steps for additional exposures as needed.



- a) Radiographs may be cropped and adjusted as needed.



- i) Click **SAVE** after any changes.
- ii) When done with radiographs press the **Finish** button to complete the study and return to the
 - (1) **WorkList** button to begin another case, or
 - (2) **StudyList** button to export radiographs.

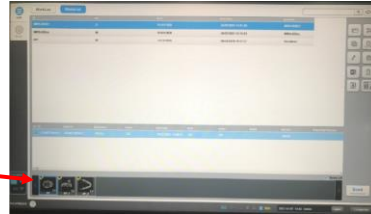




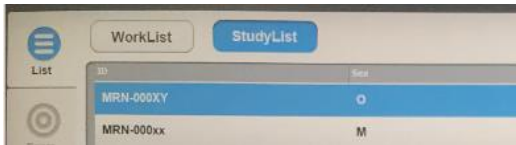
Part II-C. Export Images

- 1) Insert removable media (e.g., USB thumb drive) to laptop.
- 2) While viewing the StudyList, export radiographs as **DCM (DXViewer images)** to removable media (*creates highest quality views of radiographs*).
 - a) On **StudyList** locate and select the MRN case (MRN-000XY in this example)
 - i) Observe the x-rays in the study series at the bottom

MRN-000XY
Radiographs



- b) Click on the **Export** button at the top right



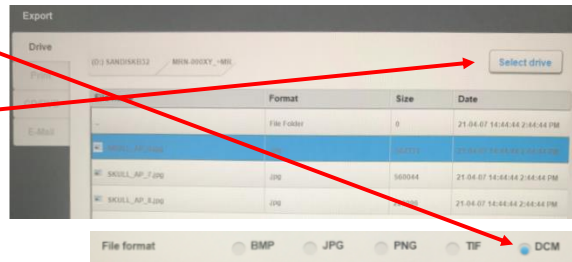
Export



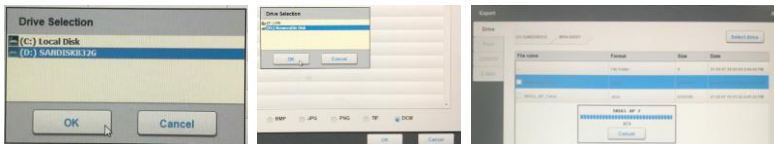
- c) Click on the **“DCM”** (DICOM) format button *first* then click on **Select Drive** button second.

1) **DCM format**

2) **Select Drive**

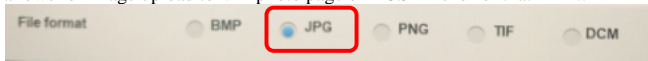


- d) Select storage media location (external drive), then OK, then OK again and copying will begin:





- e) Repeat steps C and D but select **JPG** as the format to export radiographs as individual JPG images to the same removable media.
- i) JPG format allows for image upload to VIP photo page on POST menu for that MRN.

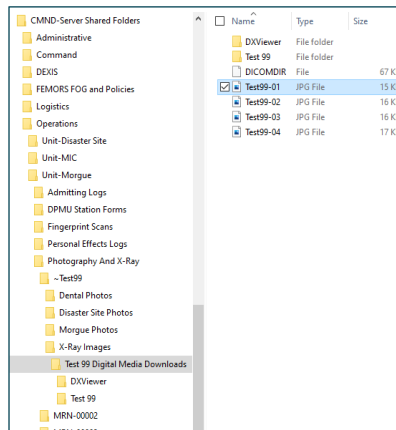
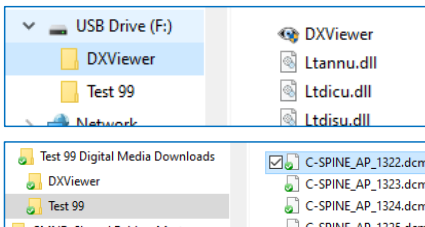


- ii) Several cases can be exported sequentially.
- iii) Click OK when finished. It is now safe to unmount the thumb drive.

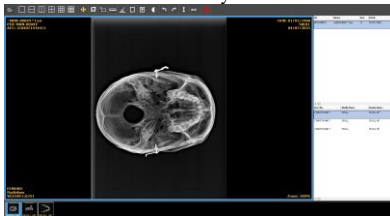
3) **Copy both digital sets** to a shared network folder for storage and review.

- a) Insert the thumb drive into the MRG Radiology Station laptop (separate from the SourceRay unit) to access the networked shared folders on the MRG server. (*Drive pre-mounted as Databases\CMND-Server Shared Folders\Operations\Unit-Morgue\Photography And X-Ray\MRN-00xxx\X-Ray Images*)

- i) Upload (copy) the contents of the thumb drive to the **X-Ray Images** folder for the MRN in question.
- ii) Be sure to include the JPG images and the DXViewer folder because it is **DXViewer** application that allows one to open and review the radiographs at highest quality.



- b) The DICOM radiographs are now available for review by the ME or MIC if necessary.

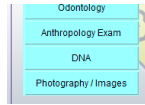


- i) Image can be inverted and zoomed to 205%; measurement tools are also present



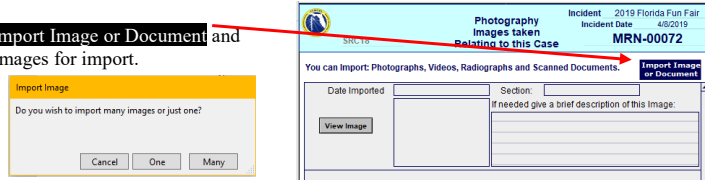


- c) Upload JPG images to VIP, **Post Photo Page**.
- i) Open VIP's **Post Main Menu**/Photography/Images.



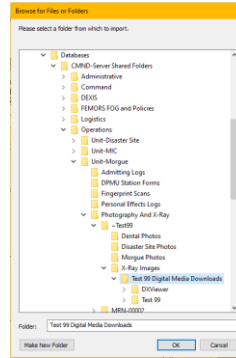
- ii) Open the MRN in question (for this example only, MRN-00072).

- iii) Click on the button **Import Image or Document** and select *One* or *Many* images for import.

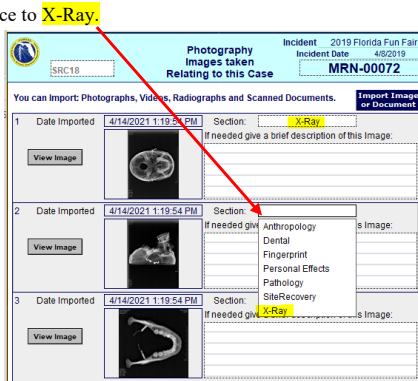


- iv) Navigate to the networked shared folders on the MRG server (*Drive pre-mounted as Databases\CMND-Server Shared Folders\Operations\Unit-Morgue\Photography And X-Ray\MRN-00xxx\X-Ray Images*)

- (1) Note, if *MANY* is selected, the actual JPG images will not be visible, only the *folder* containing the images can be selected.
- (2) Select the folder and hit OK.
- (3) All JPG images in the folder will be imported to VIP's Photo page.



- v) For each image, change the "SECTION" drop-down choice to **X-Ray**.
- (1) Additional data may also be entered if necessary in the brief description area.
- (2) To **VIEW** an image, click the **View Image** button
- (a) This may be zoomed in as needed



- d) When all x-rays have been completed, turn off the sensor with the PWR button.





Part III – FEMORS MinXray Digital Body X-Ray (MRAD-02 & 03) System Set Up and Operating Procedures

Objectives:

- IX.** Startup MinXray Unit, Canon sensor plate, and Ethernet connections
- X.** Startup X-Ray Server Unit (Toughbook CR-52) to receive images from X-Ray Capture Unit (Toughbook CR-30)
- XI.** Startup X-Ray Capture (CR-30) to record and send images to X-Ray Server (CR-52)
- XII.** Record a series of X-Rays for a case on X-Ray Capture (CR-30)
- XIII.** Send the images to the Server (CR-52) for review in Pathology (if needed)
- XIV.** Server Tasks:
 - Burn a Digital media copy with all images and Canon's LightViewer program for Case file folder
 - Create PDF images for shared folder access for rapid review by MIC
 - Copy case files to a shared folder for storage and review

Procedures

XXII. Startup MinXray Unit, Canon sensor plate, and Ethernet connections

- Plug in power cord from MinXray unit (sensor plate power light should come on).
- Plug Ethernet Cat 5 cable from MinXray unit into port 5 (Uplink) of the network hub.

XXVI. Startup X-Ray Server Unit (Toughbook CR-52) to receive images from X-Ray Capture Unit (Toughbook CR-30)

Step 1: Power on laptop

If the CD/DVD warning appears:

- Click **No**



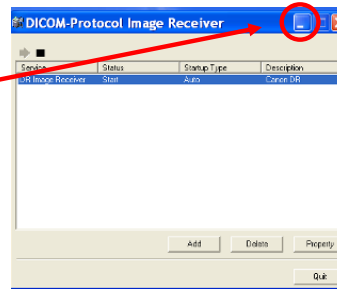
Upon start up, the **DR System Manager** screen appears:

- Click **OK**



Step 2: The **DICOM-Protocol Image Receiver** screen appears. *It must stay active in the background:*

- Minimize the window (do not close it or hit Quit.)

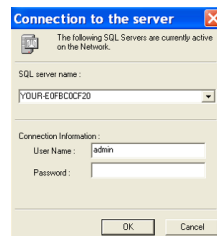


Step 3: Open **DR Image Viewer** from either the desktop icon or the icon tray



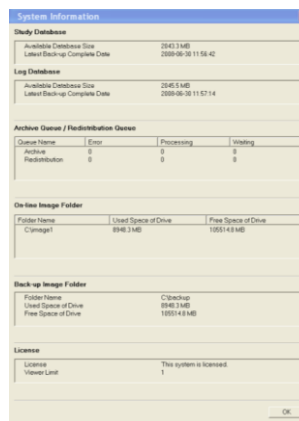
Step 4: Enter User name and password for SQL Server connection, example:

- User: admin
- Pwd: canon1



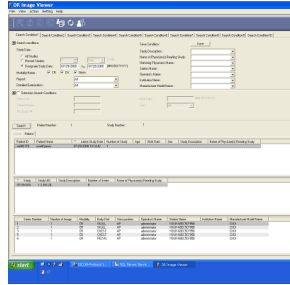
Step 5: **DR System Manager** screen appears again.

- Click OK



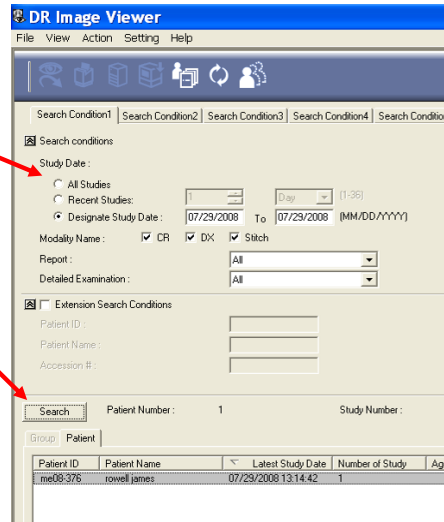


Step 6: **DR Image Viewer** program opens



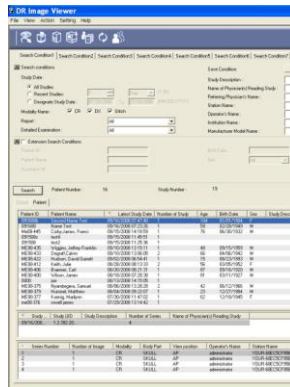
Step 7: Get all studies to show up (only if necessary)

- Select the radio button "**All Studies**"
- Click on "**Search**"



Step 8: **Relax!**

Server is now ready to receive new images from the X-Ray Capture (CR-30) laptop on the MinXray stand.





LXXXII. Startup X-Ray Capture (CR-30) to record and send images to X-Ray Server (CR-52)

Step 1: Turn on X-Ray Capture
(CR-30) laptop

(Power slide button is at front,
right edge)



Upon start up, the
User window screen appears.

- Click on "exdiadmin"

Step 2: Open **CANON Start** on
the desktop

(This is a touch screen laptop. Use
finger, stylus, or track pad.)

Step 3: Enter User name and
password for **CANON CDXI** (case
sensitive), example:

- User: femors
- Pwd: admin



Record the series of X-Rays for a case on X-Ray Capture (CR-30)

Step 1: Enter Patient Data

- Click on "Patient" Icon



Note: User name is listed at bottom left.

To Log Off one user and Log In with another, click the button at the lower left corner.



Step 2: Enter Name, Sex, DOB (if known)

- For Unidentified:
 - Enter Unknown, (sex if known), e.g., **Unknown, Male, or Unknown**
- Enter Last Name, First Name Middle Name, e.g., **Bailey, George Michael**
- Enter Case# in the Patient ID field
 - This is the MRN#, e.g., MRN-999
- Leave Accession No. blank

All x-ray images in this series will have this case number displayed and incremented

Note that Birth date is in an odd order: *Day/Month/Year*.

Age is computed from date of birth to date of *entry*.

This may differ from date found or date of death thus affecting the true age on the date of the x-ray.

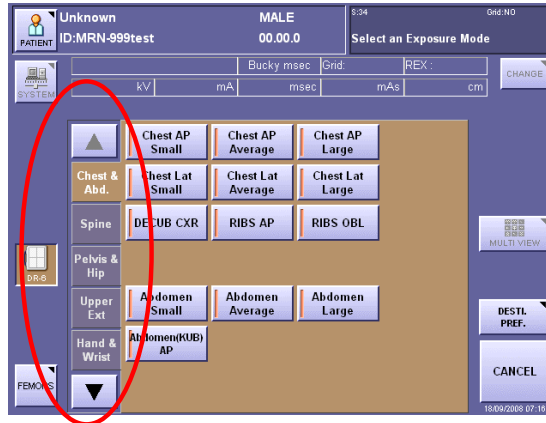


Step 3: Select an Exposure Mode

- Click on icons for body part

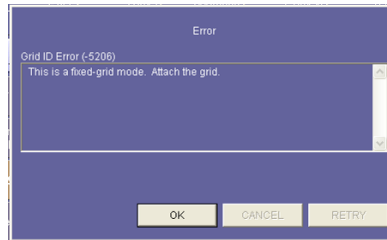
Preset standard modes are available for most exposures.

Experience may cause you to adjust button settings to unique situations. That is an administrative role.

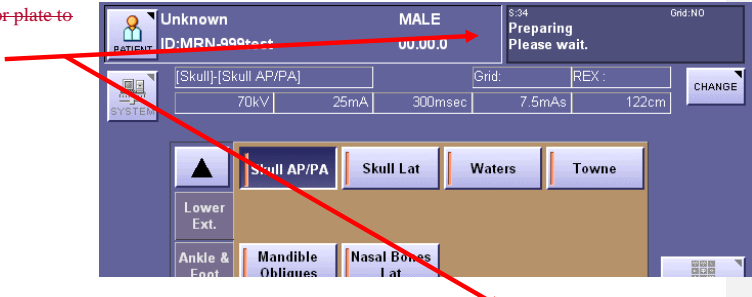


- Ignore the "fixed grid" warning messages.

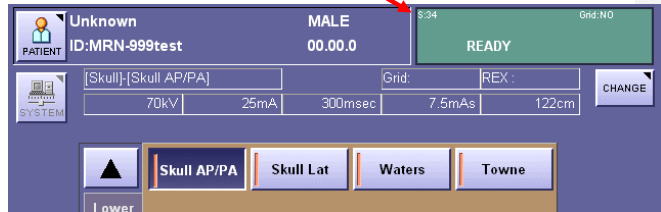
Setting grid use is done during initial set-up and testing where a decision on routine grid use will determine if this constant warning appears.



Step 4: Wait for the sensor plate to warm-up



Step 5: Align sensor plate under body part to be X-Rayed



Protect the sensor plate. Use plastic bags to seal it to prevent contamination.



Step 6: Take exposure

Exposure-button has 3-stages

- Rest
- Activate
- Expose

This is the **Rest Stage**



Rest Stage

This is the **Activate Stage** to charge up the capacitor.

Depress and hold *half-way* until Green light indicates unit is ready to take image.



Depress button half-way to Activate

This is the **Expose Stage** to send the x-ray to the sensor.

Depress button fully (one-second) and image is transferred to the Toughbook.



Depress button fully to Expose

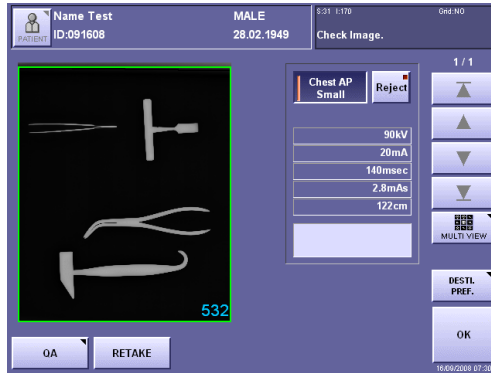
	Name Test	MALE	8:31	Grid: NO
	ID:091608	28.02.1949	Transferring Image	
	[Chest & Abd] [Chest AP Small]	Grid:	REX:	CHANGE
	90kV	20mA	140msec	2.8mAs 122cm



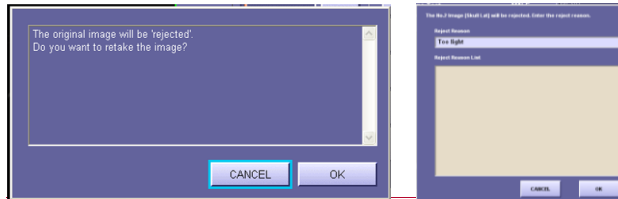
Step 7: Verify good exposure

You can accept or reject and retake the exposure if necessary.

- Click on **OK**
— (if acceptable)

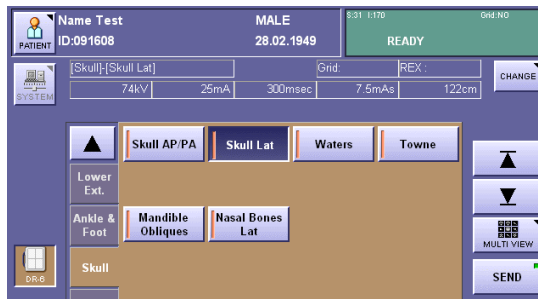


If you choose to eject the image you may enter a reason.

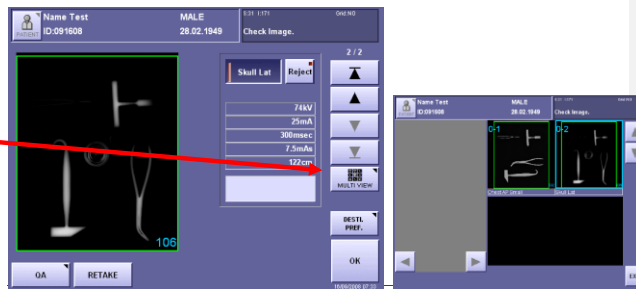


Step 8: Take next exposure

(Repeat as often as needed. Do not hit the Send button until all images have been taken.)



You can switch to view all images for that case by clicking on the "Multi View" button



*Click on **Exit** to return to normal screen.*

Multi-view of all images for that case number.



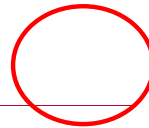
CCLXXXIII. — Send the images to the Server (CR-52) for review in Pathology (if needed)

Step 1: **Send Exposures** to Server

There is no need to hit "Send" after each exposure.

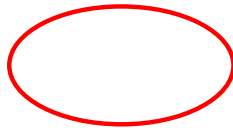
- Click on "**End Study**"

All exposures for that case number will be sent in a batch to the server



Step 2: Enter name for **next** case

- Click on **Patient**
- See Page 5



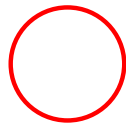
OR

Step 3: **Exit** the program

When all images are sent and no more x-rays are needed, the "System" button reactivates (it was grayed out during exposures).

- Click on **System**
- Click on **Shutdown**

This turns the computer system off.





322. Server Tasks:

- ~~Burn a Digital media copy~~ with all images and Canon's LightViewer program for case file folder

Return to the **Server Toughbook CF-52** to burn a CD copy of the case.

Confirm that CD drive is ready (on the desktop)

Step 1: Prepare CD Drive,

- ~~Insert~~ blank CR-R
- ~~Right click~~ on CD Drive
- ~~Select Properties~~

Step 2: On the **Recording** tab, check "**Enable CD recording on this drive**"

Step 3: Apply the change

- ~~Click on Apply.~~

Step 4: Confirm the change

- ~~Click on OK,~~ then,
- ~~Click on Yes.~~

IMPORTANT Note: when you next start the server, you will be presented with a choice to reset the drive to DVD.

- ~~Select No~~





Step 5: Reopen DR Image Viewer to locate the case number

- Click on "All Studies" (if necessary).
- Click on Search button to pull the latest studies into the list

Be sure the "Patient" tab is active

- Select the case number (Patient ID) you wish to review in the top of the three windows.

Step 6: Select the study series of that case number in the middle of the three windows.

The screenshot shows the 'DR Image Viewer' application window. At the top, there are search condition tabs (Search Condition1 through Search Condition7). Below these are search filters for 'Study Date', 'Studies', 'Recent Studies', 'Designate Study Date', 'Modality Name', 'Report', and 'Detailed Examination'. There are also fields for 'Patient ID', 'Patient Name', 'Accession #', 'Birth Date', and 'Sex'. A 'Search' button is visible. Below the filters is a table with columns: Patient ID, Patient Name, Latest Study, Number of Stu., Age, Birth Date, Sex, Study Descrip., and Name of Physician(s) Readin. The table contains several rows of patient data.

Patient ID	Patient Name	Latest Study	Number of Stu.	Age	Birth Date	Sex	Study Descrip.	Name of Physician(s) Readin
091508b	Second Name Test	09/16/2008 07:47...	1	104	01/01/1...	F		
091608	Name Test	09/16/2008 07:23...	1	59	02/28/1...	M		
ME08-4...	Corby, James, Fran...	09/15/2008 14:18...	1	76	06/30/1...	M		
091508c	test4	09/15/2008 11:45...	1					
091508	test2	09/15/2008 11:25...	1					
ME08-4...	Wiggins, Jeffrey Fr...	09/10/2008 13:15...	1	48	09/15/1...	M		
ME08-4...	Degrati, Calvin	09/10/2008 13:06...	2	66	04/06/1...	M		
ME08-4...	Hudson, David Gar...	09/02/2008 06:54...	1	15	08/23/1...	M		
ME08-4...	Keith, Julie	08/28/2008 08:13...	2	56	03/05/1...	F		
ME08-4...	Braemer, Carl	08/20/2008 08:21...	1	87	09/16/1...	M		
ME08-4...	Wilson, James	08/18/2008 07:28...	1	81	03/11/1...	M		
0000	joe	08/13/2008 14:15...	1					
ME08-3...	Nyambegera, Sam...	08/06/2008 13:28...	2	42	06/12/1...	M		
ME08-3...	Hummel, Matthew	08/04/2008 09:22...	1	23	12/27/1...	M		
ME08-3...	Koenig, Marilyn	07/30/2008 11:47...	1	62	12/18/1...	F		
me08-3...	rowell james	07/29/2008 13:14...	1					

This screenshot shows a zoomed-in view of the patient list table from the previous screenshot. The 'Patient' tab is selected. The table has columns for Patient ID, Patient Name, Latest Study, Number of Stu., Age, Birth Date, Sex, and Study Descrip. The row for Patient ID '091608b' is highlighted in blue.

Patient ID	Patient Name	Latest Study	Number of Stu.	Age	Birth Date	Sex	Study Descrip.
MPN-9	Unknown	09/18/2008 07:15...	1			M	
091608b	Second Name Test	09/16/2008 07:47...	1	104	01/01/1...	F	
091608	Name Test	09/16/2008 07:23...	1	59	02/28/1...	M	
ME08-4...	Corby, James, Fran...	09/15/2008 14:18...	1	76	06/30/1...	M	
091508c	test4	09/15/2008 11:45...	1				
091508	test2	09/15/2008 11:25...	1				
ME08-4...	Wiggins, Jeffrey Fr...	09/10/2008 13:15...	1	48	09/15/1...	M	
ME08-4...	Degrati, Calvin	09/10/2008 13:06...	2	66	04/06/1...	M	
ME08-4...	Hudson, David Gar...	09/02/2008 06:54...	1	15	08/23/1...	M	
ME08-4...	Keith, Julie	08/28/2008 08:13...	2	56	03/05/1...	F	
ME08-4...	Braemer, Carl	08/20/2008 08:21...	1	87	09/16/1...	M	
ME08-4...	Wilson, James	08/18/2008 07:28...	1	81	03/11/1...	M	
0000	joe	08/13/2008 14:15...	1				
ME08-3...	Nyambegera, Sam...	08/06/2008 13:28...	2	42	06/12/1...	M	
ME08-3...	Hummel, Matthew	08/04/2008 09:22...	1	23	12/27/1...	M	
ME08-3...	Koenig, Marilyn	07/30/2008 11:47...	1	62	12/18/1...	F	
me08-3...	rowell james	07/29/2008 13:14...	1				

Below the patient list table, there is another table with columns: Study UID, Study Descrip..., Number of Seri..., and Name of Physician(s) Readin... The row for Study UID '1 2 392' is highlighted in blue.

Study UID	Study Descrip...	Number of Seri...	Name of Physician(s) Readin...
09/18/20...	1 2 392	1	

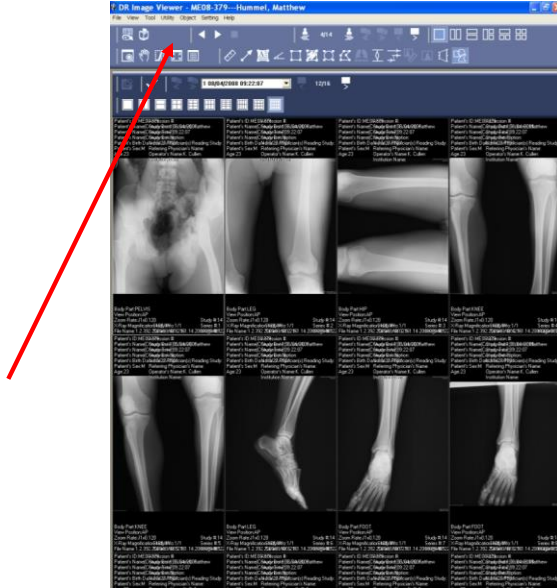


Step 7: Fix image orientation if necessary

- Rotate images by right clicking on one and selecting **Rotation** in 90 degree increments clockwise or counterclockwise.

This will affect the way they print out later.

Once all are properly aligned you can save the changes by returning to the list by clicking on the patient list icon.



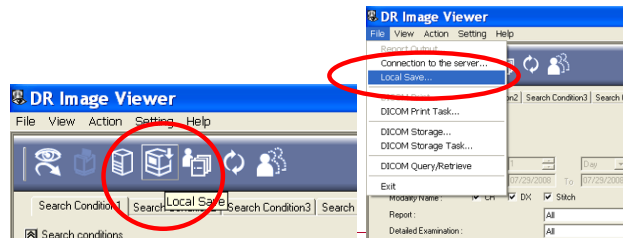
Step 8: Return to the list of cases screen

- Select case number

Group	Patient	Search	Patient Number :	17	Study Number :	20	
Patient ID	Patient Name	Latest Study...	Number of Stu...	Age	Birth Date	Sex	Study Descri
MRN-9...	Unknown	09/18/2008 07:15...	1			M	
091608b	Second Name Test	09/16/2008 07:47...	1	104	01/01/1...	F	
091608	Name Test	09/16/2008 07:23...	1	59	02/28/1...	M	
ME08-4...	Corby, James, Fran...	09/15/2008 14:18...	1	76	06/30/1...	M	
091508c	test4	09/15/2008 11:45...	1				
091508	test2	09/15/2008 11:25...	1				
ME08-4...	Wiggins, Jeffrey Fr...	09/10/2008 13:15...	1	48	09/15/1...	M	
ME08-4...	Degruff, Calvin	09/10/2008 13:06...	2	66	04/06/1...	M	
ME08-4...	Hudson, David Gar...	09/02/2008 06:54...	1	15	08/23/1...	M	
ME08-4...	Keith, Julie	08/28/2008 08:13...	2	56	03/05/1...	F	
ME08-4...	Braemer, Carl	08/20/2008 08:21...	1	87	09/16/1...	M	

Step 9: Start the CD burn process

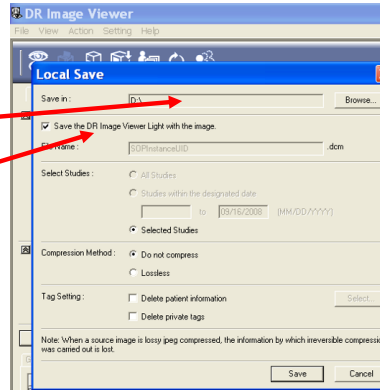
- Select **Local Save** from either:
 - Tool bar,
 - or
 - File menu





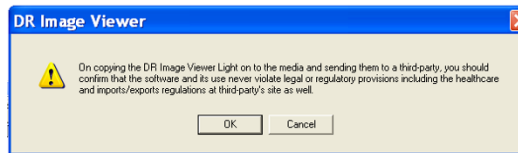
Step 10: **Verify save location and add viewer**

- Select drive letter for the CD drive
- Click on "Save the DR Image Viewer Light with the image"



Step 11: A standard warning on healthcare regulations appears:

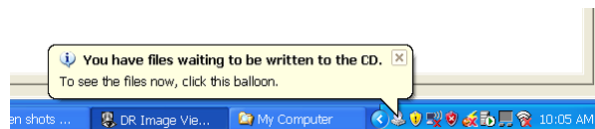
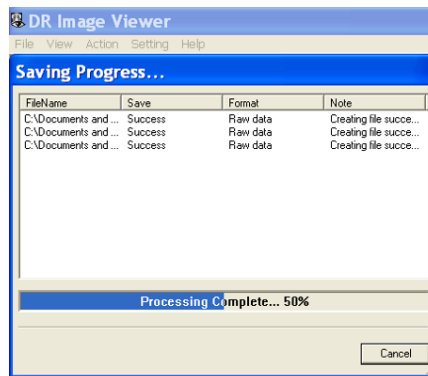
- Click on **OK**



Step 12: Allow the process to complete

Balloon help will advise that there are files to be written to the CD:

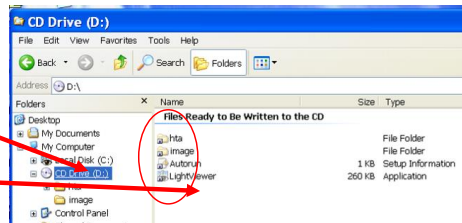
- Click on the **balloon** to open the explore window.



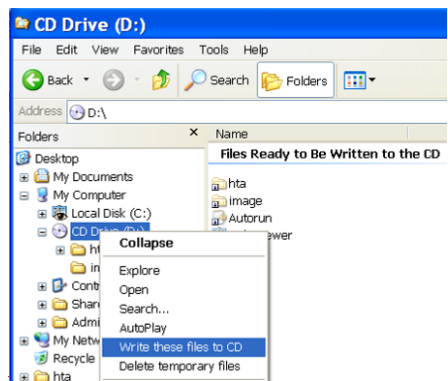


Step 13: **Right click** on the CD drive icon

Notice the "shortcut" icons, they are not permanent ones yet.

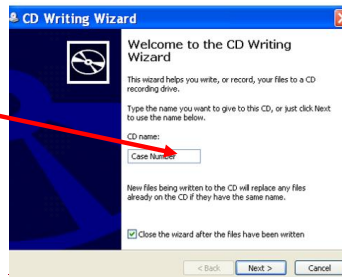


Step 14: Select **Write these files to CD**

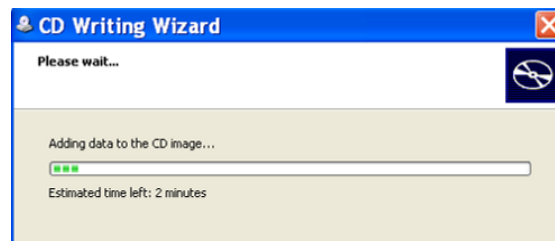


Step 15: **Name** the CD

- Type in the Case Number, e.g., MRN-999 X-Ray
- Click on **Next**



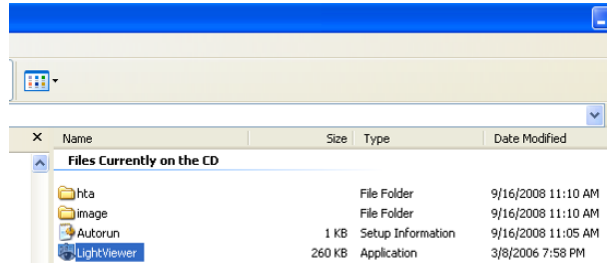
Step 16: Allow the CD writing to **complete**





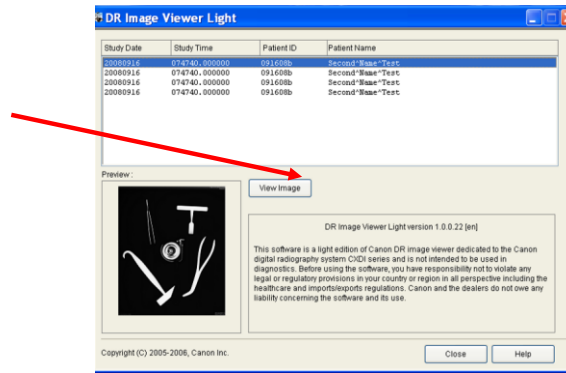
Step 17: Label and Test the CD

- Use a Sharpie (felt tip only) to **write** case number on CD
- **Reinsert** the CD
- Open the **LightViewer** application on the CD



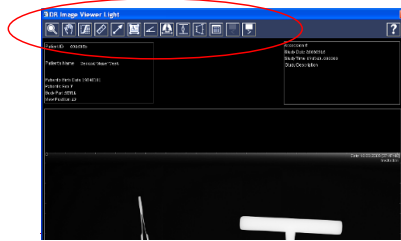
Step 18: View an image

- Select any of the images and click on **View Image**
- Close when done



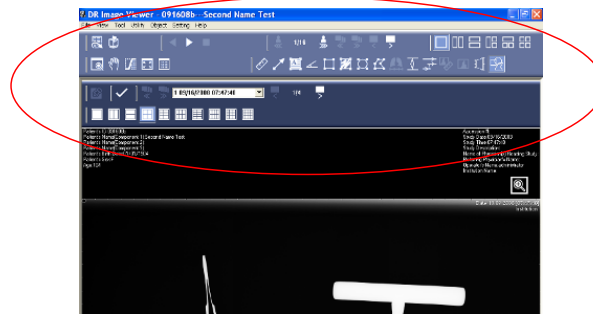
Note:

The LightViewer image can still be enhanced with brightness, contrast and a few other tools.



LightViewer image

However, the full features of the DR Image Viewer program are not present in LightViewer.



DR Image Viewer image



— Create PDF images for shared folder (if available) access for rapid review by MIC

Step 1: Locate the MS Word template: **X-Ray Template for PDF Printing** in the desktop folder **FEMORS X-Ray Images PDF and Word**

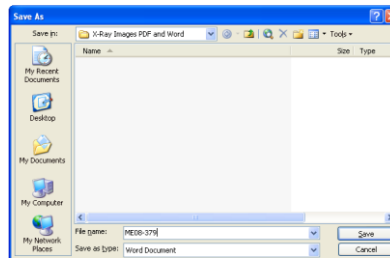
- Open **X-Ray Template for PDF Printing**
 - ... **FEMORS**

It will open with a generic name leaving the template unchanged

Template margins and header are pre-set

Step 2: Rename the Word doc

- **File/Save as...**
 - Case Number, e.g., "MRN-999 X-Ray"
(image shows a different case number, ignore it.)
 - Save to folder **FEMORS X-Ray Images PDF and Word**



Step 3: Reopen **DR Image Viewer**

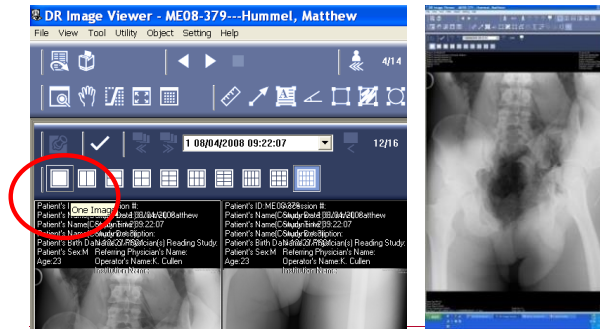
- Select the **Case Number** (Patient ID)
- Double click to open **images** for that case



Step 4: Set to One image view

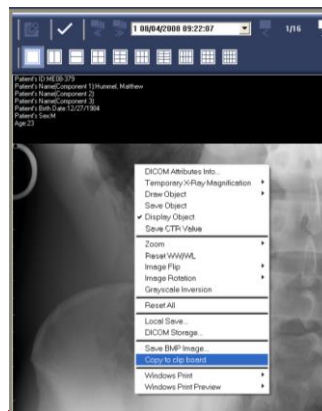
- Click on **One Image** icon

This produces the largest image size for best detail



Step 5: Copy the first image

- Right click on the image
- Select **Copy to clipboard**



Step 6: Paste into MS Word doc
“MRN-999 X-Ray”

- Reopen the Word document
- Paste
- Save

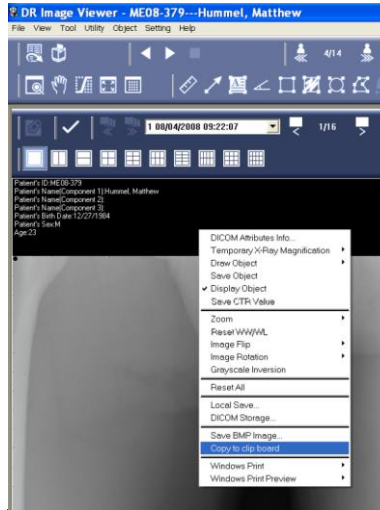
The image fills the page and retains the 4 corner detail information including the case number.





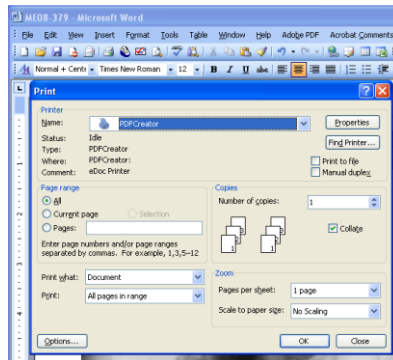
Step 7: **Copy** the rest of the images one-by-one

- Repeat steps 5 and 6 for each image until all are copied to Word "MRN 999 X-Ray"
- **Save** after each paste



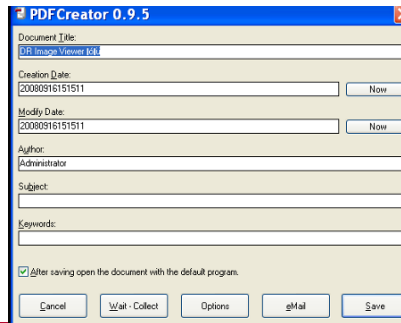
Step 8: **"Print"** the Word file to PDF

- Select **File/Print...**
- Select **PDFCreator** as the printer (if necessary)
- Click **OK**



Step 9: Accept the **PDFCreator** default

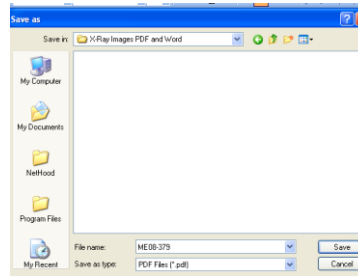
- Click on **Save** (do not make other changes here)





Step 10: Navigate to folder
FEMORS X-Ray Images PDF and Word
(if necessary)

- File name should default to the same as the Word doc
- Click **Save**



Step 11: Allow printing to **finish**

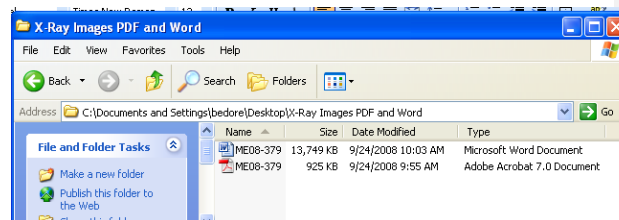
Acrobat Reader will open to display the new PDF file "MRN-999 X-Ray"



Step 12: Quit MS Word

- Click **Save**

Folder **FEMORS X-Ray Images PDF and Word** now contains both the Word (larger) and PDF (smaller) files





Step 13: Copy MS Word and PDF to CD

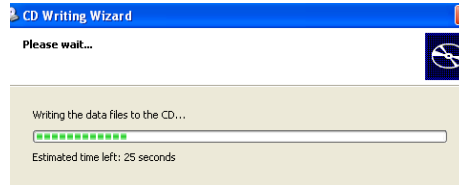
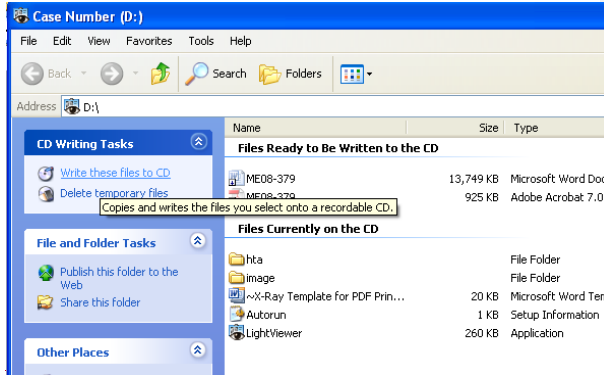
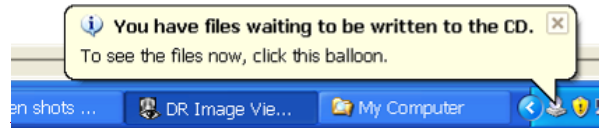
- Reinsert case CD
- Copy (or click and drag) the MS Word and PDF to the case CD made earlier
- Click on the balloon to open the explore window.

Step 14: Select Write these files to CD

- The CD wizard appears

CD name should be the same as the case number you assigned earlier.

Step 15: Allow the wizard to finish copying





Copy case files to a shared folder for storage and review

Shared folder is located in

- CMND-TR-S-Shared-Folders/
- Section-Operations/
- Branch-Morgue/
- Photography and X-Ray

Step 1: If necessary, **move** CD to a network computer with access to the shared folders files.

Note: access to the shared folder may require using a laptop not connected to the MinXray system.

Step 2: Locate the shared folder designated for **Photos, X-Rays and Dental**

FEMORS case folders may already be pre-assigned and present for all cases so a new one is not needed.



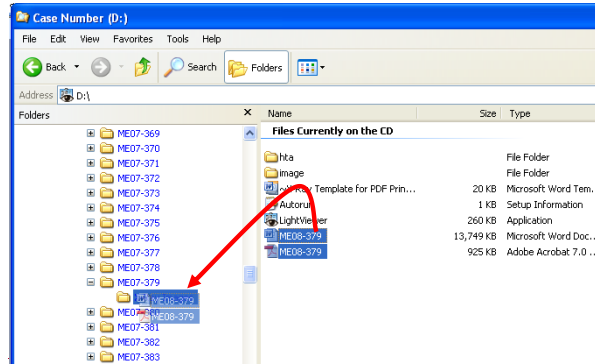
If not:

- Create and label a **folder** for the case x-ray files within the parent case # file folder
- Right click to add new folder.
- Name it "**X-Ray Images**"



Step 3: **Copy** the MS Word and PDF files to the shared folder.

- Open the CD,
- Shift/Click MS Word and PDF files
- Copy the files to the "X-Ray Images" folder on the shared drive



Step 4: **Print** the PDF files

- Open the PDF file
- Print a paper copy for the MRN case file.

Eject the CD, place in a **paper** CD sleeve and place into the case file folder



Step 5:
Congratulate yourself!



Now, get back to work on the next one!



~~Policy 708~~ Policy 6)

Photography

Policy

FEMORS recognizes the importance of utilizing photographs and video taping for scene documentation as well as various forensic aspects of the morgue operations. It further recognizes that unauthorized photography or videotaping must be controlled to maintain the integrity of the operation. *In the absence of an established Medical Examiner policy* the following policy will be enforced.

1. All photographs/video taken shall be the property of the Medical Examiner and shall be under the control and custody of the FM Group Supervisor or designee until delivered to the Medical Examiner upon completion of the mission.
2. Florida Statutes (Sec 406.135) makes the unauthorized display of "autopsy" photographs a third degree felony.
3. Photographers and/or videographers will be designated to perform necessary documentation tasks. Each will be assigned a specific duty station(s). They are only authorized to take pictures pertinent to their duty station and shall not be authorized to take candid pictures or video.
4. Personal cameras or camcorders are not allowed in controlled areas with the exception of the Official Photographer. Film or digital media containing unauthorized photographs/video will be confiscated. Controlled areas are defined as:
 - a. Inside the perimeter of the disaster scene.
 - b. Inside the morgue facility.
 - c. Inside the FM Coordination Center.
 - d. Inside the Victim Information Center.
 - e. Inside the Morgue Identification Center.
 - f. Inside the Information Resources Center.
 - g. Any human remains.
 - h. Memorial services.
 - i. Other "disaster-specific" areas as designated.
5. Team members will be allowed to take candid pictures in non-controlled areas. Non-controlled areas are defined as any area that is not designated as controlled.
6. The FM Group Supervisor will appoint a photographer as the "disaster-specific" official FEMORS Photographer or videographer. The individual(s) will be identified with a specific identification card, which clearly indicates OFFICIAL PHOTOGRAPHER. Only the Official Photographer will be allowed to take candid pictures to document FEMORS activities in controlled areas. At a mutually agreed time, the Official Photographer will meet with the FM Group Supervisor and Medical Examiner to review the pictures or video. They will make the decision of which photographs/video are suitable for release to team members.
7. Team members will be allowed to review all approved photographs/video and select the ones they wish to acquire, which will be duplicated on a cost basis.
8. It is recommended that a picture of the Official Photographer be posted so that team members can identify the individual. This will assist with security purposes and help to avoid impostors.
9. Refer to Disaster Team Code of Conduct for more information regarding this policy.



Policy 709) Policy 7)

Personal Effects

Policy

Personal effects are items that are physically on the deceased victim and can be associated with the deceased. After processing, packaged PE is transferred to the PE storage lockers maintained at Remains Storage for eventual release along with the body to the funeral service provider. *In the absence of an established Medical Examiner system* personal effects will be handled in the following manner (see flow charts 465 and 473):

1. Clothing:
 - a. A description of clothing will be recorded on:
 - i. VIP's Clothing/Personal Effects (collection) page of the DVP, and on the

PE Section Leader Gordon Cole		Incident 2019 Florida Fun Fair			
Photographer Andrew Packard		Incident Date 4/8/2019			
Exam Date: 4/9/2019		MRN-0003			
#	Clothing Item	Color	Description	Size	Unique Features
1	Shirt	Blue	Polo	Lrg	
2	Pants	Black	Levi black colored jeans	36x34	
3	Boots	Brown	Justin Roper	10	
4	Socks	White	cotton boot socks		

- ii. Personal Effects/Evidence Release Form (page 359) completed by the Personal Effects Team.
 - i. Two copies of the form are to be attached to the packaged personal effects.
 - ii. A third copy is to be placed into the DVP.

Personal Effects /Evidence Release			
Incident Name:	Fun Fair 2019	Location:	Adventure Land Fair Grounds, Miami, FL
MRN#	MRN-0003	Victim Name (if known)	
ME Case#		VIC RM#	
Items being released:			
Ref#	Category (Jewelry, Currency, Clothing, Misc)	Description	
	Clothing	Shirt, blue, polo, large	
	Clothing	Pants, Black, Levi jeans 36x34	
	Clothing	Boots, brown, Justin Roper	
	Clothing	Socks, white cotton boot type	
	Watch	Timex, black face, leather band	
	Jewelry	Ear stud, pierced, yellow metal, blackvk stone	
	Jewelry	Necklace, rope style, yellow metal blackvk stone	
	Cell phone	iPhone, black (not working)	
The above listed items were collected by:			
Collected by	Name (print) Gordon Cole	Signature <i>Gordon Cole</i>	Date/Time 4/9/2019 17:30
Agency	FEMORS (For storage/security)		
The above listed items are released by:			
Released by	Name (print)	Signature	Date/Time
Agency	(From storage/security)		
Received by	Name (print)	Signature	Date/Time
Agency			
Routing:	Original remains with File Folder		
	Page #	of	pages
	Copy is made for transfer with items		

Form # F-PER-112108

- b. Clothing normally will NOT be released separately to the NOK but with the deceased to the selected funeral service provider.



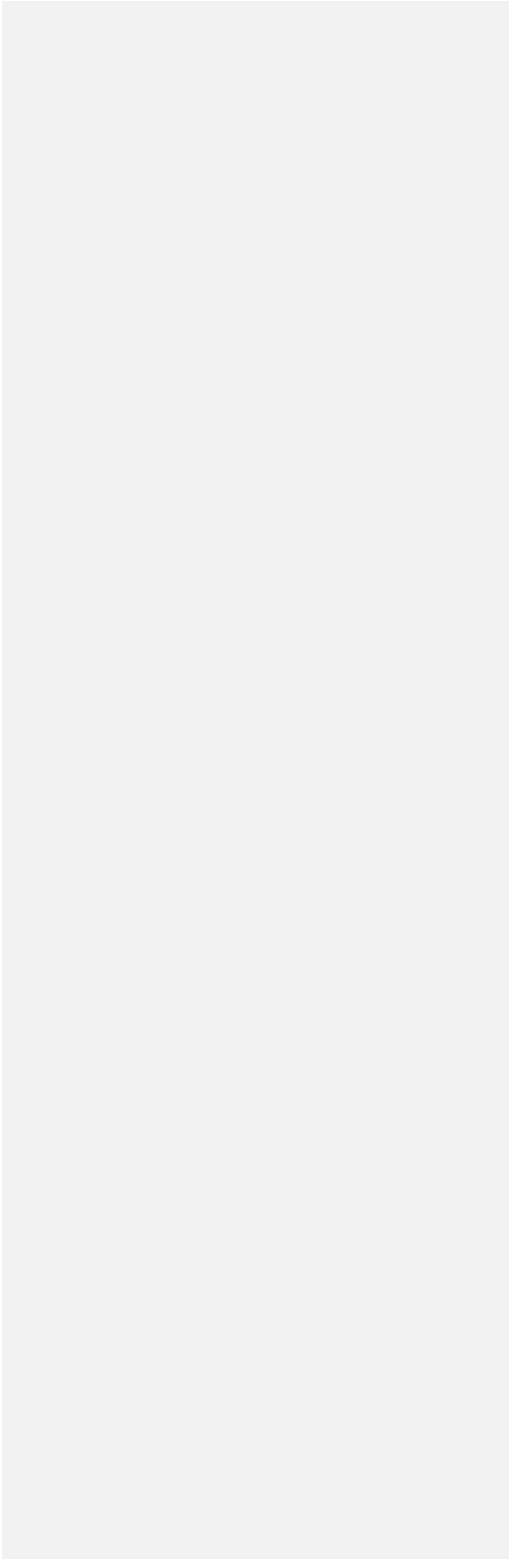
- c. Exceptions may be made for law enforcement and families on a case by case basis.
- 2. Jewelry such as watches, rings, necklaces, etc. will be evaluated by the FM Morgue Forensic Pathologist on the basis of intactness and damage.
 - a. *Intact Jewelry*. Defined as: jewelry that appears to be complete and absent of significant damage to its structure. (Jewelry that is intact but discolored by fire or chemicals is handled as intact.)
 - b. *Damaged Jewelry*. Defined as jewelry that appears to be incomplete or has been cut for removal purposes or appears to have been significantly altered in form or shape.
 - c. Jewelry is recorded on:
 - i. VIP's Jewelry (collection) page of the DVP, and on the

- ii. Personal Effects/Evidence Release Form (page 359) completed by the Personal Effects Team.
- 3. Miscellaneous Personal Effects such as wallets, personal papers, pagers, cell phones, etc. shall be recorded on:
 - a. VIP's Clothing/Personal Effects (collection) page of the DVP-at the bottom, and on the

- b. Personal Effects /Evidence Collection Report form completed by the Personal Effects Team.
- 4. Personal Effects Team shall maintain a log (page 358) reflecting the MRN source brief listing of the items and date delivered to Remains Storage.
- 5. Personal Effects/Property Release form will be used to transfer clothing, jewelry, or other items to:
 - a. Remains Storage for eventual release along with the body to the funeral service provider; or
 - b. the personal effects security agent designated to handle other personal effects from the disaster site.
 - i. The agent will be responsible for returning the items to law enforcement or the NOK.
- 6. If the Medical Examiner deems it necessary, items may be cleaned, if possible, and re-photographed, for eventual return to the NOK.
- 7. The above policy does not include unassociated personal effects such as luggage, loose clothing, documents, etc., which are recovered at the disaster scene. FEMORS normally does not accept responsibility for these items and considers them the sole responsibility of the primary law enforcement agency or designated agent.



These items do not enter the morgue area and will not be considered the responsibility of the FEMORS Personal Effects Team of the mortuary operations.





Policy 710) Policy 8)

Classification of

Human Remains Admitted to Morgue Policy

All containers and pouches containing human remains admitted into the morgue system will be assigned a "Morgue Reference Number" (MRN-__) by the FM Morgue Processing Unit Leader. Any number(s) already assigned to the remains, for example a Site Recovery Number (SRN), should be reflected on the admitting log for cross reference.

When remains are processed by the Pathology Team, they will be classified by a pathologist in that Team. The Pathology Team may request examination by the Anthropology Team prior to classification determination.

The classifications options are:

1. Complete Human Remains (C/HR). This is defined as a body that has all structures attached regardless of the severity of injury, or when unattached body structures that accompany the body can be identified as belonging to that particular body and collectively accounts for all body structures.
2. Fragmented Human Remains (F/HR). This is defined as body parts/structures, a body with any missing structure(s) due to the disaster incident, or any loose human tissue recovered that cannot be identified as belonging to a particular body.

When the classification of the body has been established the classification shall be entered on the Pathology worksheet and the Admitting Team Leader shall verify the classification status in the Admitting log prior to transmitting the DVP to MIC.



Policy 711) Policy 9)

Commingled

Human Remains Found in Same Disaster Pouch Policy

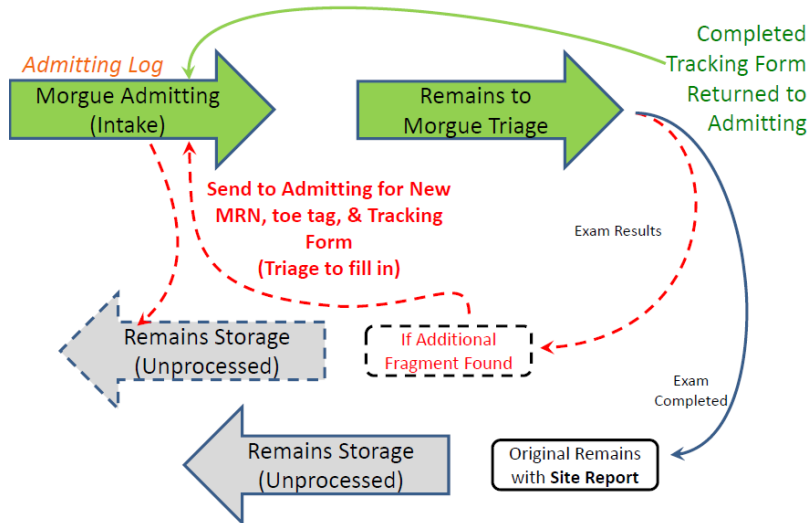
In the absence of an established Medical Examiner system, if it is discovered that there are NON-RELATED body structures in one disaster pouch, each individual structure shall be removed, placed in a separate pouch or container, labeled with original MRN identifying numbers, including any grid numbers, and returned to the Admitting Station for assignment of a separate MRN.

Example:

MRN-00048 is intact except the left leg is missing. However, inside the pouch are found NON-RELATED body structures. A NON-RELATED right arm is found and a NON-RELATED right leg is found. The following would be the appropriate steps.

MRN-00048 is classified as Fragmented Human Remains (F/HR). The non-related right arm is placed in separate container or pouch, returned to the Admitting Station and assigned the next sequential MRN-00xx1 (log will note F/HR). Likewise, the non-related right leg is placed in a separate container or pouch, returned to the Admitting Station and assigned the next sequential MRN-00xx2 (log will note F/HR).

Admitting – New Record Start for Additional Remains





Policy 712) Policy 10)

Jaw Resection

Policy

Dental structure examination plays an important role in the identification of disaster fatalities. While the importance of a thorough and accurate examination is clearly understood, it is important that certain guidelines are established to avoid possible embalming complications regarding viewability of the deceased. *In the absence of an established Medical Examiner policy*, the following policy will be adopted.

Two licensed embalmers possessing knowledge of postmortem re-constructive cosmetology shall be positioned in the Pathology Team and shall examine the human remains to determine the embalming classification. This should be completed prior to preparation.

Viewable: The probability is good to suggest that embalming and postmortem re-constructive cosmetology may allow viewing of the victim by family and/or friends. Therefore, facial incisions, oral autopsy examinations, or extraction of fingers should not be performed unless deemed absolutely necessary for evidentiary value.

Non-Viewable: The probability is poor to suggest that embalming and postmortem re-constructive cosmetology may allow viewing of the victim by family and/or friends. Examinations may be accomplished as deemed necessary.

The DVP Pathologist Worksheet will be used to record the classification. The classification of the human remains will affect the dental examination technique performed.

1. *Viewable* - Resection should not be performed unless it is directed by the Medical Examiner.
 - a. Resection should not be performed without consultation with the FM Group Supervisor.
 - b. If the Medical Examiner authorizes resection, it must be performed in a manner to preserve the possibility for viewing the body by the NOK.
 - c. A non-mutilating technique should be used since it will allow ready visualization of the dental structures without disfiguring the face and will allow for improved facial re-constructive cosmetology.
2. *Non-Viewable* - Resection may be performed at the discretion of the Odontologist.
 - a. All oral structures that are removed will be returned to the respective body and placed in their anatomically correct position unless expressly directed by the Medical Examiner to retain the structures for evidentiary purposes.



Policy 713) Policy 11)

Odontology

Protocol Guide

Information and the general outline of this protocol was obtained from and developed with the permission of Drs. Ed Woolridge (deceased) and David Warnick from the DMORT Odontology Protocol written by the above authors in June 2003

The Odontology Protocol is intended as a guideline to help FEMORS meet its mission assignment of assisting Florida District Medical Examiners in a mass disaster situation when the dental identification of human remains is required.

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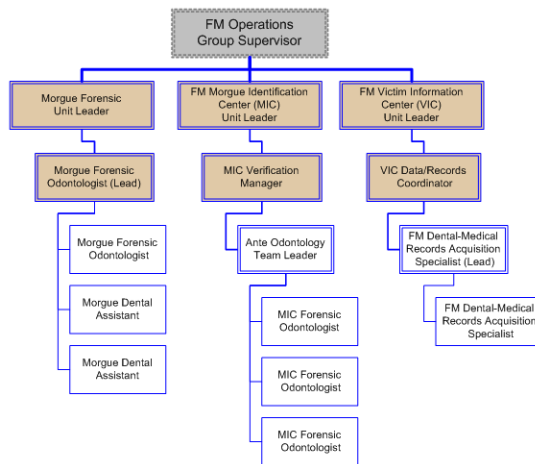
1. FEMORS/ICS Reporting Alignment
2. Odontology Manager Responsibilities
 - a. Coordination with the Forensic Odontologist from the Medical Examiner’s office.
3. VIC Dental Records Acquisition
4. Post- Mortem Processing
 - a. Postmortem Team Leader
 - b. Clinical examination and charting of victim- General
 - c. Morgue Station Work Assignments - Step-by-step processing flow
5. Antemortem Processing
 - a. Team Leader Duties
 - b. Completing antemortem dental charts and scanning radiographs
 - c. Return of dental records to dental provider
6. Comparison Protocol
7. Presumptive Identification Documentation Protocol
8. Software set-up procedures
 - a. Installation of WIN ID on Server
 - b. Installation of Dexis 9.0.4 on server
9. Just-In-Time Refresher Training material
 - a. WinID and DEXIS Data Entry
 - b. WinID Coding

1. FEMORS/ICS Reporting Alignment

Postmortem morgue and ante mortem odontology teams coordinate protocols desired by the Medical Examiner. This may involve additional consultation with the resident Forensic Odontologist, if so designated by the Medical Examiner. Typically, the Medical Examiner will designate one Odontologist to oversee both morgue and identification tasks in the unofficial capacity of Odontology Manager.

In the initial stages of a response with a surge of human remains being recovered, the Odontology Manager may devote more time and effort to the morgue Odontology Team workload to initiate processing. As the event develops over time, the Odontology Manager may shift attention and base of operations to the ante Odontology Team needs in the MIC.

When Morgue operations are demobilized, Odontology Team focus shifts to the Morgue Identification Center Unit where dental matches contribute to victim





identification. At that point, the MIC Odontology Ante Mortem Coordinator reports to the MIC Verification Manager, who reports to the Morgue Identification Center Unit Leader, who reports to the FM Operations Group Supervisor.

2. Odontology Manager Responsibilities

The Odontology Manager receives briefings from the Medical Examiner and the locally designated Forensic Odontologist (if applicable). Responsibilities:

- a. At start of the mission, and upon arrival of replacement staff, conduct just-in-time refresher training of WinID and DEXIS using the materials presented the end of this policy.
 - i. Station Morgue Guide-Odontology
 - ii. Station MIC Guide-Odontology
 - iii. Station VIC Guide-Medical and Dental Records Acquisition
 - iv. FOG Processing Flow Charts
- b. Assign Odontology staff to assist in the VIC Dental Records Acquisition process.
- c. Assure shift sign-in logs are accurate.
- d. Maintain knowledge of all participants' location at all times.
- e. Coordinate the scheduling of personnel through the chain of command.
- f. Maintain awareness of individual capabilities.
- g. Work directly with the local dental team in personnel assignments.
- h. Assign a time and place for meetings before each shift to review procedures and goals of the day.
- i. Review and update the database of those listed as missing (antemortem records) and unidentified (postmortem records) at the start of each day by verifying with VIC those individuals identified by other means and or removed from the missing list.
- j. Conduct independent audit of antemortem and postmortem data for quality control purposes.
- k. Help the local Dental Team if they do not have equipment or protocols in place.
- l. Provide contact information to Logistics for dental supply companies nationwide and assure that all the necessary supplies and protective gear are available.
- m. Review and verify all requests for resupply and new equipment prior to submitting the request to Logistics.
- n. Coordinate computer and database management needs with the Communication Unit of the DPMU Team. Alteration of data management procedures may be implemented only after the Odontology Manager and the DPMU Communications specialists have evaluated the change request and are able to ensure continued integrity of all systems and data stored.

3. VIC Dental Records Acquisition

Whenever possible, at least one Odontologist will be assigned to the Victim Information Center (VIC) as the FM VIC Dental-Medical Records Acquisition Specialist to perform the task of obtaining dental records of reported missing persons. (See flow charts pages 491 to 494.)

- a. VIP Tracking of Dental Records Acquisition
 - i. Initial dental information is stored on page 3 of the VIP Interview form.

VIP Medical History		Incident									
RM # RM-00005		2019 Florida Fun Fair									
Page 3 of 8											
<table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td> </tr> </table>				1	2	3	4	5	6	7	8
1	2	3	4	5	6	7	8				
Last: Miranda		First: Carmen									
Middle: Buraceda		Age: 29									
DOB: 03-04-1990		Gender: Female									
Race: Hispanic		Name of Practice: Omas Smiles									
Dentist: Cal Omas DDS		Address: 283 SE 2nd Way									
City: Waldo		State: FL Zip: 32645									
E-mail Address:		Phone W: (352) 624-9513 Alt: Fax:									
2nd Dentist:		Dental Insurance Company:									
<input type="checkbox"/> Braces <input type="checkbox"/> Bridge <input type="checkbox"/> Caps/Crowns <input checked="" type="checkbox"/> Fillings <input type="checkbox"/> Dentures <input type="checkbox"/> Edentulous <input type="checkbox"/> Tooth Jewelry <input type="checkbox"/> Unknown											
Physician		Practice Name									
Address		Physician Type									



- ii. Additional detail is recorded on follow-up pages (**Dental Work Page** button), especially for 2nd or 3rd sources of possible dental records.
 - 1. Tracking record requests is listed at the bottom of the page.

Navigation	Find
Ante Menu	Find Name
Post Menu	Find RM#
Special Ops	Show ALL
Release	List View
Case Notes	Find INFORMANT
List View Notes	INFORMANT List
Photo Page	Medical Records
Records Management	Request
	Dental Work Page

- iii. Request forms (**Dental/Medical Records Request** button), fax cover pages and follow-up contact events with dental record providers are tracked in VIP.

Dental Records Team

Select the letter you need and complete the necessary information. Then print and Fax to the appropriate provider.

Dental Records Request Letter

Physician or Hospital Records Request Letter

Hospital Records Request Letter
(and/or contribution)

Family Records Request Letter
(and/or contribution)

- i. Worklists are provided to see what records may have already been received or still coming in.

- ii. Keeping VIP properly updated is critical to allowing the MIC Odont staff to remain aware of records that may be coming in for comparison.



- b. Ante Mortem Suggested Telephone Protocol
- i. It is preferred that only designated Odontology team members should contact dentists when requesting antemortem dental records, if possible.
 - ii. When contacting dentists for antemortem information, it is important that all conversations take place, directly with the dentist if at all possible.
 - iii. Recommended telephone procedure:
When calling the victim's dentist, and the receptionist answers, identify yourself:
"My name is Dr. _____, and I am calling from the _____ Medical Examiner's Office."
 - May I speak with Doctor _____.

When the Doctor answers request help:

"My name is Dr. _____, and I am calling from the _____ Medical Examiner's Office regarding a possible victim identification related to the _____ disaster event."

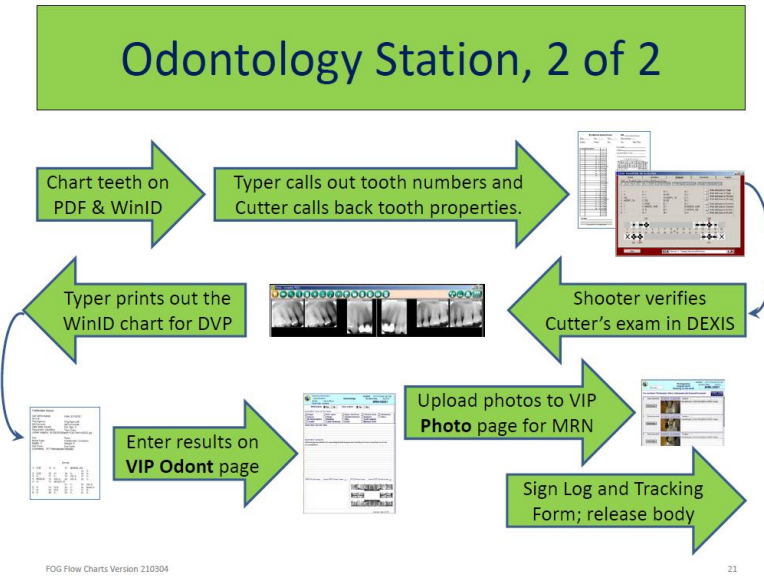
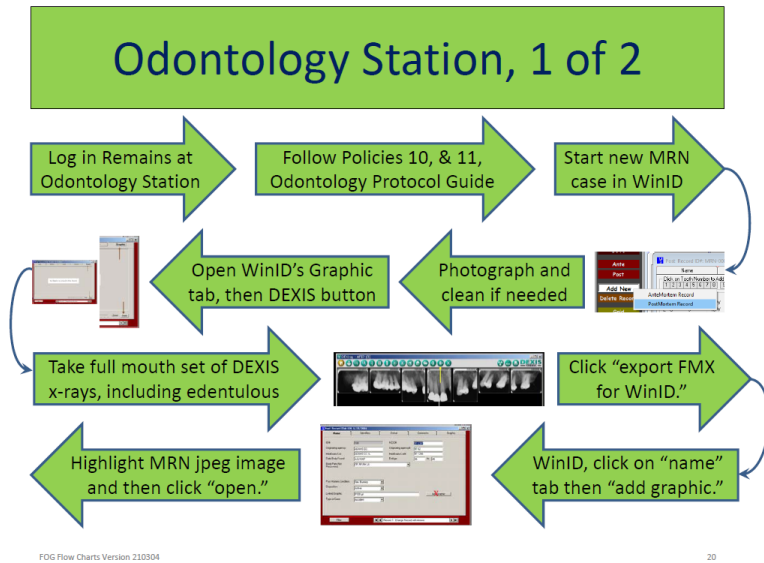
- I am reviewing information that has been submitted to our office on behalf of one of your patients, _____ (give the patient's first and last name) who may be a victim.
- I am calling for additional information in order to complete our records in an attempt to identify this individual."

- c. Dental records to be requested:
- i. The original full mouth or bite-wing radiographs dated, with the patient's complete name and the name and address of the dental office supplying the records. If only copies are available, please have the dentist label the radiographs left and right.
 - ii. Legible copies of the written dental records and charting.
 - iii. A written narrative of any treatment rendered since the radiographs were taken.
- d. Unless otherwise directed by the Medical Examiner, have the dentist use prepaid FedEx, UPS or certified mail for the requested records. The receiving address and payment method will be supplied by the Medical Examiner in charge.
- e. Advise the dentist that the records will be returned.
- f. Fax Request for Dental Records
- i. The VIP database contains forms for requesting dental records including fax cover pages.
 - ii. If that process is not yet ready, use the Fax Template based on the form: VIC Dental/Medical Records Acquisition - Dental Records Request Letter Template (page **Error! Bookmark not defined.**).
 - iii. Include the Dental Condition Worksheet (page **Error! Bookmark not defined.**).
 - iv. As a goodwill inducement, prepare the form: VIC Dental/Medical Records Acquisition - Sample Certificate of Humanitarian Service (page **Error! Bookmark not defined.**) for any dentist who provides records and obtain the Medical Examiner signature.



- g. Dental Records received shall be delivered immediately to the VIC Records Management team for documentation and distribution.

4. Postmortem/Morgue Processing





- a. Postmortem Team Leader Responsibilities
 - i. Conduct daily meeting prior to the start of each rotation with the counterpart from the proceeding shift, if applicable.
 - ii. Confirm that all supplies and equipment are present and that personal assigned to the postmortem station are adequately trained in the use of the computer, DEXIS and the handheld x-ray units.
 - iii. Assign team members that consist of at least two dentists and one auxiliary.
 - iv. Exchange information with other disciplines using a team approach.
 - v. Distribute pertinent information to team members by having an assigned time and place for team meetings.
 - vi. Assure the computer database is backed up at the end of each shift.
 - vii. Conduct daily audit of randomly selected files for accuracy and completeness.
 - viii. At the end of each victim's processing all written Postmortem records will be placed in the Disaster Victim Packet (DVP).
- b. Clinical examination and charting of victim - General
 - i. All team members who are deployed shall follow the examination protocol.
 - ii. Each 3 person team consists of a minimum of 2 dentists and 1 auxiliary.
 1. Photographers and scribes assist
 2. Lead shields, aprons, or gloves shall be used as appropriate for lateral X-ray exposures.
 - iii. The Universal charting systems will be used.
 1. Case Numbers assigned to each victim and entered into WinID system will be consistent with the case number assigned to the victim (Morgue Reference Number) on the Disaster Victim Packet (DVP).
 2. All charting will be verified on a printed postmortem WinID chart following entry into the postmortem computer.
 3. A copy of the dental chart will be made before the body leaves the odontology postmortem station.
 - iv. A full series of radiographs will be taken on all victim dentition including victims that are fully edentulous.
 1. Lead aprons or gloves must be worn by all persons while taking radiographs.
 2. Safety of personnel is paramount. Every member of the team is responsible to ensure that the person taking the x-rays does not aim the handheld unit in an unsafe manner.
 3. Radiographs will be of diagnostic quality.
 - v. At the end of each shift the postmortem odontology station and equipment will be cleaned according to OSHA requirements.
- c. Morgue Station Work Assignments - Step-by-step processing flow
 - i. Before bodies arrive at station:
 1. Information Technician (IT) and dental postmortem coordinator turns on computers and sets each one up before morgue opens for the day.
 2. Equipment and Supply (ES) checks equipment and supplies for the day before morgue opens for the day.
 3. Cutter – sets up autopsy table instruments
 4. Shooter (X-Ray) – checks Nomad, batteries, and all x-ray equipment. Wraps Nomad in cellophane. Sets time on NOMAD to 12 (1/100 secs).
 - a. Shooter and any assistants shall retrieve and wear a pocket x-ray dosimeter for one operational period or work shift.
 - b. Dosimeters are issued at, and are to be returned to, the Radiology Station in the morgue.
 - c. Dosimeters are assigned to individuals and may not be transferred to a replacement individual during one operational period or work shift.
 5. Typer – Computer person – opens his/her computer to WinID and opens the “Add New” and “Postmortem” section. Enters his/her name.
 6. Photographer – checks cameras, batteries and camera set up.

Postmortem Dental Record

Date: _____ Sex: _____ Race: _____ Edentulous: _____
 Height: _____ Weight: _____ Eyes: _____ Hair: _____ Blood Type: _____

Case Description: _____

World Codes:

1. Missing	2. Restored
3. Impacted	4. Root Canal
5. Root Canal	6. Root Canal
7. Root Canal	8. Root Canal
9. Root Canal	10. Root Canal
11. Root Canal	12. Root Canal
13. Root Canal	14. Root Canal
15. Root Canal	16. Root Canal
17. Root Canal	18. Root Canal
19. Root Canal	20. Root Canal
21. Root Canal	22. Root Canal
23. Root Canal	24. Root Canal
25. Root Canal	26. Root Canal
27. Root Canal	28. Root Canal
29. Root Canal	30. Root Canal
31. Root Canal	32. Root Canal
33. Root Canal	34. Root Canal
35. Root Canal	36. Root Canal
37. Root Canal	38. Root Canal
39. Root Canal	40. Root Canal
41. Root Canal	42. Root Canal
43. Root Canal	44. Root Canal
45. Root Canal	46. Root Canal
47. Root Canal	48. Root Canal
49. Root Canal	50. Root Canal
51. Root Canal	52. Root Canal
53. Root Canal	54. Root Canal
55. Root Canal	56. Root Canal
57. Root Canal	58. Root Canal
59. Root Canal	60. Root Canal
61. Root Canal	62. Root Canal
63. Root Canal	64. Root Canal
65. Root Canal	66. Root Canal
67. Root Canal	68. Root Canal
69. Root Canal	70. Root Canal
71. Root Canal	72. Root Canal
73. Root Canal	74. Root Canal
75. Root Canal	76. Root Canal
77. Root Canal	78. Root Canal
79. Root Canal	80. Root Canal
81. Root Canal	82. Root Canal
83. Root Canal	84. Root Canal
85. Root Canal	86. Root Canal
87. Root Canal	88. Root Canal
89. Root Canal	90. Root Canal
91. Root Canal	92. Root Canal
93. Root Canal	94. Root Canal
95. Root Canal	96. Root Canal
97. Root Canal	98. Root Canal
99. Root Canal	100. Root Canal



- ii. When the gurney arrives at a station, for each case:
 1. The Cutter, Shooter and tracker (escort) confirm the MRN number with the Typer, who types in the MRN number as a new case in WinID.
 2. The Typer enters postmortem condition and identifiers (case information).
 3. The Typer enters (under "Identifiers") P1 – the name of the photographer.
 - a. At the same time as above, the photographer is creating a label with MRN number to be used in ALL photographs.
 4. The photographer takes the first "as is" picture.
 - a. It is an overall photo with MRN visible.
 5. The Cutter/Shooter cleans the mouth for radiographs.
 - a. NEVER resect jaws without permission from team leader – follow FEMORS' jaw resection protocol.
 - b. Never replace a tooth in a socket if there is any doubt.
 6. The photographer takes all photographs with MRN ruler visible:
 - a. Body label under chin for the facial photo
 - b. Anterior edge of teeth (slightly open)
 - c. Maxillary occlusal view
 - d. Mandibular occlusal view
 - e. Any additional photos that will aid in the identification (removable appliances, etc.).
 7. Photographer tells Typer how many photos were taken in P2 line (under "Identifiers").
 - a. Photographer transfers photos to MRN file folder (wireless camera).
 8. Typer proceeds with x-ray set up.
 9. Typer clicks on the WinID "graphic" tab and then "DEXIS" button.
 10. DEXIS opens and should have correct MRN # assigned. Check this.
 11. Click on "tooth icon" if it is not already highlighted.
 12. Click on "x-ray" icon.
 13. Click on "full mouth" button. This begins the automatic order of x-rays. It always begins with teeth #1-#3.
 14. Mouse is kept on the "back" arrow in case there is a need to repeat x-ray.
 15. Typer yells out which teeth to x-ray to Cutter and Shooter.
 16. Cutter orients sensor and Shooter engages NOMAD
 - a. They have 10 seconds to take exposure or will have to re-engage NOMAD.
 - b. Also need to wait around 10 seconds before taking another x-ray with NOMAD.
 17. Typer yells out "radiation" when computer shows exposure.
 18. Typer yells out "redo, more apical" or "redo, more incisal" or "redo, more anterior or posterior" or next set of teeth to be x-rayed.
 19. Bite wing option –
 - a. Routine default option
 - b. May not be appropriate for incomplete set of teeth
 20. Bite wings are done as individual arches – incisal only needed (no apical).
 - a. There will be 8 BW images if all/most teeth are present.
 21. This continues until set is complete.
 22. Screen shows all images.
 23. Organize and arrange.
 - a. Use rotate tool to rotate an x-ray.
 - b. Change tooth numbers if incorrect. Click on individual radiograph and then click on upper left corner where the number is. You can enter correct numbers.
 - c. Darken or lighten as necessary.
 - d. Place x-ray that is best on top of others of same number.
 24. Click on "export" icon.
 - a. Verify that the network assigned storage folder is properly showing for all images to be exported.
 25. Click "export all" or "export images since."
 26. Click "jpeg."
 27. Click "export FMX for WinID."

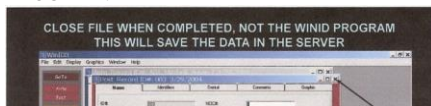


- a. Wait for export to finish.
28. Close Dexis
29. In WinID, click on “name” tab.
30. Click on “add graphic.”
 - a. A dialogue box will open.
 - b. Highlight correct MRN jpeg image and then click “open.”
31. Images are now transferred to WinID.
32. Click “graphic” tab to view radiographs.
 - a. At least two people should verify.
33. Now begin dental charting.
 - a. Click on “dental” tab. Click on tooth #1 and wait for Cutter and Shooter to state they are ready.
 - b. Place mouse arrow at bottom of screen (Windows taskbar) on “DEXIS” so you can toggle with the space bar to check radiographs during the dental exam.
 - c. Correct hand position for Typer:
 - i. Right hand is for the “enter” button.
 - ii. Left hand is for typing.
 - iii. Ex: For MOD-E or DO-S only use left hand.
 - iv. When done, right hand hits enter and is ready for next tooth.
34. Use left forefinger to hit space bar to toggle to radiographs. Hit space bar again to toggle back to WinID.
 - a. This will help Typer give information to Cutter as to root canals, missed fillings, posts, etc.
35. If an error is made, click on “cancel” button and click on tooth that is incorrect, make changes and begin from there.
36. Typer yells out tooth numbers and Cutter yells back tooth properties.
 - a. Shooter verifies Cutter’s exam.
37. When charting is completed, the Typist calls back the entire exam to Cutter and Shooter. The Cutter and Shooter can provide any necessary changes to the Typer if information is incorrect.
38. When everyone at the station is satisfied with the examination, DEXIS should be closed.

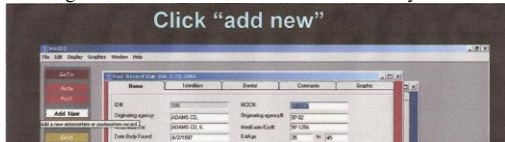


- a. DO NOT EXIT WinID!
39. Typer prints out the WinID dental chart for inclusion in the DVP case file.
 - a. Team Leader and reviewing dentist sign the printed chart.
40. Escort, Cutter, Shooter and Typer again verify MRN number and Typer signs escort forms.
41. After each record is completed the Individual file needs to be closed. WINID asks you to “save it”, check YES. DO NOT CLOSE THE WINID PROGRAM.

Case No.	Case Name	Case Status	Case Date	Case Time	Case User
1	08	1	11	11	11
2	08	1	11	11	11
3	08	1	11	11	11
4	08	1	11	11	11
5	08	1	11	11	11
6	08	1	11	11	11
7	08	1	11	11	11
8	08	1	11	11	11
9	08	1	11	11	11
10	08	1	11	11	11



42. Typer can now go to “Add NEW Postmortem” and be ready for next case.





5. Ante Mortem/MIC Processing

- a. Ante Mortem Team Leader Responsibilities:
 - i. Daily meeting prior to the start of each rotation with counterpart from the preceding shift.
 - ii. Confirm that all supplies and equipment are present and that personnel assigned to the antemortem section are adequately trained in the use of the computer, DEXIS and scanner.
 - iii. Assign two member teams
 - iv. Exchange information with other disciplines using a team approach.
 1. Non dental information, for example, Social Security numbers located on dental appliances, needs to be communicated to the MIC Verification Manager.
 2. Anatomic features not previously noted in processing reports of Pathology, Anthropology, etc., need to be brought to the attention of the appropriate Team for follow-up and possible reexamination.
 - v. Distribute pertinent information to team members by having an assigned time and place for team meetings.
 - vi. Assure the computer database is backed up at the end of each shift.
 - vii. Perform a daily audit of randomly selected files for accuracy and completeness.
 - viii. At the end of each shift all written antemortem record copies will be returned to MIC Records Management.

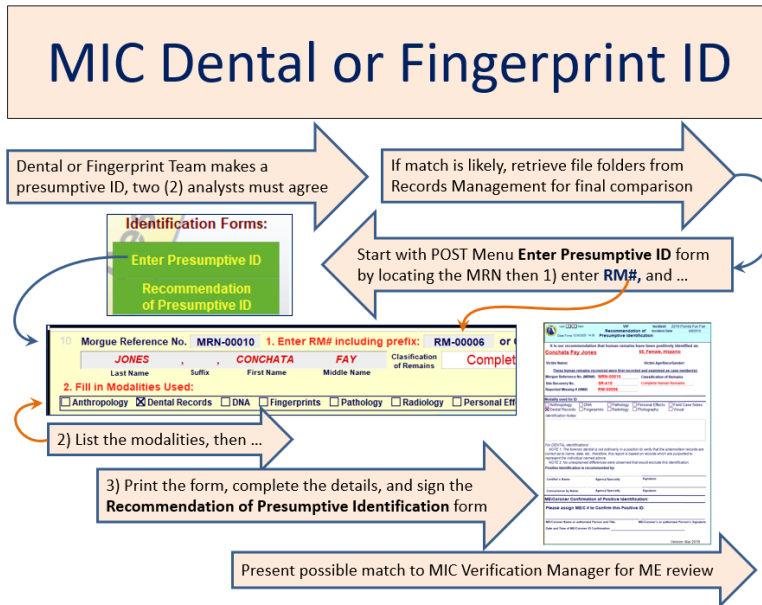
b. Ante Mortem Examination Teams

- i. When receiving antemortem information it is important to retain the original packing/envelopes that came with the information. The identification number (RM) assigned by the Medical Examiner should be placed on all records received for each individual.
- ii. Each team is to verify that all records are entered into WinID with the identification number (RM) and that radiographs are entered into DEXIS.
- iii. Charting and entering antemortem information onto the ANTE dental chart (McGivney PDF) and into the computer should follow the accepted WinID protocol for each two person team.
 1. Open WinID in Task Bar
 2. Add New—Antemortem
 3. RM# Last Name & Dentist's Name
 4. Fill in Information (Name etc.)
 5. Go to Graphic
 6. Go to DEXIS
 7. Either Scan or Import from CD Source
 8. For Scan, check either "Reflective or Transparency".
 9. Check "Overview" & "Designate Boundaries of Image"
 10. Select the image (either multiple or one at a time)
 11. Import Selected
 12. Sort X-Rays or auto arrange
 13. Export & check destination location (WinID Drive—"W")
 14. Pick subfolder named "Images"
 15. Name the Graphic (RM# Last Name, First) & Save
 16. Re-check destination
 17. Check the box "Export All"
 18. Check the box "Export FMX" & wait
 19. Close DEXIS
 20. Go to name tab & verify name in WinID
 21. Add Graphic & Verify to link it
 22. Pick out appropriate (JPG) graphic
 23. Go to "Graphic" Tab & verify x-ray
- iv. Team members assigned to scanning antemortem radiographs INTO DEXIS are to note on each written chart in the RM folder the file location where the images are stored.
 1. It is important to remember that radiographs will be received in various formats which can be scanned or imported directly into DEXIS:
 - a. Film
 - b. Digital via e-mail or disc
 - c. Printed on paper

Antemortem Dental Record		OW
Name	Sex	MI
Date	Race	Age/DOB
Height	Weight	Eye
Hair	Blood Type	
Procedure		
Previous Codes	Secondary Codes	



- c. Return of dental records to dental provider
 - i. The Medical Examiner will determine when dental records may be returned to the submitting dental office.
- 6. Comparison Protocol: Comparisons will be made by designated team members only.
 - a. Utilizing the WinID protocol, after each antemortem record is entered and verified for accuracy, a best match comparison will be run.
 - b. When a possible match is obtained, do the following steps:
 - i. Print comparison page.
 - ii. Print ante and postmortem radiographs for review.
 - iii. Make a radiographic comparison.
 - iv. Obtain confirmation of presumptive ID from the team leader.
 - c. All presumptive IDs should be dated and signed off by a Forensic Odontologist and the Odontology Manager, utilizing the VIP database form "Recommendation of Presumptive Identification".
 - d. Once a positive identification has been accepted by the Medical Examiner, the WinID database will be immediately updated.
- 7. Presumptive Identification Documentation Protocol
In the absence of other specific procedures established by the Medical Examiner, dental identification may be documented using the following procedures:
 - a. Complete the VIP database form "Recommendation of Presumptive Identification".
 - b. Deliver the Recommendation of Presumptive Identification to the MIC Verification Manager for review, assembly of all related case files, and forwarding to the Medical Examiner.





8. Software set-up procedures

a. *Installation of WIN ID on Server Procedure:*

1) Start by installing Win ID on the **server** which will be housing the data for WinID (the default will be the MRG server). Choose the default settings for the install on the server which should be the following:

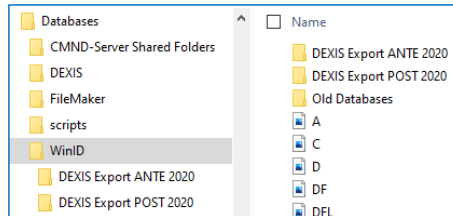
A) Choose the default install directory which will be (local) C:\Program Files\WinID3\

B) After the install is done you will have to do a little administrative work for this database.

- Your server hard drive is partitioned into C and D drives. C contains system and applications while D contains most of the bulk data files that take up space.
- You want to move the WinID3 folder off of your main C drive to the D drive.
- You will need to create a new *shared* folder on D which will have the appropriate user access on it for the users that will be accessing this data from the workstations.

- D:\Databases\WinID
- D:\Databases\DEXIS

- After you have completed the step above go ahead and **copy** all of the **contents** of your C:\Program Files\WinID3\ folder to your new shared folder D:\Databases\WinID on the server which all the dental workstations will access.



- Copy one file "New-Wid.new" from the D:\WinID folder and paste it into the top level of D: so that its path would be D:\New-Wid.new

C) At the Server add all dental users (ODONTStaff) with read and write access to this folder by sharing it. (This is set by IT admin)

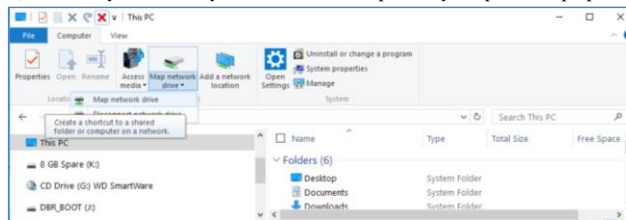
b. *Installation of WIN ID on Workstation*

1) Go to the dental workstations and install WinID with the default settings.

2) After you have done all the above steps you are ready to **map a drive** on the workstation to your new D:\Databases\WinID shared folder on the server.

A) We use **W** to map the D:\Databases\WinID folder on the server to the local workstation.

B) Normally this is set by IT admin to show up when you open the laptop.



c. *Installation of Dexas 9.0.4 on server procedure:*

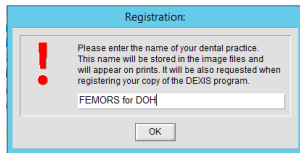
1) First install the DEXIS software on the server in the default location which will be C:\DEXIS.

A) NOTE: Server usage (during deployment or training exercises) normally will be set to:

- a. The Morgue Server (mrgsrv01) will be the primary host for both VIC and all morgue operations (ADM, MIC, & morgue).

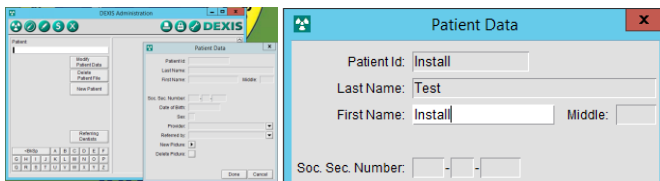


- b. *Exception:* If the VIC and MRG servers cannot be connected during initial activation, the VIC server (vicsrv01) may need to be activated separately until connection can be established later.
- 2) Dexis will ask for a default data folder which you should set to C:\Dexis\Data\ for now.
- 3) Follow the rest of the install with default settings and allow the software to install any additional components it needs.

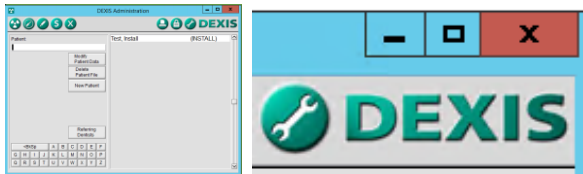


- A) Name of system: "FEMORS for DOH"
- B) Phone 727-560-3276

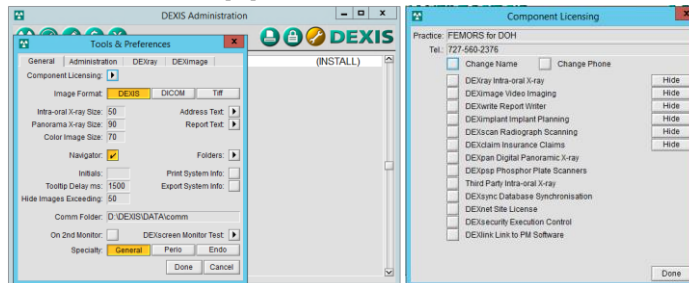
- 4) Enter 1 mock patient



- 5) Open the set-up wrench



- 6) Select Component Licensing (NOTE: Correct phone number is 727-560-3276, image is not correct)
 - A) Only the SERVER needs this. Laptops do not need the codes.





B) DEXIS Licensing

- a. In a field operation, the *mrgsrv01* server would be the host for WinID and DEXIS so entry of the codes might only be necessary on laptop reinstall setup. They are listed below.

DEXIS Registration Keys, Ver 9.4.6 Forensic (Apr 2018)

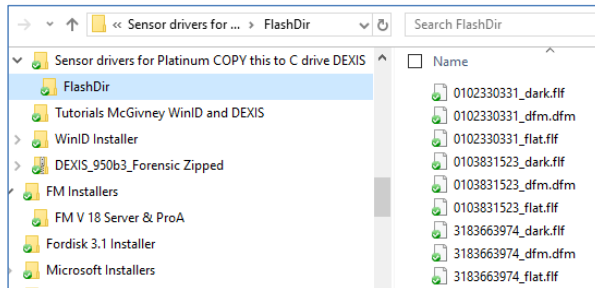
DEXray Intra-oral X-rays	3591835777 (for sensor use, either one)
DEXImage Video Imaging	2010215617
DEXWrite Report Writer	6120632058
DEXScan Radiograph Scanning	0343150011
DEXSync Database Synchronization	1614933266
DEXNet Site License	3941746078

- 7) Now let us do the same thing here as we did in the WinID install and create a *shared* folder on the drive you would like the DEXIS data to reside on the server. (*Programs reside on Server's C/ drive while data resides on the D/ drive.*)
 - A) D:\Databases\DEXIS
- 8) At the Server add dental users (ODONTStaff) with read and write access to this folder same as we did for WinID. (This is set by IT admin)
- 9) Now copy from your C:\DEXIS\Data\ folder these **5 items** to your new shared folder D:\Databases\DEXIS\Data\
 - A) "M" folder (you will likely have to create this as an empty folder)
 - a. This stores all **MRN** case data (in a descending tier of sub-folders)
 - B) "R" folder (you will likely have to create this as an empty folder)
 - a. This stores all **RM** case data (in a descending tier of sub-folders)
 - C) DEXIS.CHK (recovered file fragments)
 - D) practice (text document)
 - E) xpat (text document)

Name	Date modified	Type
M	4/5/2013 6:20 PM	File folder
R	4/5/2013 4:58 PM	File folder
DEXIS.CHK	4/6/2013 10:32 AM	Recovered File Fragments
practice	4/5/2013 3:07 PM	Text Document
xpat	4/6/2013 10:32 AM	Text Document

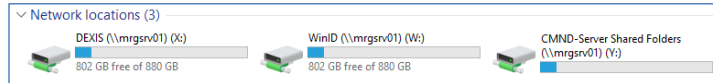
d. *Installation of DEXIS 9.4.6 on workstations*

- 1) You can now install DEXIS on the dental workstations accepting the default location of C:\DEXIS.
- 2) Leave the rest of the options to their default setting like the install folder for DEXIS and install any additional components that DEXIS requires during its install.
- 3) The MORGUE laptops need to have special drivers installed so DEXIS can see the sensors.
 - A) In order for either of the 2 laptops to be able to use either of the 2 sensors, drivers for both will be loaded onto both laptops.
 - B) Copy the FlashDir folder into the DEXIS folder on the laptop's C drive.





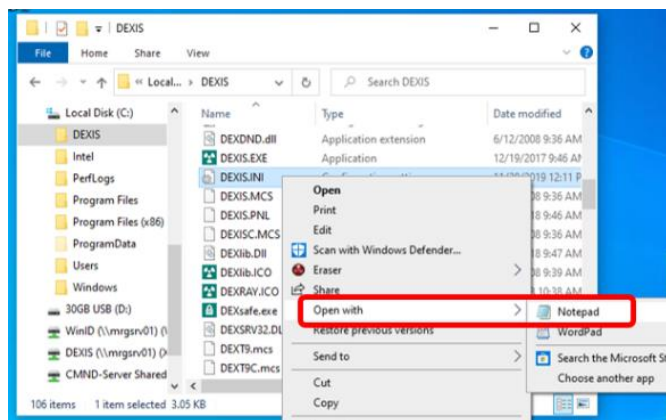
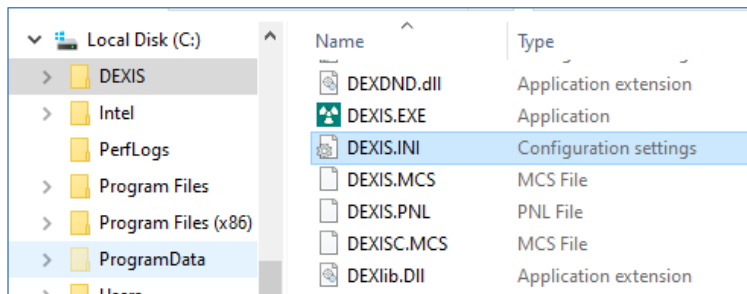
- 4) After this is complete, **map the drive** to the server's new DEXIS data shared folder.
- A) We use drive **X:** to map the D:\Databases\DEXIS on the Morgue server (mrgrsv01) to the local workstation.
 - B) *NOTE: we also use **Y:** to map the D:\Databases\CMND-Server Shared Folders on the Morgue server (mrgrsv01) to all of the local workstations throughout the Morgue, MIC and VIC.*
 - C) You should end up with this:



- a. Normally this is set by IT admin to show up when you open the laptop.

- 5) Now for the **TOP SECRET** tricks: Update the *workstation*'s "DEXIS.ini" file located inside (the local folder) C:\DEXIS.

- A) This "dexis" configuration setting may or may not display the ".ini" suffix but it is the one you need to "open with" as a notepad file.





- B) There are **FOUR (4)** places where you will need to change the “C:\” to read “X:\” **AND** in 3 places, **delete** the “\DEXIS”
- a. For example, the 2nd one would read: xdata=x:\DATA

The screenshot shows a Notepad window titled "dexis.ini - Notepad" with the following content:

```
File Edit Format View Help
[SOFTWARE]
raycolor=0 - Black
imgcolor=24 - Dark Gray
nlen=20:
xio=x:\sio
xdata=x:\DEXIS\DATA
bdrv=A
prnt=2 - Windows
dport=0
htime=1500
hasopg=1
printwidth=50
printpan=100
stampsize=15
imgsize=50
pansize=90
sizing=no
expo=900 15 500 14 0 12
scanner=1
stereocolor=1:255 0 0 r:0 255 0
showhints=yes
view=1
clearvu=1
flipped=no
box=t
sound=3
mail=3
autocamera=yes
mirror=1 - Intraoral
pedal=0
catdir=x:\dexis\data\catalog
catalog=0
setup=DEXIS 9 11-20-2019
dexwrt=DEXWRT.EXE
dexclaim=DEXCLAIM.EXE
ray=1
image=1
scan=1
implant=1
write=1
claim=1
panorama=Simulation
xpat=x:\DEXIS\XPAT.EXE DEXIS
loop=no
```

Four red boxes highlight the following lines, with red arrows pointing to them from the left:

- `xdata=x:\DEXIS\DATA`
- `catdir=x:\dexis\data\catalog`
- `xpat=x:\DEXIS\XPAT.EXE DEXIS`
- `panorama=Simulation`

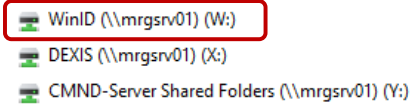
Below the Notepad window is a dialog box titled "Notepad" with the text "Do you want to save changes to C:\DEXIS\DEXIS.INI?" and buttons for "Save", "Don't Save", and "Cancel".

- 1) **All Finished!** Now all data entered in WinID and DEXIS at your laptop station will be saved to the Server location (and not the local laptop).

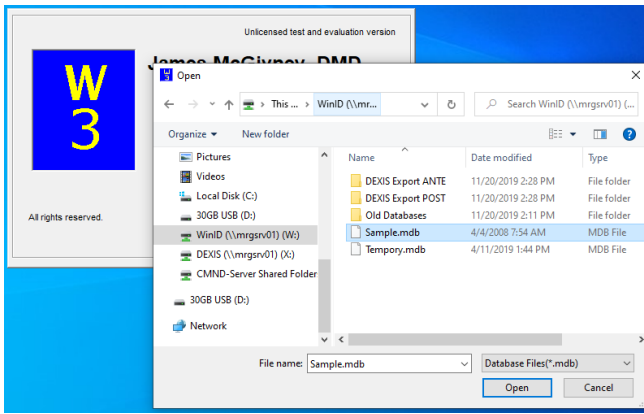


WinID Update Warning!

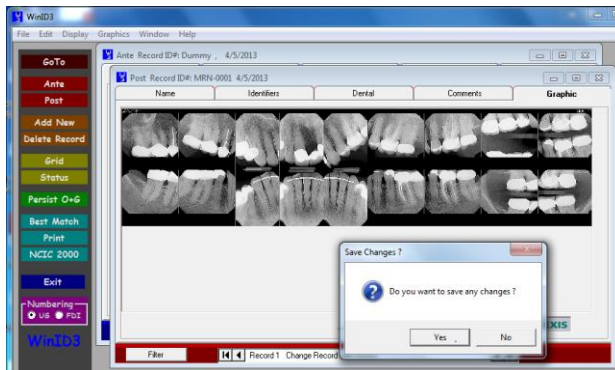
When you open WinID, locate the database set up on the Server's mounted drive at WinID (W).



This will be set up in advance and you will be provided with the file name (*always ignore the one titled "Tempory"; and yes, it is spelled that odd way!*).



- In order for *others* to see the record you just created or updated, such as after entering a new case, you need to either:
- a. Start a new record (leaving the one just created or updated), or
 - b. Close out the window (either ANTE or POST) you are working on and save changes.



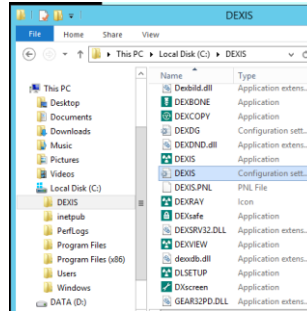
DEXIS Scan Note: Save all exported scans to WinID (\\mrgsrv01) (W:) in the applicable folder:

- DEXIS Export ANTE
- DEXIS Export POST



Special circumstance – Running WinID and DEXIS from the SERVER! (rarely done)

- 1) Alter the **TOP SECRET** trick: Update the *server's* "DEXIS.ini" file located inside (the server's) C:\DEXIS.
 - a. This "dexis" configuration setting may or may not display the ".ini" suffix but it is the one you need to open as a notepad file.



- b. There are only **THREE (3)** places where you will need to change the "C:\\" to read "**D:\\"** AND in 2 places, **delete** the "\DEXIS"





9. Scanner Microtek Model 9800XL use in WIN ID and DEXIS Procedure

There are two transparency scanners in the cache:

- HP Model Scanjet G4050, and
- **Microtek Model 9800XL (this set of instructions)**

- 1) If DEXIS is already installed skip to step 3.
- 2) If DEXIS is NOT already installed, install the DEXIS software on the workstation.
 - A) Choose the default install directory which will be (local) C:\Program Files\WinID3\
 - B) After the install is done you will have to do a little administrative work for this database.
 - C) Open DEXIS,
 - a. You will be asked for the Practice Name, Phone Number (and possibly zip code = 32601)

Practice: FEMORS for DOH
Tel.: 727-560-3276

- b. Enter the 1st test patient and select **Done**.

DEXIS Administration
Patient Data
Patient Id: TEST
Last Name: Test Last
First Name: Test First Middle:
Soc. Sec Number: - - -
Date of Birth: - - -
Sex:
Provider:
Referred by:
New Picture:
Delete Picture:
Done Cancel

- c. On the Administration page, select the **Tools** (wrench) icon at top right.

DEXIS Administration
Patient: Test Last, Test First (TEST)
Modify Patient Data
Delete Patient File

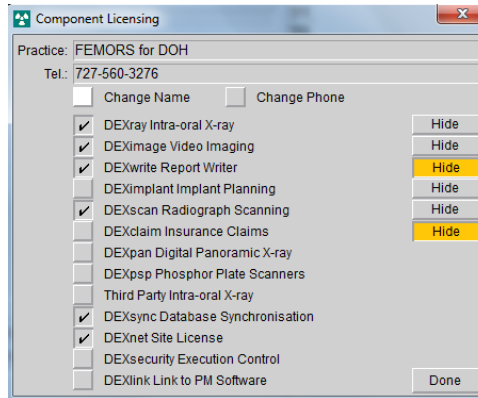
- d. On the **Tools & Preferences** page, select the drop-down arrow menu for **Component Licensing**.

Tools & Preferences
General Administration DEXray DEXimage
Component Licensing:
Image Format: DEXIS DICOM Tiff
Intra-oral X-ray Size: 50 Address Text:
Done



e. Enter the following registration codes one at a time

- i. DEXray Intra-oral X-rays
3591835777 (for sensor use,
either one)
- ii. DEXImage Video Imaging
2010215617
- iii. DEXWrite Report
Writer6120632058
- iv. DEXScan Radiograph
Scanning 0343150011
- v. DEXSync Database
Synchronization 1614933266
- vi. DEXNet Site License
3941746078

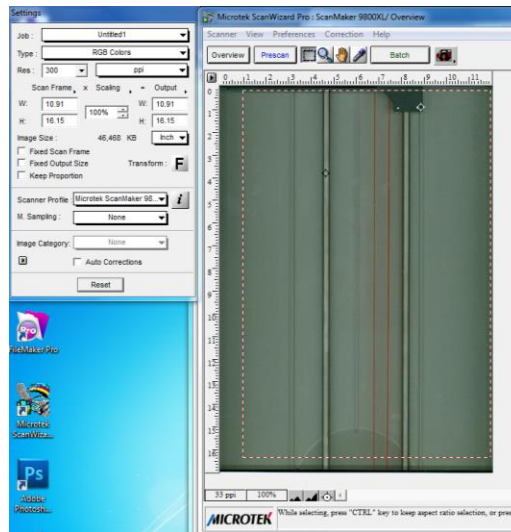


f. **Quit DEXIS**

- i. **NOTE: This leaves the default drive for DEXIS as the local C drive. It may be necessary to reset it to the networked W drive as described in accompanying document [Installation of WIN ID on Server Procedure](#) (see page 242).**

3) Pretest the correct Scanner to use.

- A) Make sure the scanner is connected by the USB cable
- B) Open the scanner software directly to set preferences.
- C) Settings are defaulted to 300 ppi and 100% image size.
- D) Notice that the initial scan setting might be set for **Reflective** (the typical copy/scan mode). You will see a copy of the inside of the scanner lid!

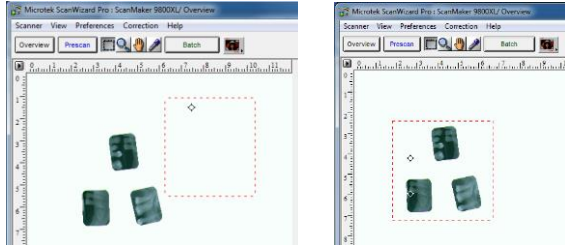


E) Change the scan setting to **Positive Film**.

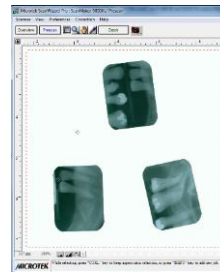




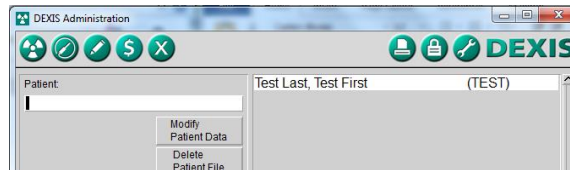
- F) Click on **Overview**.
 - a. Notice the selection marquee is defaulted to its last used position.
 - b. Adjust the selection marquee to enclose the images leaving at least ½ inch between images and marquee edges



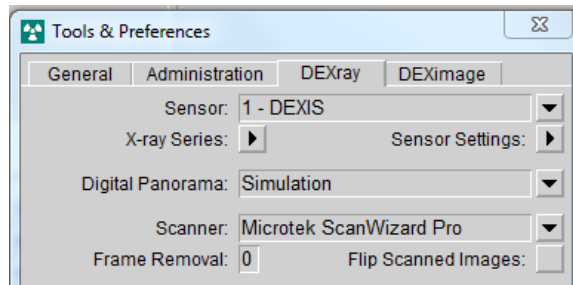
- G) Select the **Prescan** button to see the final setting.
- H) **Quit** Microtek



- 4) Set DEXIS to use the Microtek scanner
 - A) Open DEXIS directly
 - B) On the Administration page, select the **Tools (wrench) icon** at top right.

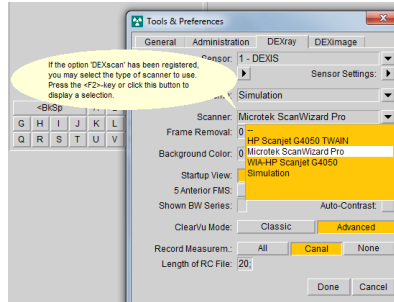


- a. On the **Tools & Preferences** page, select the **DEXray** tab



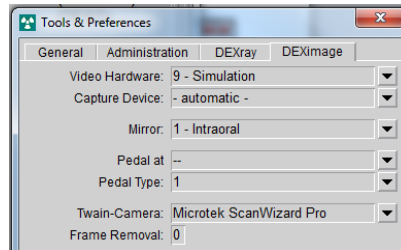


- b. If necessary, click on the dropdown menu of the **Scanner** for Microtek

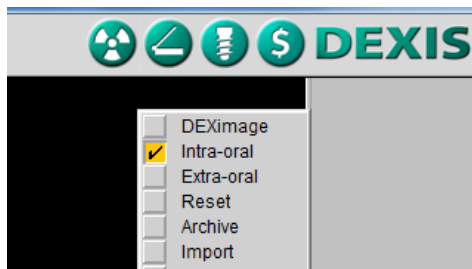
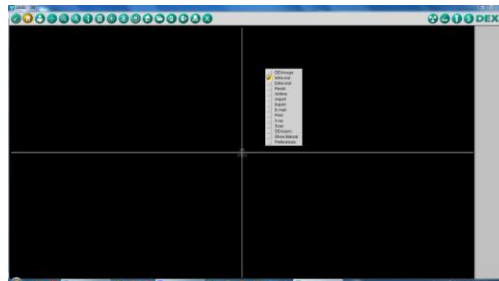


- c. On the *Tools & Preferences* page, select the **DEXimage** tab.
- d. If necessary, click on the dropdown menu of the **Twain-Camera** for Microtek

- C) Select **Done** (to return to the DEXIS Administration menu to select a patient).

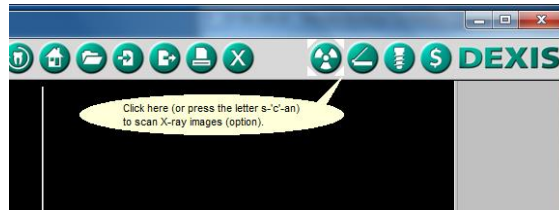


- D) *If necessary*, Test scanner
 - a. Select any DEXIS patient to open the record
 - b. Notice that the black window must have the *cross bar showing* which indicates it is the **“Intra-oral”** page of images

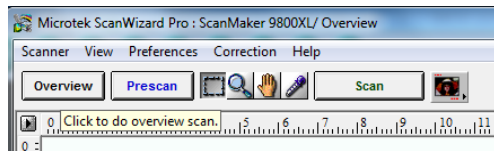
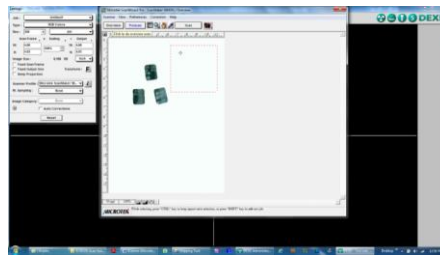




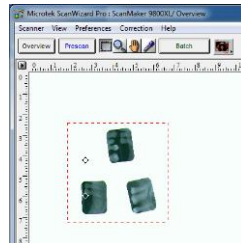
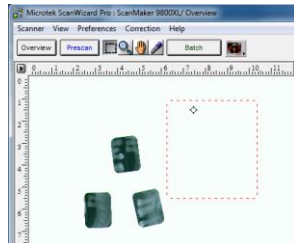
- c. Click on the **Scan** button up at the top right.



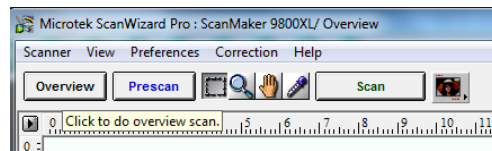
- d. Microtek opens. Select **Overview**.



- e. Adjust the selection marquee to enclose the images leaving at least 1/2 inch between images and marquee edges

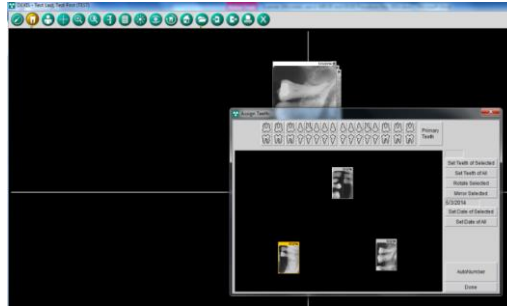


- f. Select **Scan**

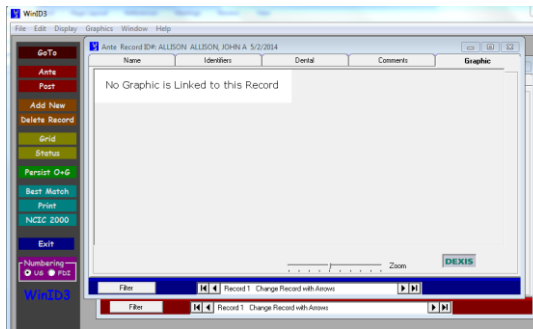




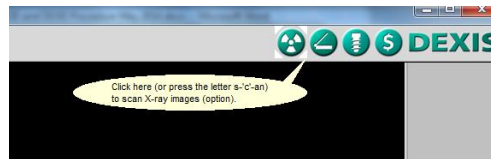
- g. Each image appears separately.
 - From this point on, DEXIS can be used normally to rotate and number each of the images.



- 5) To use the scanner in WinID
 - A) Open WinID and select any record. Open the Graphic Tab at the top right.
 - a. Select the **DEXIS** button at the bottom right.



- B) Click on the **Scan** button in DEXIS (top right)
 - C) Follow marquee selection for the applicable scanner and scan.



- D) Each image appears separately.
 - From this point on, DEXIS can be used normally to rotate and number each of the images.
 - Export to FMX produces the image to link to WinID.





10. Scanner HP Model Scanjet G4050 use in WIN ID and DEXIS Procedure

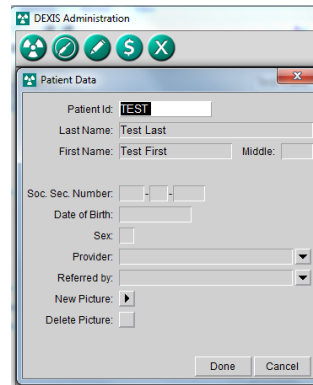
There are two transparency scanners in the cache:

- **HP Model Scanjet G4050 (this set of instructions)**, and
- Microtek model 9800XL

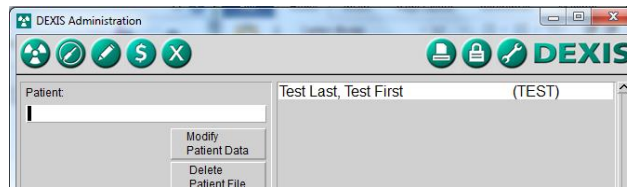
- 1) If DEXIS is already installed skip to step 3
- 2) If DEXIS is NOT already installed, install the DEXIS software on the workstation.
 - A) Choose the default install directory which will be (local) C:\Program Files\WinID3\
 - B) After the install is done you will have to do a little administrative work for this database.
 - C) Open DEXIS,
 - a. You will be asked for the Practice Name, Phone Number (and possibly zip code = 32601)

Practice:	FEMORS for DOH
Tel.:	727-560-3276

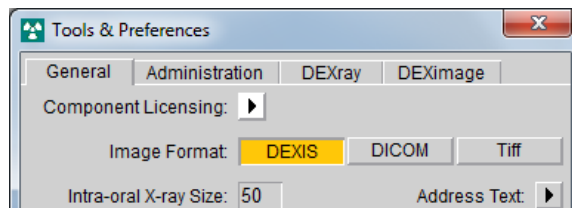
- b. Enter the 1st test patient and select Done.



- c. On the Administration page, select the **Tools** (wrench) icon at top right.



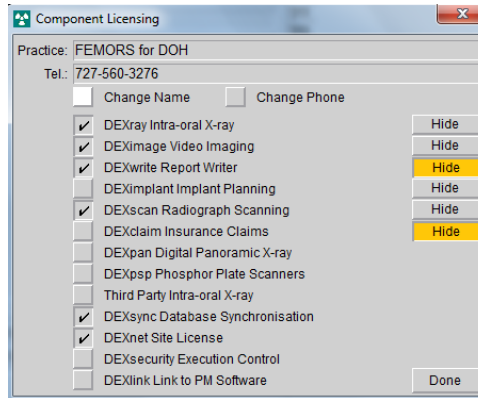
- d. On the **Tools & Preferences** page, select the drop-down menu for “**Component Licensing**” arrow





e. Enter the following registration codes one at a time

- i. DEXray Intra-oral X-rays
3591835777 (for sensor use,
either one)
- ii. DEXImage Video Imaging
2010215617
- iii. DEXWrite Report
Writer6120632058
- iv. DEXScan Radiograph
Scanning 0343150011
- v. DEXSync Database
Synchronization 1614933266
- vi. DEXNet Site License
3941746078

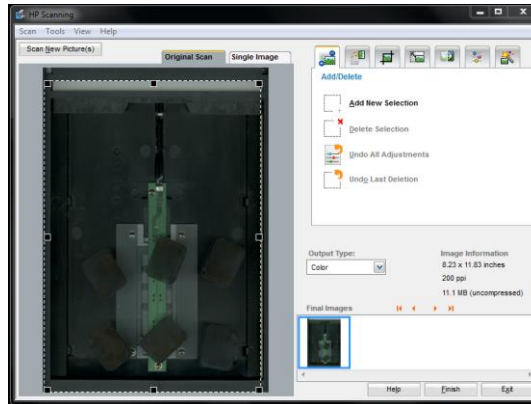


f. **Quit DEXIS.**

- i. **NOTE:** This leaves the default drive for DEXIS as the local C drive. It may be necessary to reset it to the networked W drive as described on page 4 of the accompanying document [Installation of WIN ID on Server Procedure](#) (see page 242).

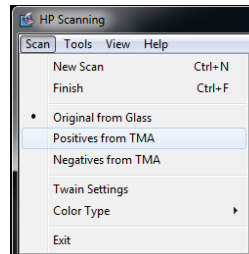
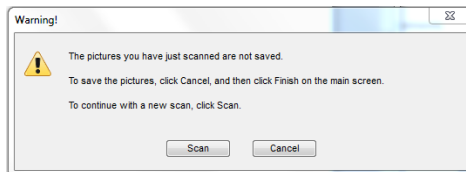
3) Pretest the correct Scanner to use.

- A) Make sure the scanner is connected by the USB cable
- B) Open the scanner software directly to set preferences. (*Be patient, it takes a while.*)
- C) Settings are defaulted to 300 ppi and 100% image size.
- D) Notice that the initial scan setting might be set for **Original from Glass** (the typical copy/scan mode). You will see a copy of the inside of the scanner lid!



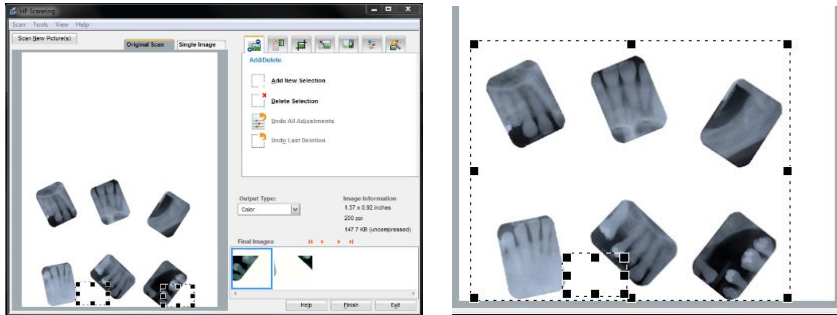
E) Change the scan setting to **Positives from TMA**. Click **Scan**.

- a. This restarts the rescan process.





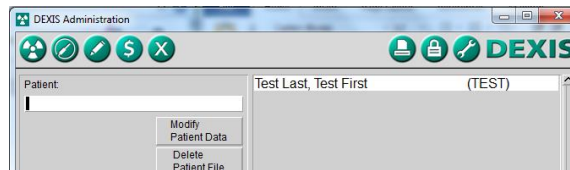
- F) Notice the selection marquee is defaulted to its last used position or small preset sections.
- a. Adjust one selection marquee to enclose the images leaving at least ½ inch between images and marquee edges



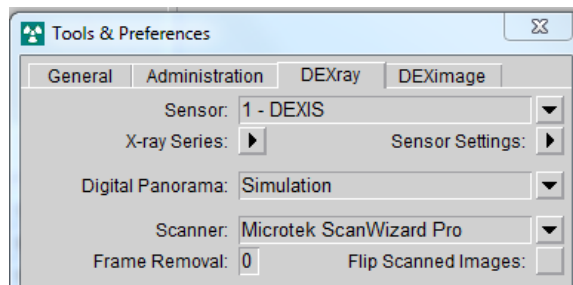
- G) Select the **Finish** button
H) **Quit** HP scanner



- 4) Set DEXIS to use the HP G4050 scanner
- A) Open DEXIS directly
 - B) On the Administration page, select the **Tools (wrench) icon** at top right.

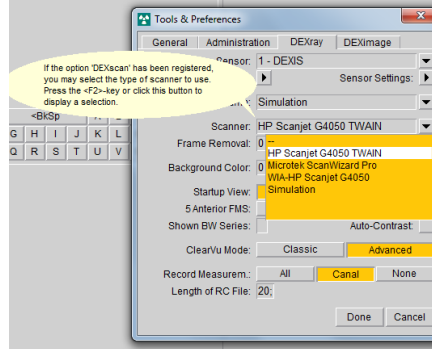


- a. On the **Tools & Preferences** page, select the drop-down menu for **DEXray** tab

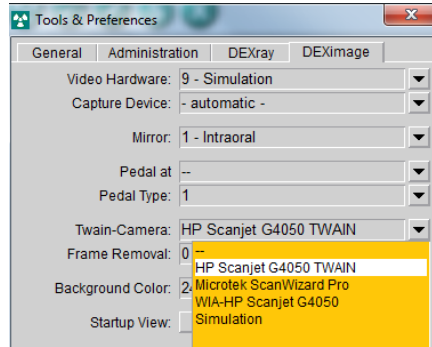




- b. If necessary, click on the dropdown menu of the **Scanner** for HP Scanjet G4050

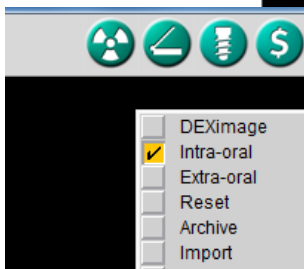
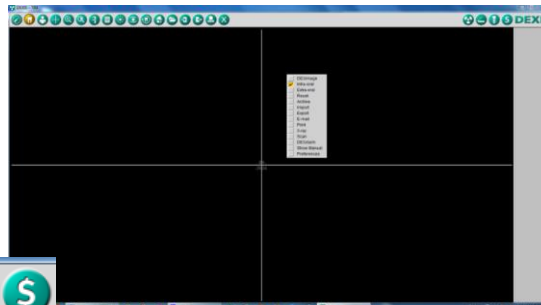


- c. On the *Tools & Preferences* page, select the **DEXimage** tab.
- d. If necessary, click on the dropdown menu of the **Twain-Camera** and change it to the **HP Scanjet G4050 TWAIN**.



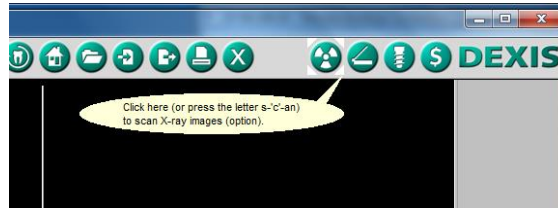
- C) Select **Done** (to return to the DEXIS Administration menu to select a patient).

- D) *If necessary*, test scanner in DEXIS
 - a. Select any DEXIS patient to open the record
 - b. Notice that the black window must have the cross bar showing which indicates it is the **"Intra-oral"** page of images



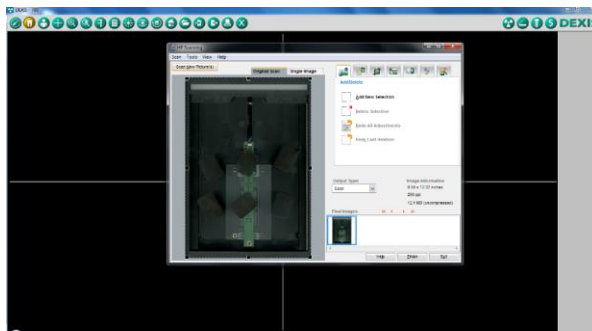


- c. Click on the **Scan** button up at the top right.

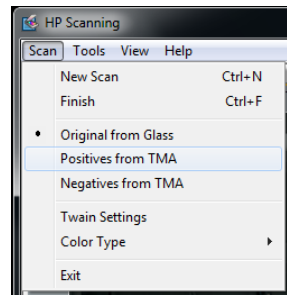
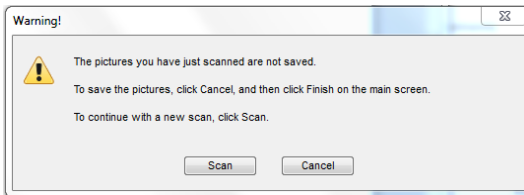


- d. The HP scanner window will open.

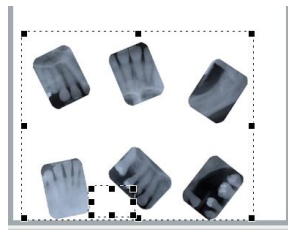
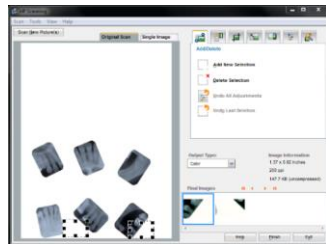
- e. You will see that the scanner is set to normal **Original from Glass** it would just copy. You need to change that to **Positives from TMA** under the **Scan** menu.
(NOTE: with the HP, this happens EVERY time!)



- f. Change the scan setting to **Positives from TMA**. Click **Scan**.
- This restarts the rescan process.

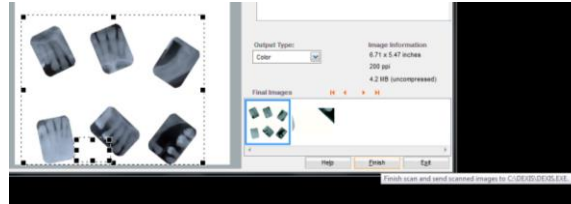


- g. Notice the selection marquee is defaulted to its last used position or small preset sections.
- Adjust one selection marquee to enclose the images leaving at least 1/2 inch between images and marquee edges



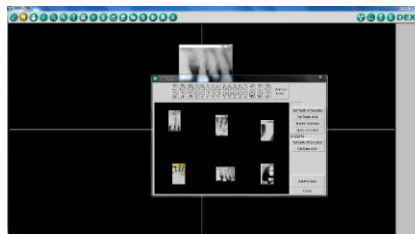


h. Select the **Finish** button



i. Each image appears separately.

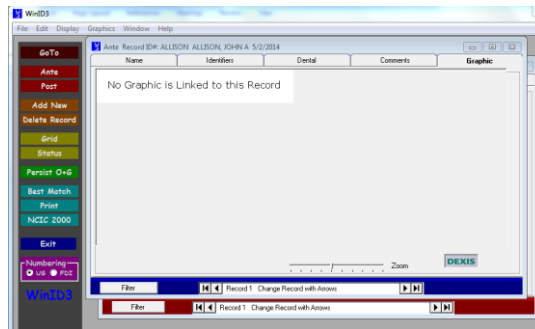
- From this point on, DEXIS can be used normally to rotate and number each of the images.



5) To use the scanner in WinID

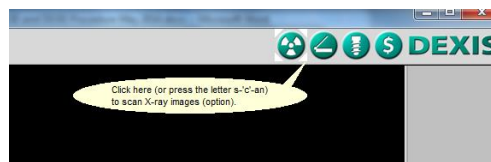
A) Open WinID and select any record.
Open the Graphic Tab at the top right

a. Select the **DEXIS** button at the bottom right.



b. Click on the **Scan** button in DEXIS (top right)

c. Follow marquee selection for the applicable scanner and scan.



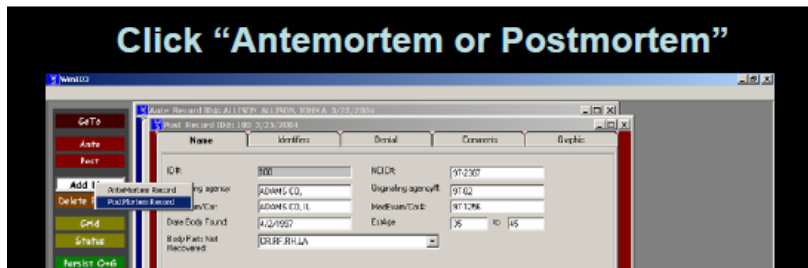
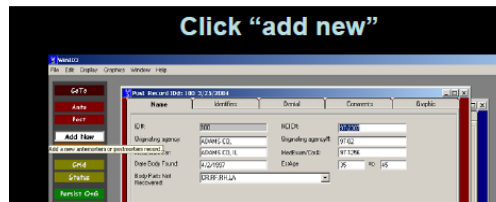
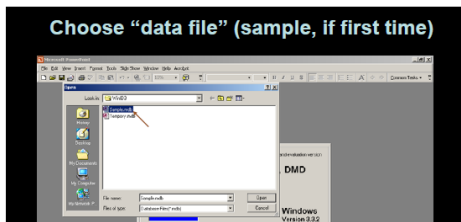
d. Each image appears separately.

- From this point on, DEXIS can be used normally to rotate and number each of the images.
- Export to FMX produces the image to link to WinID.





11. Just-In-Time Refresher Training Material
a. WinID and DEXIS Data Entry





If postmortem then:



Assign unique body number and enter “record creator”

Enter ID# and Team Leader

Enter a valid Unique ID# for this record.

Name of the person entering this record:

OK Cancel

Identifiers	Dental	Comments	Graphic
ID#	NCCP	0012107	
Designating agency	Designating agency#	00482	
Med\$ www/Cov	Med\$ www/Cov#	0071254	
Date Body Found	Estage	00 00 00	
Body Parts Not Recovered			

Post Mortem Condition: [Dropdown]
Disposition: Active
Linked Graphic: [Field] Add Graphic
Type of Case: [Dropdown]

Complete case information

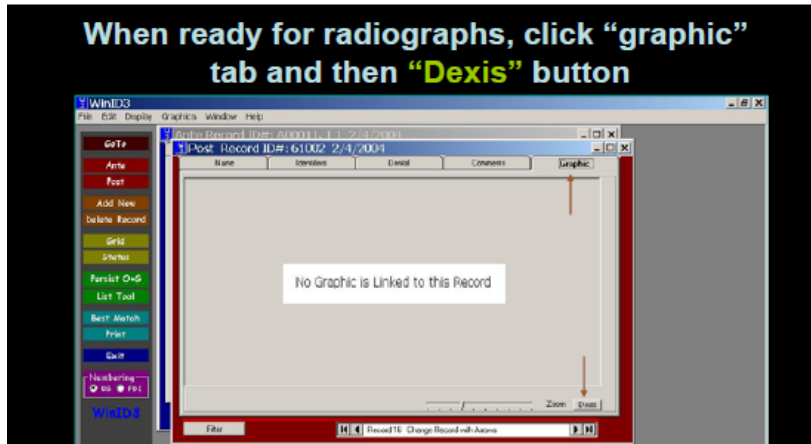
Input Record 10/11/2004 9/25/2004

Name	Identifiers	Dental	Comments	Graphic
ID#	NCCP	0012107		
Designating agency	Designating agency#	00482		
Med\$ www/Cov	Med\$ www/Cov#	0071254		
Date Body Found	Estage	00 00 00		
Body Parts Not Recovered				

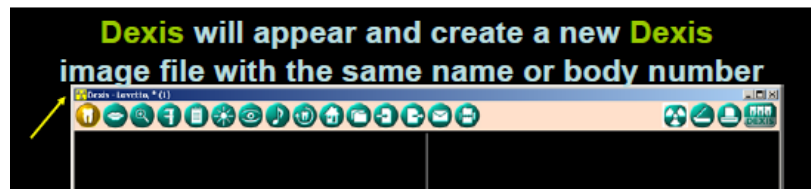
Post Mortem Condition: [Dropdown]
Disposition: Active
Linked Graphic: [Field] Add Graphic
Type of Case: [Dropdown]



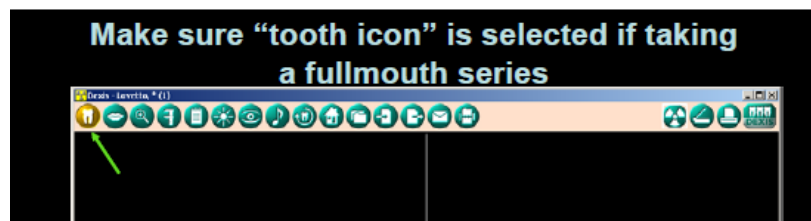
When ready for radiographs, click “graphic”
tab and then “Dexis” button



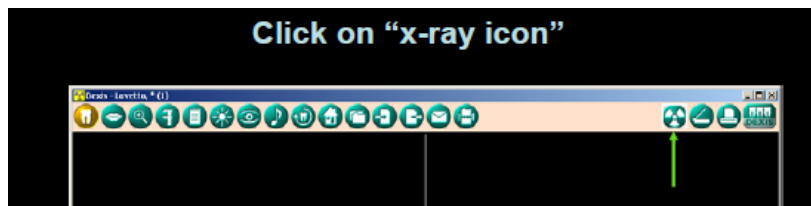
Dexis will appear and create a new Dexis
image file with the same name or body number



Make sure “tooth icon” is selected if taking
a fullmouth series

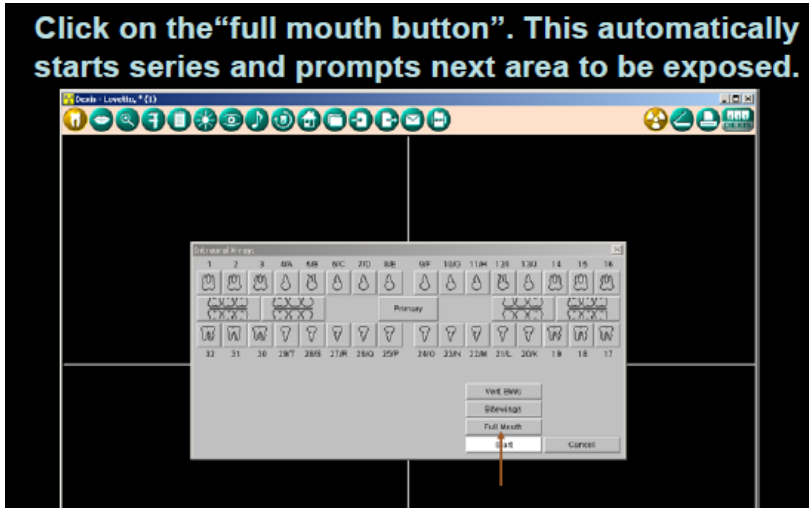


Click on “x-ray icon”

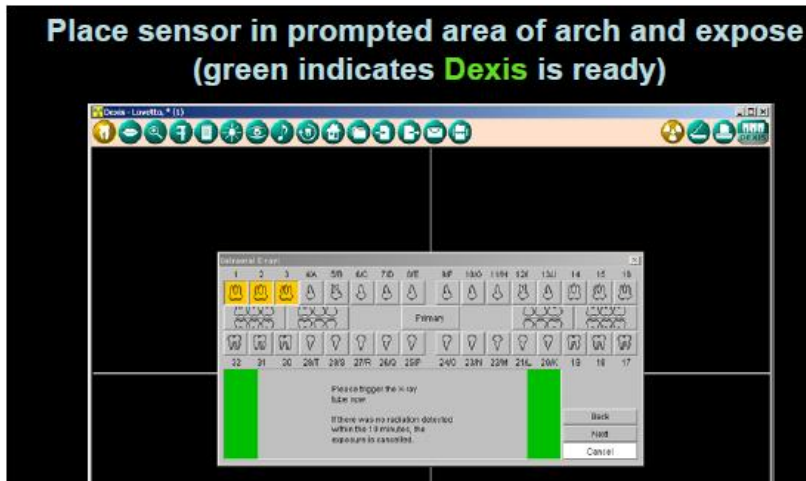




Click on the “full mouth button”. This automatically starts series and prompts next area to be exposed.

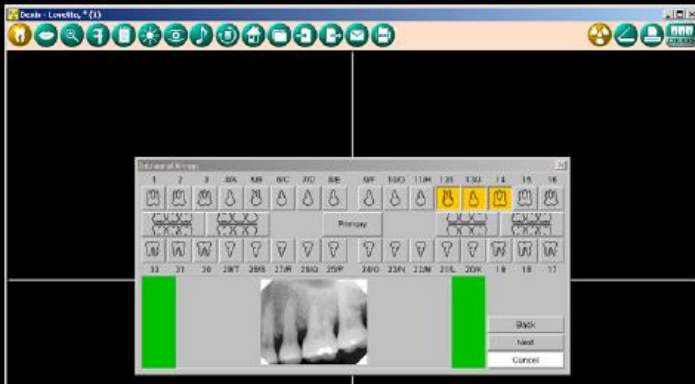


Place sensor in prompted area of arch and expose (green indicates **Dexis** is ready)

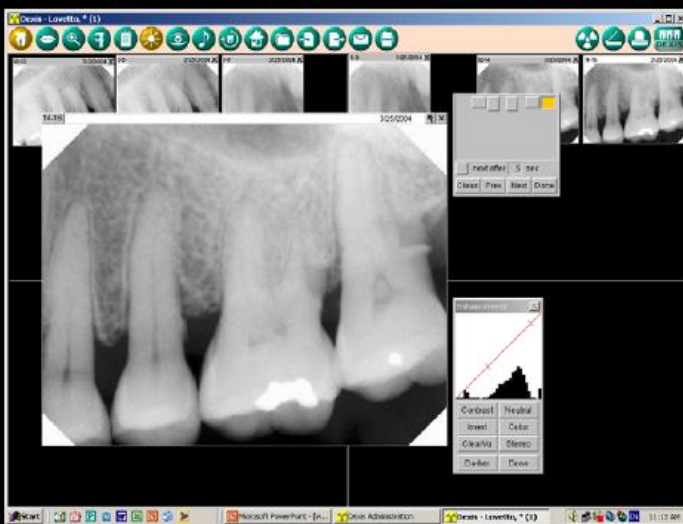


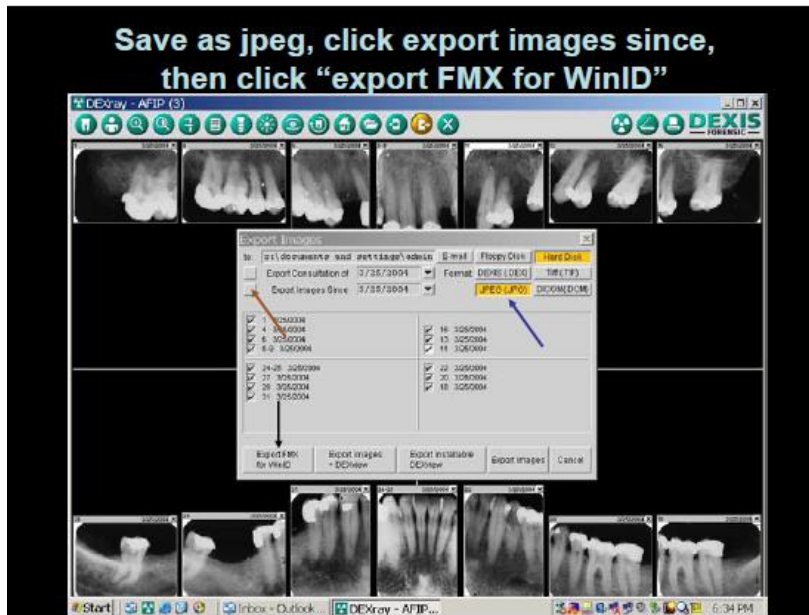


Place sensor in next prompted area of arch and expose next image (continue until complete)



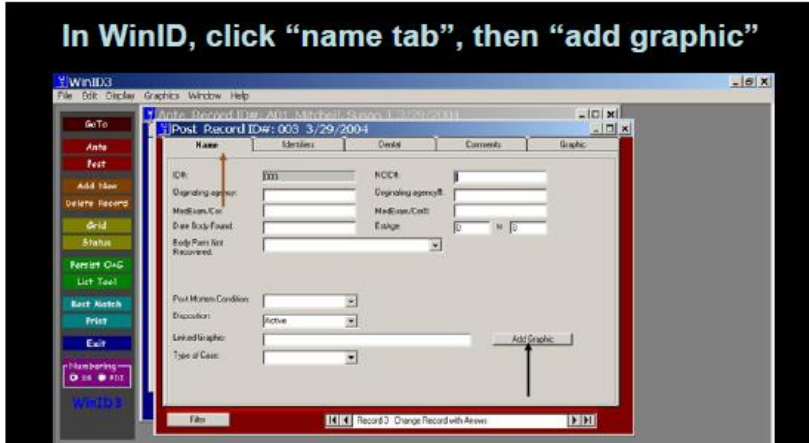
When complete, optimize images and verify location in template with no overlapping images







In WinID, click "name tab", then "add graphic"



Select appropriate jpeg, then click "open"

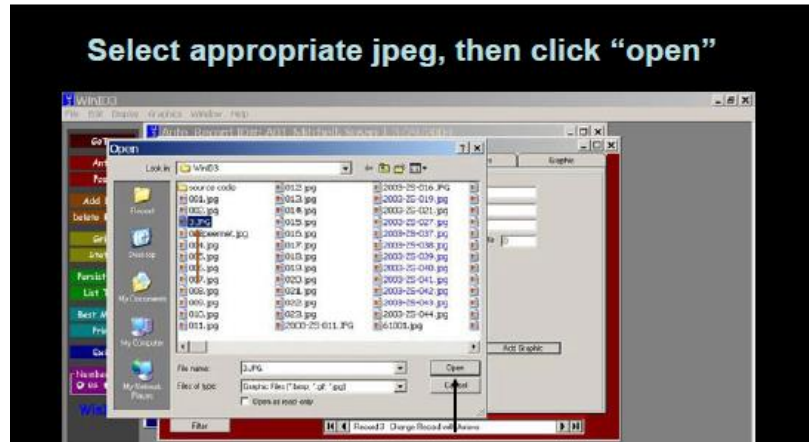
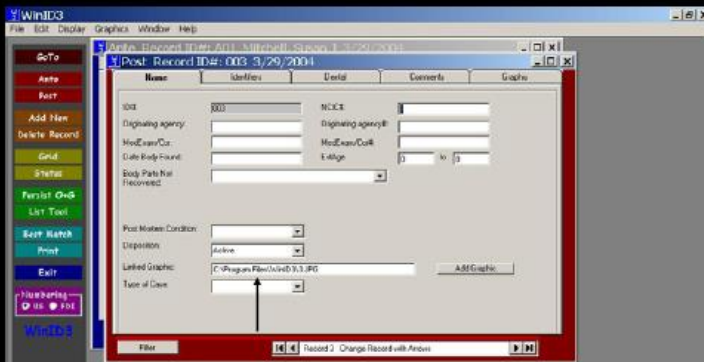
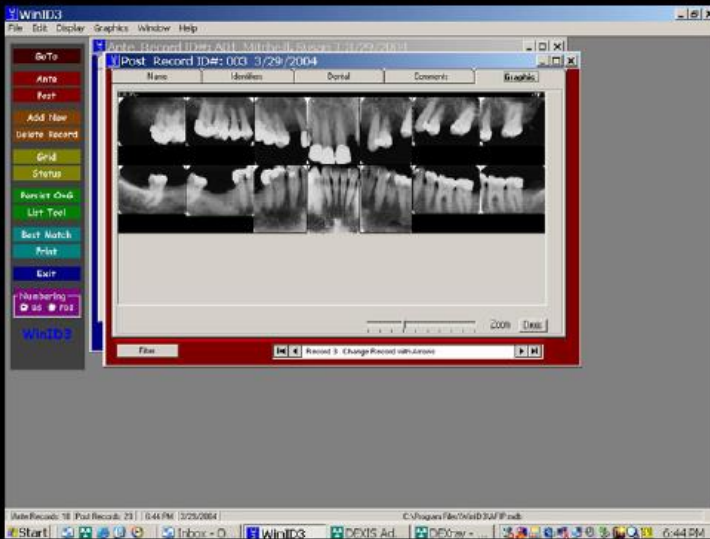




Image file is now automatically linked



Click "graphic tab" to view imported radiographs





If antemortem then:



Enter victim's name and "record creator"

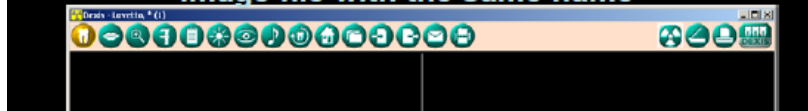
Complete case information



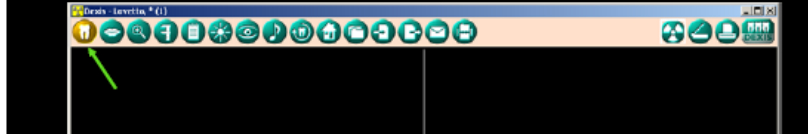
When ready to scan radiographs, click “graphic”
tab and then “Dexis” button



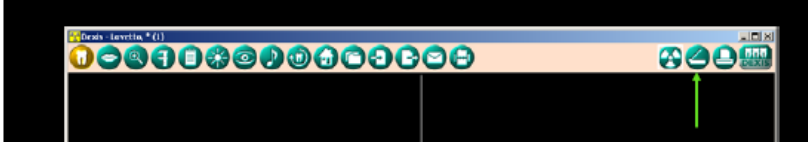
Dexis will appear and create a new Dexis
image file with the same name

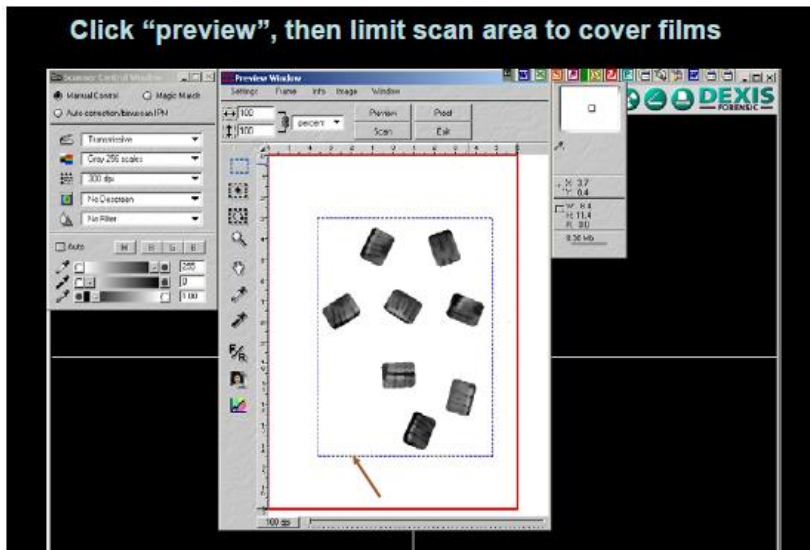
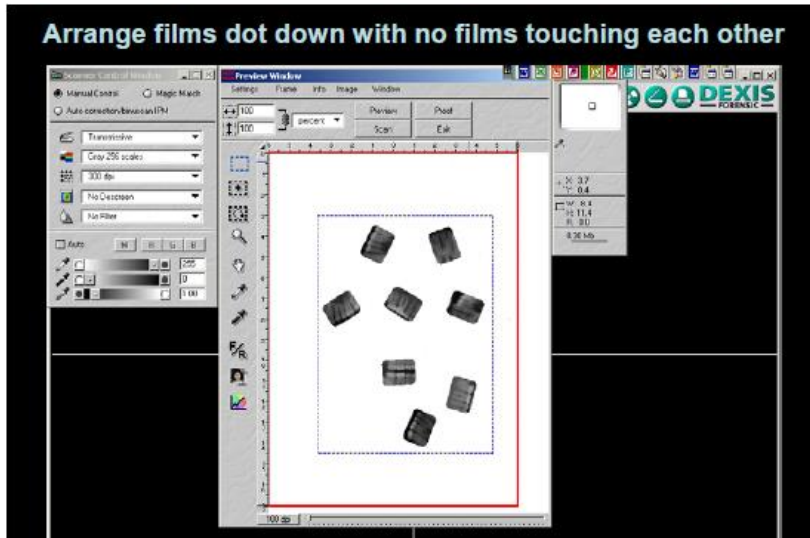


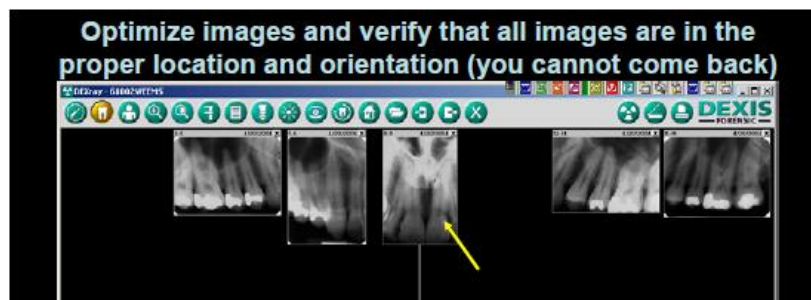
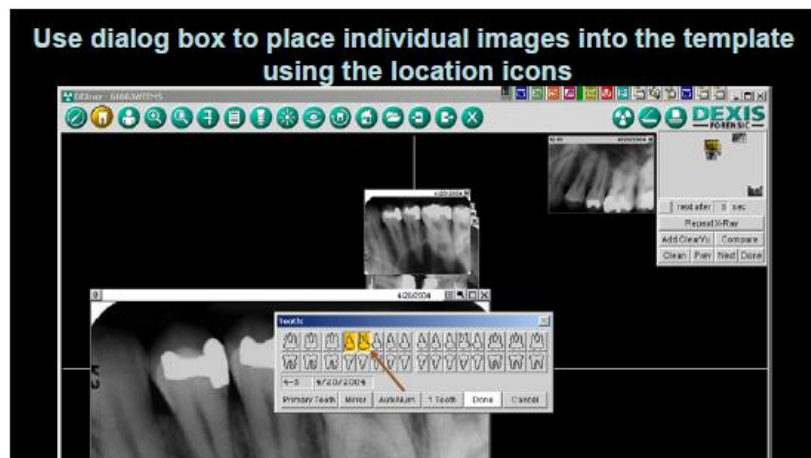
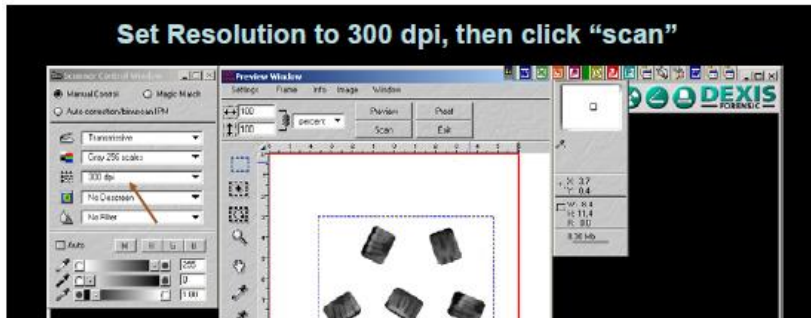
Make sure “tooth icon” is selected if scanning
a fullmouth series

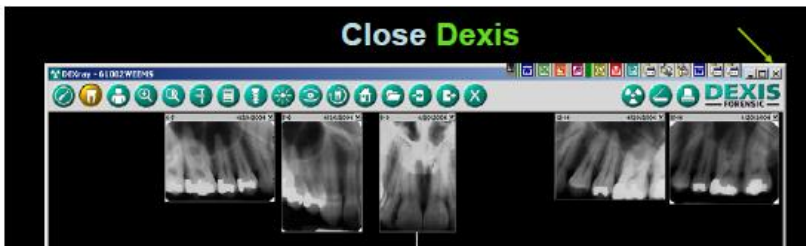
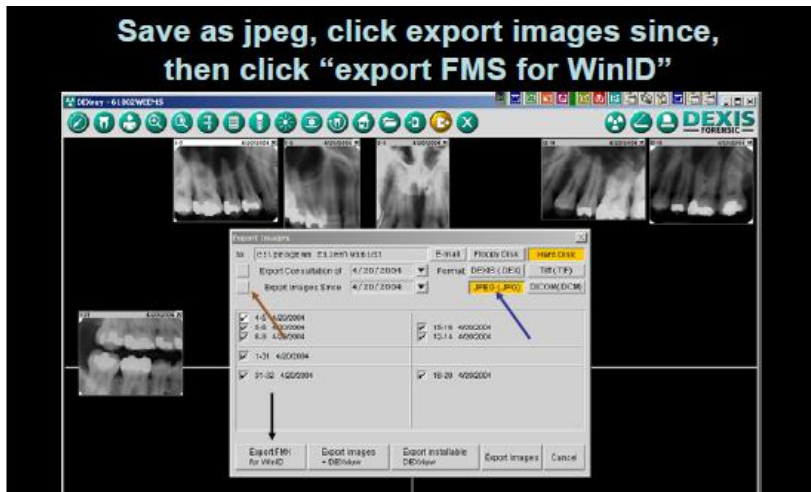


Click on “scanner icon”



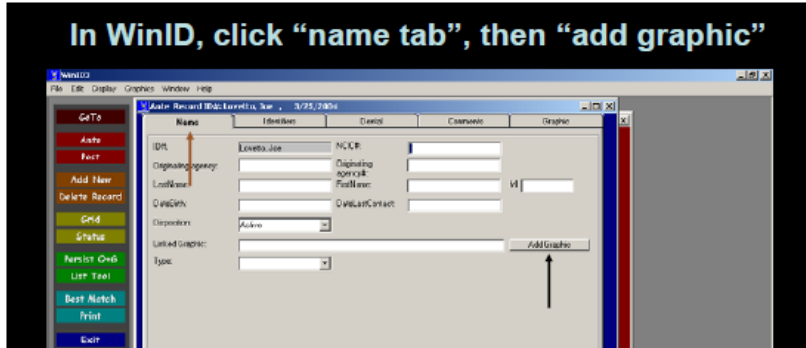




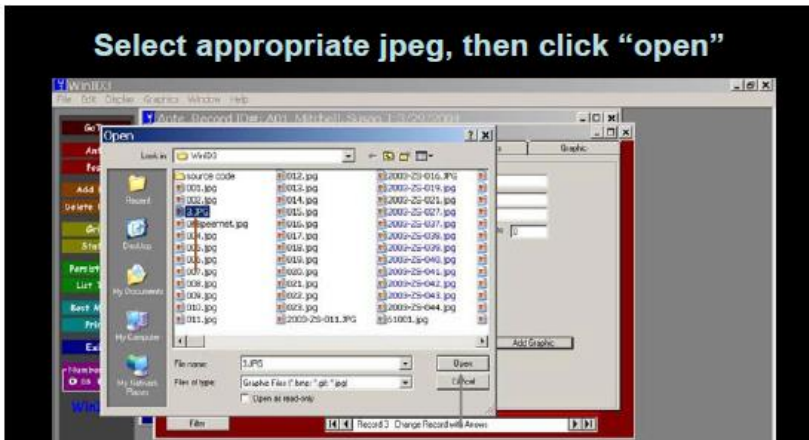




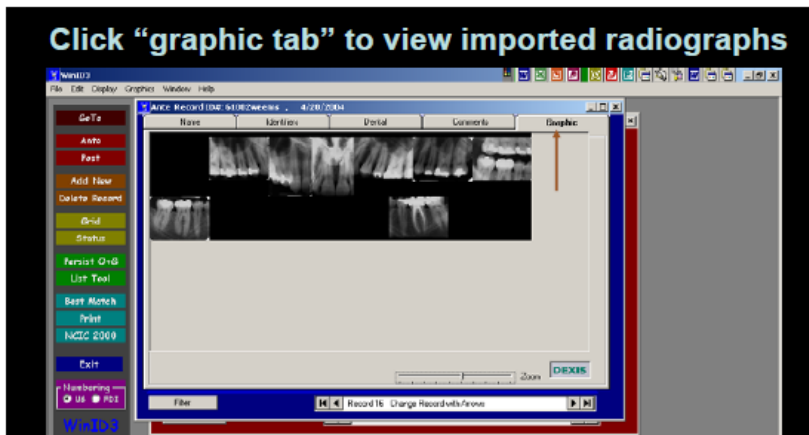
In WinID, click "name tab", then "add graphic"

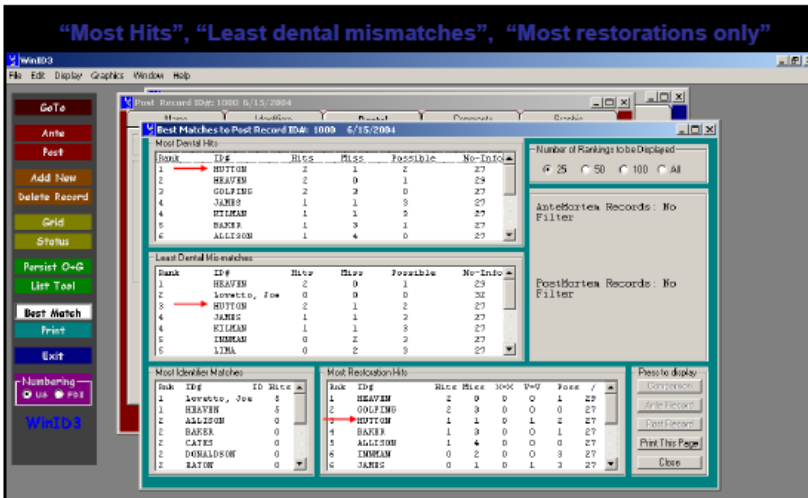
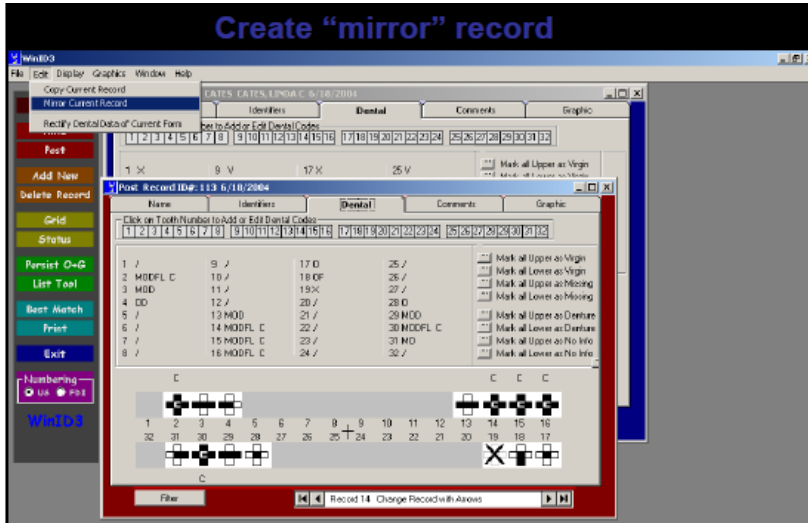


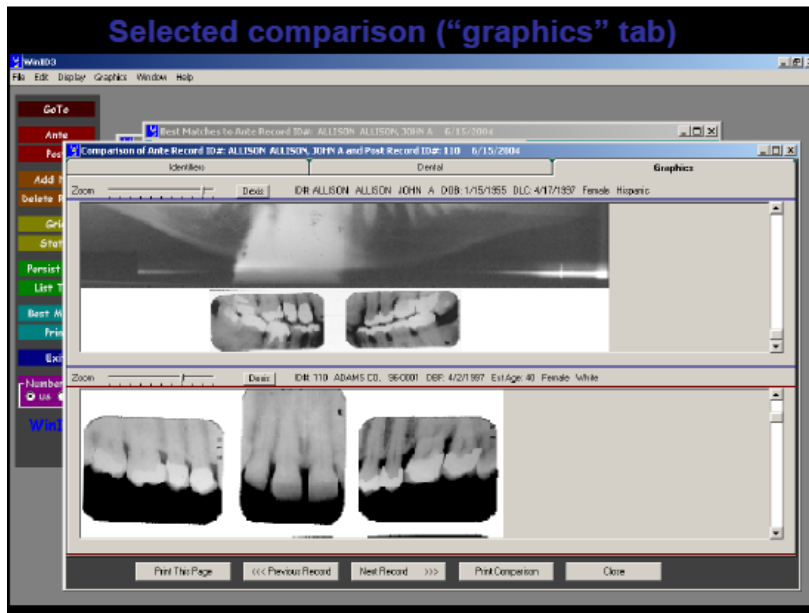
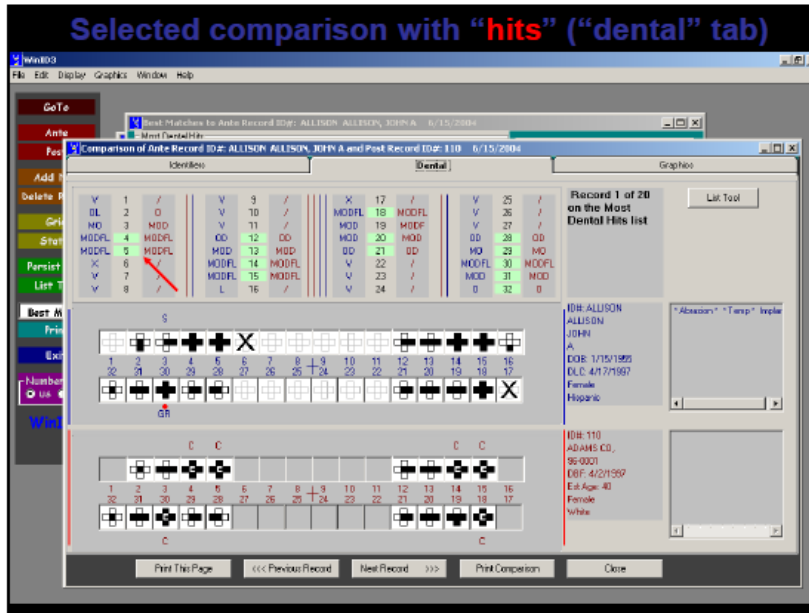
Select appropriate jpeg, then click "open"



Click "graphic tab" to view imported radiographs










b. *WinID Coding*



FEMORS Training
May 19, 2007

-

Dental Calibration
James McGivney, DMD
Saint Louis University

What is dental calibration ?

- Ideally all calibrated dental personnel will be able to examine a specific dentition and return the same WinID coding.

Problems encountered

- Chartings methods and colored pencils learned at dental school.
- Charting of information that is not helpful in identification.
- Treatment planning.



Hit, Possible , Miss

Antemortem --- Postmortem

Hit

O = O V = V X = X MO = MO

Possible

U to V V to O O to MO MO to C C to X

Miss

MO - O MODF - DO X - C O - V

No Info

ante vs. post and post vs. ante

Calibrated Dental Practices



- Universal (1 to 32) tooth numbering
 - Be aware of FDI tooth numbering
- Use of WinID codes
- Standard dental coding forms
- Dot-out film positioning

WinID Coding

- Leave blank if not sure
- Only primary codes used for sorting by **Best Match** algorithm
- Secondary codes for additional info
- Use comments



WinID Coding

- In WinID coding the **restored surfaces** of a tooth are coded.
- The restorations are not coded.
- Tooth with O and O is coded **O**
- A tooth restored with MO amalgam and DO resin is coded **MOD** and not **MODO**

Primary Codes

- **M** - mesial surface of tooth is restored.
- **O** - occlusal surface of posterior tooth is restored.
- **D** - distal surface of tooth is restored.
- **F** - facial surface of tooth is restored.
- **L** - lingual surface of tooth is restored.
- **I** - incisal edge of anterior tooth is restored.



Primary Codes

- **U** - tooth is unerupted
- **V** - non-restored tooth – virgin
- **X** - tooth is missing - extracted
- **J** - The tooth is present, but no other info is known. Missing postmortem. Fractured crown of the tooth is not present for examination. Avulsed tooth.
- **/** - no information about tooth is available.





Secondary Codes

- **A** - Annotation - An unusual finding is associated with this tooth. Specifics of the finding are detailed in the comments section.
- **B** - tooth is deciduous
- **C** - tooth is fitted with a crown.
All surfaces are restored. Primary code "MODFL" is in place
- **E** - resin filling material.

Secondary Codes

- **G** - gold restoration.
- **H** - porcelain.
- **N** - non-precious filling or crown material.
Includes stainless steel.
- **P** - pontic. Used only when tooth has been marked as missing with "X" primary code.

Secondary Codes

- **R** - root canal filled.
- **S** - silver amalgam.
- **T** - denture tooth. Used only when tooth has been marked as missing with "X" primary code.
- **Z** - temporary filling material. Also indicates gross caries (used sparingly).

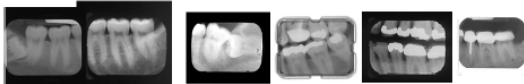


Rectification of Codes

- Capitalization
- Arrangement in specific order
 - To facilitate sorting
 - MODFL
 - Primary then secondary codes
 - Alphabetical
- Removal of incorrect entries
 - numbers, punctuation
- fo2m7e is rectified to MOF-E

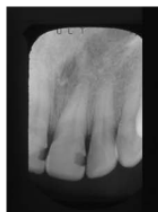
Antemortem Dental Coding

- All 3rd molars are / unless seen on radiographs.
- Code as V or U or X from radiographs.



Antemortem Dental Coding

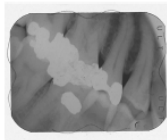
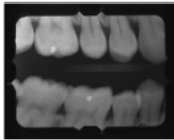
- Anterior interproximal restorations are coded as either M or D
- Do not code as ML or DF unless restoration is extensive.





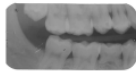
Antemortem Dental Coding

- Posterior amalgams - when coding from radiographs: do not code suspected F or L extensions or pits unless confirmed in written record



Mixed Dentition Coding

- Primary tooth and permanent successor on radiograph
 - With root resorption
 - Code permanent tooth V - if radiograph 6+ months old
 - Without root resorption
 - Code permanent tooth V - if radiograph 2+ years old
 - If impacted - code primary, use comments
- No permanent successor
 - Use B code to indicate deciduous, A code for comments



Crown Coding

Crown metal restorative material ignored unless in written chart

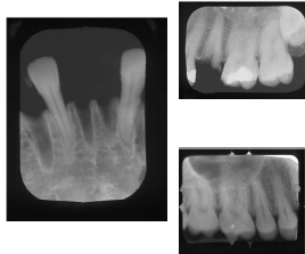
- C is shorthand for MODFL-C





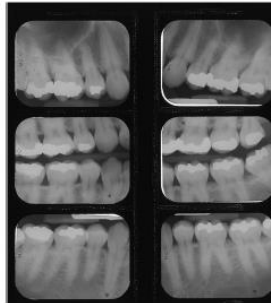
J Code

- J code used very sparingly
 - missing crown
 - extensive fracture
 - MPM.
- On Bitewing or PA
 - Mesial of 3rd Molar
 - Distal of Canine
- Lower incisors on Panoramic



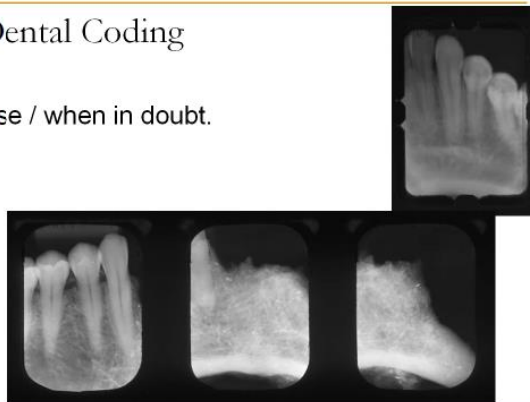
Missing Premolar

- Code as
 - 1st premolar extracted
 - 2nd premolar present
 - Attribute to Ortho Treatment



Dental Coding

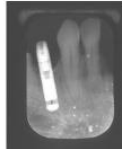
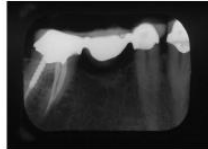
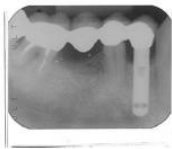
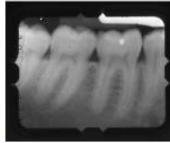
Use / when in doubt.





Dental Coding

- Sealant - code as VAE
- Veneer – FH or FE
- Implant - code as XPA
explain features in comments



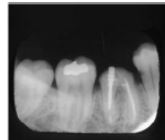
Dental Caries

- IDs are almost never made on the basis of dental decay.
- Use code Z only if you strongly believe the caries is so unique that it will serve as the basis for an identification.



Annotations

- Any use of A must be accompanied by notation in the comments.
- Placement of tooth number facilitates searches
- The comments field is the institutional memory of the dental deployment
- Comments can be searched and filtered





Standard Codes - Comments

- Standard codes allow more productive comments field searches.
- Press button to see list of standard codes
- Pedo - Primary - Deciduous - Milk

Charting Errors

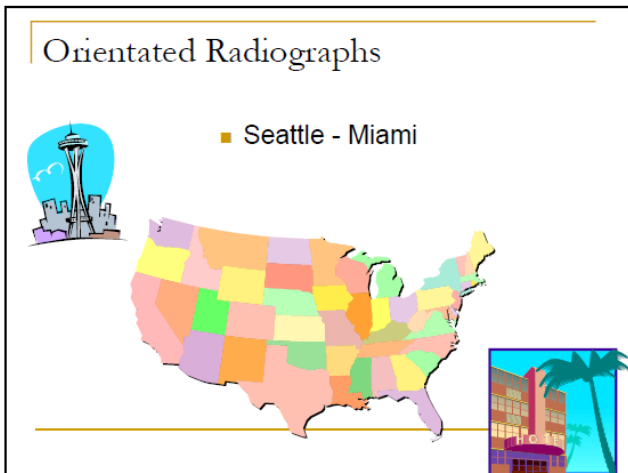
- Flips
 - Tooth on opposite side of arch
 - 19 to 30 3 to 14
- Flops
 - Transpose restoration
 - MO to DO OF to OL
- Slides
 - Mis-numbering of molars due to extractions and mesial drift
 - 1 - 2 - 3 14 - 15 - 16 17 - 18 - 19 30 - 31 - 32

Fraud

- Pencil dentistry
 - Medicaid
- Additional surfaces
- Different materials
- Work not done

Position of Radiograph

- Use same radiographic positioning on specimen as in living patient.
- Do not expose from lingual





Policy 714) Policy 12)

Embalming

Guidelines

The embalming area should be kept separate and private from the other areas of the morgue if possible. A maximum of 2 licensed embalmers working per embalming table is recommended.

1. Preparation Categories:
 - a. *Arterial Preparation:* Conventional arterial injection is advised.
 - b. *External Preparation:* When the condition of the body or body part is traumatized, decomposed or charred to the extent that normal arterial injection is not advisable. [Common Tissue falls into this classification].
2. Embalming Guidelines:
 - a. *External Sanitation and Disinfection:* All body orifices shall be disinfected at the beginning of the embalming operation. Equipment, tables, and instruments shall be cleaned and disinfected upon completion of each case. The floor of the embalming room as well as the area in general shall be cleaned and disinfected with a recognized disinfecting agent or a solution of household bleach mixed at a rate of 10 parts water to 1 part bleach.
 - b. *Setting Features:* Needle injector or mandibular suturing.
 - c. *Injection Site:* Injection site and vessel selection is at the discretion of the embalmer and will be dependent on the case at hand. A single point injection (Carotid is recommended) is permissible if thorough saturation of the tissue can be achieved. If thorough saturation cannot be accomplished by a single injection then multiple injection sites must be utilized.
 - d. *Fluid Dilution:* Consideration should be given to the condition of the body and the time frame in which the body may have to be held before final disposition. A careful pre-embalming analysis should be performed by the embalmer. Strength of the injection fluid should be consistent with all factors related to the condition of the body or body part and final disposition. In the majority of cases the "waterless" injection technique should be used.
 - e. *Volume of Injection:* A minimum of 1 gallon of injection arterial fluid per 50 lbs. of body weight.
 - f. *Injection Pressure:* High-pressure (60-140 lbs.) with low to moderate rate of flow method is recommended.
 - g. *Hypodermic Injection:* Areas of poor diffusion of arterial chemical, or areas where the normal circulatory system is not intact should be treated with hypodermic injection of a high index (50-index) cavity chemical. If hypodermic injection is necessary for the facial features, hands, and arms, it should be accomplished using a syringe and 18 or 20 gauge needle.
 - h. *External Packs:* External cavity packs should be used with discretion. They should not be used to replace thorough hypodermic injection but may be used in addition to or following hypodermic injection. Cauterant packs should be used in an effort to cauterize areas but not to replace other methods of deep tissue preservation.
 - i. *Cavity Treatment:* Normal aspiration procedures should be performed to ensure that thorough aspiration is accomplished. On an average size adult body cavity, chemical should be injected into the thoracic and abdominal cavities at the rate of 16 ounces respectively using a high index (50-index) cavity chemical. Low index non-fuming cavity chemicals are not recommended for disaster victims.
 - j. *Massage Cream:* Facial features, hands, and arms shall receive a coat of massage cream, Vaseline or other emollient cream during the arterial injection and following final bathing. The cream should be massaged well into the skin.
 - k. *Sealing Incisions:* An abundant amount of dry incision sealer shall be placed in all incisions prior to suturing. Before the body is released from the Embalming Team, a coating of liquid incision sealer shall be applied to all incisions and sutured areas. Every effort should be made to control leakage problems during transfer or shipping.
 - l. *Plastic Garments:* When necessary, plastic garments may be placed on the deceased but only after all other methods to control leakage have proven unsuccessful. Plastic garments should be used primarily as a backup control method for leakage. If unionalls are used an adequate amount of absorbent hardening compound or paraformaldehyde crystals may be placed inside the unionalls. The wrists of the unionalls should be taped tightly.
 - m. *External Preparation Processing:* When the condition of the body or body part is massively traumatized, decomposed or charred, and classified as "Non-Viewable", to the extent that normal arterial injection is not advisable, an external method of processing the remains can be utilized. Guidelines for whole body external processing are:



- Double pouch body.
 - Aspirate cavities and inject high index cavity fluid.
 - Hypo inject major areas of body (minimum 5% solution).
 - Wrap body in blanket or 2 linen sheets.
 - Saturate blanket or sheets with 96 ounces of high index cavity (50-index).
 - Completely cover the entire surface of the sheets with hardening compound (approximately 30-40 lbs.).
 - Close pouch.
 - Remove body from table.
 - Clean and disinfect table.
 - Drape a 4mil x 10' x 14' of plastic over table.
 - Place body onto table.
 - Wrap plastic sheeting around body tightly, at least 3 times around.
 - Leave ends open and begin at the waist to tape completely around body every 6 inches and work toward head or foot. Push out trapped air as members proceed.
 - At the foot end, twist end tightly then fold end over and tape end tightly around body.
 - At head insert cotton or towel saturated with approximately 1 cup of quality deodorizing agent.
 - At head end twist end tightly then fold over and tape end tightly around the body.
 - Wrap body with linen sheet and tape every 6 inches head to foot.
 - Write name and MRN on linen sheet at head. Write HEAD at the head end.
- n. Gloves and gown should be changed throughout the processes so as not to contaminate the clean plastic or outside linen sheet. The above technique can be used, with modification, to accommodate external preparation of body parts.



Policy 715) Policy 13)

Records

Management Policy

In the absence of an established Medical Examiner system, the following records management policy may be used.

1. The Morgue Identification Center's (MIC) Records Management Team serves as the primary records repository custodian.
 - a. The Victim Information Center's (VIC) Records Management Team controls antemortem records until they are transferred to the MIC.
 - b. Transfer is made for completed VIC files (RM cases) to MIC Records Management when:
 - i. All interview forms are complete and the data has been entered and audited in VIP, and
 - ii. All requested dental/medical records have been received, or
 - iii. MIC indicates a need for the file to begin an investigation for a potential match.
2. Morgue Disaster Victim Packet (DVP) Records - MRN Files
 - a. All morgue generated reports whether written or dictated shall be completed by the specialist performing the examination and shall not be removed from the premises of the morgue operation. Unless established differently by the Medical Examiner, all transcription of examination records shall be performed on-site and at no time shall a specialist remove any records for transcription and later submission. All work is to be completed on-site unless authorized by the FM Group Supervisor.
 - b. All DVP folders shall be:
 - i. Completed before leaving the morgue,
 - ii. Couriered to MIC for data input of VIP postmortem information, and
 - iii. Delivered to the File Room for logging and filing.
 - c. Fingerprint Exception
 - i. A copy of postmortem print impressions shall be placed in the DVP, and
 - ii. Original postmortem print impressions shall be couriered to the MIC, Ante Mortem Fingerprint Team for filing and comparison.
3. Antemortem Records – RM Files
 - a. Upon arrival in the File Room, all antemortem records (VIP interview forms, X-rays, photographs, etc.) must be labeled with the victim's name and/or unique Reported Missing (RM) number, if applicable, and filed with the primary VIP folder. Do NOT place a permanent label directly over information on them, if at all possible. If necessary, place them into separate envelopes that are labeled with the:
 - i. victim's name and/or unique RM number, and
 - ii. nature of contents
 - medical records,
 - dental records,
 - fingerprint records, etc.
 - b. Individual victims (whether known or suspected) will each have an antemortem RM file. Individual folders are required even if multiple members of the same family are victims.
 - c. ALL antemortem information and records received will be manually logged by the Records Management Team in two separate logs:
 - i. In the individual's RM antemortem file folder a running log is kept of all materials added to the file (Case File Inventory, page 367), and
 - ii. In the VIC Records RM Assignment Log (page 366, printed versions of Excel spreadsheets developed as dictated by medical Examiner needs). This is maintained separately from the file folders in case a folder is missing.
4. It is the responsibility of the VIC and MIC Records Management Teams and Database Team Leader (or their designees) to reconcile the hard copy file folder inventory with computer files.
5. All ante and postmortem information and records are to be handled as evidence. The chain of custody of records must be maintained via the logs. The VIC and MIC Records Management Teams must be able to account for all received information/records, whether they are in the direct possession of the Records Management Team or checked out to an authorized individual. VIP Tracking may assist with this process.
6. File segregation categories:
 - a. Unidentified Remains case files in MRN order and containing (if applicable):
 - i. DVP processing paperwork,
 - ii. Printouts of digital photos,
 - iii. Digital media copy of all photos taken,



- iv. Printouts of digital dental x-rays,
 - v. Digital media copy of all digital dental x-rays taken,
 - vi. Printouts of digital body x-rays,
 - vii. Digital media copy of all digital body x-rays taken,
 - viii. Personal effects inventory, and
 - ix. DNA specimen shipping records and final analysis reports.
 - b. Reported Missing Person (RM) case files in Last Name alphabetical order and containing (if applicable):
 - i. Printed RM interview form along with original hand completed one,
 - ii. Other police missing person reports submitted,
 - iii. Medical records or body x-rays submitted,
 - iv. Fingerprint records,
 - v. Dental antemortem records including x-rays,
 - vi. Notes of contacts for information gathering, and
 - vii. DNA sample shipping records and final analysis reports.
 - c. Identified Remains-Medical Examiner determines which primary number to use and merges into one ME case file all related materials (if applicable):
 - i. Positive identification reports,
 - ii. Record of transmittal of death certificate to Vital Stats VIP RM antemortem reporting forms,
 - iii. Antemortem medical records,
 - iv. DVP Photographs,
 - v. DNA submission documents,
 - vi. MRN folders (multiple if DNA associates parts),
 - vii. Dental records (ante and postmortem),
 - viii. Body X-Ray (ante and postmortem),
 - ix. Fingerprints and comparisons made,
 - x. Remains release and funeral home documentation, and
 - xi. Personal effects release.
 - d. Court Issued Presumptive Death Certificates and related documents (if applicable) in Last Name alphabetical order (if applicable):
 - i. Affidavits and supporting documents,
 - ii. Court order,
 - iii. Copy of death certificate issued, and
 - iv. Record of transmittal of death certificate to Vital Stats:
 - May require funeral director involvement,
 - May require family authorization for funeral home to handle,
 - Vital Stats coordination required.
 - v. If subsequently identified, an amended death certificate must be issued and all this material is moved to the Identified Remains file.
 - vi. These may also be filed with the corresponding reported missing (RM) file.
 - e. Log Books (physical pages):
 - i. Disaster Site (upon completion of scene operations)
 - ii. Morgue Processing stations (upon completion of morgue operations)
 - iii. Remains Storage (upon completion of operations)
 - iv. VIC and MIC Records Management (upon completion of operations)
7. Information Security
- a. ALL information is confidential to those assigned to assist with the disaster.
 - b. No information is to leave the VIC or MIC File Room unless it is properly checked out by the Records Management Team to approved personnel. All files must be logged in and out with "File Out" system for tracking and recorded in VIP.
8. The VIC and MIC Records Management Teams maintain another log for ANY information that leaves the File Room. This log will note:
- a. Victim's name, RM or MRN of case file,
 - b. Exact items taken (i.e., dental or fingerprint records),
 - c. Date, time, and person who checked it out,
 - d. Date, time, and person who returned it and checked it back in.



~~Policy 716~~ Policy 14)

Visual

Identification Policy

In the absence of other specific procedures established by the Medical Examiner, visual identification may be accomplished using the following procedures:

1. If the facial condition of the victim is undamaged and, in the opinion of the Identification Team, capable of being identified by individuals who have known the victim, a photograph will be prepared for viewing by the person making the identification.
2. Preferably, two individuals should make the visual identification in the presence of two VIC Specialists or Medical Investigators.
3. A report of Presumptive Identification shall be completed documenting the:
 - a. Name(s) of individual(s) making the identification,
 - b. Relationship, if any, to the victim,
 - c. Address and phone number of identifiers,
 - d. Date, time and location identification was made,
 - e. Method used (direct viewing, from photograph, etc.) and
 - f. Witnesses to the identification.
4. The Report of Presumptive Identification shall be forwarded to the MIC for FM MIC Verification Manager Review and forwarding to the Medical Examiner.



Policy 717) Policy 15)

Fingerprint

Identification Policy

1. Postmortem Techniques available:
 - a. Clean the fingers of all foreign matter such as dirt, grease, blood, etc. Xylene is excellent for this, however, in most instances, washing the fingers with soap and water will suffice.
 - b. If the skin is firm, a small soft bristled brush can be used to clean the fingers by lightly brushing in the direction of the ridge flow.
 - c. Make sure the surface is dry prior to printing as ink will not adhere to wet skin.
 - d. In some instances, it may be necessary to amputate the fingers or surgically remove the skin in order to obtain legible prints. Authorization from the Medical Examiner (or designee) must be granted prior to employing either of these methods.
 - e. At certain stages of decomposition, the epidermis can be easily separated from the dermis with a shallow cut around the wrist or a shallow cut below the first finger joint to release the skin. After cleaning and drying, the skin can be slipped over the technician's own finger like a glove and printed.
 - f. When fingers are pliable and intact but wrinkles prevent adequate printing, an injection of tissue builder with a hypodermic syringe may satisfactorily remove the wrinkles.
 - g. The powder method may be used if the skin is intact.
 - h. When wrinkled or mummified fingers are encountered, Duplicast or similar silicone plastic impression material is often the most expedient and effective method of obtaining legible prints.
 - i. The Duct Seal Method may be successful with wrinkled mummified fingers and water soaked fingers in the early stages of decomposition. Other pliable materials of similar consistency may also be used (e.g., Play Dough, Silly Putty, etc.).
 - j. In most cases of incineration when the hands are tightly clenched, amputation of the fingers is usually necessary. In extreme cases, photography may be the only method for recording these prints due to the fragile condition of the skin.

In the absence of other specific procedures established by the Medical Examiner, fingerprint identification may be accomplished using the following procedures:

2. A VIP-generated Recommendation of Presumptive Identification form shall be completed documenting the:
 - a. Names of two Fingerprint Specialists concurring on the identification,
 - b. Name of victim and antemortem record source used to effect identification, and
 - c. MRN file number(s) matched to the RM antemortem records.
3. The report of Recommendation of Presumptive Identification shall be forwarded to the FM MIC Verification Manager for review and forwarding to the Medical Examiner.



Policy 718)Policy 16)

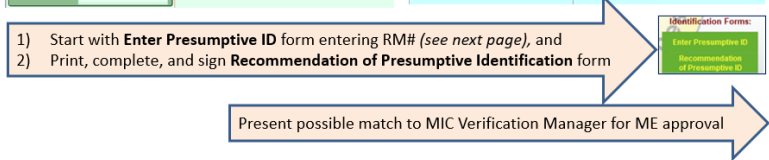
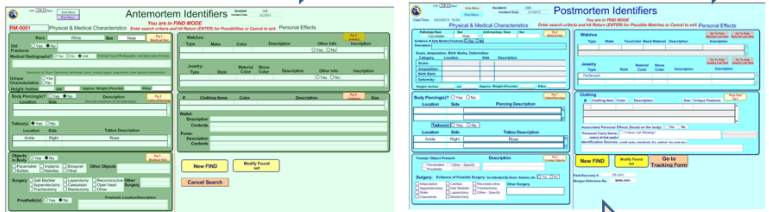
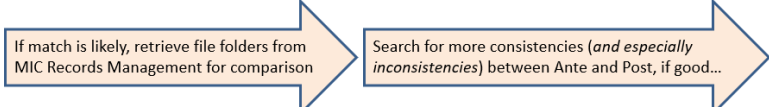
Anatomic

Features Identification Policy

In the absence of other specific procedures established by the Medical Examiner, identification by anatomic features such as tattoos, surgical scars, radiological comparison, medical device, etc., may be accomplished using the following procedures:

1. A Report of Presumptive Identification (from VIP) shall be completed documenting the:
 - a. Names of two Forensic Anthropologists or Pathologists concurring on the identification,
 - b. Anatomic features upon which identification was based,
 - c. Date and time identification was made,
 - d. Name of victim and antemortem RM record source used to effect identification, and
 - e. MRN file number(s) matched to the antemortem RM records.
2. The report of Presumptive Identification shall be forwarded to the MIC for FM MIC Verification Manager Review and forwarding to the Medical Examiner.

MIC ID Feature Match-Misc





Policy 719) Policy 17)

NOK

Notification of Positive Identification Policy

In the absence of other specific procedures established by the Medical Examiner, FEMORS can provide for notification of NOK using the following guidelines if approved by the Medical Examiner.

1. When a disaster victim has been positively identified, the MIC Verification Team will provide to the VIC for action by a VIC Notification Team:
 - a. a photocopy of the ME-signed Recommendation of Presumptive Identification and
 - b. a letter of official notification to the NOK (as directed, drafted, and perhaps signed by the ME).
2. VIC Notification Teams are comprised of 2 staff selected by the VIC Unit Leader. It shall be the responsibility of the VIC Notification Team to contact the NOK to schedule a personal visit if possible.
3. When a VIC Notification Team contacts the NOK, they should have with them:
 - a. a copy of the ME-signed Recommendation of Presumptive Identification,
 - b. the letter of official notification to the NOK, if applicable.
 - c. Family Notification and Release Preference form pre-printed from VIP which provides
 - i. Options for Additional Remains Release Election,
 - i. Required if the remains are fragmented or not complete,
 - ii. Authorization for release to selected funeral service provider, and
 - iii. Documentation of date and time of notification. (See NOK Notification Report, page 397.)
4. If the NOK are present at the VIC, the Notification Team shall escort the NOK into a private room for the announcement of formal notification of identification. A team member shall read the letter of official notification to the NOK. The Notification Team will answer, to the best of their knowledge, any questions from the NOK.
 - a. When emotions of the NOK permit, the Team will present them with the applicable release authorization form to designate the funeral home selected by the NOK. The Team should review the release authorization and answer any questions. After review of the release authorization, the NOK should be asked to sign it.
 - b. A photocopy of the release authorization should be given to the person who signed it. The original copy should be returned to MIC Records Management through established methods.
 - c. If NOK have not yet selected a funeral service provider, they shall be provided the Family Notification and Release Preference form with instructions to:
 - i. Record their choice of funeral service provider and release options,
 - ii. Sign the form, and
 - iii. Return it to the VIC by either method:
 - i. Fax it back to the VIC at the fax number provided, or,
 - ii. the form may be scanned and e-mailed back to the VIC at the address provided.
5. If the NOK are not present at the VIC, and a personal visit is not possible, the Notification Team may notify the NOK by telephone.
 - a. One Team member will do the speaking and the other will witness the conversation. When the NOK answers the phone, the team member should identify him or herself by first and last name.
 - b. Before continuing the Team member should feel comfortable that the NOK comprehends who is calling and that it is an official call.
 - c. Notes should be kept documenting the date and time of the call, to whom the team member spoke, and what relationship that person holds to the victim.
 - d. The letter of official notification to the NOK should be read to them slowly and distinctly.
 - e. After answering any questions, the Team should tell the NOK about the necessary release authorization form that needs their signature to designate the funeral home selected by the NOK
 - f. The NOK should be asked if they have access to e-mail, a fax or if they would be comfortable with a local law enforcement agency hand delivering the form to their residence.
 - i. If they wish to involve local law enforcement, ask for the name of the agency and phone number. The release authorization can be e-mailed or faxed to the local agency and hand carried for signature then returned by way of e-mail or fax to the VIC.
 - ii. If the NOK is uncomfortable involving local law enforcement, ask them if they could designate someone else to perform this task by e-mail or fax. Members may suggest a close friend, clergyman, funeral director, Red Cross, or Salvation Army. At the end of the conversation the team member should give the NOK their full name and the phone number at the VIC again.



- g. Notes should be made by the team member as to whom the release authorization should be sent, including the e-mail address, telephone number, or fax number. This agency or person should be contacted and briefed prior to sending the release form regarding what they should do. The appropriate FEMORS follow-up form can be used by the Notification Team to document the above tasks.
6. Advise the NOK that this process will be completed in the most expedient manner in coordination with the funeral service provider and that they should not receive or accept information from anyone other than whom they have designated.



Policy 720)Policy 18) **Standard**
Operating Guidelines for Biological Decontamination of Aluminum Floor Refrigerated Trailers
(Adapted from DMORT's experiences at Hurricane Katrina)

Decontamination of aluminum floor refrigerated trailers may proceed after the trailer is emptied of human remains and shelving units. Cleaning may be done by a contracted cleaning company as long as its protocols meet or exceed the procedures listed below.

Definitions:

- *Contaminated* means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
- *Decontamination* means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.
- *Disinfection* means the process that destroys or irreversibly inactivates the vegetative cells of infectious microorganisms.

Approved Disinfection Agents

The following chemical germicides, registered by the EPA as hospital disinfectants, have been approved for the disinfection/cleaning purposes identified when used according to directions:

Chemical Agent	EPA Reg No.	Cleaning Purpose
Metriguard	46781-6	Disinfectant/decontaminant cleaner for instruments, and autopsy stations
Lysol I.C.	47371-129-675	Disinfectant/decontaminant cleaner for floors
UltraClorox	67619-8	Bleach/water for trays, floors and general disinfection (12oz/gal)

(Alternate: household bleach solution (5.25% Sodium Hypochlorite) diluted 1:10 with water.)

- "Bleach" or "chlorine" is the least desirable agents to use because of its corrosive nature on surfaces, especially metal ones. Bleach should only be used if other agents are unavailable.
- Other general purpose chemical germicides, if registered by the EPA as hospital disinfectants, may be used for disinfection.
- Other general purpose soaps and cleaners which may be bacteriostatic but not necessarily bactericidal may be used for hand washing and preliminary cleaning of surfaces (i.e., "decontamination") prior to having the item or surface disinfected by one of the above listed disinfection chemicals.

Waste Collection Preparation:

- Trailer shall be parked with the refrigeration unit end tilted higher than the exit doors to allow for drainage.
- All debris removed from the trailer shall be collected for proper biomedical waste disposal.
- Continuous plastic sheeting of 6 mil thickness shall be placed on the ground at the door openings of the refrigerated trailer extending at least 3 feet beyond the width of the trailer opening and 3 feet under the actual end of the trailer. The plastic should extend at least 10' to 12' from the bumper of the trailer outward and propped up on the sides to create a reservoir.

Worker Safety:

- Personnel performing the actual decontamination within the trailer will wear full hooded PPE with shoe coverings that are impervious to sodium hypochlorite, commonly known as "household bleach".
- Other PPE for the personnel would include
 - a respirator with canisters specifically designed for sodium hypochlorite,
 - eye and face protection,
 - single layer of latex gloves
 - pair of heavy rubber gloves applied as a second layer over the latex gloves and
 - rubber non slip shoe covering.
- All areas such as boot and glove connections must be securely fastened to outer PPE with an approved tape.

Cleaning Sequence:

- Dry sweep the trailer interior out thoroughly with a dry push broom with all contaminants swept onto the plastic collection reservoir. After the trailer has been thoroughly dry swept and all contaminants (debris) are



on the plastic, sweep all contaminants into a pile and place them in proper biomedical waste containers for disposal.

- Prepare a hand operated low pressure sprayer filled with a properly diluted disinfection agent.
- Liberally apply the disinfection agent to the interior ceiling, walls, floor and doors of the trailer.
- Spraying is to start at the front of the trailer (refrigeration unit end) working from the ceiling, down the walls to the floor of the trailer towards the back (the rear doors).
- The intake opening for the refrigeration system should also be sprayed while the refrigeration system is operating and cycling in order to thoroughly clean the system.
- Allow the disinfection agent solution to remain in place not less than 15 minutes.
- Use a fresh water (without disinfection agent) pressure washer with a minimum of 1500 psi to spray the interior of the refrigerated trailer down again starting in the front with the ceiling, walls and finally the floor to remove all loose contaminants. A bucket and brush may be needed to remove any heavily soiled stains from interior of trailer.
- All wastewater must be contained. Most refrigerated trailers have floor drain holes in the front and rear of the trailer. Hoses may be attached to drain holes and fed to a containment system to collect all runoff waste. All wastewater from the cleaning process must be disposed in liquid biomedical waste containers for proper disposal.
- After the trailer has been thoroughly cleaned (decontaminated) with the pressure washer, use the hand operated low pressure sprayer to reapply a light misting of disinfection agent solution using the hand operated pressure sprayer to the interior of the trailer in the sequence stated above.
- Allow the trailer to air dry with the doors left open until disinfection agent odor has dissipated.
- After the trailer has been fully decontaminated and disinfected, turn on the refrigeration unit so that air is flowing throughout the trailer. Apply a number of light mists (2 to 3 sprays) of disinfection agent solution from the low pressurized sprayer directly into the intake of the refrigerated unit to clean the unit of any contamination. Allow the refrigerated unit to run a minimum of 10 minutes before shutting unit off.

Waste Disposal:

- All wastewater and debris gathered within the plastic barrier shall be placed in liquid biomedical waste containers for proper disposal.
- All plastic sheeting shall be disposed of in proper biomedical waste containers.
- Personnel PPE shall also be placed in proper biomedical waste containers after decontamination has been completed.
- Disposal of brooms, brushes and any other equipment unable to be decontaminated should be disposed of properly in a biomedical waste container.
- After decontamination of trailer and affected area, and proper disposal of used PPE, cleaning personnel must wash hands with a disinfectant soap.



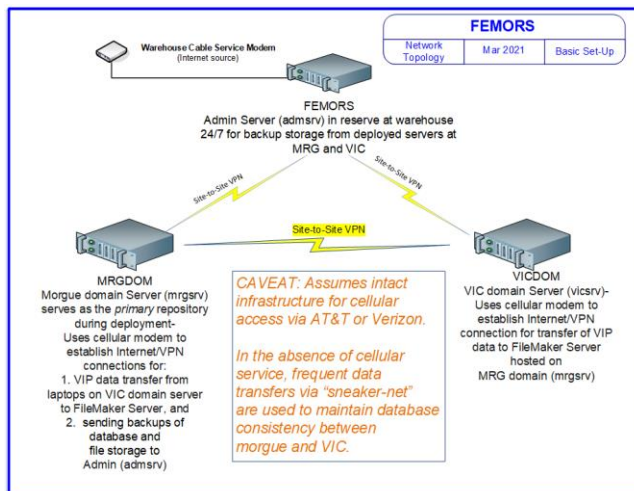
Policy 721)Policy 19)

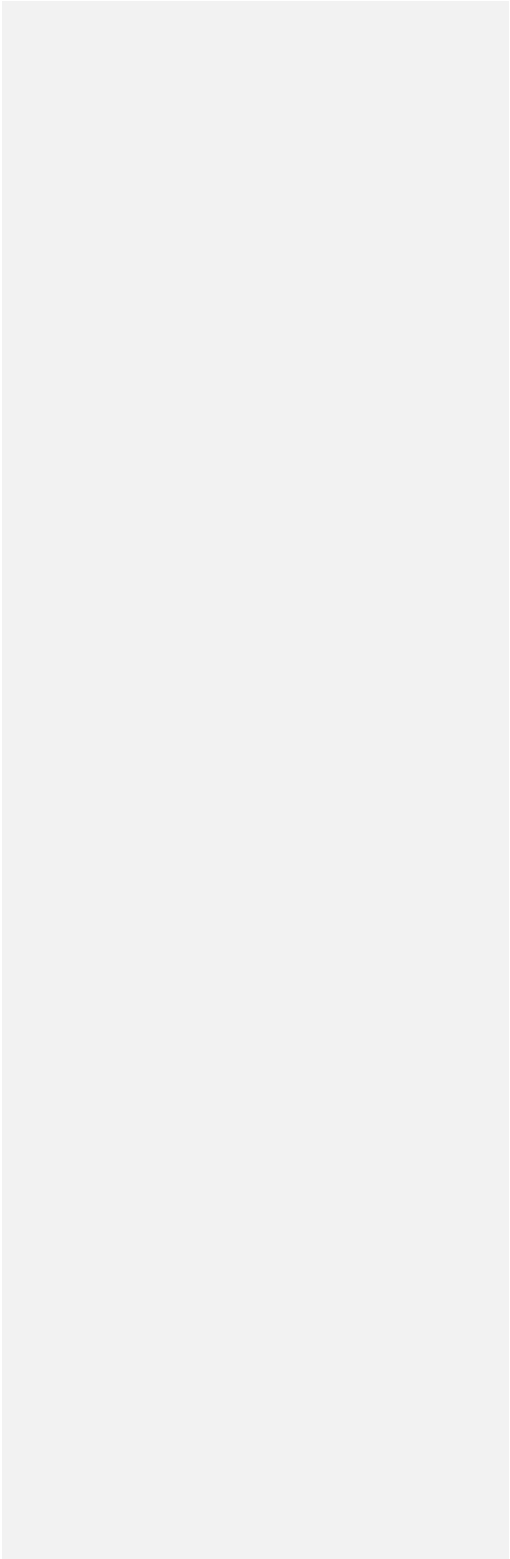
Computer

Network Security, Topology and Hierarchy Policy

In the absence of other specific procedures established by the Medical Examiner, data management and security may be accomplished using the following network topology server system components:

1. Administrative Server: (ADM server)
 - a. Uses wired cable modem service for 24/7/365 Internet connectivity at fixed warehouse location.
 - b. Contains redundant program installers for laptops (VIP, dental WinID, MS Office, etc.), and
 - c. Stores backup files supplied from VIP and other programs and when deployed in the field.
 - d. Can be configured to serve as victim missing report hub for initial VIP Call Center operations while equipment cache and personnel are mobilizing enroute to an incident.
2. Morgue Server (MRG Server)
 - a. Operates as the primary on-site data repository during deployment. It supplies:
 - i. Morgue Stations,
 - ii. Morgue Identification Center (MIC), and
 - iii. Administrative Command Post.
 - b. Uses cellular modem to establish Internet/VPN connections for VIP data.
 - i. Primary cellular network via AT&T's FirstNet.
 - ii. Redundant alternate via Verizon if needed.
 - c. Uses internal WiFi (or a more robust Wireless Access Point- WAP) for laptop LAN connections.
 - i. If necessary, an ethernet wired LAN can be configured.
 - d. Closed network - Laptop access to internet is limited to as-needed essential stations only.
3. VIC Server
 - a. Facilitates data transfer to the Morgue Server on-site repository during deployment.
 - b. Uses cellular modem to establish Internet/VPN connections for VIP data
 - i. Primary cellular network via AT&T's FirstNet.
 - ii. Redundant alternate via Verizon if needed.
 - c. Uses internal WiFi (or a more robust Wireless Access Point- WAP) for laptop LAN connections.
 - i. If necessary, an ethernet wired LAN can be installed.
 - d. Closed network - Laptop access to internet is limited to as-needed essential stations only.
4. Victim Information Program (VIP) database redundancy
 - a. In the absence of initial cellular service, i.e., storm damaged infrastructure, frequent data transfers are used to maintain VIP database consistency between morgue (postmortem data collection) and VIC (antemortem data collection).
 - b. VIC server can operate independently of morgue server until connectivity can be established.



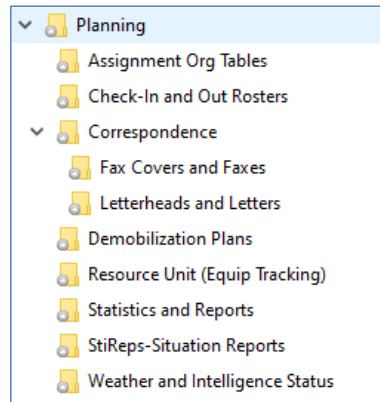
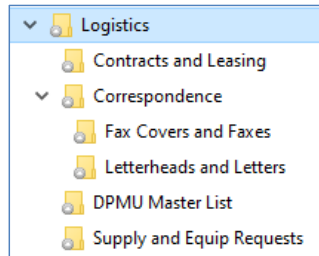
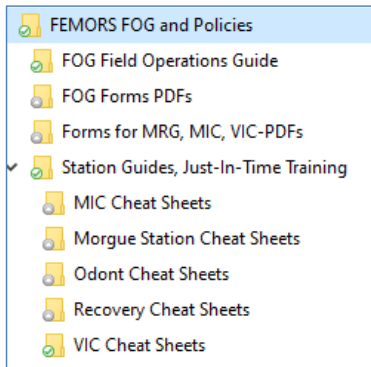
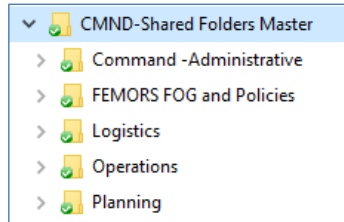
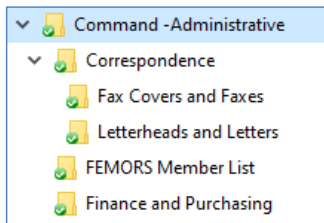


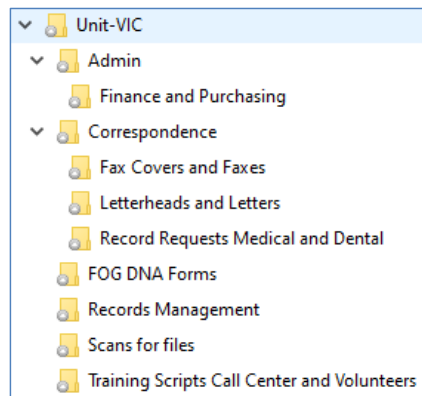
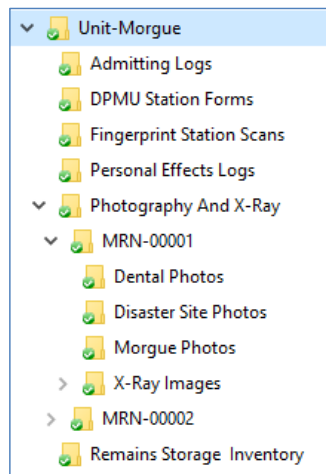
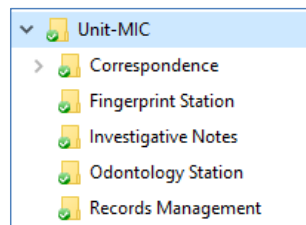
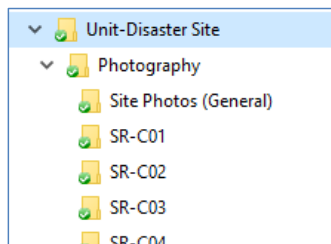
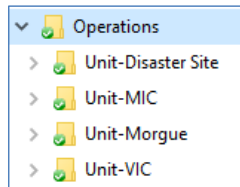


5. Laptop Assignment Distribution (subject to change as older units are replaced or new ones added over time)
 - a. Administrative Command Post - 8
 - i. Admin, Check-In
 - ii. Admin, Time & Travel
 - iii. Planning
 - iv. Spares (3)
 - b. Logistics-DPMU - 1
 - c. Disaster Site-Transportation Staging - 1
 - d. Morgue Stations - 13
 - i. Admitting Station #1
 - ii. Admitting Station #2
 - iii. Triage
 - iv. Remains Storage/Release
 - v. Radiology
 - vi. Pathology
 - vii. Personal Effects
 - viii. Photography
 - ix. Fingerprints
 - x. Odontology (post) #1
 - xi. Odontology (post) #2
 - xii. DNA
 - xiii. Anthropology
 - e. MIC (Morgue Identification Center) - 13
 - i. Unit Lead
 - ii. Records Management #1
 - iii. Records Management #2
 - iv. Verification Lead
 - v. VIP Data Entry/Audit/Search #1
 - vi. VIP Data Entry/Audit/Search #2
 - vii. VIP Data Entry/Audit/Search #3
 - viii. VIP Data Entry/Audit/Search #4
 - ix. VIP Data Entry/Audit/Search #5
 - x. VIP Data Entry/Audit/Search #6
 - xi. Fingerprints
 - xii. Odontology (ante) #1
 - xiii. Odontology (ante) #2
 - f. VIC (Victim Information Center) - 24
 - i. Unit Lead
 - ii. VIP Programmer (Database Team Leader)
 - iii. Information Collection Coordinator
 - iv. VIP Call Center #1
 - v. VIP Call Center #2
 - vi. VIP Call Center #3
 - vii. VIP Call Center #4
 - viii. Interview Lead
 - ix. Records Management #1
 - x. Records Management #2
 - xi. Data Entry/Audit Lead
 - xii. VIP Data Entry #1
 - xiii. VIP Data Entry #2
 - xiv. VIP Data Entry #3
 - xv. VIP Data Entry #4
 - xvi. VIP Data Entry #5
 - xvii. VIP Data Entry #6
 - xviii. VIP Data Entry #7
 - xix. VIP Data Audit #1
 - xx. VIP Data Audit #2
 - xxi. Medical/Dental Records Acquisition #1
 - xxii. Medical/Dental Records Acquisition #2
 - xxiii. Family History (DNA)
 - xxiv. Family Affairs (Release)
6. Network Document Storage Hierarchy (deployment shared folders hosted on Morgue server)
 - a. Documentation that is not normally stored immediately inside the VIP database - especially for site recovery photography, administrative, finance, and planning functions - can be maintained in one, primary, set of networked folders.
 - i. Photography for one victim, for example, is collected from:
 - i. site recovery (SR# - with unique numbering in any of a variety of field assigned numbering schemes).
 1. Different cameras may be used but each assigns internal numbers (which could inadvertently create duplicates) to the raw images which need to be renumbered to the SR# visible in the photo ruler.
 2. Multiple collection sites and different collection agencies, may also complicate collection of all recovery photography.
 - ii. morgue processing (MRN#) stations and has to be linked to all related site recovery photography.
 - iii. Safe redundancy calls for using a single set of networked folders to hold all of the original images as a safeguard (backup) to images stored in VIP.
 - ii. Dental and medical records can be received digitally for people reported missing, some of whom are later found to be alive.



- iii. Scans and e-mails with photos of victims, tattoos, jewelry, etc., are often received from families who report missing persons some of whom are later found to be alive.
- iv. This entire set of files is turned over to the Medical Examiner upon demobilization of all operations.
- b. Major divisions of the Shared Folders Master set (much like a filing cabinet with drawers and file folders) consist of:
 - i. Command -Administrative
 - ii. FEMORS FOG and Policies
 - iii. Logistics
 - iv. Operations
 - v. Planning





- c. Access rights to each section may be set by function of the tasks being performed. For example,
 - i. All responders have access to the reference material folders in FEMORS FOG and Policies.
 - ii. Medical Examiner personnel and MIC staff have full access all folders to effect identifications.
 - iii. Site Recovery, Transportation Staging station, which uploads recovery photos to the Disaster Site folders, is limited to that set of folders only.
- d. Some materials initially stored in the networked folders are later uploaded into the VIP database's media files in either the post or ante modules.
 - i. For example, once remains are delivered from the site to the morgue, the SR#s of photos are updated by appending the SR# to the correct Morgue Reference Number (MRN) so they are properly cross-referenced. [For example- "SR-C01" becomes "MRN00001, SR-C01"]
 - ii. MRN-SR photos are then copied to the proper morgue MRN photography folder and uploaded into VIP.



7. Computer Network Security

- a. FEMORS will establish and maintain a secured server/client network to control data management and documents related to:
 - i. VIP ante and postmortem data collected,
 - ii. WinID and DEXIS ante and postmortem dental data collected,
 - iii. Proprietary digital body-x-ray data collected,
 - iv. Photographs,
 - v. Correspondence, and
 - vi. Response documentation.
- b. Security consists of:
 - i. physical segregation of the hardware elements,
 - ii. laptops assigned unique identifiers in a secured domain, and
 - iii. user identification and password requirements for log-in to databases and networked shared files.
- c. Security access will be limited to the “least necessary” principle determined by the role each user is fulfilling. For example, VIC staff need:
 - i. VIP read-write access to antemortem data;
 - ii. VIP read-only access to postmortem data, but do not need read-write access; and
 - iii. Read-write access to certain shared folders for correspondence.

Server Access Groups	Authorities			
	Internet Access	VIP Access	Shared Folder Access	DEXIS/WinID Access
Administrators	Full Access		Full Access	Full Access
Command Staff	Full Access		Full Access	None
VIC Staff	Limited Access	Ante	Limited Access	None
MIC Staff	Limited Access	Ante-Post	Limited Access	Edit AM and PM
Morgue Staff	None	Post	Limited Access	Edit AM and PM
Disaster Site Staff	Limited Access		Limited Access	None
DPMU Staff	Limited Access		Limited Access	None
Unassigned FEMORS Members	None		None	None
MEO Staff	Full Access		Limited Access (Per DME)	None

- d. All data, photographs and records stored remain the property of the Medical Examiner and may not be duplicated or distributed without appropriate authority.
- e. Upon demobilization of FEMORS, all records are transferred to Medical Examiner staff.



~~Policy 722~~ Policy 20 VIC DNA Family Reference Collection Protocol

The FEMORS protocol for DNA family reference collection is designed to facilitate the identification of missing individuals through the comparison of ante-mortem DNA samples with the family DNA collection. The following procedures are developed to assure the greatest success in this identification process. As VIP is updated, these procedures will also be modified.

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Section IV. Preparing Shipments to DNA Laboratory	310
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Section VII. Obtaining Personal Effects at the VIC	314

Caveat: Testing Laboratory Selection

For FEMORS events in Florida, the Florida Department of Law Enforcement (FDLE) will very likely be selected as the DNA gatekeeper laboratory of choice for the event. As gatekeeper, FDLE will evaluate whether all DNA testing will be done through the FDLE laboratory system or if partner accredited laboratory facilities will share in the workload. The Medical Examiner will collaborate with FDLE, FDOH and FDEM to reach a decision for DNA testing.

Emergency Management Assistance Compact (EMAC) events outside of Florida - a possibility when Governor to Governor requests are made - may elect to use the Armed Forces DNA Identification Laboratory (AFDIL) as the DNA gatekeeper laboratory of choice for the event. This is often the laboratory of choice when DMORT is activated.

Both FDLE and AFDIL have their own sets of forms and procedures to follow.

This protocol is focused on the Florida situation as being the most likely so it addresses FDLE needs. It also strives to satisfy AFDIL needs but there might be fine nuances of difference that will only become apparent during activation.

This protocol may be adapted to any requirements of the laboratory selected by the Medical Examiner.



Section I. Buccal Swab Kit Preparation (for Florida Department of Law Enforcement)

DNA reference collection kits include the following items:

1. Large manila or shipper envelope with US Airbill addressed to donor(s) to hold all the materials. Label (2" x 4") on lower left envelope face edge with

Missing Person DNA Buccal Swab Kit
Use one DNA kit per family member.

2. Cover letter with instructions to Families (page 377).
 - 1 per donor even if in the same household (except for young children)
 - Printed as needed from within VIP for each appropriate donor selected.
3. FDLE Family Reference Collection and Consent Forms Ver. 1, 2 pages (page **Error! Bookmark not defined.**)
4. Brochure "Florida Missing Persons DNA Database", 2 pages (**Error! Bookmark not defined.**)
5. DNA Chapter 760.40, Florida Statutes (page 386.)
6. Self-Seal Legal Envelope for Swab Return shipping
 - 1 envelope per donor
 - The self-seal envelope will be marked or labeled (2" x 4") on the front with this text:

SWAB Envelope
Donor Name _____ Date/Time _____

Name of Missing Individual _____

- *This will be completed by the donor*
7. 1 pair of swabs in sleeve envelope (2 swabs total)
 - 1 package per donor or 2 packages if the swab kits only contain 1 swab in each sleeve.
 - Each swab sleeve will be marked or labeled with the identical information as the self-seal envelope. *This will be completed by the donor*
 - Place the swab sleeves into the legal sized envelope. (Do not seal).
8. FedEx return envelope with preprinted Airbill addressed to the VIC
 - 1 per household
9. Two (2) latex free large surgical gloves

Two FedEx Airbills will be prepared for each package being sent.

1. **Shipping label for each household** will include the donor's name and street address. (**No P.O. Box**)
 - "Your Internal Billing Reference" is the Reported Missing case number (**RM#000xx**)
 - Include the date the package is being sent by VIC
If airbill blanks and shipping envelopes are not available on-site, create a label visit <https://www.fedex.com/lite/lite-ship.html#address>.
 - Tear off the top copy of Airbill for VIC records before shipping.
 - Place this completed Airbill label into the clear invoice envelope attached to the front of the large manila envelope.
 - Do not seal the envelope at this point.
2. **Shipping label for return** of DNA sample and Donor Consent Forms.
 - Fill out with as much information as possible for the donor for return to VIC.
 - Include in the Internal Billing Reference the VIC case number (RM#000xx).
 - Do not fill in the shipping date.



Section II. Sending Buccal Swab Kits to Family Donors

A. VIC INTERVIEW TEAM

Interviewers will contact family members and create a list of who will qualify as DNA donors based on the relationship with the missing individual.

The **Potential Living Biological Donors** page (7 of the VIP 8-page) is used during the interview process and an entry is completed for **each** potential donor by the interviewer.

The screenshot shows the 'DNA / Family Donors / Kit Tracking' interface. At the top, it displays the incident name 'Orlando COVID19' and a date selector. Below this is a table with columns for RM #, Last Name, First, Middle, Soc. Sec #, Birth, and Gender. The first row shows 'RM-00001 Test Missing / / / , SS#'. Below the table are checkboxes for 'DNA Kits Mailed', 'DNA Kits Returned', 'DNA Kits Sent to Lab', and 'All DNA Kits Completed'. A 'Donor Work List' section contains a table with columns for Name (Missing Person, Father of Test), Address, Email, and various tracking fields like 'Onsite Collection', 'Sample Collected', and 'Kit Mailed To Donor'. A 'Print Kit Forms' button is located at the bottom right of the form.

B. Selection of the donors

An “appropriate family member” for nuclear DNA analysis is someone who is biologically related to and only one generation removed from the deceased. The following are the family members who are appropriate donors to provide reference specimens, and in the order of preference (family members highlighted in bold print are the most desirable):

1. Biological (natural) **Mother and Father**, OR
2. **Spouse and** biological **Child**, OR
3. A biological **Mother or Father** and the victim’s biological **Child**, OR
4. Multiple biological **Full Siblings** of the victim (i.e., brothers or sisters from the same Mother and Father)

Normally, only the **two** most appropriate donors will be sent kits. The VIC Family History (DNA) Coordinator will set up the protocol for selection of donors.

C. FM VIC Family History (DNA) Specialist follow-up

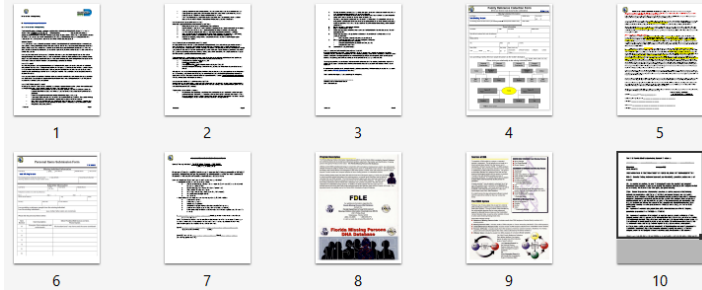
The FM VIC Family History (DNA) Specialist will use the VIP tools of the navigation button **DNA Donors Kit Tracking** of the VIP Page 7 to create the materials preprinted with the victim and donor’s names to be shipped to the donor and to track the status of the kits.

After the Interviewer completes the Potential Living Biological Donors in VIP, the FM VIC Family History (DNA) Specialist selects the most appropriate donor(s) for the creation of a personalized letter explaining to each donor the process for DNA collection. In VIP, the **“Print Kit Forms”** button at the bottom right is used to prepare this set of documents.

Print Kit Forms



This produces a set of ten (10) documents referencing the RM# and missing person's name, and the donor's information.



The FM VIC Family History (DNA) Specialist will read over the information from the donor letter and forms printed to double check the address, RM# and family relationship. If necessary, use the information in the VIP to make corrections or clarifications and reprint if necessary. The interviewer may be contacted to clarify the information on the form.

Handwrite the RM# in the right lower corner of each Family Reference Collection Form and Consent Form.

D. Shipping the Kit

A DNA reference buccal swab collection kit will be sent to each donor with separate addresses. In the case of two donors having the same street address, both kits will be sent in the same mailing package.

FEDEX is likely to be used as the priority mailing service for the event. Use only street addresses. **(POST OFFICE BOX NUMBERS WILL NOT BE USED)**. If airbill blanks and shipping envelopes are not available on-site, create a label visit <https://www.fedex.com/lite/lite-ship.html#address>.





Place this completed label into the clear invoice envelope attached to the front of the FedEx packaging envelope. Do not seal this envelope. Fold the envelope and place into the large manila envelope.

- Double check the contents of the DNA Reference Collection Kit shipper envelope you have prepared and verify the information on both shipping labels.
- **Have a second team member double check** the contents before sealing the package and packing slips. Save the Airbill cover page for the file.
- Log kits shipped out in the DNA FedEx Shipping Log (page 389):

Family History DNA FedEx Shipping Log				Incident Name:		
RM Case	Name of Missing Person	Donor Name/Relationship	Date Shipped	FedEx Tracking Number	Date Returned	FedEx Tracking Number
1						
2						

- Open and update the navigation button **DNA Donors Kit Tracking** of the VIP Page 7.

- Check to see that the donor being sent the kit is listed in the donor list.
- Select **“NO”** for **Onsite Collection**
- Enter **“Buccal Swab Kit”** under the **Sample Type** field (leave the rest of the middle section blank).
- Indicate **“YES”** to **“Kit mailed to donor”** and add the date in the **“Date”** box.
- **Document the outgoing tracking number** in the donor section labeled, **“FedEx # to Donor”**.
- **Document the return tracking number** (the 2nd Airbill included in the kit) in the donor section labeled, **“From Donor”**.
 - The date will be added later once it is received back.

Navigation	Find
Ante Menu	Find Name
Post Menu	Find RM#
Special Ops	Show ALL
Release	Victim List
Case Notes	
List View Notes	Find INFORMANT
Photo Page	INFORMANT List
Records Management	DNA Donors Kit Tracking



Section III. Receiving Kit Shipments from Families

VIC receives daily FedEx shipments (except on Sunday).

DNA kits received back **remain sealed – DO NOT OPEN.**

The FM VIC Family History (DNA) Specialist receiving the DNA kits will document receipt.

- Do NOT remove the Airbill! Leave the package intact.
- Photocopy the return Airbill for the RM# file folder and deliver to Records Management.
- Record the date received and FedEx tracking number on the DNA FedEx Shipping Log (page 389):

Family History DNA FedEx Shipping Log				Incident Name:		
RM Case	Name of Missing Person	Donor Name/Relationship	Date Shipped	FedEx Tracking Number	Date Returned	FedEx Tracking Number
1						
2						

- Open and update the navigation button **DNA Donors Kit Tracking** of the VIP Page 7.
 - Check to see that the donor returning the kit is listed in the donor list.
 - Indicate **“YES”** to **“Returned”** and add the date in the **“Date”** box.
 - **Verify the tracking number** in the donor section labeled, **“From Donor”**.

Security of the swab kits and records will be maintained in the locked storage bin in the DNA Station until shipping to the DNA lab.



Section IV. Preparing Shipments to DNA Laboratory

To prepare the DNA kit(s) or personal effects submitted for shipping to the laboratory, complete a **DNA Laboratory Transit Log** (page 390) for all items (one or multiple) contained in the group shipment (before sealing place a photocopy of the log page in the box being shipped). Use a hardy packing box to prevent damage to the swab kits (or personal effects) during delivery.

Family History DNA Laboratory Transit Log					Incident Name:			
Group #	Date Shipped	RM Case	Name of Missing Person	Donor Name/Relationship	Donor Kit's FedEx #	Shipped to Lab	Shipped By/Method	Shipped By:
1								
2								

Shipping packet should include:

- ✓ **Completed DNA Laboratory Transit Log**
- ✓ **Sealed FedEx package(s) containing donor Swab Kits or personal effects packages:**
 - RM#, Name of Donor and FedEx ID number marked on each envelope.

BEFORE SEALING: The package should be double checked by another team member to make sure that all of the items and documents are included and completed accurately.

Prepare one FedEx package for several DNA swab kits (and supporting document listed above).

- Use an Airbill addressed the laboratory designated for testing.
- Write the date shipped in the appropriate box at the upper left corner of the Airbill.
- After completing this form tear off the top copy of the Airbill and retain for VIC DNA Station records.
 - Place one photocopy of the Airbill into each of the case files of the RM Cases listed on the Laboratory Transit Log.
 - Store the original in the **DNA Laboratory Transit Log** binder.
- Open and update the navigation button **DNA Donors Kit Tracking** of the VIP Page 7 for each donor kit sent.
 - Indicate **"YES"** to **"Kit Sent to Lab"** and add the date in the **"Date"** box.
 - **Document the tracking number** in the donor section labeled, **"To Lab"**.

DNA / Family Donors / Kit Tracking Incident: Orlando COVID19
Incident Date: 1 2 3 4 5 6 7 8

RM-00001 Test Missing / / / / SS# Male Female
 DNA Kits Mailed No DNA Kits Returned No DNA Kits Sent to Lab No All DNA Kits Completed YES

Donor Work List **Donor List**

Name: Missing Person / Father of Test /
 Last Suffix First Middle DOB Gender Relationship
 Address: City State Zip
 Email: Phones: c W H
 If DNA NOT collected from this individual please explain why not.
 Onsite Collection: Yes No Appointment Date: Collection Site:
 Sample Collected: Yes No Date Collected: Sample Number:
 Sample Type: Where is sample Now:
 Kit Mailed To Donor Dte Returned Dte Kit Sent To Lab Dte
 FedX # To Donor FedX # From Donor FedX # To Lab
 Donor Kit Status **Print Kit Forms**



Section V. Obtaining Buccal Swab Specimens at the VIC

A designated FM VIC Family History (DNA) Specialist will meet with the donor family in the family interview room to assist with completing the kit and its forms.

One kit will be used for each donor. The procedure for each kit is as follows:

1. Do not use plastic bags. Use only the envelopes provided.
2. If the individual is collecting a sample from themselves they should wash their hands thoroughly prior to collection. However, if a second person is performing the collection, they must wear the gloves provided at all times during this procedure to prevent contamination of the donor's sample. This could happen with a swab is obtained from a young individual.
3. The donor must not consume food or drink, chew gum, or use any tobacco or mouthwashes for at least 15 minutes prior to the DNA sample being collected.
4. Carefully open the **handle end** of the swab sleeve and remove the swab from its sleeve (keep the sleeve as it will be reused later). Do not touch the cotton tip.
5. The first swab is used to collect cells from the inside of either cheek. To collect DNA cells on the swab, briskly rub the inside of the donor's inner cheek up and down 10 times with the swab using moderate pressure. Take care to scrape cells from the oral mucosa (inner cheek), and to not just collect saliva.
6. Return the used swab to its paper sleeve.
7. Repeat with the second swab.
8. While wearing gloves, write the donor's name on the label of both the swab sleeves and the self-sealing envelope.
9. While wearing gloves, package both swab sleeves in the smaller self-sealing business sized envelope and seal it.
 - Have the donor place their signature across the seal.
10. Place all materials into the FedEx shipper envelope including the:
 - Signed and sealed swabs envelope,
 - Completed Family Reference Collection Form, and the
 - Completed Consent form.
11. Seal the FedEx shipper envelope.

Security of the swab kits and records will be maintained in the locked storage bin in the DNA Station until shipping to the DNA lab.

The FM VIC Family History (DNA) Specialist will then:

- Log the sealed kit into DNA FedEx Shipping Log using the date of completing the kit as the date returned.
- Update the **DNA Donors Kit Tracking** of the VIP Page 7 .
 - Check to see that the donor completing the kit is listed in the donor list.
 - Select **"YES"** for **Onsite Collection** and enter appointment **Date**
 - Select **"YES"** for **Sample Collected** and enter **Date**
 - Leave Donor # and Sample # blank unless directed otherwise.
 - Enter **"Buccal Swab Kit"** under the **Sample** field
 - Sample Location will automatically update
 - Leave **"Kit mailed to donor"** and date blank
 - Leave **"Returned"** and date blank.

The screenshot shows a web form titled "DNA / Family Donors / Kit Tracking" for "Incident Orlando COVID19". It features a navigation bar with tabs 1-8. The main form area includes a "Donor Work List" and a "Donor List" table. Below these is a section for tracking kit collection and shipping, with a red box highlighting the "Onsite Collection" and "Sample Collected" fields. The "Onsite Collection" section has radio buttons for "Yes" and "No", and fields for "Appointment Date" and "Collection Site". The "Sample Collected" section has radio buttons for "Yes" and "No", and fields for "Date Collected" and "Sample Number". Other fields include "Sample Type" and "Where is sample Now?". At the bottom, there are fields for "Kit Mailed To Donor", "Returned", "Kit Sent To Lab", and "FedX # To Donor", "FedX # From Donor", "FedX # To Lab". A "Print Kit Forms" button is located at the bottom right.

The same shipping process will be followed as outlined in **SECTION IV**.



Section VI. DNA Collection Kit for Personal Effects Submission

A. DNA personal effects collection kits include the following items:

1. Large manila or shipper envelope with US Airbill addressed to donor(s) to hold all the materials. Label (2" x 4") on lower left envelope face edge with

Missing Person DNA Personal Effects Kit

2. Cover letter with instructions to Families (page 377).
3. Personal Items Submission and Consent Form, 2 pages (page 383).
4. Brochure "Florida Missing Persons DNA Database", 2 pages (**Error! Bookmark not defined.**)
5. DNA Chapter 760.40, Florida Statutes (page 386.)
6. Envelopes large enough for the item(s) to be submitted (as discussed with the family)
 - 1 envelope per item
 - The self-seal envelopes will be marked or labeled (2" x 4") on the front with this text:

Personal Effects Envelope
Item Description: _____

Submitter's Name _____ **Date/Time** _____

Name of Missing Individual _____

- *This will be completed by the submitter.*

7. FedEx return envelope (large enough for the item(s) to be submitted) with preprinted Airbill addressed to the VIC
8. Two (2) latex free large surgical gloves.

B. Two FedEx Airbills will be prepared for **each** package being sent.

1. **Shipping label for each household** will include the donor's name and street address. (**No P.O. Box**)
 - "Your Internal Billing Reference" is the Reported Missing case number (**RM#000xx**)
 - Include the date the package is being sent by VIC
 - If airbill blanks and shipping envelopes are not available on-site, create a label visit <https://www.fedex.com/lite/lite-ship.html#address>.
 - Tear off the top copy of Airbill for VIC records before shipping.
 - Place this completed Airbill label into the clear invoice envelope attached to the front of the large manila envelope.
 - Do not seal the envelope at this point.
2. **Shipping label for return** of DNA sample and Donor Consent Forms.
 - Fill out with as much information as possible for the collector for return to VIC.
 - Include in the Internal Billing Reference the VIC case number (RM#000xx).
 - Do not fill in the shipping date.
- Log kits shipped out in the DNA FedEx Shipping Log (page 389):

Family History DNA FedEx Shipping Log				Incident Name:		
RM Case	Name of Missing Person	Donor Name/Relationship	Date Shipped	FedEx Tracking Number	Date Returned	FedEx Tracking Number
1						
2						



- Open and update the navigation button **DNA Donors Kit Tracking** of the VIP Page 7.
 - Check to see that the donor being sent the kit is listed in the donor list.
 - Select **“NO”** for **Onsite Collection**
 - Enter **“Personal Effects”** under the **Sample Type** field (leave the rest of the middle section blank).
 - Indicate **“YES”** to **“Kit mailed to donor”** and add the date in the **“Date”** box.
 - Document the **outgoing tracking number** in the donor section labeled, **“FedEx # to Donor”**.
 - Document the **return tracking number** (the 2nd Airbill included in the kit) in the donor section labeled, **“From Donor”**.
 - The date will be added later once it is received back.

Navigation	Find
Ante Menu	Find Name
Post Menu	Find RM#
Special Ops	Show ALL
Release	Victim List
Case Notes	
List View Notes	Find INFORMANT
Photo Page	INFORMANT List
Records Management	DNA Donors Kit Tracking

DNA / Family Donors / Kit Tracking Incident Orlando COVID19
Incident Date

1 2 3 4 5 6 7 8

RM #	Last Name	First	Middle	Soc Sec #	Birth	Gender
RM-00001	Test Missing	/	/			<input type="radio"/> Male <input type="radio"/> Female

DNA Kits Mailed No DNA Kits Returned No DNA Kits Sent to Lab No All DNA Kits Completed YES

Donor Work List

Name: Missing Person Father of Test

Last Suffix First Middle DOB Gender Relationship

Address City State Zip

Email: Phones: C W H

If DNA NOT collected from this individual please explain why not

Donor List

Onsite Collection: Yes No Appointment Date: Collection Site:

Sample Collected: Yes No Date Collected: Sample Number:

Sample Type: Where is sample Now:

Kit Mailed To Donor Dte Returned Dte Kit Sent To Lab Dte

FedX # To Donor FedEx # From Donor FedEx # To Lab

Donor Kit Status Print Kit Forms



Section VII. Obtaining Personal Effects at the VIC

If the requested family donors are not available for Buccal Swab sampling, for whatever reason, there are other options that could be used to provide appropriate direct reference specimens from the victim. These items can include:

- Paraffin Blocks/Biopsy slides: If the victim has had a previous biopsy or medical procedure, the hospital where this was done may still have a portion of the tissue embedded in paraffin or on a glass slide.
- Known blood specimens or tissue samples (bloody bandages, scabs, etc.).
- Toothbrush: Epithelial cells from the inside the mouth contain nuclear DNA. These cells will cling to the bristles of the toothbrush (if the toothbrush was used ONLY by the victim).
- Eyeglasses, sunglasses, or razor.
- Hair (with roots): Hairbrushes may contain hair with the adhering root structure. Nuclear DNA can be obtained from the root portion of the hair shaft. Cut hair does not contain nuclear DNA.
- Clothing: Cellular material can be obtained from the collar of shirts or the sweat band of a hat. Clothing that rubs against the skin will collect epidermal cells. Other items of clothing include undergarments. These items should *not be washed or cleaned*.
- Teeth: Individual adult or even baby teeth (occasionally saved as souvenirs) are an excellent source of nuclear DNA which is obtained from the interior structures of the tooth.

*****Please advise the family that these items will not be returned*****

It is preferable to collect at least two (2) items but no more than four (4) items. Advise the family that a kit may be sent shipped to them to help with packaging the items if need be. Discuss how many and what size envelopes might be needed for the kit.

A. Follow these Guidelines for the collection of Personal Effects at the VIC:

1. Help the contributor fill out the Personal Items Submission and Consent Forms.
 - a. Provide photocopies to the contributor if requested.
2. Identify at least two (2) items. Note that items should be dry and should not contain any moisture.
3. Write the following information on the envelope listing:
 - a. the item description (e.g., toothbrush),
 - b. to whom the item belongs,
 - c. who collected the item, and
 - d. the date it was collected.
4. Using gloves, place the item into a provided labeled paper envelope (one item per envelope).
5. Seal the envelope, using the self-adhesive seal or packing tape (do not lick the envelope). Have the donor place their signature across the seal.
6. Place the envelope(s), along with the completed forms into the FedEx shipper paper envelope and seal it.
7. Issue a DNA Personal Effects /Evidence Collection Receipt (page **Error! Bookmark not defined.**) if the items collected involve jewelry or valuables.

B. Open and update the navigation button **DNA Donors Kit Tracking** of the VIP Page

- Select **YES for Onsite Collection and Sample Collected**.
- Enter date of appointment and collection.
- In **Sample** field enter **Personal Effects**.
- Sample Location will automatically update
- Leave **"Kit mailed to donor"** and date blank
- Leave **"Returned"** and date blank.

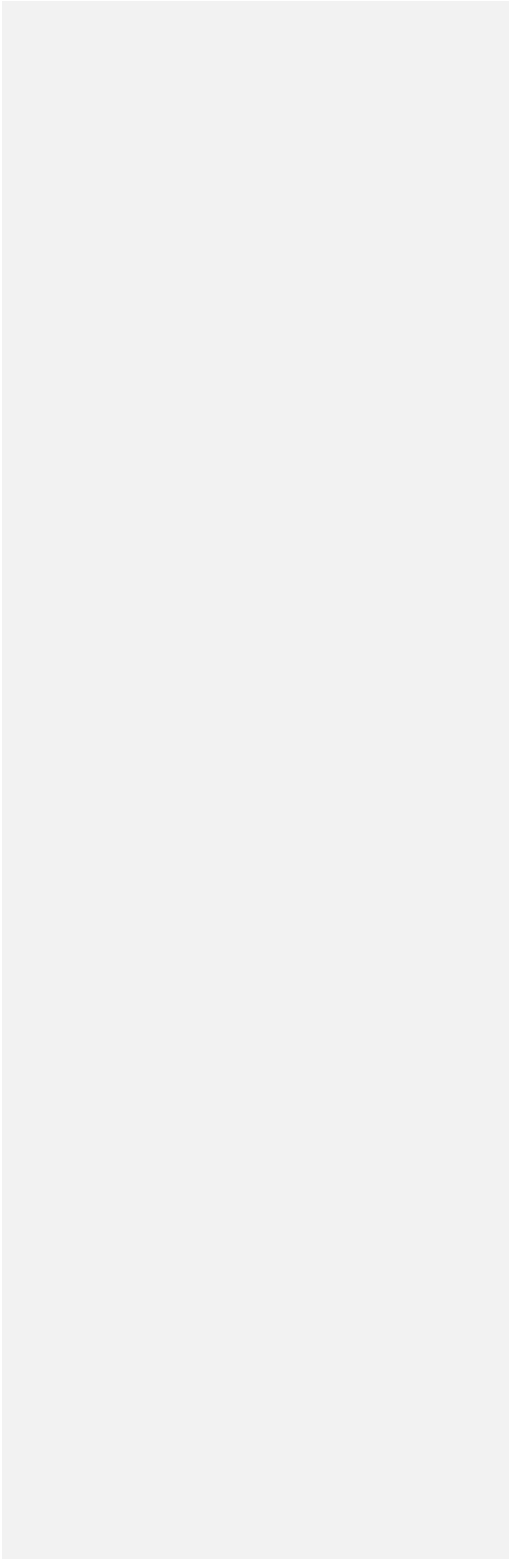
Navigation	Find
Ante Menu	Find Name
Post Menu	Find RM#
Special Ops	Show ALL
Release	Victim List
Case Notes	
List View Notes	Find INFORMANT
Photo Page	INFORMANT List
Records Management	DNA Donors Kit Tracking

C. Receipt of Personal Effects Kits by FedEx shipment

After the shipment receipt of **Personal Effects**, the items will be logged in and shipped to the DNA lab as outlined above in **Section IV**. Security of the swab kits and records will be maintained in the locked storage bin in the DNA Station until shipping to the DNA lab.



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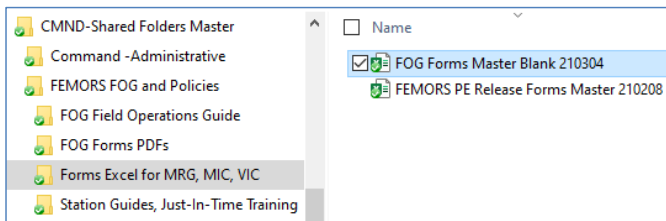
Appendix B – Forms (may be copied for use if network and VIP are not yet established)

VIP database forms (DVP, 8-Page Interview, dental and medical record requests, etc.) document numerous events. However, there are situations for which forms are needed that do not exist inside of VIP such as sign-in sheets, timesheets, logbook pages, etc.

Thus, to provide for such cases, generic forms may be used if:

1. VIP database is not yet active or does not provide the required form, or
2. Medical Examiner elects to use these instead of forms used in daily operations of the office.

Templates of most extra forms are contained within an Excel spreadsheet named: **FOG Forms Master Blank**. It is often seen with a suffix indicating the date of last revision, i.e., 210304 indicates March 4, 2021. That document is maintained within the networked shared folder available to all responders.



FOG Forms Master Blank

1. First tab contains the Index to all forms with hot links to open the proper tab.

	A	B	C	D
	Form Name	Used for:	Purpose	Last Updated
1				
2	Attendance Biweekly Record	Admin	Payroll	Stock Number 5740-00H-0085-5
3	Travel Reimb Worksheet	Admin	Travel/per diem reimbursement	Form # F-TV-201222
4	Daily FMCC Sign In	FMCC-Administrative Command	Personnel check-in	Form # F-FMCCSI-201222
5	Daily Recovery Unit Sign In	Recovery Unit	Personnel check-in	Form # F-RUSI-201222
6	Daily Morgue Sign In	Morgue Admitting Station	Personnel check-in	Form # F-RUSI-201222
7	Daily VIC Sign In	VIC Unit	Personnel check-in	Form # F-VICSI-201222
8	Daily MIC Sign In	MIC Unit	Personnel check-in	Form # F-MICSI-201222
9	Equipment Assignment	Logistics	Inventory Tracking	Form # F-EA-201222
10	Equipment Radio Distribution Log	Logistics	Inventory Tracking	Form # F-RSML-201222
11	Equipment/Supply Request	Logistics	Inventory Tracking	Form # F-EQR-201222
12	Personnel Request	Logistics Supply Unit	Resource Unit Tracking	Form # F-PR-201222
13	Site Recovery Report	Recovery Unit	Field Team report for each set of remains	Form # F-SRR-201222
14	Recovery Site Field Log	Recovery Unit	Field Team log if remains are sent to a field staging area	Form # F-RSL-201222
15	Recovery Site Transport Log	Recovery Unit	Log of remains sent to morgue	Form # F-RSTL-201222
16	Remains In (Receipt) Log	Morgue Admitting Station	Remains storage tracking	Form # F-RIL-201222
17	Remains Storage Tracking Log	Morgue Admitting Station	Remains storage tracking	Form # F-RTL-201222
18	Remains Tracking of 53 Trailer	Morgue Admitting Station	Remains storage tracking	Form # F-RTT-201222
19	Remains Out (Release) Log	Morgue Admitting Station	Remains storage tracking	Form # F-ROL-201222
20	Morgue Admittino Log	Morgue Admitting Station	Assignment of MRN and start of VIP record	Form # F-MAL-201222

2. Second tab is for entering an incident's basic information (which will populate on all forms in the spreadsheet).

	A	B	C	D	E	F
1			Enter incident name Here and it will appear on all forms			
2						
3	Incident Name:			Incident Location		
4						
5	For prolonged deployments, the day 1 date may be updated daily in order to reprint the Unit and Station log in sheets.			Incident or Exercise Day 1		
6				Day:	Date:	
7						
8	Personnel names and assignments may be updated on each form.			Incident or Exercise Day 2		
9				Day:	Date:	
10						
11						
12						



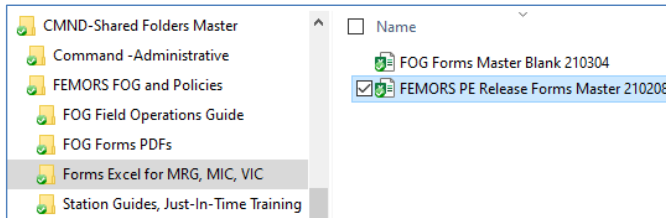
3. The tab titled *Per Effects & Evid Release* is a special case and important for documenting the release of personal effects when the body is released to a funeral service provider. (Medical Examiner may elect to use the routine release forms of the office for this purpose.)
 - a. VIP records the *collection* of personal effects during morgue processing but lacks a chain of custody form for releasing PE to law enforcement, families, or funeral service providers.

Form Name	Used for:	Purpose	Last Updated
Personal Effects Log	Morgue Personal Effects Station	Station log of cases processed	Form # F-MPEL-201222
Per Effects & Evid Release	Morgue Personal Effects Station	Property inventory	Form # F-PER-201222
Fingerprint Log	Morgue Fingerprint Station	Station log of cases processed	Form # F-MFPI-201222

- b. Upon opening that tab, one sees the message **Better Option: Use worksheet-FEMORS PE Release Forms Master 210208.**
 - 1) This is a separate Excel workbook.

Personal Effects /Evidence Release										Index
Incident Name:		Location		Better Option: Use worksheet-FEMORS PE Release Forms Master 210208						
MRN#	Victim Name (if known)									

FEMORS PE Release Forms Master 210208



1. First tab is for entering an incident's basic information (which will populate on all forms in the spreadsheet).

Personal Effects /Evidence Release			
Incident Name:		Location	
MRN#	Victim Name (if known)		
ME Case#	VIC RM#		
Items being released:			
Rel?	Category (Leaving, Carcass, Clothing, Misc.)	Description	

This is the master page for entering the Incident Name and Location.

Duplicate MRN-00001 and renumber as needed for each MRN.

2. It also instructs the user:
 - a. "This is the master page for entering the incident Name and Location.
 - b. Duplicate MRN-00001 (the 2nd tab) and renumber as needed for each MRN."

Index to all forms starts on the next page.



<i>Form Name</i>	<i>Used for:</i>	<i>Purpose</i>	<i>Page</i>
Attendance Biweekly Record	Admin	Payroll	322
Travel Reimbursement Worksheet	Admin	Travel/per diem reimbursement	323
Daily FMCC Sign In	FM Coordination Center	Personnel check-in	324
Daily Disaster Site Sign In	Recovery Unit	Personnel check-in	325
Daily Morgue Sign In	Morgue Admitting Station	Personnel check-in	326
Daily VIC Sign In	VIC Unit	Personnel check-in	328
Daily MIC Sign In	MIC Unit	Personnel check-in	329
Used for:	DPMU Team		
Equipment/Supply Request	Logistics	Supply Requests	330
Equipment Assignment	Logistics	Inventory Tracking	331
Equipment Radio Log	Logistics	Inventory Tracking	332
Used for:	Human Remains Recovery Group		
Recovery Site Report	Recovery Unit	Field Team report for each set of remains	333
Recovery Site Field Log	Recovery Unit	Field Team log if remains are sent to a field staging area	334
Recovery Site SR# Assignment Log	Recovery Unit	SR# Assignment Log before transport to morgue	335
Recovery Site Transport Log	Recovery Unit	Log of remains sent to morgue	336
Used for:	Morgue Operations Unit		
Remains In (Receipt) Log	Morgue Admitting Station	Remains storage tracking	337
Remains Storage Tracking Log	Morgue Admitting Station	Remains storage tracking	338
Remains Tracking of Trailer #x		Tracking in individual trailers	340
Trailer Inventory Layout – 14 @ 2 rows of 7 bodies	Remains Storage	Remains storage tracking	341
Trailer Inventory Layout – 21 @ 3 rows of 7 bodies	Remains Storage	Remains storage tracking	342
Trailer Inventory Layout – 28 @ 2 rows of 7 bodies in 2 high racks	Remains Storage	Remains storage tracking	343
Trailer Inventory Layout – 42 @ 2 rows of 7 bodies in 3 high racks	Remains Storage	Remains storage tracking	344
Remains Out (Release) Log	Remains Storage	Remains storage tracking	345



<i>Form Name</i>	<i>Used for:</i>	<i>Purpose</i>	<i>Page</i>
Morgue Admitting Log	Morgue Admitting Station	Assignment of MRN and start of VIP record	346
Morgue Triage Log	Morgue Admitting Station	Triage before Remains Storage	347
Body Tracking Worksheet (generic)	Morgue Admitting Station	Processing station assignments	348
Morgue Tracking Log	Morgue Admitting Station	Processing station log	349
X-Ray Dosimeter Log	Morgue Radiology Station	Station log of Exposure	350
Body X-Ray Log	Morgue Radiology Station	Station log of cases processed	351
Pathology Log	Morgue Pathology Station	Station log of cases processed	352
Body Diagrams	Morgue Pathology Station	Pathology report forms	353
Fragmented Parts Diagram	Morgue Pathology Station	Pathology report forms	354
Autopsy/Examination Report	Morgue Pathology Station	Pathology report forms	355
Pathology Toxicology Collected Report	Morgue Pathology Station	Tox Specimens Collected	356
Photography Log	Morgue Photo Station	Station log of cases processed	357
Personal Effects Log	Morgue Personal Effects Station	Station log of cases processed	358
Personal Effects/ Evidence Release Form	Morgue Personal Effects Station	Property inventory and chain of custody for release	359
Fingerprint Log	Morgue Fingerprint Station	Station log of cases processed	360
Odontology Log	Morgue Odontology Station	Station log of cases processed	361
Anthropology Log	Morgue Anthropology Station	Station log of cases processed	362
DNA Collection Log	Morgue DNA Station	Station log of cases processed	363
Embalming Log	Morgue Embalming Station	Station log of cases processed	364
Casketing Log	Morgue Casketing Station	Station log of cases processed	365
Used for:	Victim Information Unit		
VIC Records RM Assignment Log	VIC Records Management	Case File Primary RM Issuance Log	366
VIC Case File Inventory	VIC Records Management	Case File Inventory List	367
VIC Record Out Log	VIC Records Management	Case File Out Documentation	368
VIC Record Out Tab	VIC Records Management	Case File position holder	369
VIC Dental/Medical Records Acquisition - Medical Records Request Letter Template	VIC Dental/Medical Records Acquisition	Medical Records Acquisition	370
VIC Dental/Medical Records Acquisition - Dental Records Request Letter Template	VIC Dental/Medical Records Acquisition	Dental Records Acquisition	371
VIC Dental/Medical Records Acquisition	VIC Dental/Medical Records Acquisition	Dental Records Acquisition	372



<i>Form Name</i>	<i>Used for:</i>	<i>Purpose</i>	<i>Page</i>
- Dental Condition Worksheet			
VIC Dental/Medical Records Acquisition - Sample Certificate of Humanitarian Service	VIC Dental/Medical Records Acquisition	Dental Records Acquisition	373
VIC DNA Collection Facts Wall Poster	VIC DNA Collection	DNA Collection	374
VIC DNA Buccal Swab Kit Assembly	VIC DNA Collection	DNA Collection	375
VIC DNA Personal Effects Kit Assembly	VIC DNA Collection	DNA Collection	376
VIC DNA Instructions Letter Template for Family Buccal Swabs or Personal Effects	VIC DNA Collection	DNA Collection	377
VIC DNA FDLE Family Reference Collection Form	VIC DNA Collection	DNA Collection	380
VIC DNA FDLE Family Reference Collect Consent Form	VIC DNA Collection	DNA Collection	381
VIC DNA FDLE Personal Items Submission Form	VIC DNA Collection	DNA Collection	382
VIC DNA FDLE Personal Items Submission Consent Form	VIC DNA Collection	DNA Collection	383
VIC DNA Brochure "Florida Missing Persons DNA Database" (2 page)	VIC DNA Collection	DNA Collection	384
VIC DNA Chapter 760.40, Florida Statutes (1 page)	VIC DNA Collection	DNA Collection	386
VIC DNA Buccal Swab Log	VIC DNA Collection	DNA Collection	387
VIC DNA Specimen Collection Log	VIC DNA Collection	DNA Collection	388
VIC DNA FedEx Shipping Log	VIC DNA Collection	DNA Collection	389
VIC DNA FedEx Lab Transit Log	VIC DNA Collection	DNA Collection	390
VIC DNA FDLE Personal Items Collection Receipt	VIC DNA Collection	DNA Collection	391



<i>Form Name</i>	<i>Used for:</i>	<i>Purpose</i>	<i>Page</i>
Family Affairs (Release) Log	VIC Family Affairs	Station log of cases released	392
Family Affairs (Release) Choice	VIC Family Affairs	Release of remains Options	393
Used for:	Morgue Identification Unit		
Report of Positive Identification	MIC Verification	Documents method of ID	394
Report of Positive Dental Identification	MIC Verification	Documents method of ID	395
Report of Visual Identification	MIC Verification	Documents method of ID	396
NOK Notification Report	MIC Verification	Documents NOK notification	397
Remains Release Authorization	MIC Verification	Documents NOK choice of funeral service	398
Add'l Remains Release Election	MIC Verification	Documents NOK preference on future ID notifications	399
Foreign National Notification	MIC Verification	Documents Consular notifications per MEC and State Dept.	400
MIC Record Mgmt MRN Log	MIC Records Management	Primary MRN Case File Receipt Log	401
MIC Record Mgmt RM Log	MIC Records Management	RM file materials Receipt Log	402
MIC Record Mgmt ME Case# Log	MIC Records Management	ME Case# Assigned Log	403
MIC Record Mgmt Case File Inventory	MIC Records Management	Case File Inventory List	404
MIC Record Out Log	MIC Records Management	Case File Out Documentation	405
MIC Record Out Tab	MIC Records Management	Case File position holder	406



OPS Attendance and Leave Record

SECTION I

Name: Last, First, MI	Pay Period End Date (MM/DD/YY):		
Office Symbol:	Phone:		
Class Title:	/		

SECTION II

Dates	Fri		Sat		Sun		Mon		Tue		Wed		Thu		Total
	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	
Hours worked (Hours and minutes)															
Total															

Week 1

Dates	Fri		Sat		Sun		Mon		Tue		Wed		Thu		Total
	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	
Hours worked (Hours and minutes)															
Total															

Week 2

SECTION III Biweekly Total Worked

Straight Time Due _____ (Hours worked up to 40 in the workweek)

Overtime due _____ (Hours worked in excess of 40 in the workweek)

SECTION IV

I hereby certify that I have reviewed this record and that it represents a
 Signature of Employee _____ Date _____

It is the supervisor's responsibility to verify the accuracy of the
 Signature of Supervisor _____ Date _____



FEMORS Worksheet for Reimbursement of Activation Travel Expenses	
Activation Name/Mission #	
Traveler Name: _____	
SS # Last 4 Digits	_____
Home Address	_____
_____	_____
Phone	_____ Cell: _____
E-Mail Address _____	
Departure Date _____ Time _____	
Return (Home) Date _____ Time _____	
Reason for Travel: _____	
Travel from: _____	
to: _____	
to: _____	
to: _____	
Travel via Airline: From: _____ To: _____	
Name of Carrier: _____	(Itinerary or Receipt showing cost required.)
Ticket Number _____	cost required.)
Ticket Cost: _____	
Travel via POV (Personal Owned Vehicle):	
Map Mileage To Site _____	
Map Mileage To Home _____	
Vicinity Mileage _____	(Travel during Activation)
Incidental Expenses: (Receipts required)	
Rental Car _____	
Parking Fees _____	
Taxi _____	
Tolls _____	
Hotel Name/Cost _____	# Nights: _____
Other: _____ (Justification required)	
I certify that the above expenses were incurred by me for official travel:	
_____	_____
Signature	Date

Original receipts (except for meals) to be attached.



Daily Sign In HUMAN REMAINS RECOVERY UNIT Day: _____ Date: _____		Site Name: _____
Incident:		
RECOVERY UNIT	Enter Names	Sign-In Initials
Human Remains Recovery Unit Leader		
Documentation Manager		
Documentarian		
Forensic Photographer		
Collection Manager		
Collection Specialist		
Collection Specialist		
Collection Specialist		
Collection Specialist		
Collection Specialist		
Collection Specialist		
Collection Specialist		
Collection Specialist		
Collection Specialist		
Collection Specialist		
Collection Specialist		
Collection Specialist		
Collection Specialist		
Transport Staging Manager		
Transportation Driver		
Transportation Driver		
Transportation Driver		
Transportation Driver		
Supply/Equipment Specialist		
Other: _____		

Total Personnel		
0		Form # F-RUSI-201222

If there are multiple sites, use separate forms for each as necessary.



Daily Morgue Sign In		Day:	Date:
Incident:			
MORGUE OPERATIONS UNITS	Enter Names	Sign-In Initials	
Forensic Unit Leader			
Radiology Station Manager			
Radiology Specialist			
Radiology Specialist			
Radiology Specialist			
Pathology Station Manager			
Forensic Pathologist			
Forensic Pathologist			
Autopsy Assistant			
Autopsy Assistant			
Pathology Scribe			
Pathology Scribe			
Morgue & MIC Odontology Manager			
Odontology Post Mortem Station Leader			
Forensic Odontologist			
Forensic Odontologist			
Forensic Odontologist			
Forensic Odontologist			
Morgue Dental Assistant			
Morgue Dental Assistant			
Fingerprint Station Manager			
Fingerprint Specialist			
Fingerprint Specialist			
Fingerprint Specialist			
Anthropology Station Manager			
Forensic Anthropologist			
Anthro Assistant			
Anthro Assistant			
DNA Station Manager			
DNA Collection Specialist			
DNA Collection Specialist			
DNA Collection Specialist			
DNA Collection Specialist			
Other: Triage Manager			
Triage Radiologist			
Triage Assistant			



Daily Morgue Sign In		Day:	Date:
Incident:			
MORGUE OPERATIONS UNITS	Enter Names	Sign-In Initials	
Admitting/Processing Unit Leader			
Admitting/Escort Station Manager			
Admitting/Escort Assistant			
Admitting/Escort Assistant			
Escort/Body Tracker 1			
Escort/Body Tracker 2			
Escort/Body Tracker 3			
Escort/Body Tracker 4			
Escort/Body Tracker 5			
Escort/Body Tracker 6			
Escort/Body Tracker 7			
Escort/Body Tracker 8			
Tracker Check-In Station Leader			
Photography Station Manager			
Forensic Photographer			
Forensic Photographer			
Forensic Photographer			
Personal Effects Station Manager			
Personal Effects Technician			
Personal Effects Technician			
Personal Effects Assistant			
Embalming Station Manager			
Embalming Station Assistant			
Casketing Station			
Casketing Station Assistant			
Remains Storage/Release Station Manager			
Remains Assistant			
Remains Assistant			
Remains Assistant			
Remains Assistant			
Remains Assistant			
Other:			

FEMORS 0
Non FEMORS 0
Total Personnel 0

Form# F-MDSI-201222, Page 2 of 2



Daily VIC Sign In		
Incident:		
Victim Information Center Unit	Enter Names	Sign-In Initials
VIC Victim Information Center Unit Leader		
VIC Administrative Specialist		
VIC Documentation Specialist		
VIC Information Collection Coordinator		
VIC Call Center Specialist		
Call Taker Specialist		
Call Taker Specialist		
Call Taker Specialist		
Call Taker Specialist		
VIC Interview Specialist Lead		
Interview Specialist		
Interview Specialist		
Interview Specialist		
Interview Specialist		
Interview Specialist		
Interview Specialist		
VIC Behavioral Health/Chaplaincy Specialist		
VIC Volunteer Training Specialist		
VIC Data/Records Coordinator		
VIC Data Entry Specialist Lead		
VIC Data Entry Specialist		
VIC Data Entry Specialist		
VIC Data Entry Auditing Specialist		
VIC Data Entry Auditing Specialist		
VIC Dental/Medical Records Acquisition Specialist Lead		
Dental/Medical Records Acquisition Specialist		
VIC Family History (DNA) Coordinator		
DNA Specialist		
VIC Family Affairs (Remains Release) Specialist		
VIC Records Management Specialist Lead		
Records Management Specialist		
Other:		
Total Personnel	0	Form# F-VICSI-201222



FEMORS Equipment/Supply Request							
Incident Name:			Location				
Date of Request:		Section making Request:					
Manager making request:			Name	Signature			
Unit Leader approval							
Group Supervisor approval							
Logistics Supervisor receipt							
						<i>DPMU use only:</i>	
Item Description (Vendor/ MFG if known)	Brand/ Model #	Unit of Measure (each, case, etc)	No. per Unit	Units Needed	Expected Duration	From cache	Delivered to requestor (date)
1							
2							
3							
4							
5							
Special notes or instructions:							
Processing notes:							
	<i>Brand/Model#</i>	<i>Ordered</i>	<i>Cost</i>	<i>Date Ordered</i>	<i>Ordered via SEOC?</i>	<i>Rec'd Date</i>	<i>Delivered Date</i>
1							
2							
3							
4							
5							
Routing Instructions Requester: Route original with Manager Signature to Unit Leader Unit Leader sends it on to Group Supervisor Group Supervisor delivers it to Logistics Supervisor for Supply Manager action.				DPMU: Once order has been placed, return a copy to ACP. Retain all packing lists and invoices for attaching to original.			



Equipment Assignment

Incident Name: _____ Location _____

Items being assigned to the individual listed below:

Person receiving equipment:

No.	Unit or Serial Number	Description

The above listed items are released by:

Name (print)	Signature	Date/Time
Issued by _____		
Agency _____		
Name (print)	Signature	Date/Time
Received by _____		
Agency _____		
Name (print)	Signature	Date/Time
Return verified by _____		
Agency _____		

Routing: Page # _____ of _____ pages

Original remains with Logistics -Supply Unit



Equipment Radio Distribution Log				Incident Name:	
Issued	Radio	Assigned to	Signature	Returned Date/Time	
DATE	TIME	Number			
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Form # F-RSML-201222

Page #



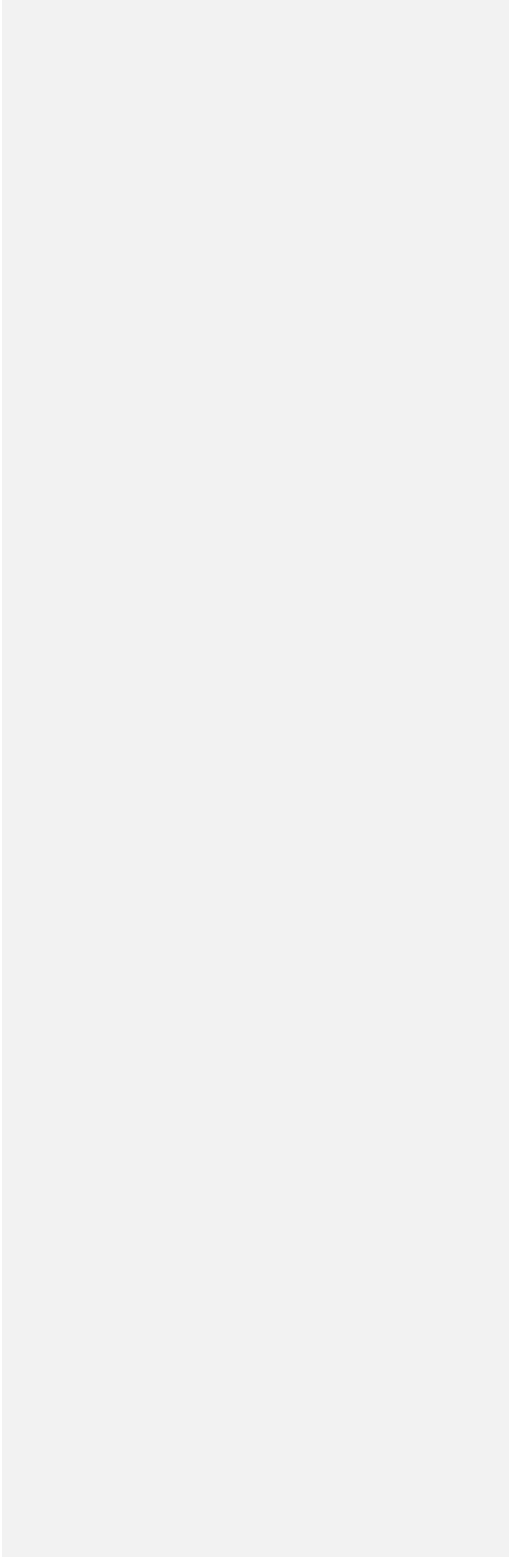
Site Recovery # _____	Victim	Incident _____								
_____	Site Recovery Form	Incident Date _____								
Put N/A in all unused fields.										
Recovery Date: MM/DD/YYYY Time: 24 hour (00:00)	Classification of Remains: _____ <i>Choices: Complete HR (C/HR), Fragmented HR (F/HR) or Common Tissue (CT/HR)</i>									
Recovery Grid #: _____ GPS of Recovery: _____										
Place / Address of Recovery: _____										
Condition: select all that apply										
<input type="checkbox"/> Autopsied Previously <input type="checkbox"/> Decomposed <input type="checkbox"/> Mummified <input type="checkbox"/> Skeletonized-Partial <input type="checkbox"/> Burned-Partial Thickness <input type="checkbox"/> Embalmed <input type="checkbox"/> Saponified <input type="checkbox"/> Skeletonized-Full <input type="checkbox"/> Burned-Full Thickness <input type="checkbox"/> Fragmented <input type="checkbox"/> Scavenged <input type="checkbox"/> Wet-Environmental <input type="checkbox"/> Cremains <input type="checkbox"/> Fresh <input type="checkbox"/> Skin Slippage										
Description of Remains: _____										
Position Remains Found In: _____										
Estimated Age: <input type="radio"/> Baby/Child <input type="radio"/> Adolescent <input type="radio"/> Young Adult <input type="radio"/> Middle Aged <input type="radio"/> Elderly <input type="radio"/> No Estimate										
Estimated Sex: <input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Unknown Estimated Race: _____										
Clothing on Remains: (brief description) <input type="radio"/> Yes <input type="radio"/> No										
Personal Effects on Remains: (brief description) <input type="radio"/> Yes <input type="radio"/> No										
Recovery Comments: _____										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Presumptive FIELD ID:</td> <td style="padding: 5px;">Last</td> <td style="padding: 5px;">First</td> <td style="padding: 5px;">Middle</td> </tr> <tr> <td style="padding: 5px;">ID Based On:</td> <td style="padding: 5px;">DOB (MM/DD/YYYY)</td> <td style="padding: 5px;">SSN</td> <td style="padding: 5px;">ID# / Drivers license # / State</td> </tr> </table>			Presumptive FIELD ID:	Last	First	Middle	ID Based On:	DOB (MM/DD/YYYY)	SSN	ID# / Drivers license # / State
Presumptive FIELD ID:	Last	First	Middle							
ID Based On:	DOB (MM/DD/YYYY)	SSN	ID# / Drivers license # / State							
Recovered By: _____										
Name and Agency (if applies)	Phone #	Date Recovered	Time Recovered							
Delivered to Transport Staging: _____										
Name and Agency (if applies)	Phone #	Date Delivered	Time Delivered							
Site Recovery Report Completed by: _____										
Name and Agency (if applies)	Phone #									
Delivered to Morgue by: Agency _____ Phone # _____										
Name:	Date Delivered	Time Delivered								



Recovery Site Field Log				Incident Name:		
RECEIVED DATE	TIME	Field Assigned Number	Remains Description	Recovery Location Grid, address, etc.	GPS Coordinates/ VeriChip # (if any)	Recovered by: Agency/Name/Inits
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

Form # F-RSFL-201222

Page #

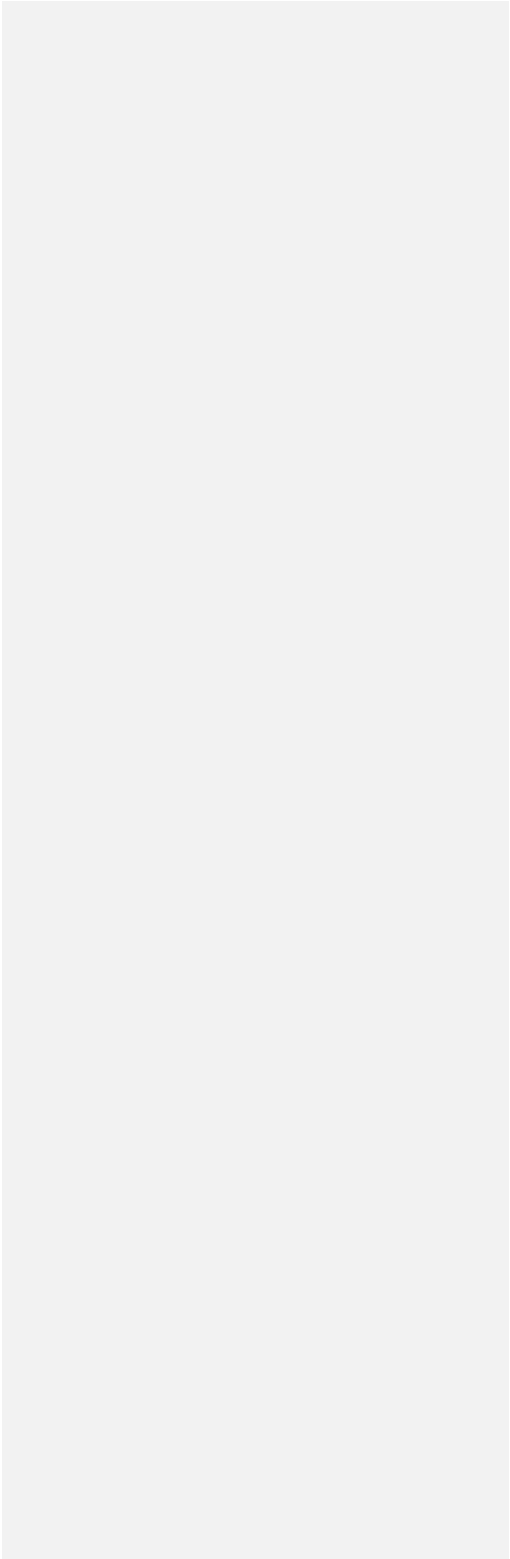




Recovery Site SR# Assignment Log				Incident Name:		
RECEIVED DATE	TIME	Field Assigned Number	Remains Description	Recovery Location Grid, address, etc.	GPS Coordinates/ VeriChip # (if any)	Recovered by: Agency/Name/Initials
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

Form # F-RSML-201222

Page #





Recovery Site Transport Log				Incident Name:							
RECEIVED		Field Assigned		Delivered by:		Transported out		Transporters		Destination	
DATE	TIME	Number	Agency/Name/Inits	DATE	TIME	Agency/Name/Inits	DATE	TIME	Agency/Name/Inits		
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											

Form # F-RSTL-201222

Page #



MRG Remains In (Receipt) Log		Incident Name:									
RECEIVED DATE	TIME	NAME OF DECEASED <small>If unknown, leave blank</small>	Field Assigned Number(s)	MRN Case Number(s)	Agency Delivering:	Delivered BY <small>Please Print Name</small>	Received by: Name/Inits	Initial Storage Location	OUT to MRG Date		
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											

Form # F-RIL-201222

Page #



Remains Storage Tracking Log		Incident Name:							
		MRN Number	Location	Date	Location	Date	Location	Date	Out to FH/Date
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									

Form # F-RTL-201222

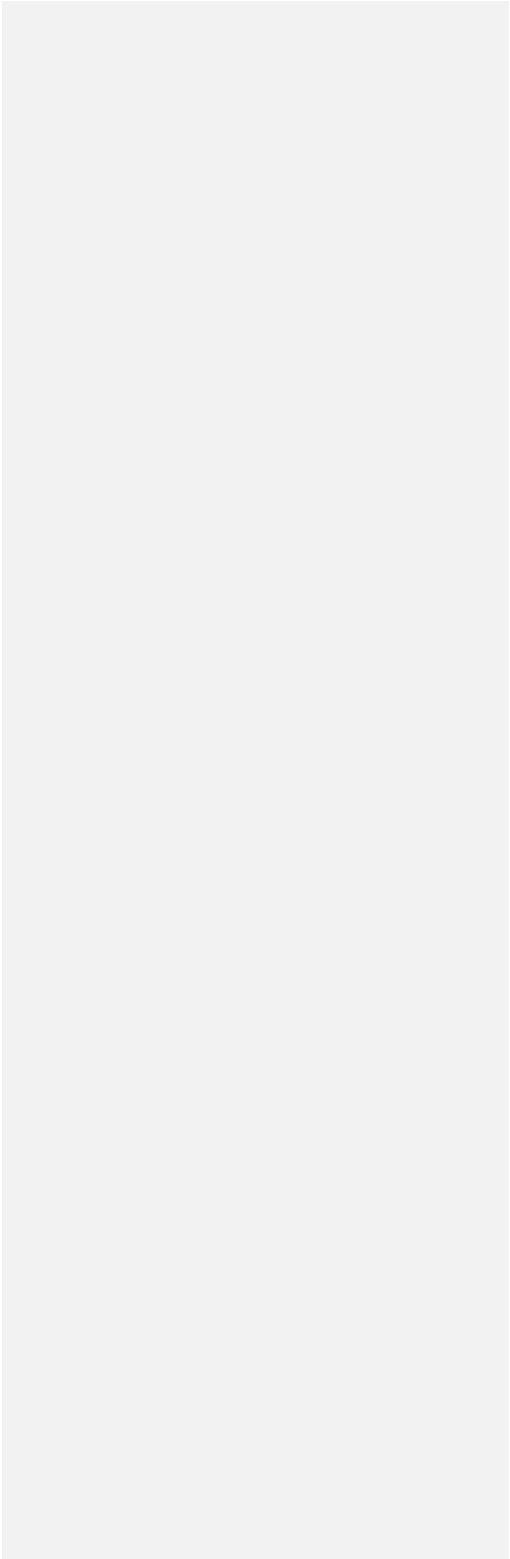
Page #
"Location" may indicate Trailer # plus grid location inside that trailer. For Example, T4, B-6



Remains Personal Effects Storage Log				Incident Name:	
MRN Number	Date Received	Number of packages	Comments:	Out to FH/Date	By
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Form # F-RPEL-201222

Page #



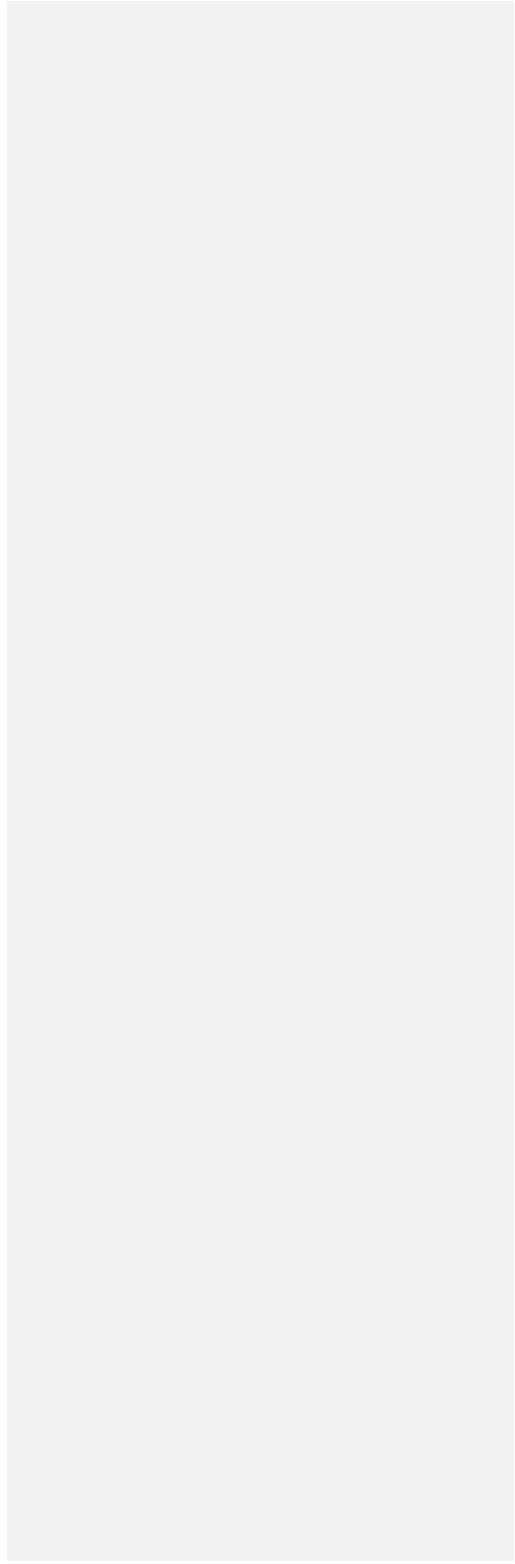
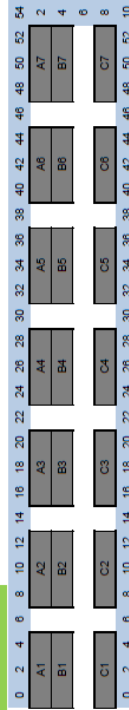


Remains Tracking of Trailer#		Incident Name:							
Code #	MRN Number	Date IN	Date OUT	MRN Number	Date IN	Date OUT	MRN Number	Date IN	Date OUT
1	A-1								
2	A-2								
3	A-3								
4	A-4								
5	A-5								
6	A-6								
7	A-7								
8	B-1								
9	B-2								
10	B-3								
11	B-4								
12	B-5								
13	B-6								
14	B-7								
15	C-1								
16	C-2								
17	C-3								
18	C-4								
19	C-5								
20	C-6								
21	C-7								

Form # F-RTT-201222

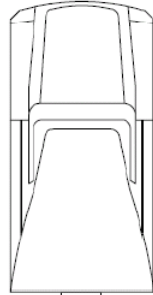
Page #

Trailers Layout on Floor without Shelves





Trailer Inventory Layout Worksheet

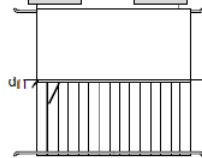


Trailer # _____

1 _____
3 _____
5 _____
7 _____
9 _____
11 _____
31 _____

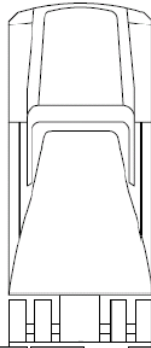
1	2
3	4
5	6
7	8
9	10
11	12
13	14

2 _____
4 _____
6 _____
8 _____
10 _____
12 _____
14 _____





Trailer Inventory Layout Worksheet



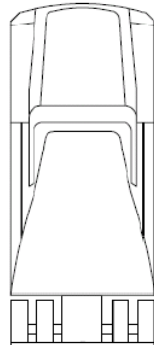
Trailer # _____

1 _____ 2 _____	1	2	3	3 _____
4 _____ 5 _____	4	5	6	6 _____
7 _____ 8 _____	7	8	9	9 _____
10 _____ 11 _____	10	11	12	12 _____
13 _____ 14 _____	13	14	15	15 _____
16 _____ 17 _____	16	17	18	18 _____
19 _____ 20 _____	19	20	21	21 _____





Trailer Inventory Layout Worksheet



Trailer # _____

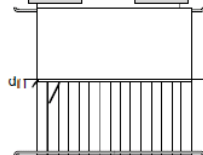
T – Top Rack (if any)

B – Bottom Rack (or Floor)

1T _____
1B _____
3T _____
3B _____
5T _____
5B _____
7T _____
7B _____
9T _____
9B _____
11T _____
11B _____
13T _____
13B _____

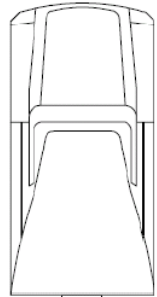
1	2
3	4
5	6
7	8
9	10
11	12
13	14

2T _____
2B _____
4T _____
4B _____
6T _____
6B _____
8T _____
8B _____
10T _____
10B _____
12T _____
12B _____
14T _____
14B _____





Trailer Inventory Layout Worksheet



Trailer # _____

T – Top Rack
M – Middle Rack
B – Bottom Rack (or Floor)

1T _____
1M _____
1B _____

3T _____
3M _____
3B _____

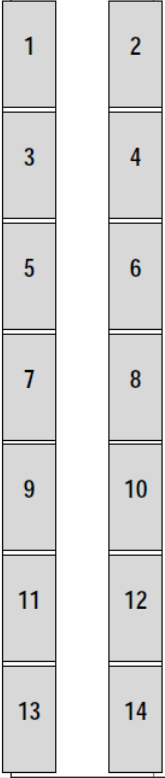
5T _____
5M _____
5B _____

7T _____
7M _____
7B _____

9T _____
9M _____
9B _____

11T _____
11M _____
11B _____

13T _____
13M _____
13B _____



2T _____
2M _____
2B _____

4T _____
4M _____
4B _____

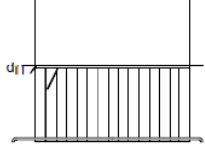
6T _____
6M _____
6B _____

8T _____
8M _____
8B _____

10T _____
10M _____
10B _____

12T _____
12M _____
12B _____

14T _____
14M _____
14B _____

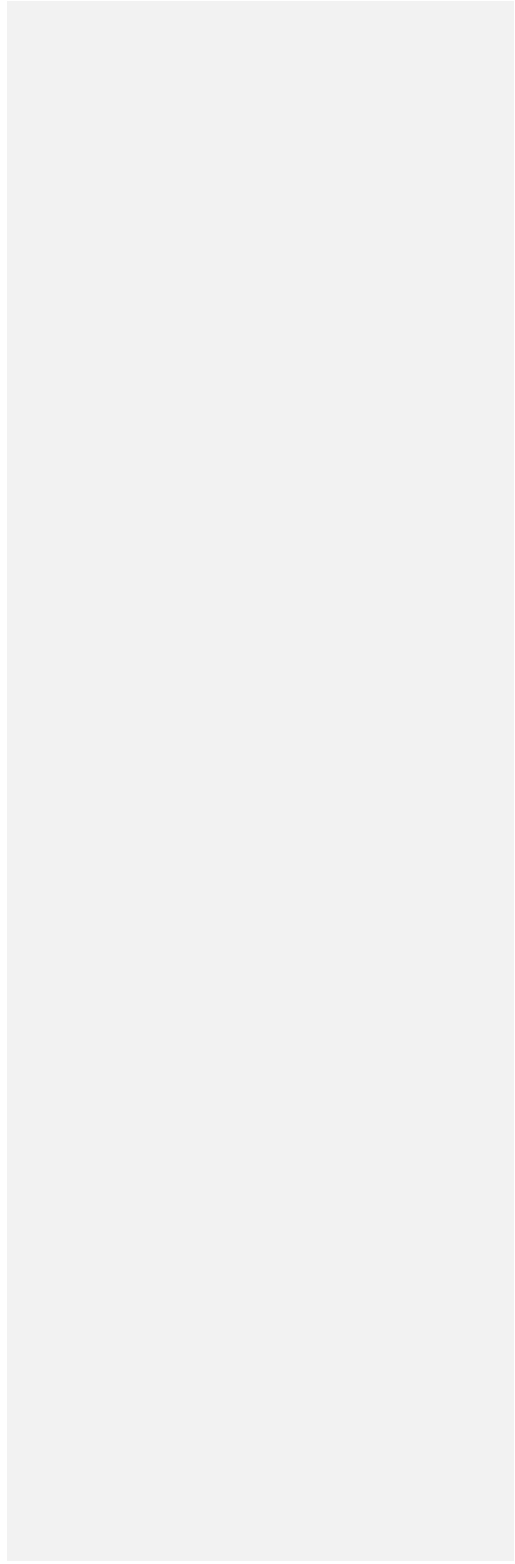




MRG Remains Out (Release) Log				Incident Name:		
RELEASED DATE	NAME OF DECEASED <small>If unknown, leave room for name</small>	MRN Case Number(s)	RM Case Number	FUNERAL HOME <small>Remains Released to</small>	REMAINS PICKED UP BY <small>BY: Please Print Name</small>	RELEASED BY <small>Name/Initials</small>
1						
2						
3						
4						
5						
6						
7						
8						
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10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

Form# F-ROL-201222

Page #





Morgue Admitting Log		Incident Name:			
Morgue Reference Number (MRN)	Field Number (s) or Recovery Location Information	Possible Name or Description	Classification		
			Complete	Incomplete	
			Sex	Race	
			Date/Time Received	Date/Time Out to Morgue Processing	
			Name of Tracker Assigned	Date/Time Back from Morgue	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Form # F-MAL-201222

Page #



Morgue Triage Log		Incident Name:				
		Morgue Reference Number (MRN)	Field Number (s) or Recovery Location Information	Date/Time triaged	Race	
		Classification				
		Complete	Incomplete	Common	Time	
		Sex	X-Rays Taken? Y/N	Additional MRN numbers issued? Y/N	New MRN(s) issued	
		Comment				
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						



Tracking Form		Incident Incident Date _____
PM Victim Status: _____		
Site Recovery # _____	Date Received at Morgue: _____	
Morgue Reference # _____	Date Processed In Morgue: _____	
ME/C # _____	Classification of Remains: _____	
Choices: Complete HR (C/HR) or Fragmented HR (F/HR)		
Presumptive		
ID: _____	Last Name _____	First _____ Middle _____ Suffix _____
DOB _____	Gender _____	SSN _____
Date Triaged: _____ By: _____		
Tracker(s) Name(s): 1. _____ Station Leader MUST mark below when processing completed.		
2. _____ "Yes" = Completed, "No" = nothing performed		
Morgue Section:	Date/Time Start 24hr	Date/Time Finish 24 hr
* <input type="checkbox"/> Radiology		Print Section Leaders Name
* <input type="checkbox"/> Pathology		Completed:
T <input type="checkbox"/> Personal Effects		<input type="radio"/> Yes <input type="radio"/> No
r <input type="checkbox"/> Photography		<input type="radio"/> Yes <input type="radio"/> No
a <input type="checkbox"/> Fingerprints		<input type="radio"/> Yes <input type="radio"/> No
g <input type="checkbox"/> Odontology		<input type="radio"/> Yes <input type="radio"/> No
e <input type="checkbox"/> Anthropology		<input type="radio"/> Yes <input type="radio"/> No
* <input type="checkbox"/> DNA		<input type="radio"/> Yes <input type="radio"/> No
* <input type="checkbox"/> Embalming		<input type="radio"/> Yes <input type="radio"/> No
Exit Time Stamp: Enter Date and Time Remains Exit Morgue: _____		
Tracking Form Comments: _____		

This Bag Also Produced Morgue Reference Numbers:		

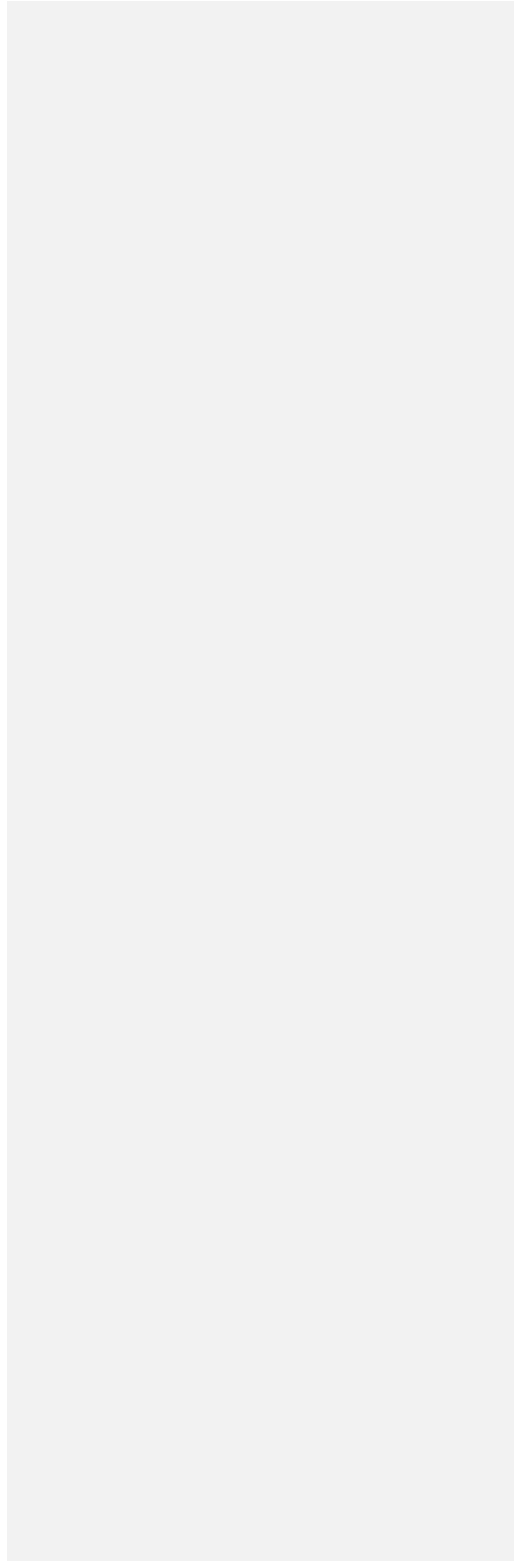
MIC Data Entry Use Only:		
Entered By: _____		Date: _____
Audited By: _____		Date: _____



Morgue Body Tracking Log		Incident Name:	Runner Name/ Time DVP to MIC
Morgue Reference Number (MRN)	Date/Time Out and Back In (Completed)	Tracker Assigned Name	Comment (Additional MRNs assigned, etc.)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Form # F-MTL-201222

Page #





Dosimeter Assignment X-Ray Log						Incident Name:	
Dosimeter # & Station Use (Rad/Odont)	Name of User (Printed)	Date/Time Issued	Issued by	Date/Time Returned	Reading (Milliroentgens)	Recharged to Zero by	Other/Alert Safety Officer if over 100 mrem
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

Form # F-MDAL-301222

From: Leon, Stephanie Marie
Sent: Thursday, August 27, 2009 4:09 PM
To: Bedore, Larry Richard
Subject: RE: Scatter survey

Stephanie M. Leon, MS
Medical Physicist
Radiation Control and Radiological Services
University of Florida
(352) 392-1659
sleon@shhs.ufl.edu

Deep dose is the number you are primarily concerned about. It is the radiation dose to the deep tissues of the body, and corresponds to radiation that has a higher energy. Eye dose is an estimate of the dose to the lens of the eye, and shallow dose is to the skin (lower-energy radiation). They are separated because there are different regulatory limits for each category. Deep dose is limited to 5000 mrem/yr, eye dose to 15000 mrem/yr, and skin dose to 50000 mrem/yr.

There is no set limit for single exposures, daily exposure, or lifetime exposures. The only true state/federal limits are for yearly exposure. UF's policy is a maximum of permissible exposure of 300 mrem per month. We will investigate anything over 100 mrem (or less if it is unusual for your work group).



Body X-Ray Log		Incident Name:													
Morgue Reference Number (MRN)	Date/Time In	X-Ray Taken: (YES or NO)													
		None Taken	Total Body	Head Only	Upper Extremities	Lower Extremities	Other	CD	RF	Saved?	Images printed?	Comments			
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															
16															
17															
18															
19															
20															

Form # F-MRGL-201222

Page #



Pathology Log		Incident Name:										Comments
Morgue Reference Number (MRN)	Date/Time In	External Exam Only	Autopsy	Tox	Drum	DNA Card	Tattoos Noted	Scars Noted	Other	Procedures Performed (YES or NO)		
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												

Form # F-MPAL-201222

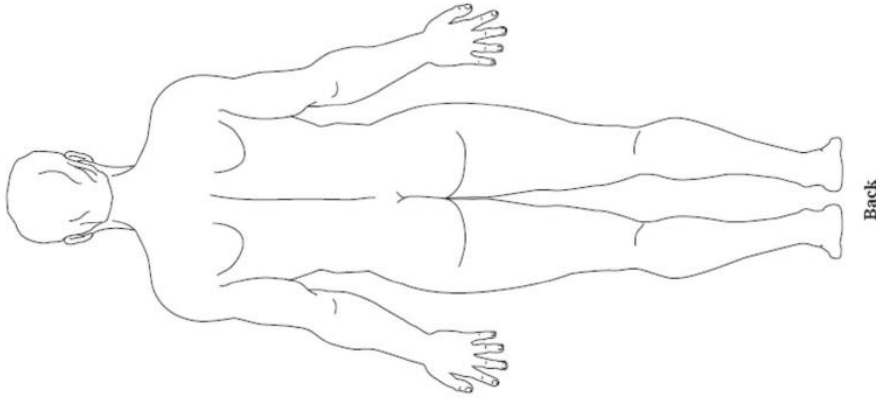
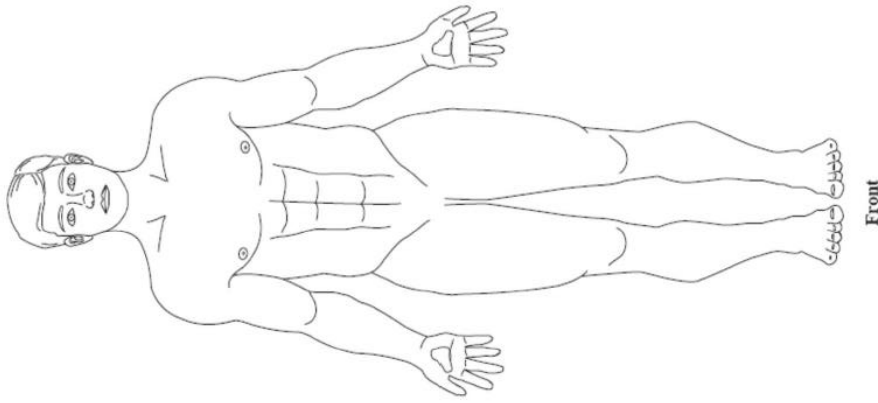
Page #



Form # F-MFBD-201222

Incident Name: _____
Morgue Reference Number (MRN) _____

Pathology Body Diagrams





Morgue Reference Number (MRN) _____

Comments

Incident Name: _____

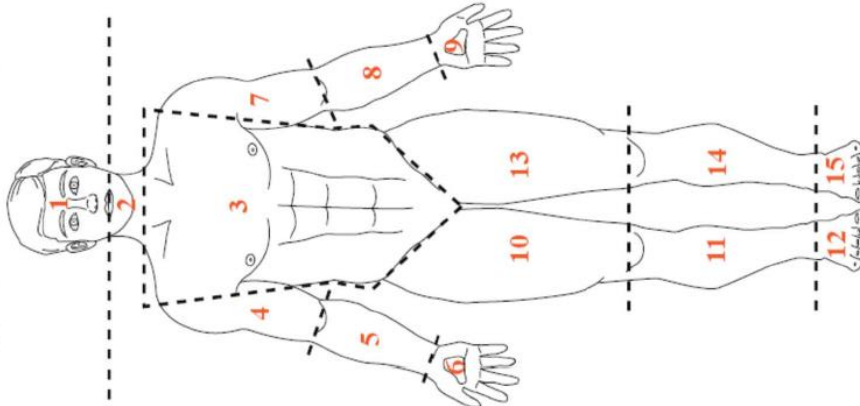
- N - Not Recovered
- D - Recovered-Decomposed
- F - Recovered-Fresh
- S - Skeletal

1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
8	_____
9	_____
10	_____
11	_____
12	_____
13	_____
14	_____
15	_____

- 1. Cranium
- 2. Mandible
- 3. Torso
- 4. Right Upper Arm
- 5. Right Forearm
- 6. Right Hand
- 7. Left Upper Arm
- 8. Left Forearm
- 9. Left Hand
- 10. Right Upper Leg
- 11. Right Lower Leg
- 12. Right Foot
- 13. Left Upper Leg
- 14. Left Lower Leg
- 15. Left Foot

Form # F-MFFR-201222

Pathology Fragmented Remains Diagram





Autopsy/Examination Report

Incident Name: Location:

Case Number(s) [MRN, RM, ME?]: Other Related Case Numbers:

Examination consisted of:
(Circle one) **Autopsy** **External Examination**

The work performed on the case number indicated above revealed these findings

Final Anatomic Diagnoses:

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____

Organs:	Weights (gms):	Observations:
Brain		
Heart		
Lung (right)		
Lung (left)		
Liver		
Spleen		
Kidney (right)		
Kidney (left)		
Stomach contents		
Urine		

Other observations:

Name (print)	Signature	Autopsy/Exam Date/Time
Prosector _____	_____	_____
Title _____		



Pathology Toxicology Collected Report

Incident Name: Location

Case Number(s) Other Related Case Numbers
[MRN, RM, ME?]

Examination consisted of:
(Circle one) **Autopsy** **External Examination**

The work performed on the case number indicated above included collection of the following specimens for toxicology testing.

Number:	Container:	Specimen:
	Tube	Blood (with preservative)
	Tube	Blood (without preservative)
	Tube/Cup	Blood Clotted
	Tube/Cup	Vitreous
	Tube/Cup	Urine
	Tube/Cup	Gastric

Other observations:

Name (print)	Signature	Autopsy/Exam Date/Time
Prosecutor _____	_____	_____
Title _____	_____	_____



Morgue Reference Number (MRN)		Incident Name:													Comments
		Photo Categories Taken: (YES or NO)													
Date/Time In		None Taken	ID Photo (Facial)	External Overalls	Tattoos	Scars	Clothing	Jewelry	Other	CD Made	Proof Sheet for DVP	VIP Media	Storage		
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															
16															
17															
18															
19															
20															



Personal Effects Log		Incident Name:													Date to Rem Mgmt				
Morgue Reference Number (MRN)	Date/Time In	Categories: (YES or NO)													Comments				
		Name Collected	Clothing	Jewelry	Wedding Ring	Watch	Wallet	Purse	Driver License	ID Card	Credit Cards	Money	Misc Papers	Cell Phone					
1																			
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			
11																			
12																			
13																			
14																			
15																			
16																			
17																			
18																			
19																			
20																			

Form # F-MPEL-201222

Page #



Personal Effects /Evidence Release		
Incident Name:	<input style="width: 95%;" type="text"/>	Location: <input style="width: 95%;" type="text" value="0"/>
MRN#	<input style="width: 95%;" type="text"/>	Victim Name (if known) <input style="width: 95%;" type="text"/>
ME Case#	<input style="width: 95%;" type="text"/>	VIC RM# <input style="width: 95%;" type="text"/>
Items being released:		
Rel?	Category (Jewelry, Currency, Clothing, Misc.)	Description
The above listed items were collected by:		
Collected by	Name (print)	Signature
Agency	(For storage/security)	
The above listed items are released by:		
Released by	Name (print)	Signature
Agency	(From storage/security)	
Received by	Name (print)	Signature
Agency		
Routing:		
Original remains with File Folder	Page #	of pages
Copy is made for transfer with items		



Fingerprint Log		Incident Name:		Comments		
Morgue Reference Number (MRN)	Date/Time In	Prints obtained: (YES or NO)		Palm Prints	Foot prints	Other
		Partial Right Hand	Partial Left Hand			
		10 Print	Card (s)			
		Collected				
1		None				
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

Form # F-MFPL-201222

Page #



Morgue Reference Number (MRN)	Date/Time In	Incident Name:										Comments			
		Chart Made	X-Rays Taken	Full Teeth	Partial Teeth	Dentures	Implants	Edentulous	DEKSM/MI	Entered	Non Dental		Non Human		
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															
16															
17															
18															
19															
20															

Form # F-MODL-301222

Page #



Morgue Reference Number (MRN)		Date/Time In		Specimen Examined (YES or NO)				Incident Name:						Comments					
				Not Examined	Whole Remains	Bone Only	Head Only	Other	Age Range	Sex	Race	Height Range	Stature		Other				
1																			
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			
11																			
12																			
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14																			
15																			
16																			
17																			
18																			
19																			
20																			

Form # F-MANTL-201222

Page #



DNA Collection Log		Incident Name:	
Morgue Reference Number (MRN)	Date/Time In	Specimen collected: (YES or NO)	
		FTP Blood Card	Other
		Buccal Swab	Other
		Bone	Other
		Teeth	Other
		None Collected	Other
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Form # F-MDNAL-201222

Page #

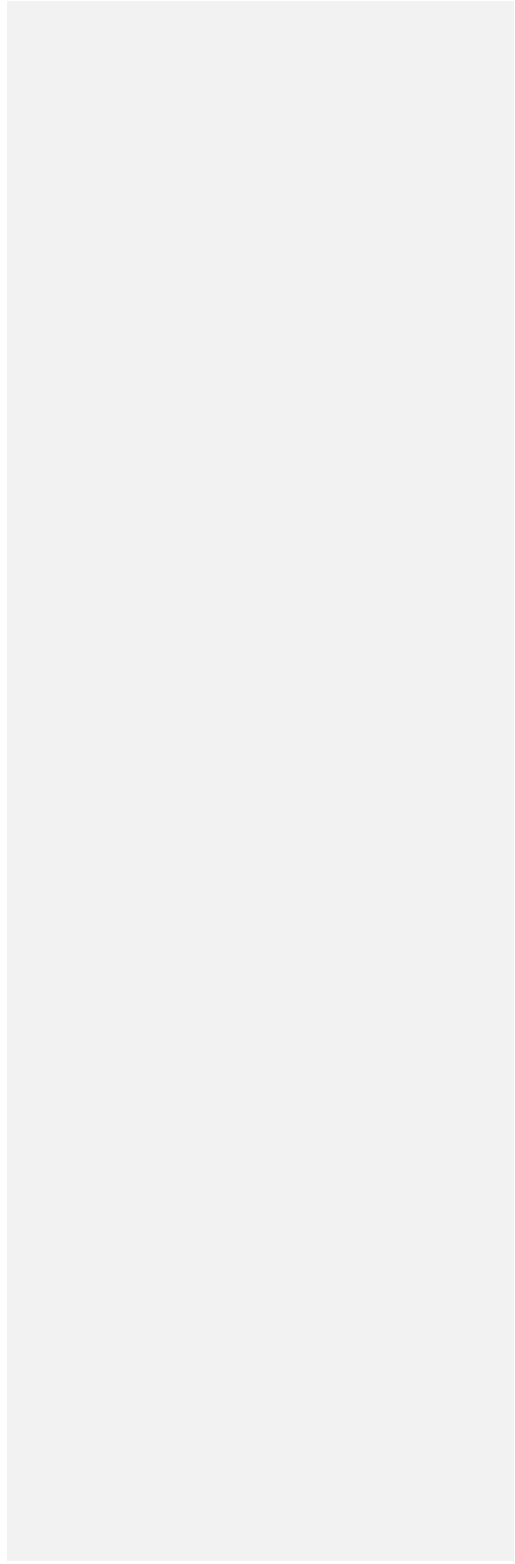
Commented [BV1]: "FTP blood card" – did you mean "FTA blood card"?



Embalming Log		Incident Name:				
		Procedures (YES or NO)	External Only	Conceal only	Arterial	None
Morgue Reference Number (MRN)	Date/Time In					
1						
2						
3						
4						
5						
6						
7						
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9						
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12						
13						
14						
15						
16						
17						
18						
19						
20						

Form # F-MEML-201222

Page #

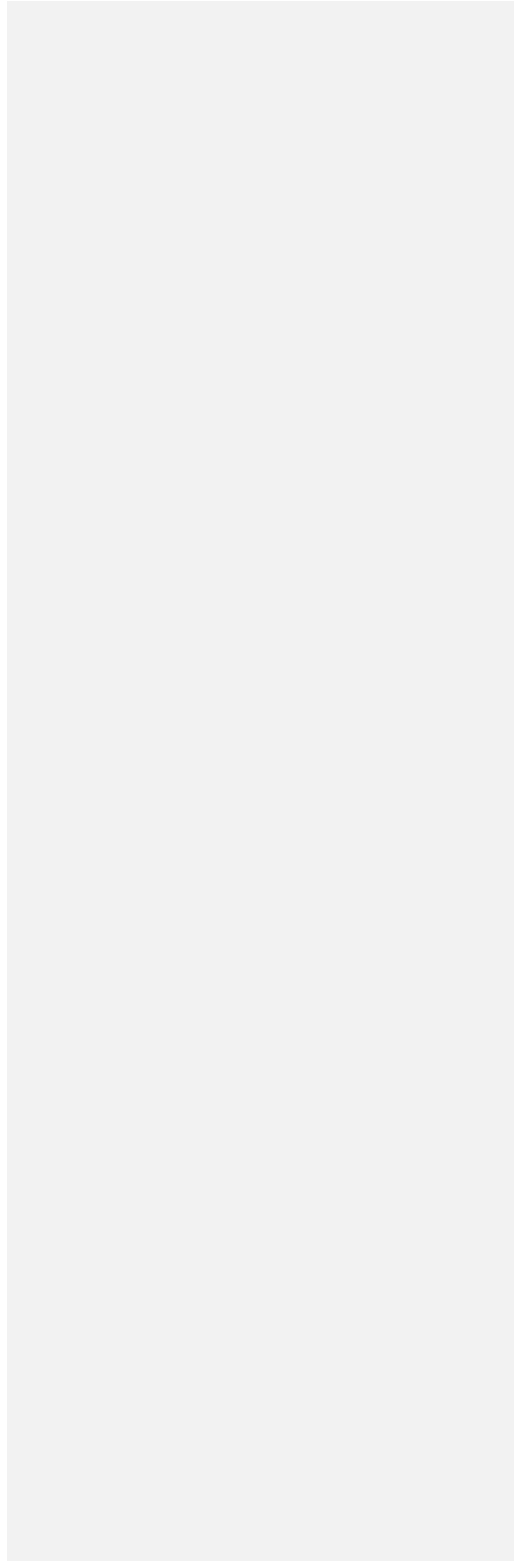




Casketing Log		Incident Name:	
		Morgue Reference Number (MRN)	Date/Time In
1			
2			
3			
4			
5			
6			
7			
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19			
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Form # F-MEML-201222

Page #





VIC Records RM Assignment Log		Incident Name:						
First Received DATE	NAME OF Missing Person (Last, First Middle)	RM Number	Interview Original	Interview Printout	Dental Record	Other DNA	Other	Out to MIC Rec Mgmt Date/Name/Inits
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								



VIC Case File Folder Inventory			
Incident Name:	<input type="text"/>	Location	<input type="text" value="0"/>
RM Case Number	<input type="text"/>	Victim Name (if known)	<input type="text"/>
Items added to file:			
No.	Date Added	Description	Comment



VIC Record Out Log		Incident Name:									
Released DATE	TIME	NAME OF Missing Person (Last, First Middle)	RM Number	Full File	Dental Record	Prints Record	Other Record	Released to Name/Inits	Date/Time Returned	Returned by Name/Inits	Returned to Name/Inits
1											
2											
3											
4											
5											
6											
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18											

Form # F.VROL-201222

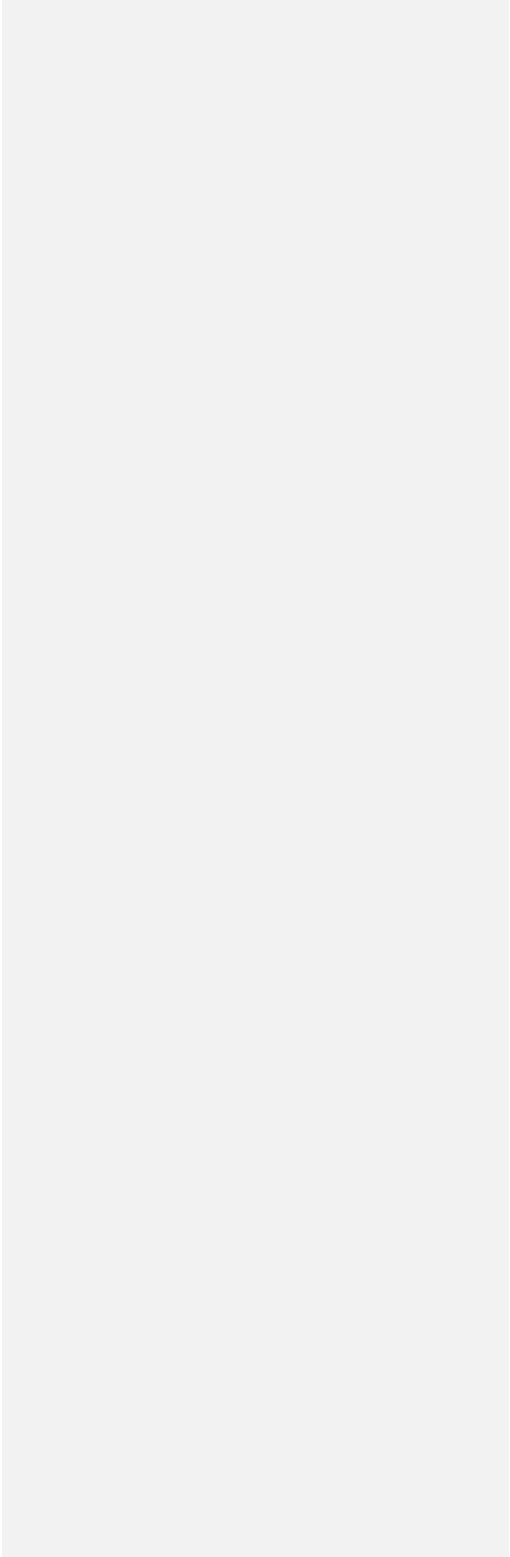
Page #



VIC Record Out Tab		Incident Name:						
Released DATE	TIME	NAME OF Missing Person (Last, First Middle)	RM Number	Full File	Dental Record	Medical Record	Other	Released to Name/Units
1								
2								
3								
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15								

Form # F-VROT-201222

Page #





Medical Records Request Letter template text (one page cover letter on M.E.O. letterhead; also available in VIP):

(ENTER:
Name and
Address of Medical Provider)

RE: (ENTER: First Last Name of missing person/patient)

Date of Birth _____ Last 4 SS# _____

Dear (ENTER: Name of medical provider)

We are seeking your personal assistance to help the family of a patient of yours.

The patient listed above is reported to be a possible decedent as a result of the recent (ENTER Name of Event). In order to facilitate an accurate identification of this person, the Medical Examiner's Identification Team will require copies of your patient's medical records and any original radiographs or CT films, etc. for comparison.

Digital transmission of text records is acceptable and preferred (i.e., scanned then e-mailed). Likewise, digital radiographs can be sent by e-mail. However, non-digital original radiographs are required so they can be digitized here. We will provide free overnight shipping information for non-digital radiographic records. All records will be returned to you when the mission is completed.

All radiographs should be marked with:

- patient's name,
- patient's date of birth,
- date of radiograph, and
- left or right.

Medical records may be faxed to the number provided above. Records that are of the greatest help include:

- face sheets,
- history & physical, diagnoses,
- consults, and
- discharge summary if available.

Also, if you, the subject matter expert for this patient and the one best capable of reading the chart, would complete the attached **DENTAL CONDITION WORKSHEET** it will greatly aid our identification efforts. Please accept the enclosed certificate of appreciation for helping us help all these families.

While medical patient records are confidential by law, HIPAA regulations provide an exemption for the release of patient dental records to a coroner or medical examiner for use in identification of a person presumed deceased:

45 CFR 164.512g

(g) Standard: Uses and disclosures about decedents. (1) Coroners and Medical Examiners. A covered entity may disclose protected health information to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law. A covered entity that also performs the duties of a coroner or medical examiner may use protected health information for the purposes described in this paragraph.

If you have any questions, you may contact a Medical Examiner representative at (ENTER: phone designated for VIC/FAC) or by E-mail at (ENTER: e-mail assigned for the event).

All reference to this request should be treated as confidential.

Thank you for your timely assistance in this extremely important matter. The families affected by this catastrophe are greatly appreciative of your support.

Sincerely,

(ENTER: signature lines per M.E. preferences)



Dental Records Request Letter template text (one page cover letter on M.E.O. letterhead; also available in VIP):

(ENTER:
Name and
Address of Dentist or Dental Practice)

RE: (ENTER: First Last Name of missing person/patient)

Date of Birth _____ Last 4 SS# _____

Dear (ENTER: Name of Dentist)

We are seeking your personal assistance to help the family of a patient of yours.

The patient listed above is reported to be a possible decedent as a result of the recent (ENTER Name of Event). In order to facilitate an accurate identification of this person, the disaster dental team needs copies of your patient's dental records and any original radiographs for comparison with the human remains recovered.

Digital transmission of text records is acceptable and preferred (i.e., scanned then e-mailed). Likewise, digital radiographs from DEXIS or similar digital systems can be sent by e-mail. However, non-digital original radiographs are required so they can be digitized. We will provide free overnight shipping information for non-digital records. All records will be returned to you when the mission is completed.

All radiographs should be marked with:

- Patient's name,
- Patient's date of birth,
- Date of radiograph,
- Left and Right.

Also, if you, the subject matter expert for this patient and the one best capable of reading the chart, would complete the attached **DENTAL CONDITION WORKSHEET** it will greatly aid our identification efforts. Please accept the enclosed certificate of appreciation for helping us help all these families.

While dental patient records are confidential by law, HIPAA regulations provide an exemption for the release of patient dental records to a coroner or medical examiner for use in identification of a person presumed deceased:

45 CFR 164.512g

(g) Standard: Uses and disclosures about decedents. (1) Coroners and Medical Examiners. A covered entity may disclose protected health information to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law. A covered entity that also performs the duties of a coroner or medical examiner may use protected health information for the purposes described in this paragraph.

If you have any questions, you may contact a Medical Examiner representative at (ENTER: phone designated for VIC/FAC) or by E-mail at (ENTER: e-mail assigned for the event).

All reference to this request should be treated as confidential.

Thank you for your timely assistance in this extremely important matter. The families affected by this catastrophe are greatly appreciative of your support.

Sincerely,

(ENTER: signature lines per M.E. preferences)



DENTAL CONDITION WORKSHEET

Patient Name: _____

This chart should be filled out by the **dentist of record** following review of the dental radiographs and records.

- The numbering of the teeth follows the format of the Universal numbering system with tooth #1 being the upper right third molar, tooth #16 being the upper left third molar, tooth #17 being the lower left third molar and tooth #32 being the lower right third molar.
- The description of the restorations present should include the surfaces involved (M, O, D, F, L), the restorative material used (amalgam, gold, porcelain, composite, temporary cement, etc.) and any other conditions that may be observed (endodontic treatment, pin retention, orthodontic brackets or bands, etc.). Do not leave any tooth numbers blank.
- If the tooth has no restorations note it as **(V)"virgin"** or "present, no restoration". Other significant dental information **(A)** can be noted at the bottom of this chart or on an attached sheet of paper.

1 _____	17 _____
2 _____	18 _____
3 _____	19 _____
4 _____	20 _____
5 _____	21 _____
6 _____	22 _____
7 _____	23 _____
8 _____	24 _____
9 _____	25 _____
10 _____	26 _____
11 _____	27 _____
12 _____	28 _____
13 _____	29 _____
14 _____	30 _____
15 _____	31 _____
16 _____	32 _____

Additional Dental Information:

Date form completed: _____



Sample Certificate of Humanitarian Service





Family History (DNA) Forms – DNA Station Wall Poster

Collection of DNA for Missing Persons

Let the person know that this is the order of priority that we recommend:

- I. DNA items from the victim such as eye glasses, toothbrush, razor, baby teeth, bloodstained items, etc. (hairbrush as a last resort).

- II. Biological Relative Samples - Buccal Swabs:
 1. Biological (natural) **Mother and Father**,
or
 2. **Spouse and biological Child**, or
 3. A biological **Mother or Father and**
victim's biological **Child**, or
 4. Multiple **Full Siblings** of the Victim (i.e.,
children from the *same* Mother and
Father)

This is the same order of priority recommended to Florida law enforcement agencies to collect DNA for missing persons.



DNA Buccal Swab Kit Assembly (for Florida Department of Law Enforcement, FDLE Laboratory)

DNA reference collection kits include the following items:

1. Large manila or shipper envelope with US Airbill addressed to donor(s) to hold all the materials. Label (2" x 4") on lower left envelope face edge with

Missing Person DNA Kit

Use one DNA kit per family member.

2. Cover letter with instructions to Families
 - 1 per donor even if in the same household (except for young children)
 - Printed as needed for each appropriate donor selected.
 3. FDLE Family Reference Collection and Consent Forms Ver. 1 (2 page)
 4. Personal Items Submission Form (if applicable)
 5. Brochure "Florida Missing Persons DNA Database" (2 page)
 6. DNA Chapter 760.40, Florida Statutes (1 page)
 7. Self-Seal Legal Envelope for Swab Return shipping
 - 1 envelope per donor
 - The self-seal envelope will be marked or labeled (2" x 4") on the front with this text:
- SWAB Envelope**
Donor Name _____ Date/Time _____

Name of Missing Individual _____
8. 1 pair of swabs in sleeve envelope (2 swabs total)
 - 1 package per donor or 2 packages if the swab kits only contain 1 swab in each sleeve.
 - Each swab sleeve will be marked or labeled (2" x 4") with the identical information as the self-seal envelope. *This will be completed by the donor*
 - Place the swab sleeves into the legal sized envelope. (Do not seal).
 9. FedEx return envelope with preprinted Airbill addressed to the VIC
 - 1 per household
 10. Two (2) latex free large surgical gloves

Two FedEx Airbills will be prepared for each package being sent.

1. **Shipping label for each household** will include the donor's name and street address. **(No P.O. Box)**
 - "Your Internal Billing Reference" is the Reported Missing case number **(RM#000xx)**
 - Include the date the package is being sent by VIC
 - If airbill blanks and shipping envelopes are not available on-site, create a label visit <https://www.fedex.com/lite/lite-ship.html#address>.
 - Tear off the top copy of Airbill for VIC records before shipping.
 - Place this completed Airbill label into the clear invoice envelope attached to the front of the large manila envelope.
 - Do not seal the envelope at this point.
2. **Shipping label for return** of DNA sample and Donor Consent Forms.
 - Fill out completely for return to VIC.
 - Including the Internal Billing Reference (RM#000xxx).
 - Do not fill in the shipping date (donor will fill that in).



DNA Personal Effects Kit Assembly

(for Florida Department of Law Enforcement, FDLE Laboratory)

DNA personal effects collection kits include the following items:

1. Large manila or shipper envelope with US Airbill addressed to donor(s) to hold all the materials. Label (2" x 4") on lower left envelope face edge with

Missing Person DNA Personal Effects Kit

2. Cover letter with instructions to Families
3. Personal Items Submission and Consent Form (2 page)
4. Brochure "Florida Missing Persons DNA Database" (2 page)
5. DNA Chapter 760.40, Florida Statutes (1 page)
6. Envelopes large enough for the item(s) to be submitted (as discussed with the family)
 - 1 envelope per item
 - The self-seal envelopes will be marked or labeled (2" x 4") on the front with this text:

Personal Effects Envelope

Item Description: _____

Submitter's Name _____ Date/Time _____

Name of Missing Individual _____

- *This will be completed by the submitter.*

7. FedEx return envelope (large enough for the item(s) to be submitted) with preprinted Airbill addressed to the VIC
8. Two (2) latex free large surgical gloves

Two FedEx Airbills will be prepared for each package being sent.

1. **Shipping label for each household** will include the donor's name and street address. **(No P.O. Box)**
 - "Your Internal Billing Reference" is the Reported Missing case number **(RM#000xx)**
 - Include the date the package is being sent by VIC
 - If airbill blanks and shipping envelopes are not available on-site, create a label visit <https://www.fedex.com/lite/lite-ship.html#address>.
 - Tear off the top copy of Airbill for VIC records before shipping.
 - Place this completed Airbill label into the clear invoice envelope attached to the front of the large manila envelope.
 - Do not seal the envelope at this point.
2. **Shipping label for return** of DNA sample and Donor Consent Forms.
 - Fill out with as much information as possible for the collector for return to VIC.
 - Include in the Internal Billing Reference the VIC case number (RM#000xx).
 - Do not fill in the shipping date.



VIC DNA Instructions Letter Template for Family Buccal Swabs or Personal Effects

(This is built into VIP's documents that print out with the sending of a buccal swab kit using the "Print Kit Forms" button)

(Medical Examiner Letterhead)

Date

[Recipient address]

[Recipient address]

RE: *[Missing person First Last name], RM0000xx*

Dear *[Recipient]*:

The Medical Examiner's Office is working to assist families with the identification of loved ones who may be victims of the *[Event Name]* which occurred *[Event Date]*. We are using the forensic professionals of the Florida Emergency Mortuary Operations Response System (FEMORS) to speed up this process. With them, we have set up a Victim Information Center (VIC) strictly for that purpose – to help us assist you. Please bear with us as we provide you with a lot of information about the process.

What to Expect?

To be upfront and honest about the processes involved, identification of victims for this incident may not be an easy task and will require the use of many forensic methods. By this time, you have already been contacted and asked to help in obtaining medical and dental records which can be used by the forensic specialists. If you are able to locate medical or dental records, or the names of providers, that information should be sent to the VIC to further that process.

However, due to potential challenges and difficulties the *[Event Name]* event created in identifying victims, we also collect biological samples from family members so that forensic nuclear DNA (deoxyribonucleic acid) techniques can be used in the identification process if that becomes necessary. Unfortunately, DNA testing is not a fast process. *It is NOT what we see on TV shows like CSI where everything is solved in 60 minutes.*

How is DNA used?

We'd like to give you a brief explanation of some of the issues in this process. In order to identify an individual using nuclear DNA analysis, a biological sample left from that person prior to his/her death is the optimal sample for comparison. This *direct* reference could be blood, other medical specimens, some types of personal effects containing dried body fluids, or similar forms of biological material. These samples can be compared *directly* to the DNA of a victim.

However, some victims do not have this direct reference material available but an *indirect* reference comparison may be possible. That process will require your help to identify and collect biological samples from living family members that can be used for comparison.

How is DIRECT Reference DNA used?

If the requested family donors are not available, for whatever reason, there are other options that could be used to provide appropriate direct reference from the victim. These items can include:

- Paraffin Blocks/Biopsy slides: If the victim has had a previous biopsy or medical procedure, the hospital where this was done may still have a portion of the tissue embedded in paraffin or on a glass slide.
- Known blood specimens or tissue samples (bloody bandages, scabs, etc.).
- Toothbrush: Epithelial cells from the inside the mouth contain nuclear DNA. These cells will cling to the bristles of the toothbrush (if the toothbrush was used *ONLY* by the victim).
- Hair (with roots): Hair brushes may contain hair with the adhering root structure. Nuclear DNA can be obtained from the root portion of the hair shaft. Cut hair does not contain nuclear DNA.
- Eye glasses, sunglasses, or razor.
- Clothing: Cellular material can be obtained from the collar of shirts or the sweat band of a hat. Clothing that rubs against the skin will collect epidermal cells. Other items of clothing include undergarments. These items should *not be washed or cleaned*.



- Teeth: Individual adult or even baby teeth (occasionally saved as souvenirs) are an excellent source of nuclear DNA which is obtained from the interior structures of the tooth.

How do you submit personal items for testing?

Follow these guidelines for the collection of Personal Effects:

1. Fill out the Personal Items Submission and Consent Forms.
2. Identify at least two (2) items. Note that items should be dry and should not contain any moisture.
3. Using gloves, place the item into a provided labeled envelope (one item per envelope).
4. Seal the envelope, using the self-adhesive seal or packing tape (do not lick the envelope).
5. Write the following information on the envelope, listing the item description (e.g. toothbrush), who collected the item, the date it was collected, and who the item belongs to.
6. Place the envelope(s), along with the completed forms into the FedEx return shipper paper envelope and seal it.

How is Family Member Indirect Reference DNA used?

An "appropriate family member" is someone that is biologically related to, and only one generation removed from, the deceased. The nuclear DNA profile obtained from these family members will be compared to the nuclear DNA profile of the recovered victims. Through the process of inheritance, individuals separated by a single generation will share half of the DNA found in the nucleus of most cells. Those relatives separated by more than one generation, such as grandparents, although sharing some of this same DNA, will not provide the best type of DNA information required for identification purposes.

The following are the optimal family members to provide reference specimens, and in the order of preference (family members highlighted in bold print and italicized are the most desirable):

5. Biological (natural) ***Mother and Father***, OR
6. ***Spouse and biological Child***, OR
7. A biological ***Mother or Father*** and the victim's biological ***Child***, OR
8. Multiple biological ***Full Siblings*** of the victim (i.e., brothers or sisters from the same Mother and Father)

Although you may not be the most appropriate family member to donate a reference specimen yourself (perhaps due to remarriage, adoption or other reason), we ask for your assistance in identifying individuals who may be appropriate. Please complete as much information as possible on the enclosed [Potential Living Biological Donors](#) with current addresses and telephone numbers.

How do you use the Buccal Swab kit for collecting DNA?

Family members who are identified will be asked to collect cells from their inside cheek using a simple swabbing method. One kit (2 swabs) should be used for each family member. Multiple (but individually sealed) kits may be returned in the same FedEx envelope.

The procedure for each kit is as follows:

1. If the individual is collecting a sample from themselves they should wash their hands thoroughly prior to collection. However, if a second person is performing the collection, they must wear the gloves provided at all times during this procedure to prevent contamination of the donor's sample. This could happen when a swab is to be obtained from a young individual.
2. The donor must not consume food or drink, chew gum, or use any tobacco or mouthwashes for at least 15 minutes prior to the DNA sample being collected.
3. Carefully open the **handle end** of the swab sleeve and remove the swab from its sleeve (keep the sleeve as it will be reused later). Do not touch the cotton tip.
4. The first swab is used to collect cells from the inside of either cheek. To collect DNA cells on the swab, briskly rub the inside of the donor's inner cheek up and down 10 times with the swab using moderate pressure. Take care to scrape cells from the oral mucosa (inner cheek), and to not just collect saliva.
5. Return the used swab to its paper sleeve.
6. Repeat with the second swab.
7. While wearing gloves, write the donor's name on the label of both the swab sleeves and the self-sealing envelope.



8. While wearing gloves, package both swab sleeves in the smaller self-sealing business sized envelope and seal it.
 - a. Have the donor place their signature across the seal.
9. Place all materials into the FedEx shipper envelope including the:
 - Signed and sealed swabs envelope,
 - Completed Family Reference Collection Form, and the
 - Completed Consent form
10. Seal the FedEx shipper envelope.
11. Remove and discard gloves.

How do you return the Personal Effects or Buccal Swab kit?

In order to protect the materials' "Chain of Custody" for legal reasons, they must be returned to the VIC via overnight shipping. For your convenience we have included packaging materials you can use for return via Federal Express. Complete the shipping FROM information on the Federal Express mailing label, slip it into the plastic sleeve on the package, and call Federal Express at (800) 463-3339 for pick-up of the material.

The shipping containers meet all postal and commercial carrier standards for sending cheek swabs. Again, it is critical that all paperwork associated with the collections be filled out *completely* and included with the return shipment.

If you have any questions at all, or require further guidance concerning this information please feel free to call us at the VIC at [\[phone\]](#). You may also reach us by e-mail at [\[Event e-mail\]](#) any time.

Thank you for allowing us to help you during this trying time,

[\[Sender's Name\]](#)
[\[ME Office Title, if applicable\]](#)
FEMORS/Victim Information Center
DNA Collection Team



Family Reference Collection Form

(Fill in one form for each donor/victim combination)

Missing Individual Information

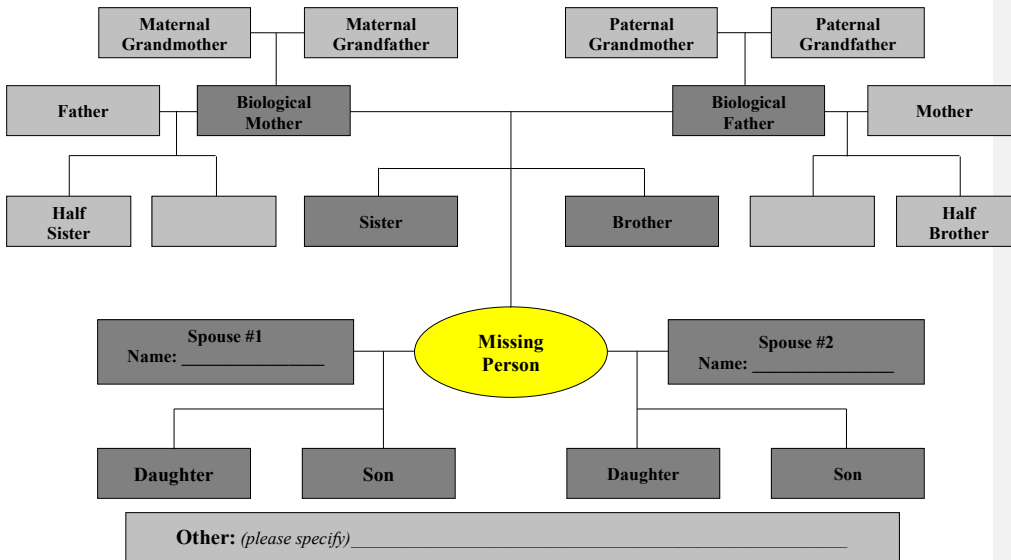
Last Name:	Suffix (Jr., Sr.):	First Name:	Middle Name:	Birth Gender M F
The missing person has been known by the following additional names(include maiden name):			Date of Birth: Year: ____ Month: ____ Day: ____	

Donor Information

Last Name	Suffix	First Name	Middle Name
Best call back numbers (list in order of preference): 1 st . 2 nd . 3 rd .			
Mailing Address			
City	State	Zip	Country
Date of Birth: Year: ____ Month: ____ Day: ____	Birth Gender M F	Race (check one): <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other _____	

I am providing a family reference sample because I am the victim's biological _____
(e.g., mother, father, sister, son, etc.)

Please circle your relationship to the **missing individual**, below:





STATEMENT OF CONSENT AND PRIVACY STATEMENT

Please be sure to choose and initial one of the boxes indicating which level of search is to be conducted. The FDLE lab is not authorized to process any submissions without the appropriate box being initialed.

I affirm that the answers provided on this form are correct to the best of my knowledge and belief. I fully understand that my answers are important to the evaluation of my kindred relationship to missing or unidentified persons.

To assist in the identification of a kindred family member, I freely and voluntarily agree to donate my body fluid(s) for DNA analysis and for the results of these analyses to be included in the *Relatives of Missing Persons Index* which is part of the statewide DNA Investigative Support Database, maintained by the Florida Department of Law Enforcement (FDLE) under authority of Section 943.325, Florida Statutes.

By signing the FDLE form, I freely and voluntarily consent to provide FDLE with a blood and/or oral swab specimen(s) for DNA analysis and entry into the FDLE *Relatives of Missing Persons Index*, which is more fully described below. I hereby waive any and all claims against FDLE and the State of Florida and any of their employees or authorized agents for any medical complications or other injuries that may arise from providing these samples.

Choose and initial one of the following boxes:

If this box is initialed by me, the DNA analysis information will be released only to criminal justice agencies for identification purposes of individuals indexed in the *Unidentified Human Remains Index* and *Missing Persons Index* maintained by FDLE. Investigative agencies may request FDLE to search the *Relatives of Missing Persons Index* against the *Missing Persons Index* and *Unidentified Human Remains Index*. If a match is found, the additional supplemental information may be released to that agency in support of the purpose for which it was collected, i.e., to assist in the identification of a kindred family member. I also understand that any analysis performed by FDLE will be submitted to the FBI's National Missing Person Index and will be searched against the Missing Person Index and Unidentified Human Remains Index on a national level.

If this box is initialed by me, **in addition to** identification of individuals indexed in the *Unidentified Human Remains Index* and *Missing Persons Index* maintained by FDLE, I agree to allow a more comprehensive search of the DNA analysis information against the FDLE statewide DNA Investigative Support Database. This broader search would include the *Offender Index* and *Forensic STR Index*. It is possible for a biological sample, involved in a missing person investigation, to be entered into either the *Offender Index* or *Forensic STR Index* without appearing in the *Missing Persons Index* or *Unidentified Human Remains Index*. I understand without this broader search, biological specimens connected to the missing person investigation may never be identified. Investigative agencies may request FDLE to search the *Relatives of Missing Persons Index* against the *Missing Persons Index*, *Unidentified Human Remains Index*, *Offender Index* and *Forensic STR Index*. If a match is found, the additional supplemental information may be released to that agency in support of the purpose for which it was collected, i.e., to assist in the identification of a kindred family member, as well as for other identification purposes. I understand that my consent for law enforcement agencies to search against my DNA specimen in the FDLE statewide DNA Investigative Support Database could result in the linkage of crime scene samples to my biological sample. I also understand that my consent for law enforcement agencies to search against my DNA specimen in this Database could result in my being considered a suspect in an unsolved crime or crimes and could lead to my arrest, prosecution, and/or conviction for such crime or crimes.

I understand that I may ask to have my body fluid samples provided to FDLE as well as any DNA analysis results based on those samples and all associated information, in whatever form, permanently removed from the FDLE Database and destroyed by providing FDLE with a signed and notarized request for such removal and destruction. I understand that written confirmation of this action having been taken by FDLE will be provided to me at my request.

I have read this form in its entirety and fully understand it, or have had any questions about it answered to my satisfaction. I understand that I am not required or obligated to provide a DNA sample and my consent to have a DNA sample taken is knowingly and voluntarily made.

I understand that by also signing the Federal Consent Form, which is a separate and distinct form that I am not obligated to sign, I agree to the submission of my reference sample to the Federal Bureau of Investigation (FBI) for additional DNA analysis. This DNA analysis will be performed by the FBI and will become part of the National Missing Persons Index.

I further understand that the protections and restrictions set forth in Section 760.40, Florida Statutes, a copy of which has been given to me, do not apply to the DNA analyses to which I am hereby consenting.

Dated this _____ day of _____,

Signature of person giving consent

Witnessed by



Commented [BV2]: Sex at birth or gender at birth?

Personal Items Submission Form				
Missing Individual Information				
Last Name	Suffix (Jr., Sr.)	First Name:	Middle Name	Birth Gender M F
The missing person is/has been known by the following additional names (include maiden name)		Date of Birth Year: ____ Month: ____ Day: ____	Social Security Number ____ - ____ - ____	
Submitter Information				
Last Name	Suffix (Jr., Sr.)	First Name	Middle Name	
Telephone numbers (in order of preference)				
1st: ()	2nd: ()	3rd: ()		
Home Street Address		City	State	
Country	ZIP Code	E-mail address		
I am providing a reference sample from the missing individual. I am the missing individual's _____. <i>(e.g., mother, father, sister, son, roommate)</i>				
<i>Please list the personal items below:</i>				
Item Number	Item Description	Other Possible DNA Sources on Item. Please Explain.		
0	<i>Example: Pink toothbrush with white handle</i>	<i>My husband and I may have used the same toothbrush</i>		
1				
2				
3				
4				
5				
6				



Personal Items Submission Consent Form

Name of Missing Individual: _____
(Last, First, Middle, Suffix)

Please note: If there is a possibility that there may be someone else's DNA on a personal item, it is helpful to submit a biological sample from the person(s) who might have also used the item (reference sample). Please refer to the **Sample Family and/or Donor Reference Collection Form**.

Items submitted should be directly attributable to the missing individual.

- Biological samples suitable for testing include:
 - Bloodstain cards (e.g., newborn screening cards [Guthrie cards] or cards obtained from other repositories).
 - Oral swabs (e.g., from home DNA identification kits).
 - Blood stored for elective surgery.
 - Pathology samples (e.g., biopsy samples, PAP smears).
 - Extracted teeth (baby/wisdom).
 - Hair samples.
- Personal items that might contain the missing individual's DNA include:
 - Used toothbrushes.
 - Used shavers/razors.
 - Eyeglasses, sunglasses.
 - Unwashed undergarments and other suitable clothing items.
 - Used personal hygiene items (e.g., feminine sanitary napkins).
 - Other personally handled or used items (consult the testing laboratory for specific criteria).

I, _____ hereby grant permission to extract and type
(Please print name of submitter)

DNA from the items listed on the **Personal Items Submission Form** for the purpose of assisting in the identification of a missing person. I understand that in the testing process the item may become damaged or destroyed and may not be returned.

(Signature of submitter)/ (Date)

Sample(s) received by/date
(For testing agency use only)



Program Description

The Florida Missing Children Information Clearinghouse (MCIC) and the Florida DNA Investigative Support Database are combining resources to provide law enforcement another useful tool in the location and identification of missing persons throughout Florida and the nation: **The Florida Missing Persons DNA Database.**

Utilizing current DNA sampling technology in conjunction with local agency missing person reports, law enforcement officials will have the ability to identify or link missing person cases or unidentified human remains. The database will be linked to the Federal Bureau of Investigation's DNA index system, CODIS, which will enable the search to reach beyond Florida's borders and compare samples of other missing persons or unidentified remains.

Once a missing person report has been filed with the local law enforcement agency, a family may be asked to submit personal articles belonging to the missing person, or several family members may be asked to volunteer their own DNA samples. The local law enforcement agency will use a specimen collection kit to collect these family reference samples and submit it to the Florida DNA Database. The DNA results from these submissions will be entered into a database and routinely compared to the DNA results obtained from unidentified human remains. In addition, the family member has the option of an expanded search and having their DNA profile searched against the Offender Index and the Forensic STR Index. This expanded search is available only for the Florida DNA Investigative Support Database.



FDLE

For additional information regarding the
Florida Missing Persons DNA Database
contact the:

**Florida Department of Law Enforcement
Missing Children Information Clearinghouse (MCIC)**
2331 Phillips Road
Tallahassee, Florida 32308
(850) 410-8585 1-888-356-4774
or visit our web site at www.fdle.state.fl.us



Florida Missing Persons DNA Database





Sources of DNA

To establish a DNA profile for a person, a standard sample is necessary. This is typically an oral swab or a blood sample taken directly from that person and it represents a "known" source of DNA. If a DNA standard is not available, then a secondary standard can be useful in establishing a DNA profile for that person. The goal of a secondary standard is to select an item that has had direct and prolonged contact with the person in question. The list to the right identifies possible sources of secondary standards. It is critical that the item is **known to have been used exclusively by the person in question.**

A family member** may be asked to volunteer his or her own DNA sample; which is entered into a **Relatives of Missing Persons Index**. Oral swab specimen kits will be available to law enforcement agencies to collect and submit back to the FDLE DNA Database.

If a match occurs, the law enforcement officers involved with the case will be notified so they can contact the family.

The CODIS System

Florida is one of many states that are part of a national DNA identification system known as CODIS (Combined DNA Index System). Through CODIS, DNA submitted by law enforcement agencies can be cross referenced against the Missing Persons Index and the Unidentified Human Remains Index, as well as other available indexes to solve cases involving missing loved ones.

Searchable indexes include:

- **Relatives of Missing Persons Index:** includes results from DNA analyses of kindred family members of a missing person.
- **Missing Persons Index:** includes results of DNA analyses on "known secondary standards" of the missing person.
- **Unidentified Human Remains Index:** includes results of DNA analyses obtained from unidentified human remains.
- **Forensic STR Index:** includes results from DNA analyses of forensic casework samples. (*Relatives of a missing person will not be searched against this index unless authorized by the family members.*)
- **Offender Index:** includes the results from DNA analyses of convicted offender samples.

KNOWN DNA STANDARD from Missing Person

- Blood Sample
- Oral Swab Sample
- Biopsy Sample

SECONDARY STANDARD from Missing Person

- Toothbrush *
- Hairbrush *
- Used razor (electric or disposable) *
- Used pacifier or baby bottle *
- Cigarette butts
- Lip balm or lipstick
- Unwashed baby blanket
(possible saliva present)
- Hat
- Shoes
- Unwashed clothing items that had direct skin contact, such as: underwear, socks, shirt, pants
- Drinking glass or can
- Used handkerchief or kleenex

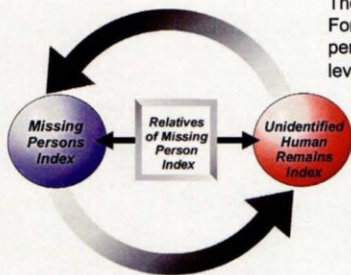
* Preferred items

RELATIVES of Missing Person

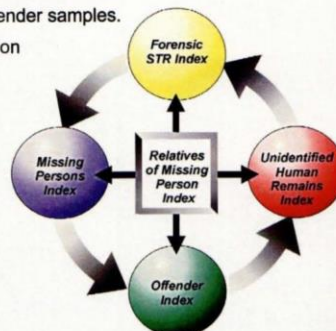
- Biological Parents **
- Children **
- Brother
- Sister

** Preferred relatives

The FDLE Family Reference Collection Form allows relatives of a missing person to select one of the following levels of search options:



Left: **Standard Search** for the National Missing Persons Index and Florida DNA Investigative Support Database.
Or,
Right: **Expanded Search** for the Florida DNA Investigative Support Database ONLY.





The 2010 Florida Statutes (including Special Session A)

[Title XLIV](#)

CIVIL
RIGHTS

[Chapter 760](#)

DISCRIMINATION IN THE TREATMENT OF PERSONS;
MINORITY REPRESENTATION

[View Entire
Chapter](#)

760.40 Genetic testing; informed consent; confidentiality; penalties; notice of use of results.—

(1) As used in this section, the term “DNA analysis” means the medical and biological examination and analysis of a person to identify the presence and composition of genes in that person’s body. The term includes DNA typing and genetic testing.

(2)(a) Except for purposes of criminal prosecution, except for purposes of determining paternity as provided in s. [409.256](#) or s. [742.12](#)(1), and except for purposes of acquiring specimens as provided in s. [943.325](#), DNA analysis may be performed only with the informed consent of the person to be tested, and the results of such DNA analysis, whether held by a public or private entity, are the exclusive property of the person tested, are confidential, and may not be disclosed without the consent of the person tested. Such information held by a public entity is exempt from the provisions of s. [119.07](#)(1) and s. 24(a), Art. I of the State Constitution.

(b) A person who violates paragraph (a) is guilty of a misdemeanor of the first degree, punishable as provided in s. [775.082](#) or s. [775.083](#).

(3) A person who performs DNA analysis or receives records, results, or findings of DNA analysis must provide the person tested with notice that the analysis was performed or that the information was received. The notice must state that, upon the request of the person tested, the information will be made available to his or her physician. The notice must also state whether the information was used in any decision to grant or deny any insurance, employment, mortgage, loan, credit, or educational opportunity. If the information was used in any decision that resulted in a denial, the analysis must be repeated to verify the accuracy of the first analysis, and if the first analysis is found to be inaccurate, the denial must be reviewed.

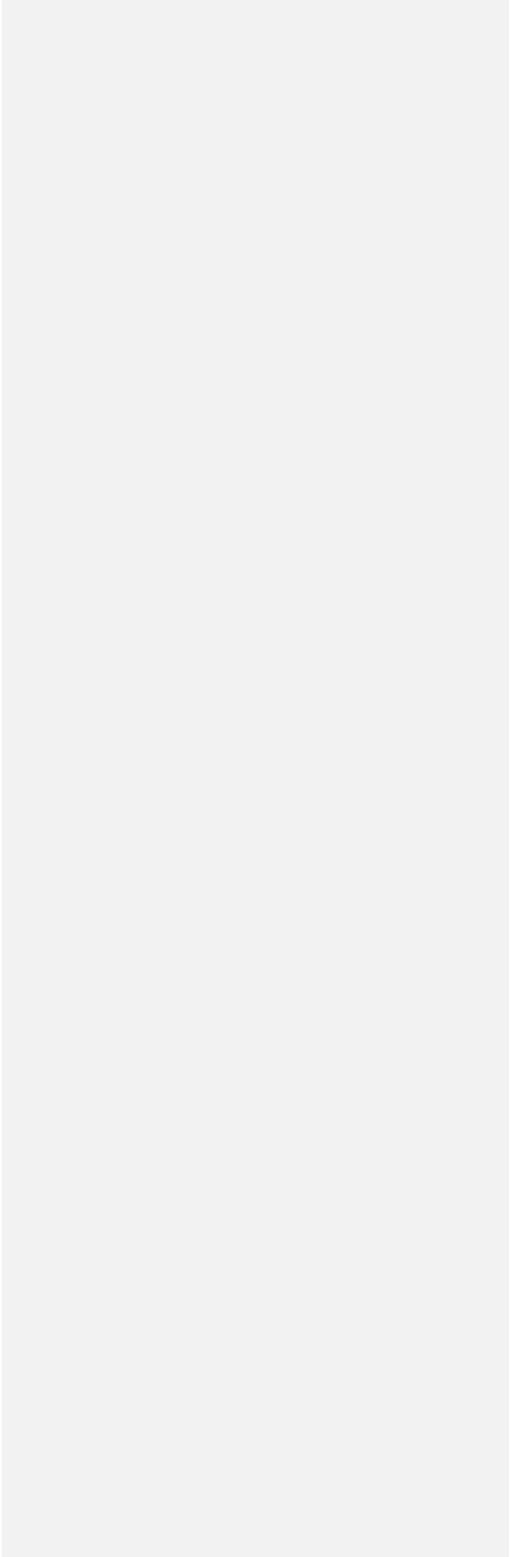
History.—s. 1, ch. 92-101; s. 10, ch. 93-204; s. 1, ch. 94-90; s. 420, ch. 96-406; s. 1795, ch. 97-102; s. 15, ch. 98-251; s. 7, ch. 2001-127; s. 40, ch. 2005-39; s. 3, ch. 2009-190.



Family History DNA Buccal Swab Log		Incident Name:				
RM Case	Name of Missing Person	Donor Name/Relationship	Date Collected	Location of Collection	Collected By	Notes
1						
2						
3						
4						
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7						
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Form # F-FHBS-201222

Page #

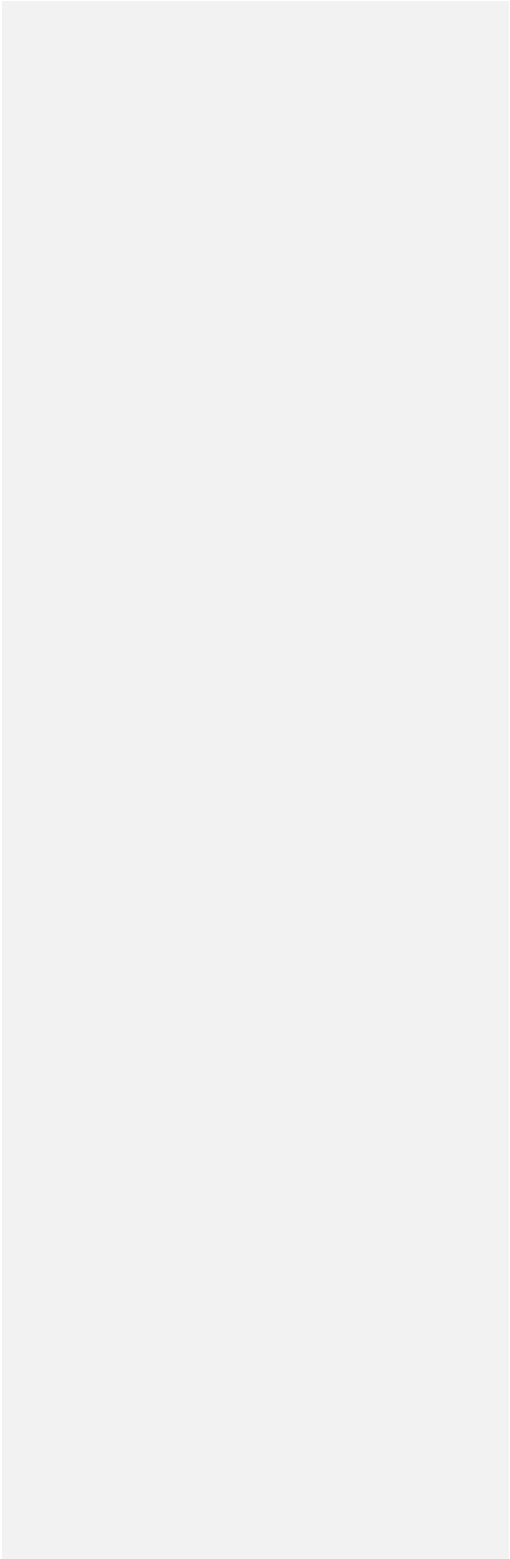




Family History DNA Specimen Collection Log		Incident Name:				
RM Case	Name of Missing Person	Donor Name/Relationship	Date Collected	Location of Collection	Collected By	Items collected
1						
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Page #

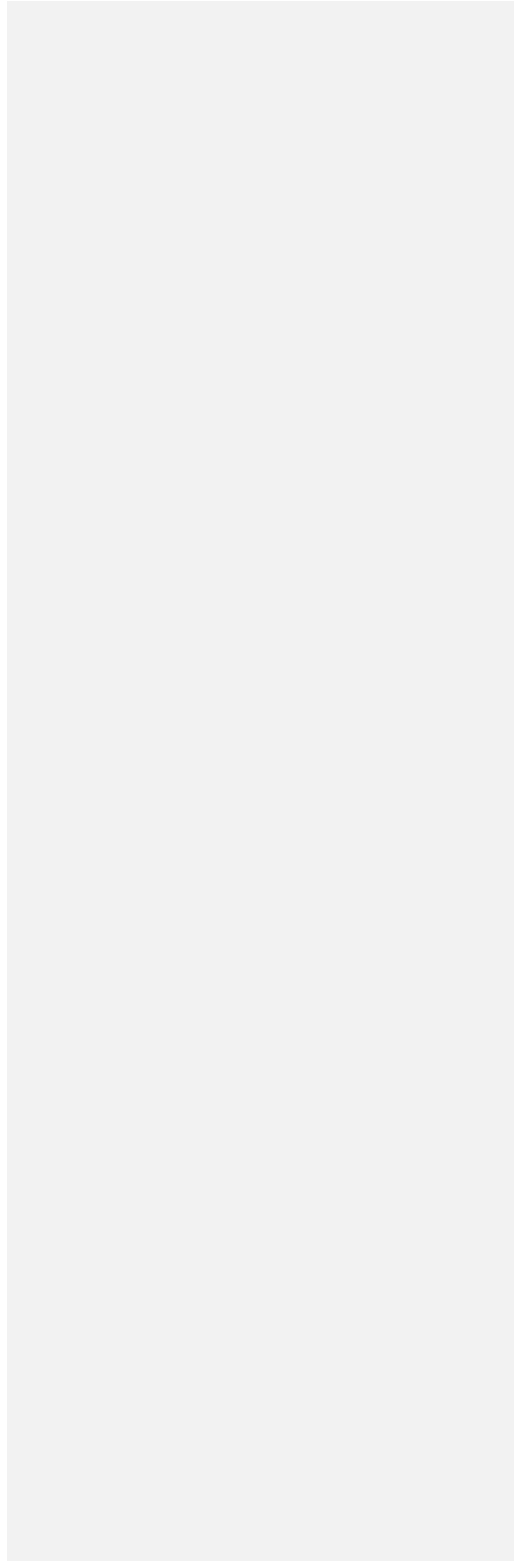




Family History DNA FedEx Shipping Log to Family					Incident Name:		
RM Case	Name of Missing Person	Donor Name/Relationship	Date Shipped	FedEx Tracking Number	Date Returned	FedEx Tracking Number	
1							
2							
3							
4							
5							
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Form # F-FHX-201222

Page #





Family History DNA Laboratory Transit Log		Incident Name:					
Group #	RM Case	Name of Missing Person	Donor Name/Relationship	Donor Kit's FedEx #	Shipped to Lab	Shipped By/Method	Shipped By:
1							
2							
3							
4							
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6							
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Form# F-FHLT-201222



DNA Personal Effects /Evidence Collection Receipt

Incident Name: Location

MRN# Victim Name (if known)

ME Case# VIC RM#

Items provided by: Name (print) Signature Date/Time

Address: Cell Phone

Other Phone

Items collected:		
No.	Category (Jewelry, Toiletries, Clothing, Misc.)	Description

The above listed items were collected by:

Collected by Name (print) Signature Date/Time

Agency (For storage/security)

Witnessed by Name (print) Signature Date/Time

Agency

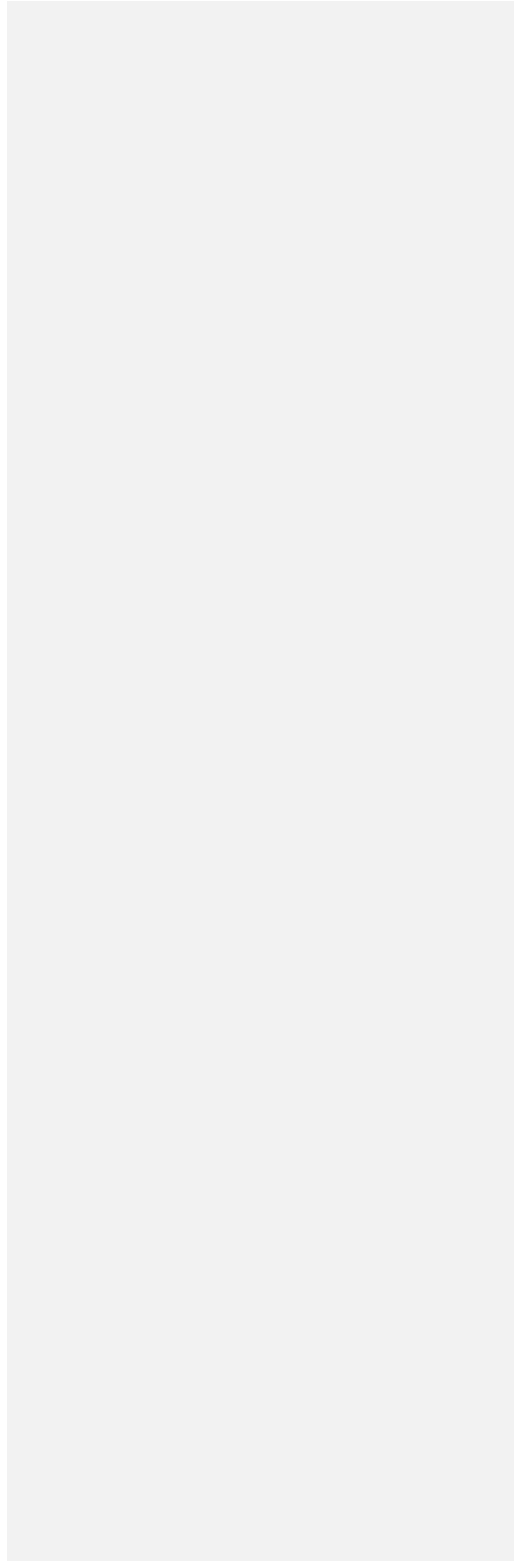
Routing: Page # of pages



Family Affairs Release Log							Incident Name:	
Notified OK to Release DATE/Time	NAME OF DECEASED	RM Case #	MRN Case Number(s)	FUNERAL HOME/Phone Remains Released to:	Date Released	RELEASED BY Name/Inits		
1								
2								
3								
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Form# F-FARL-201222

Page #





Family Notification and Release Preference

Preference for Notification and Release of Identified Remains:

Decedent's Name _____

RM # _____ MRN Number _____ ME / C # _____

Release of Identified Remains Options:

1. 1. I/We wish to be notified of identification of Remains upon initial identification. I/We **Do Not** wish to be notified of further identification of Remains. I/We are authorizing the Medical Examiner's or Coroner's Office to treat additionally identified remains as Group Remains. (i.e. one release after initial notification and no additional releases).
2. 2. I/We **Wish To** be notified of identification of Remains as each identification is made. I/We will wait until the identification process is complete before all remains are released. (i.e. one release at the end of identification process).
3. 3. I/We **Wish To** be notified of identification of Remains upon initial identification and at the completion of the identification process. I/We will accept the currently identified remains and accept a final release of all subsequent remains when the identification process is complete. (i.e. two releases: initial and final).

I/We authorize release of the remains to:

Funeral Home _____
Address _____
City _____ State _____ Zip _____
Phone Number _____ Fax Number _____
Contact _____

This must be signed by the Deceased's Legal Next of Kin or other Legal Representative

Signed _____ Date _____ Time _____

Printed Name _____ Relationship _____

Next-of-Kin notification of identification and release:

Date of Initial Notification: _____ Who was Notified: _____

Who Made the Notification and from what Agency: _____



Report of Positive Identification			
Incident Name:	<input style="width: 95%;" type="text"/>	Location	<input style="width: 95%;" type="text"/>
Medical Examiner Case Number	<input style="width: 95%;" type="text"/>	District	<input style="width: 95%;" type="text"/>
This is to certify that human remains recovered in this incident have been positively identified as:			
Victim Name	<input style="width: 95%;" type="text"/>		
	Last, First, Middle		
Age/Race/Sex	<input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/>	Missing Person (RM) #	<input style="width: 20%;" type="text"/>
The human remains recovered were first recorded and examined as case number(s):			
Morgue Reference #	<input style="width: 95%;" type="text"/>		
Site Recovery #	<input style="width: 95%;" type="text"/>		
Type (Complete, Incomplete, Common Tissue)			
Other potentially related Morgue Reference Numbers:			
<input style="width: 95%; height: 30px;" type="text"/>			
Identification was made by	<input type="checkbox"/>	Fingerprint Comparison	
	<input type="checkbox"/>	DNA Testing	
	<input type="checkbox"/>	Scars, Marks, Tattoos	
	<input type="checkbox"/>	Other _____	
Comments:			
<input style="width: 95%; height: 20px;" type="text"/>			
<input style="width: 95%; height: 20px;" type="text"/>			
<input style="width: 95%; height: 20px;" type="text"/>			
Identification performed by:			
Certified by	Name (print)	Signature	Date/Time
<input style="width: 95%;" type="text"/>			
Agency			
<input style="width: 95%;" type="text"/>			
Verified by	Name (print)	Signature	Date/Time
<input style="width: 95%;" type="text"/>			
Agency			
<input style="width: 95%;" type="text"/>			
Medical Examiner Concurrence verified by:			
For MEO:	Name (print)	Signature	Date/Time
<input style="width: 95%;" type="text"/>			
Title			
<input style="width: 95%;" type="text"/>			

*Routing: Original remains with Medical Examiner Case File
This form is a temporary substitute until VIP is set up to print off ID Report forms*

Form # F-PID-201222



Report of Positive Dental Identification			
Incident Name:	<input style="width: 95%;" type="text"/>	Location	<input style="width: 95%;" type="text"/>
Medical Examiner Case Number	<input style="width: 95%;" type="text"/>	District	<input style="width: 95%;" type="text"/>
This is to certify that human remains recovered in this incident have been positively identified as:			
Victim Name	<input style="width: 95%;" type="text"/>		
	Last, First, Middle		
Age/Race/Sex	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>
	Missing Person (RM) # <input style="width: 40%;" type="text"/>		
The human remains recovered were first recorded and examined as case number(s):			
	<i>Type (Complete, Incomplete, Common Tissue)</i>		
Morgue Reference #	<input style="width: 95%;" type="text"/>		
Site Recovery #	<input style="width: 95%;" type="text"/>		
Other potentially related Morgue Reference Numbers:			
<input style="width: 95%;" type="text"/>			
Identification was made by dental comparison of ante and post mortem records.			
NOTE 1: The forensic dentist is not ordinarily in a position to verify that the antemortem records are correct as to name, date, etc.; therefore, this report is based on records which are purported to represent the individual named above.			
NOTE 2: No unexplained differences were observed that would exclude this identification.			
Observations:			
<input style="width: 95%;" type="text"/>			
Identification performed by Odontologists:			
Name (print)	Signature	Date/Time	
Certified by	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Agency <input style="width: 95%;" type="text"/>			
Name (print)	Signature	Date/Time	
Concurrence by	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Agency <input style="width: 95%;" type="text"/>			
Medical Examiner Concurrence verified by:			
Name (print)	Signature	Date/Time	
For MEO:	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Title <input style="width: 95%;" type="text"/>			



Report of Visual Identification			
Incident Name:	<input style="width: 95%;" type="text"/>	Location	<input style="width: 95%;" type="text"/>
Medical Examiner Case Number	<input style="width: 95%;" type="text"/>	District	<input style="width: 95%;" type="text"/>
This is to certify that human remains recovered in this incident have been positively identified as:			
Victim Name	<input style="width: 95%;" type="text"/>		
	Last, First, Middle		
Age/Race/Sex	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>
The human remains recovered were first recorded and examined as case number(s)			
	Type (Complete, Incomplete)		
Morgue Reference #	<input style="width: 95%;" type="text"/>		
Field Assigned #	<input style="width: 95%;" type="text"/>		
Other potentially related Morgue Reference Numbers:			
<input style="width: 95%;" type="text"/>			
Visual identification was made by the following individual(s) from [] Photo, [] Viewing			
1	Name	Signature:	
	Address	<input style="width: 95%;" type="text"/>	
		Phone:	
	Form of ID verified	Age:	
	Relationship	Years of acquaintance:	
2	Name	Signature:	
	Address	<input style="width: 95%;" type="text"/>	
		Phone:	
	Form of ID verified	Age:	
	Relationship	Years of acquaintance:	
Identification witnessed by:			
	Name (print)	Signature	Date/Time
Witness	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Agency	<input style="width: 95%;" type="text"/>		
	Name (print)	Signature	Date/Time
Witness	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Agency	<input style="width: 95%;" type="text"/>		
Medical Examiner Concurrence verified by:			
	Name (print)	Signature	Date/Time
For MEO:	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Title	<input style="width: 95%;" type="text"/>		

Routing: Original remains with Medical Examiner Case File

Form # F-VID-201222

This form is a temporary substitute until VIP is set up to print off ID Report forms



Next-of-Kin Notification Report

Incident Name: Location

Medical Examiner Case Number Other Related Case Numbers

This is to certify that Next-of-Kin has been notified about the human remains positively identified as:

Victim Name
Last, First, Middle

Age/Race/Sex

Notification was made by

Personal interview	<input type="checkbox"/>	<input type="text"/>
Telephone	<input type="checkbox"/>	<input type="text"/>
Other agent	<input type="checkbox"/>	<input type="text"/>

Specify other agent: _____

Name of party notified _____ Relation _____
Home Address _____
City, State, Zip _____
Telephone _____

Information provided to next-of-kin:

<input type="checkbox"/>	Notification Letter
<input type="checkbox"/>	Report of Positive Identification
<input type="checkbox"/>	Remains Release Authorization Form
<input type="checkbox"/>	Additional Remains Release Election Form

Notification performed by:

Name (print)	Signature	Date/Time
Notified by		
Agency		
Name (print)	Signature	Date/Time
Witnessed by		
Agency		



Remains Release Authorization

Incident Name: Location

Medical Examiner Case Number Other Related Case Numbers

This is to certify that as Next-of-Kin, I have selected a funeral service provider and authorize release of:

Victim Name
Last, First, Middle

Age/Race/Sex

Name of Next of Kin (or Other Authorized Person)

Name _____ Relation _____

Home Address _____

City, State, Zip _____

Telephone (Home) _____

Telephone (Mobile) _____

Signature: **Date/Time**

Name of Funeral Service Provider Selected:

Organization _____

Address _____

City, State, Zip _____

Telephone _____

Alt. Phone _____

Fax _____

Fax this signed form back to:

Medical Examiner Release Authorized by:		
Name (print)	Signature	Date/Time
Name _____	Signature _____	Date/Time _____
Agency _____		

Routing: Original remains with Medical Examiner Case File

Form # F-RRA-201222

This form is a temporary substitute until VIP is set up to print off release forms



Additional Remains Release Election Form

Incident Name: Location

Medical Examiner Case Number Other Related Case Numbers

This is to certify that as Next-of-Kin, I have selected a notification option for future identifications of:

Victim Name
Last, First, Middle

Age/Race/Sex

Name of Next of Kin (or Other Authorized Person)

Name _____ Relation _____

Home Address _____

City, State, Zip _____

Telephone (Home) _____

Telephone (Mobile) _____

I hereby select the following option:

<input type="checkbox"/>	Notify me directly every time additional fragmentary remains are identified:
<input type="checkbox"/>	Notify my selected funeral service provider every time additional fragmentary remains are identified:
<input type="checkbox"/>	Do NOT notify me or my funeral service provider upon identification of additional fragmentary remains. Please dispose of them as you see fit.

I further acknowledge that I understand I may elect to change the option selected at any time by notifying the Medical Examiner's Office.

Signature: **Date/Time**

Name of Funeral Service Provider Selected:

Organization _____

Address _____

City, State, Zip _____

Telephone _____

Alt. Phone _____

Fax _____

Fax this signed form back to:

Medical Examiner Release Option Recorded by:

Name (print)	Signature	Date/Time
<input type="text"/>	<input type="text"/>	<input type="text"/>
Agency		

Routing: Original remains with Medical Examiner Case File

Form # F-ARRE-201222

This form is a temporary substitute until VIP is set up to print off release forms



Foreign National Notification

Suggested Fax Sheet for Notifying Consular Officers of Death/Serious Injuries

Subject: NOTIFICATION OF DEATH/SERIOUS INJURY OF A NATIONAL OF YOUR COUNTRY

TO: Embassy/Consulate of _____ in _____, _____
(Country) (City) (State)

Fax: () _____

http://www.travel.state.gov/law/consular/consular_745.html for phone/fax nos. (For Fax List)

From:

Name: _____

Medical Examiner Office: _____

Street Address: _____

City _____ St _____ Zip _____

Telephone: _____ Fax: _____

The following foreign national, whom we understand to be a national of your country,

died/was seriously injured on: _____

Mr./Mrs./Ms: _____

Date of Birth: _____

Place of Birth: _____

Passport Number: _____

Date of Passport Issuance: _____

Place of Passport Issuance: _____

For additional information, please call () _____ between the
hours of _____ and _____.

Please refer to case number _____ when you call.



MIC Records MRN Log						
First Received DATE	MRN Rec'd File Number	NAME OF Missing Person (Last, First Middle)	Incident Name:			Comment
			VIC-RM Case File Number	Med Exam Case File Number	Other MRN Cases linked	
1						
2						
3						
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MIC Records RM Received Log						
First Received DATE	VIC-RM Rec'd File Number	NAME OF Missing Person (Last, First Middle)	Incident Name:		Portion of Record Full/Partial/Fingerprints/Medical/Other	Received by Name/Initials
			MRN Linked File Number	Med Exam Case# File Number		
1						
2						
3						
4						
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Form # F-MFML-201222



MIC Records ME Case# Log				Incident Name:	
MEF Issued DATE	NAME OF Missing Person (Last, First Middle)	Medical Examiner Case # Issued	VIC-RM#	MRN # (s)	Other
1					
2					
3					
4					
5					
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19					
20					

Form # F-MRMEL-201222



MIC Case File Folder Inventory

Incident Name: Location

Case Number(s)
[MRN, RM, ME?]: Victim Name
(if known):

Items added to file:

No.	Date Added	Description	Comment



MIC Records Out Log										Incident Name:										
Date/Time Released	NAME OF Missing Person (Last, First Middle)	RM Record Number	MRN Record Number	ME Record Number	Full File	Prints Record	Dental Record	Medical Record	Other	Released to Name/Int.	Date/Time Returned	Returned by Name/Int.	Received by Name/Int.							
1																				
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3																				
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20																				

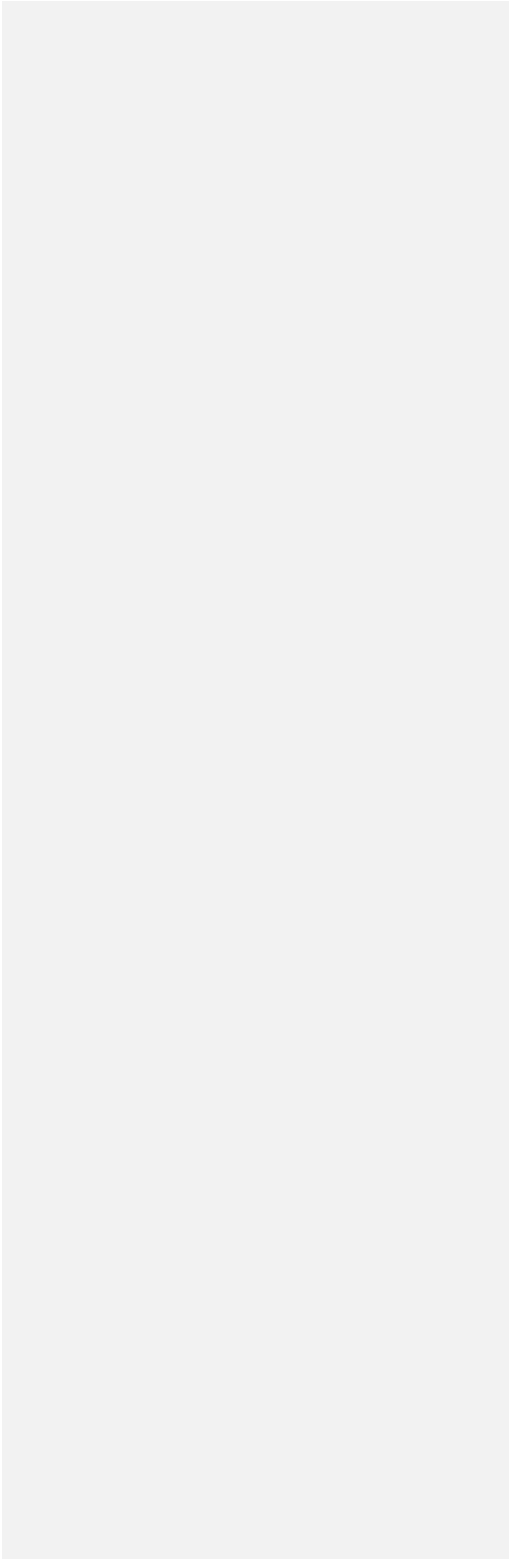
Form # F-MROL-201222



MIC Record Out Tab		Incident Name:						
Released DATE	TIME	NAME OF Missing Person (Last, First Middle)	MRN or RM or ME/ and Number	Full File	Dental Record	Medical Record	Other	Released to Name/Units
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

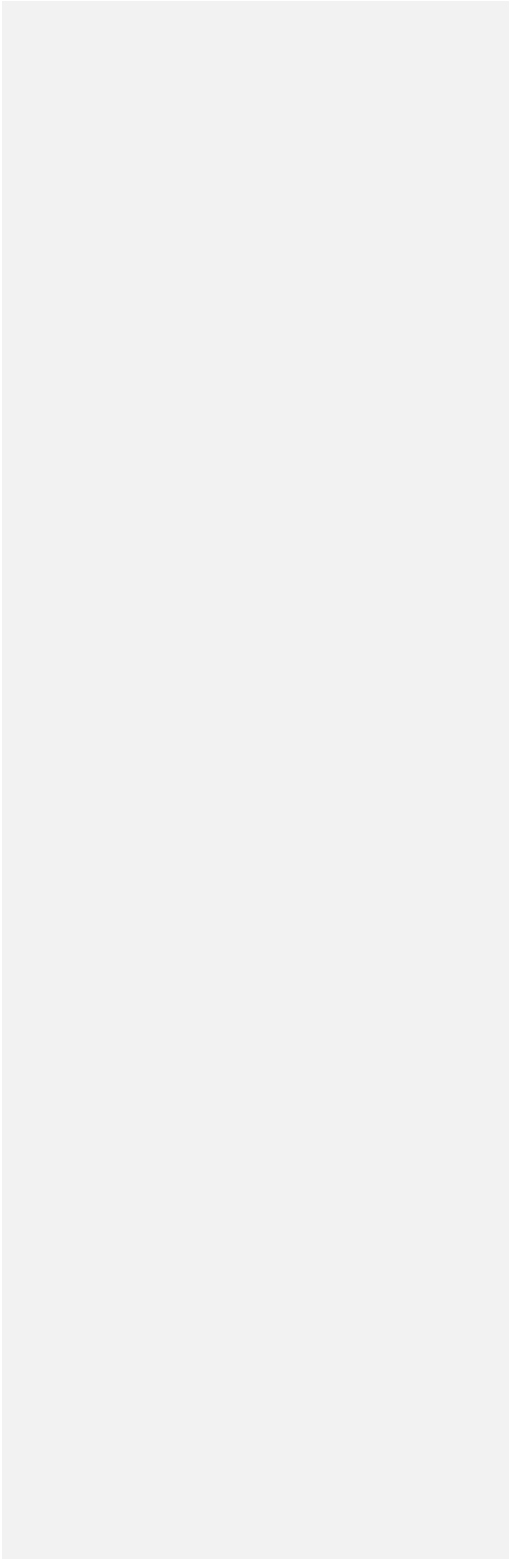
Form # F-MROT-201222

Page #



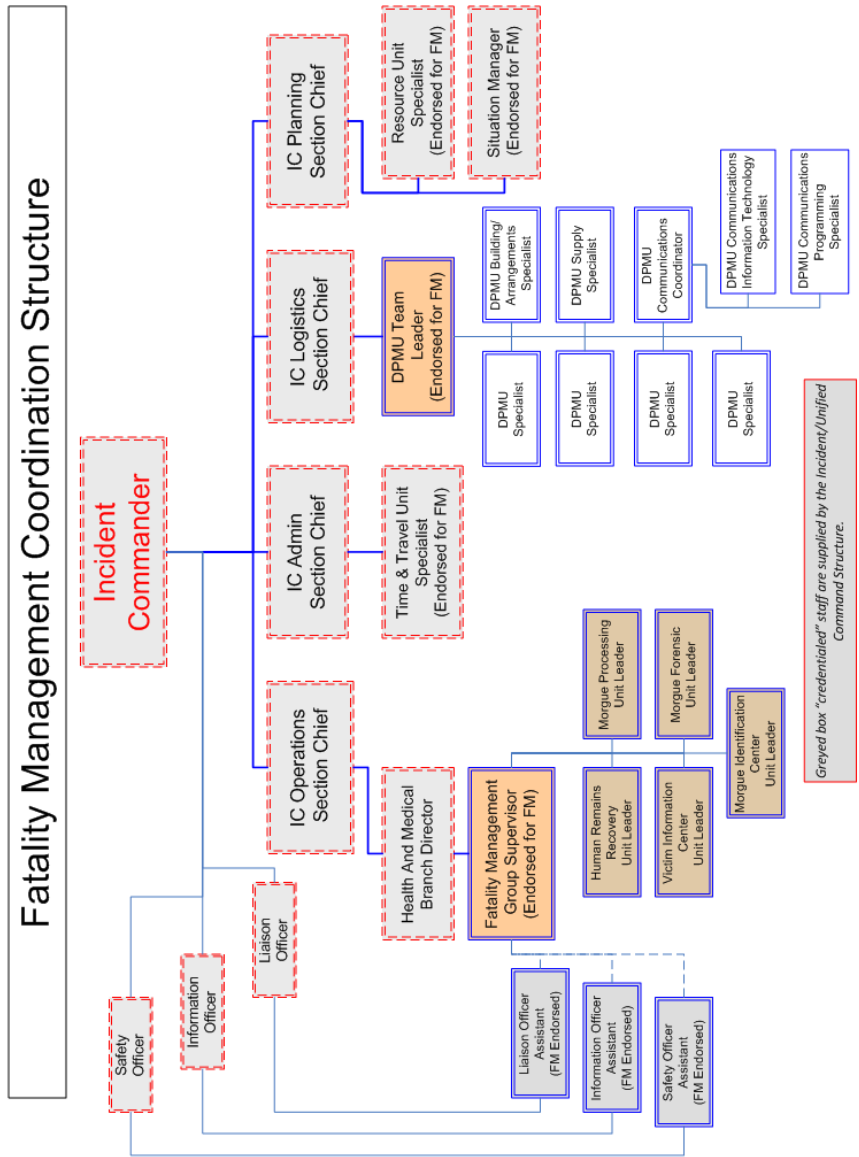


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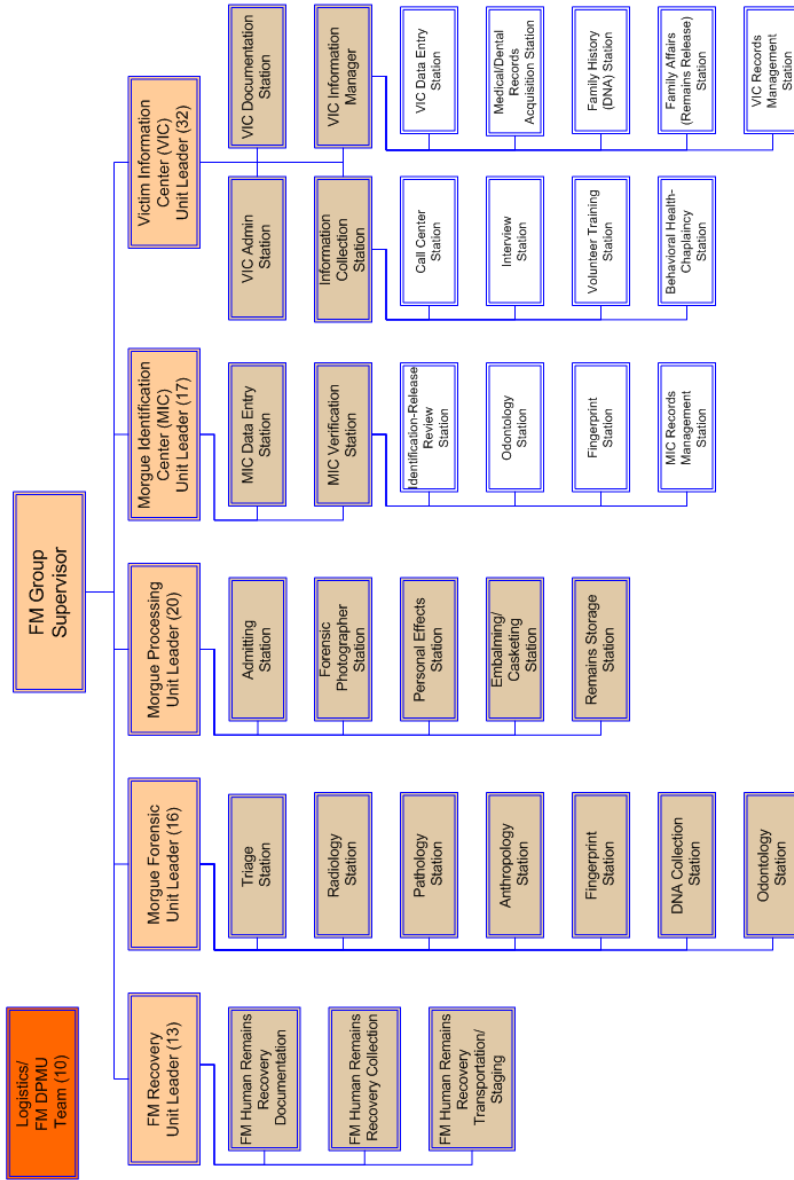


Appendix C - FEMORS Organizational Charts



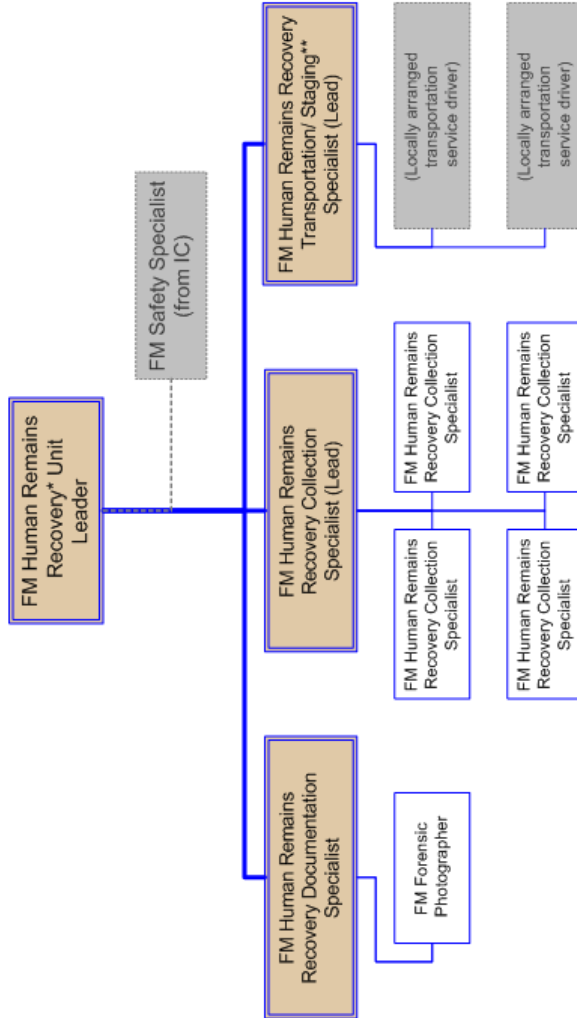


Fatality Management Operations Units Structure (99)

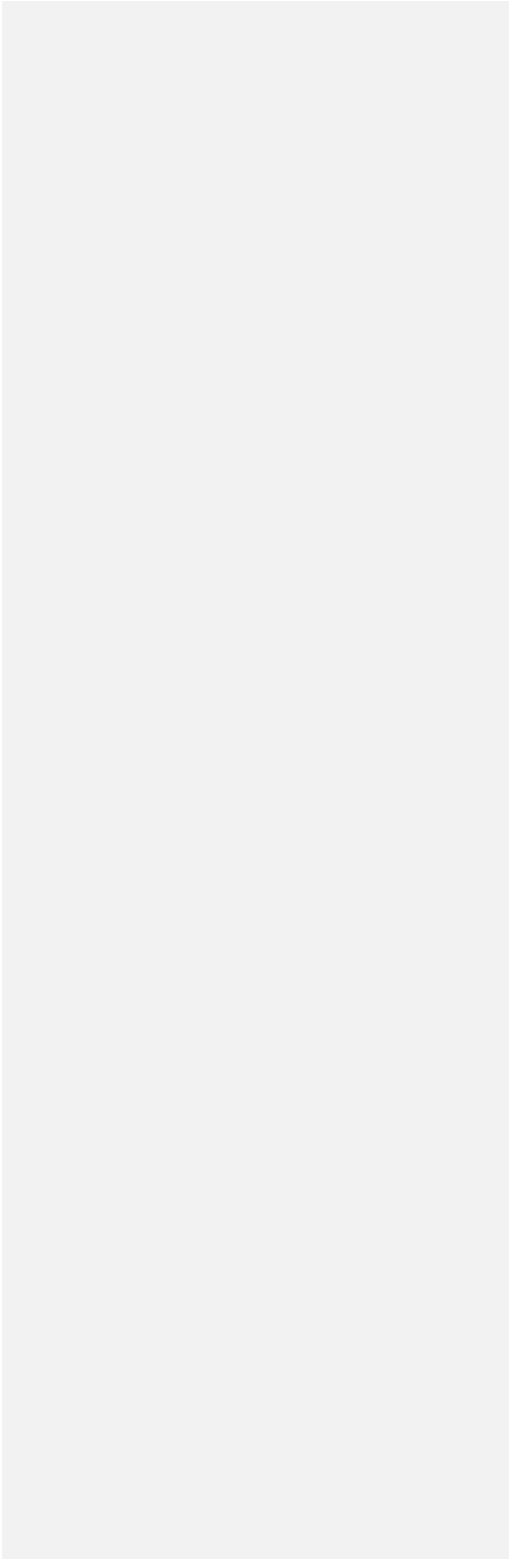




FM Human Remains Recovery Unit Structure (9)

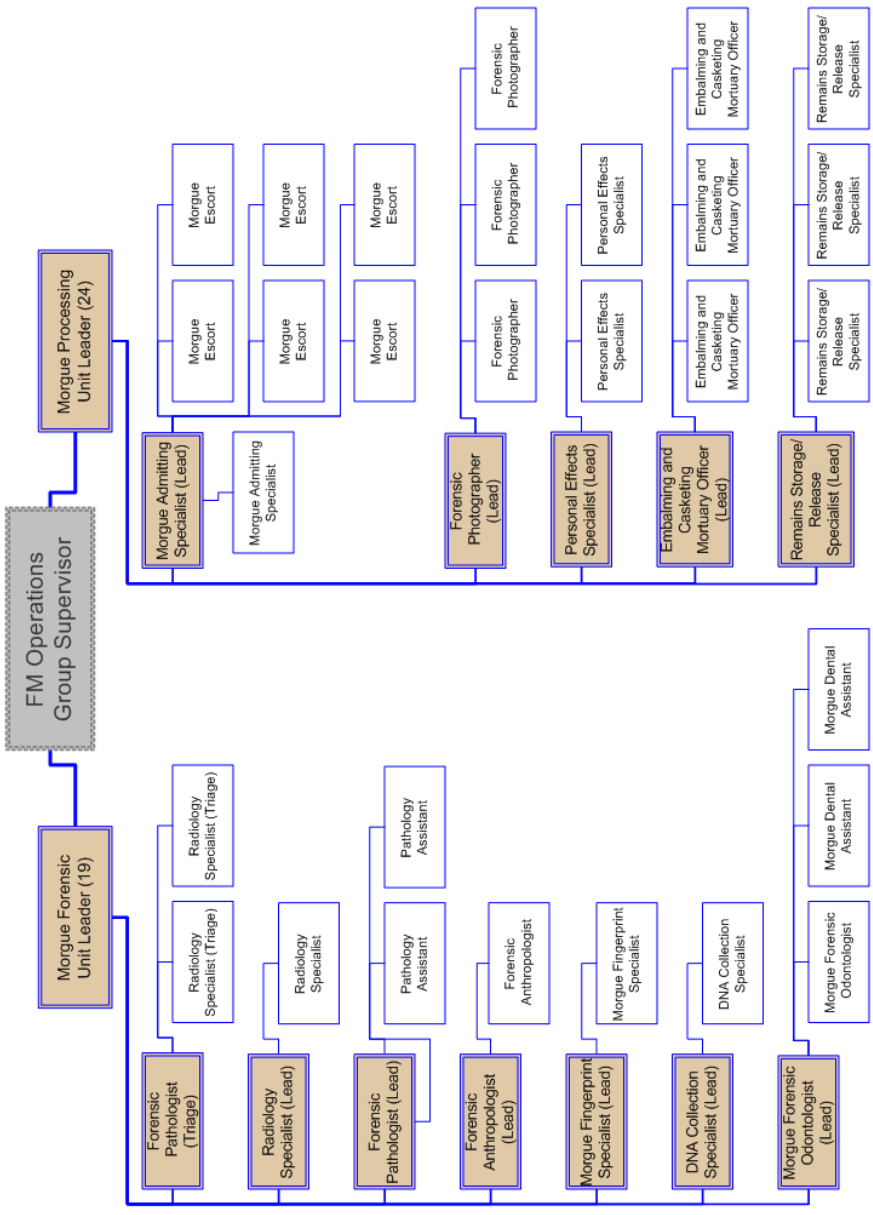


* Set up per geographic site if multiple sites
 ** Transportation Team may provide service to multiple sites



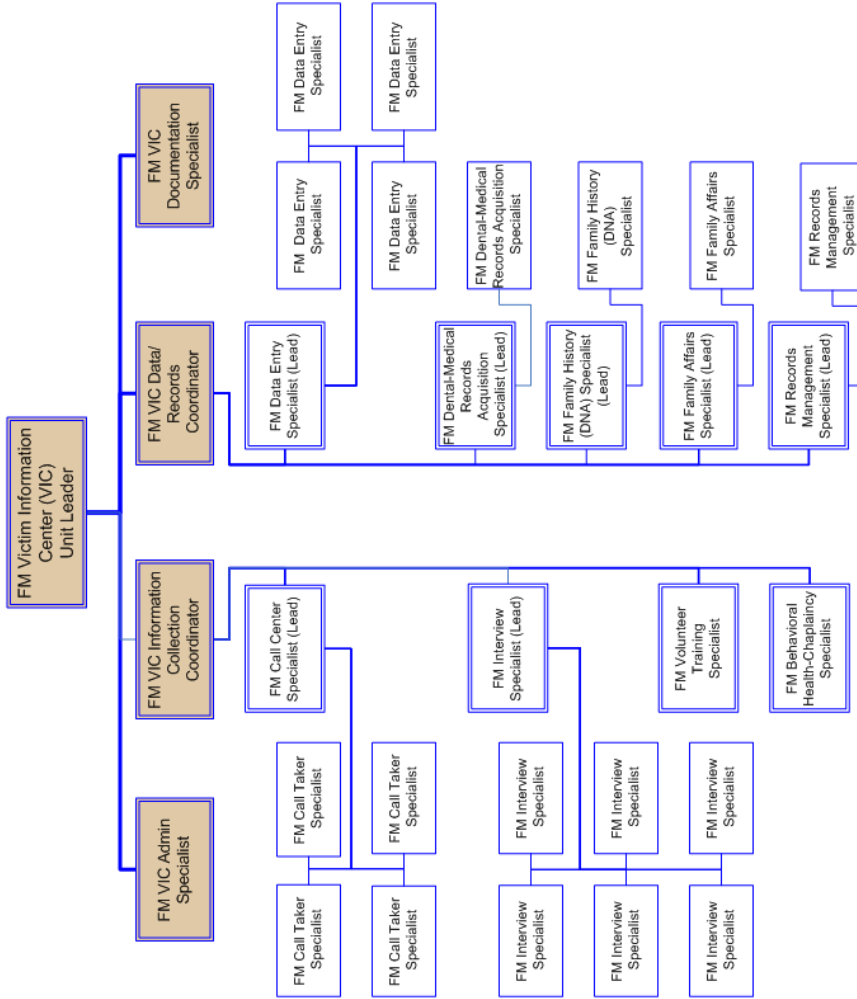


FM Morgue Forensic & Processing Units Structure (43)



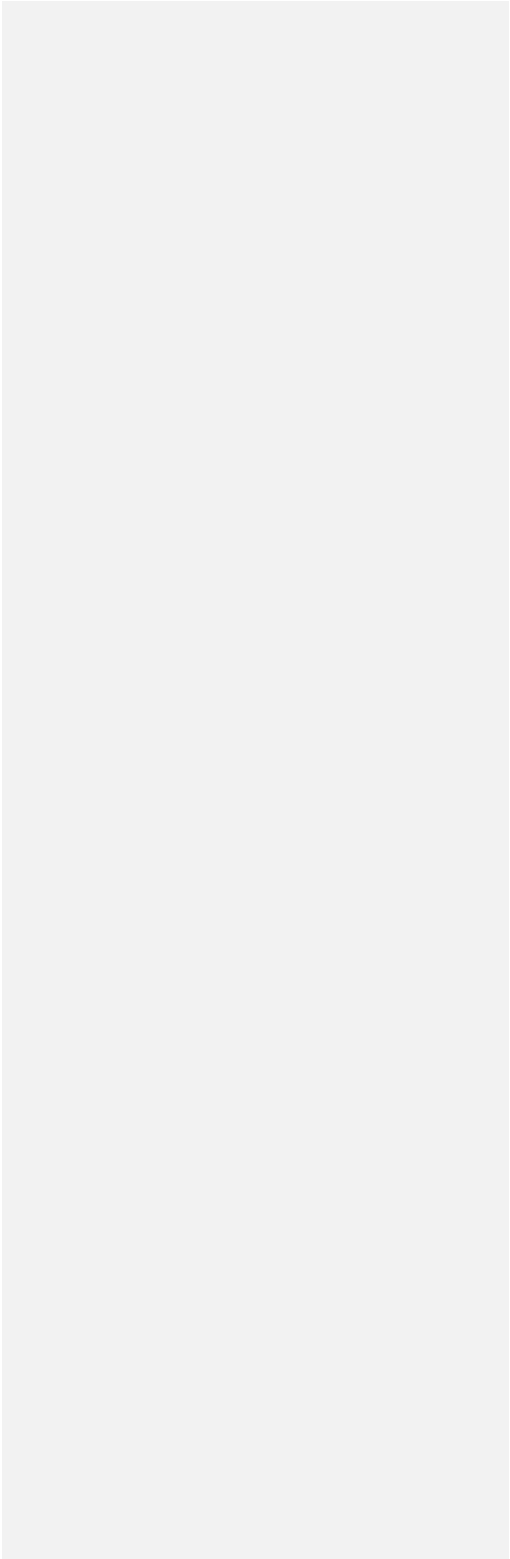
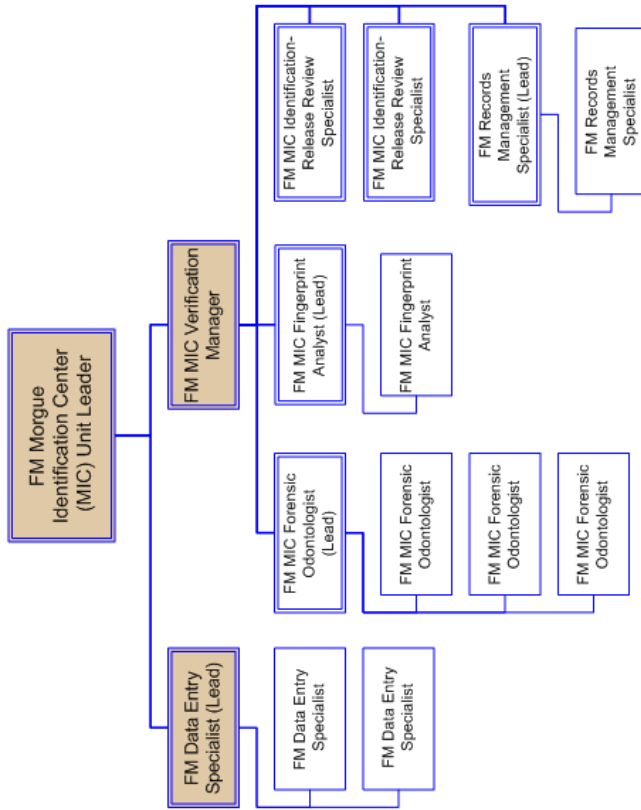


FM Victim Information Center (VIC) Unit Structure (32)



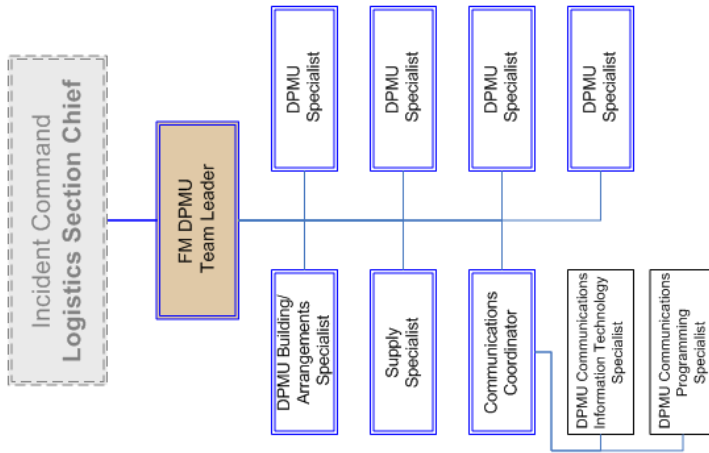


FM Morgue Identification Center (MIC) Unit Structure (15)



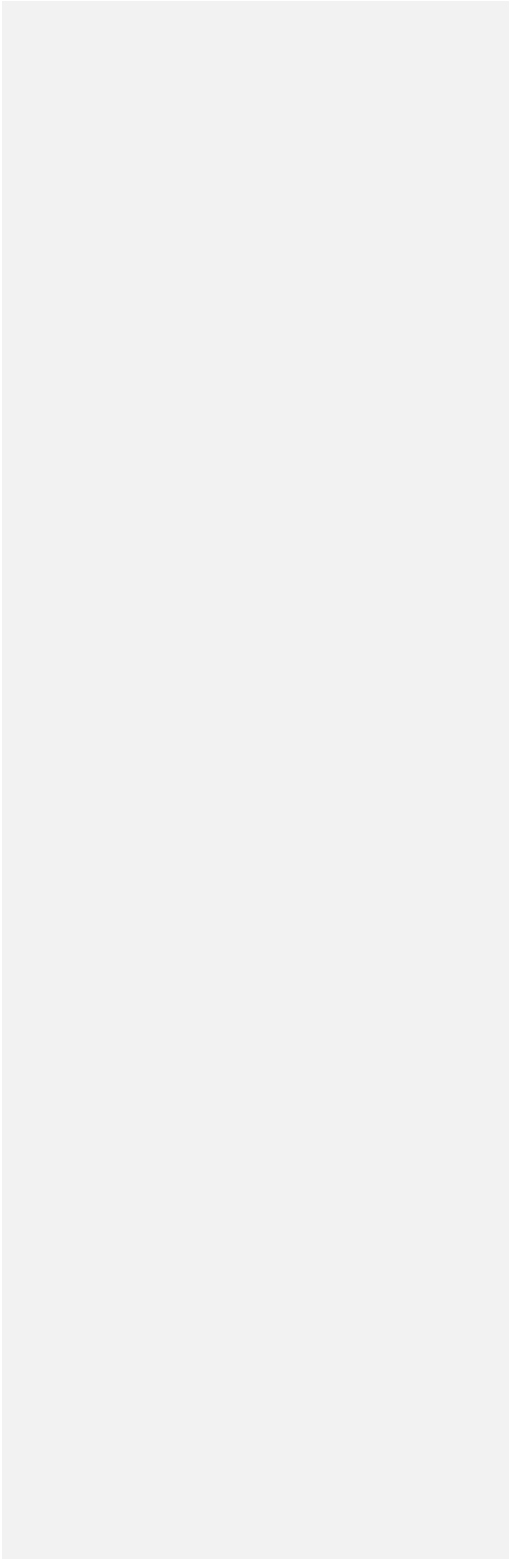


Fatality Management Disaster Portable Morgue Unit (DPMU) Team (State Level-10)





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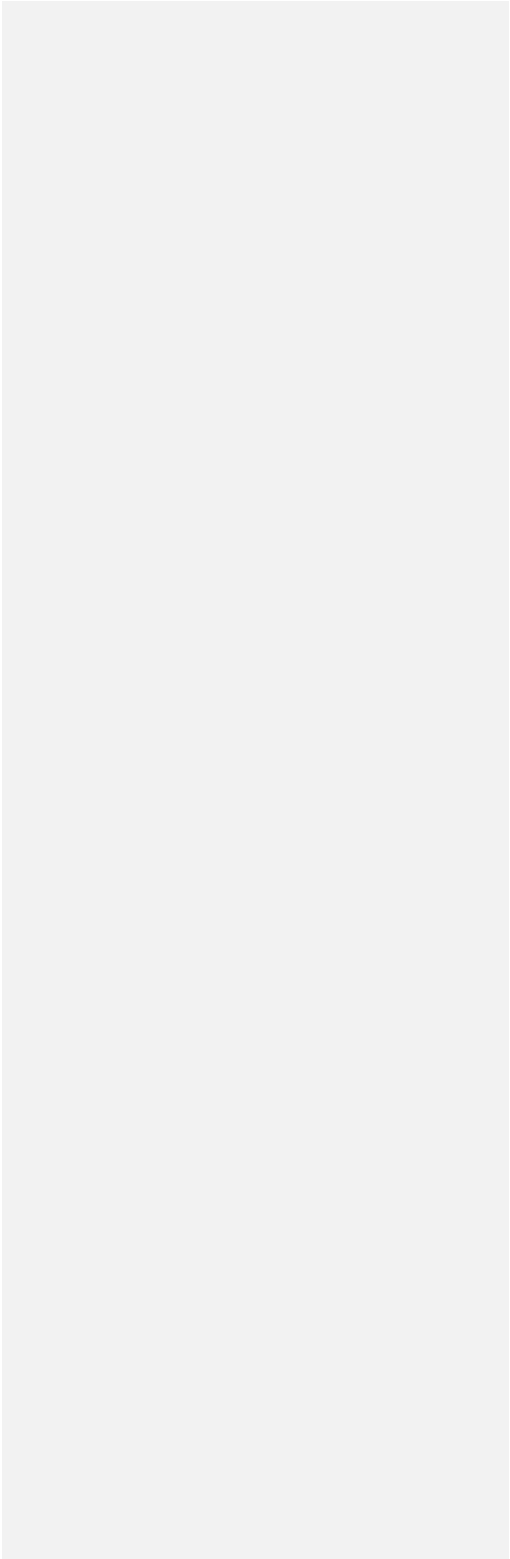
Appendix D - Abbreviations

The following abbreviations are used throughout the FEMORS FOG:

C/HR	Complete Human Remains
F/HR	Fragmented Human Remains
CEMP	Comprehensive Emergency Management Plan, State of Florida
DMORT	Disaster Mortuary Operations Response Team, Federal NDMS
DMORT-WMD	DMORT's Weapons of Mass Destruction Team (decontamination)
DOH	Department of Health, Florida
DPMU	Disaster Portable Morgue Unit
DVP	Disaster Victim Packet
EISS	Extended Incident Stress Syndrome
EOC	Emergency Operations Center (either county or state level)
ESF-8	Emergency Support Function 8 (Health and Medical Services) (The Florida Department of Health has been designated as the lead state agency for ESF-8)
ESF-16	Emergency Support Function 16 (Law Enforcement) (The Florida Department of Law Enforcement has been designated as the lead state agency for ESF-16)
FMCC	Fatality Management Coordination Center (for FEMORS operations)
FOG	Field Operations Guide
VIP	Fatality Response Emergency Database
ICS	Incident Command System
ID	Identification
MIC	Morgue Identification Center
IR	Information Resources (software and programming)
IRC	Information Resources Center
IT	Information Technology (hardware and wiring)
MIC	Morgue Identification Center
MOC	Morgue Operations Center
MRN	Morgue Reference Number
NDMS	National Disaster Medical System
NIMS	National Incident Management System
NOK	Next of Kin
NRF	National Response Framework (formerly National Response Plan)
OEO	Office of Emergency Operations, Department of Health
PIO	Public Information Officer
RAGT	Rapid Assessment Go Team
SitRep	Situation Report
SEOC	State Emergency Operations Center
VIC	Victim Information Center



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Appendix E – Station Guides for Just-in-Time Training

FOG RECOVERY GUIDE

FIELD DOCUMENTATION

1. ESTABLISH A FIELD ASSIGNED NUMBER

- Ensure that remains that are NOT still attached physically by intact tissue between them or clothing are treated as separate recovery items
- Coordinate with field site command on number system to use and if multiple recovery sites are being worked simultaneously
- Record the unique Site Recovery Number (or whatever field assigned number was used) in the Recovery Site Field Log
- Affix a toe tag or other indicator with the same Site Recovery Number directly on the remains; toe location is preferred

2. PHOTOGRAPH THE REMAINS

- Photograph the remains in position before retrieval with the Site Recovery Number visible in each photograph
- Photograph from multiple angles for any significant identifying features (tattoos, jewelry, etc.).

3. DOCUMENT THE RECOVERY

- Complete a Victim Site Recovery Report for each set of remains
- Include GPS National Grid information if practical
- Indicate possible name of victim if appropriate
- Photograph the Victim Site Recovery Report
- If possible, upload all site photos to the designated Morgue Unit network storage folder i.e., Disaster Site Photos
 - Alternatively, package and send the camera's digital storage media card (if replacements are available) to Transportation Staging (may contain several cases)

4. AUTHORIZE COLLECTION OF REMAINS

- Instruct collection team when the remains may be packaged
- Deliver the Victim Site Recovery Report to the collection team so that it accompanies the remains to Transportation Staging



FOG RECOVERY GUIDE

FIELD COLLECTION

1. PACKAGE REMAINS

- Follow direction from documentation team when remains are ready for collection
- Ensure sufficient personal protective equipment (PPE) is available prior to collection
- Ensure there is sufficient physical assistance for moving heavy human remains body pouches or other containers
- For mostly intact human remains, use a disaster pouch
- For smaller specimens of fragmented human remains or items with visible biological material, use appropriately sized bags
 - *Do NOT comingle fragmented remains into a large container*
- Using a permanent marker, mark both the outside of the primary bag or container with the Site Recovery Number
- Mark the bag tag with the Site Recovery Number, collector's unique identifier or name, and the date and time of collection.
- Verify the same Site Recovery Number is on the toe tag inside of the body bag or other container. Utilization of impressionable aluminum tag is recommended if available.
- Transport all personal effects on or with the human remains to the morgue. Wallets and jewelry or other items attached to human remains are not to be removed at the site. They will be transferred to the morgue with the remains.
- When necessary and possible, wrap the head before moving it to protect loss of cranial/ facial fragments and teeth.
- Collect the Victim Site Recovery Report from documentation team

2. TRANSFER TO TRANSPORTATION

- Deliver packaged remains along with the completed Victim Site Recovery Report (and camera media card, if applicable) to the designated Transportation Staging area



FOG RECOVERY GUIDE

TRANSPORTATION STAGING

1. RECEIVE REMAINS FROM FIELD

- Receive packaged remains at the designated Transportation Staging area from collection teams
- Receive the completed Victim Site Recovery Report for each packaged set of remains:
 - Enter date, time and personnel delivering remains on the Site Recovery Report, and
 - Record the received Site Recovery Number(s) in both Recovery SR# Assignment Log and Recovery Site Transport Log
- If possible, make and retain a photocopy of the Victim Site Recovery Report for the Transport Log
 - Alternatively, carefully photograph each report
- Organize the temporary storage of remains in the facility provided (refrigerated containers, tents, etc.) until remains are ready for transport to Incident Morgue
- If possible, assist with uploading site photos to designated Morgue Unit network storage folder i.e., Disaster Site Photos
 - Alternatively, package and send the camera's digital storage media card (if replacements are available) to the Incident Morgue for processing
- Maintain security of temporary storage areas

2. RELEASE REMAINS TO INCIDENT MORGUE

- Record date, time and personnel transporting remains to the Incident Morgue in the Recovery Site Transport Log
- Release the remains along with the completed Victim Site Recovery Report for each Site Recovery Number to the transportation team



FOG MORGUE STATION GUIDE

ADMITTING/TRIAGE

1. RECEIVE REMAINS AT MORGUE ADMITTING FOR TRIAGE

- Record each remains received in Morgue Admitting Log
- Start new database entry (on VIP Tracking Form page) to obtain the next Morgue Reference Number (MRN); Enter the
 - Site Recovery Number
 - Date/time received at morgue
 - Classification (Complete or Fragmented) if known
- STOP-Print out the Tracking Form
- On the Site Recovery Report affix MRN, sign, date, and copy for Triage, then update body bag Toe Tag with MRN
- Send remains, Tracking Form, and copy of the Site Recovery Report to Triage Station
- Send any Site Recovery digital storage media card(s), and copies of all related Site Recovery Reports to Photo Station
- RESUME, as time permits, entry of the remainder of the Site Recovery Report into VIP (do NOT print the DVP yet)

2. TRIAGE THE REMAINS

- Log in remains from Admitting with its Tracking Form and review Site Recovery Report for basic description of remains
- Open body bag to examine suitability of remains for subsequent processing stations
 - >>> *Separate out unassociated human remains and notify Admitting for issuance of additional MRN(s)*
- Update body Toe Tag with MRN
- Verify classification of remains as:
 - Complete Human Remains (C/HR), or
 - Fragmented Human Remains (F/HR)
- Complete the Triage Checklist on the Tracking Form
- Log out and send body to Remains Storage with Site Recovery Report copy until needed for processing
- Deliver Triage Tracking Checklist back to Admitting



FOG MORGUE STATION GUIDE

ADMITTING/DVP PREPARATION

1. DISASTER VICTIM PACKET (DVP) DATA ENTRY

- Receive Tracking Form upon completion of Triage
- If not already entered by Triage, update the Triage Tracking Form data in VIP database, especially classification of remains (Complete or Fragmented)
 - Check stations to be visited in the leftmost column
 - Leave morgue Tracker name blank until remains are sent through for station processing

2. PRINT DVP CONTENTS

- Print the full 15-page DVP using the GREEN button "Print DVP" designated for that purpose on the Tracking Form
- Print 1 dozen, 1" x 3" Dymo labels (all the same MRN number) for toxicology specimens, etc.

3. ASSEMBLE DVP AND SET ASIDE UNTIL NEEDED

- Prepare a manila file folder and affix the MRN label
- Staple the original Tracking Form to the outside front of the folder (place the reprinted inside as the very last page)
- Place all printed materials into the folder in the following order:
 - 1) Site Recovery Report
 - 2) Radiology
 - 3) Pathology
 - 4) Clothing
 - 5) Jewelry
 - 6) Fingerprints
 - 7) Odontology
 - 8) Anthro
 - 9) DNA
 - 10) Rulers (large and Small)
 - 11) reprinted Triage Tracking Form



FOG MORGUE STATION GUIDE

REMAINS STORAGE

1. STORE HUMAN REMAINS

- Receive remains from Admitting and record on Remains In (Receipt) Log and Remains Storage Tracking Log
- Enter remains initial storage data into VIP database
- Ensure appropriate refrigeration is maintained as required by ME guidelines
- Keep storage site secure especially at shift end

2. RELEASE REMAINS TO MORGUE

- Log out remains sent to morgue processing (Remains Storage Tracking Log) when requested by Admitting
- Receive and record remains returned from Admitting Station (Remains Storage Tracking Log)
- Update database

3. MAINTAIN STORAGE INVENTORY

- Maintain Remains Inventory logs for each trailer

4. RELEASE REMAINS & PE TO FUNERAL SERVICES

- Coordinate appointment for release of body, and personal effects if applicable, with VIC Family Affairs
- Receive signed ME's Remains Release Authorization prior to return of remains (digital or fax copies acceptable)
- Release and log out remains delivered to a funeral provider on Remains Out (Release) Log;
- Update VIP's Remains Management data for final release status
- Return release forms to MIC Records Management



FOG MORGUE STATION GUIDE

ADMITTING/PROCESSING

1. INITIATE MORGUE PROCESSING

- Issue the DVP assigned to that MRN and assign a body escort to retrieve remains from storage
- Record remains entering morgue from storage for processing on Morgue Body Tracking Log (paper)
- Update Morgue Admitting Log (paper) for start of processing
- Enter date and name of escort on the Tracking Form and inform escort which stations to visit according to the Triage checklist

2. ISSUE NEW MRN IF INDICATED

- If applicable, receive notice of need for next MRN for newly discovered unassociated material
- Start new database entry (VIP Tracking Form page) to obtain the Morgue Reference Number (MRN) using the *original* Site Recovery Report
 - Enter the Site Recovery Number
 - Enter the date/time received
- Print out the new Tracking Form
- Affix new MRN to tag for remains container
- Record any remains renumbered in Morgue Admitting Log
- Send remains to storage until needed for processing
- Prepare the Disaster Victim Packet (DVP)

3. FINALIZE MORGUE PROCESSING

- Receive DVP from escort upon completion of processing
- Verify that all stations indicated on the Body Tracking Worksheet have been processed noting exceptions
- Update the Morgue Tracking Log (paper)
- Update Morgue Admitting Log (paper)
- Send remains to storage until needed for release
- Send completed DVP to Morgue Identification Center (MIC) for data entry



FOG MORGUE STATION GUIDE

RADIOLOGY

1. X-RAY SAFETY (DOSIMETER USE)

- At shift start, record staff assigned in Dosimeter Assignment X-Ray Log
- Ensure all personnel are behind the 12 feet perimeter safety markings prior to exposure
- At shift end, collect and record dosimeter readings in Log
- Recharge dosimeters for next use.

2. X-RAY THE REMAINS (INITIAL)

- Receive and log in remains from body escort
- X-ray remains as directed (total body, special views, etc.)
- Complete the Radiology data worksheet in the DVP
- Complete the Body Tracking Worksheet in the DVP

3. X-RAY THE REMAINS (FOLLOW-UP)

- Receive and log in remains from body escort
- X-ray remains as directed (total body, special views, etc.)
- Update the Radiology data worksheet in the DVP
- Update the Body Tracking Worksheet in the DVP

4. X-RAY IMAGE PRINTING (AS SOON AS TIME PERMITS)

- Review MRN images stored on digital X-Ray unit
- Copy onto digital media, transfer to station laptop, and upload x-ray images to VIP's Photography page of MRN
- Upload the images to the Morgue Unit designated network folder, X-ray Images, for that MRN
- Follow the printed How-To guide [*FOG Policy 5 - Radiology (Body X-Ray) Protocol Guide*] to prepare PDF version of x-rays taken.
- Save PDF to the same designated network folder of MRN



FOG MORGUE STATION GUIDE

PATHOLOGY

1. REVIEW CASE DATA-PREP BODY

- Receive and log in remains from body escort
- Review the Site Recovery Report for basic description of remains
- Retrieve and review radiographs taken if available
- Re-verify classification of remains as:
 - Complete Human Remains (C/HR), or
 - Fragmented Human Remains (INC/HR),
- Direct photographer for images required including at least a facial identification shot (if applicable)
- Direct removal and collection of personal effects

2. PERFORM PATHOLOGY EXAMINATION

- Perform autopsy OR external examination as directed by ME policy for the incident
- Collect and transfer Toxicology specimens as directed by ME policy for the incident
- Call for DNA Team to collect specimen(s) (if practical)
- Call for Anthro Team consult (if needed)
- Determine which x-rays need to be retaken
- Complete DVP forms
 - Pathology Data Worksheets
 - Body diagrams (print as needed from within VIP)
 - Autopsy/Examination Report (print as needed)
 - Toxicology Specimen Collection (print as needed)
 - Body Tracking Worksheet
- Complete the Pathology logbook
- Send body escort to next appropriate station



FOG MORGUE STATION GUIDE

PHOTOGRAPHY

1. PHOTOGRAPH THE REMAINS (PATHOLOGY STATION)

- Log in remains on the Photography Log
- Ensure that EVERY photo has a ruler with MRN visible
- Align ruler so that the head (or top region) is always UP when reading the ruler horizontally, i.e., tattoos, wounds
- Follow pathologist directions on subjects to photograph
- Coordinate with pathologist and personal effect teams as needed
- Complete the Photography Log and record the types of photos taken (both body and personal effects)
- Complete the Photography portion of the Tracking Form

2. PHOTOGRAPH THE REMAINS (OTHER STATIONS)

- Respond to other Station requests for additional photos.
- Follow Station Leader directions on subjects to photograph
- Update the Photography Log with additional photo data

3. PHOTOGRAPH THE REMAINS (FOLLOW-UP TASKS)

- Receive from Admitting Site Recovery digital storage media card(s), and copies of all related Site Recovery Reports
- Upload Site Recovery photos to the designated Morgue Unit network storage folder, i.e., Disaster Site Photos for the assigned MRN.
- Append the assigned MRN... to each Site Recovery image
- Upload all morgue processing images to the designated Morgue Unit network storage folder, i.e., Morgue Photos for that MRN
- Retitle camera-numbered stored digital images with MRN... as needed
- AFTER renumbering, upload all digital images of Site Recovery and Morgue processing to the MRN's POST media portal (Photography page) of VIP



FOG MORGUE STATION GUIDE

PERSONAL EFFECTS

1. PACKAGE PERSONAL EFFECTS OF THE REMAINS

- Use the Personal Effects logbook to log in remains
- Follow pathologist directions on items to collect
- Permit Photography to be completed prior to packaging
- If possible, allow wet materials to dry
 avoid plastic bags for wet materials
- Complete the Personal Effects data worksheets (Clothing and Jewelry) in the DVP
- Package items for eventual release to law enforcement, labs, funeral services, or next of kin.
- Label all containers with MRN and brief content description
- Prepare and sign a PE & Body Release Form (ME office designated form if available, otherwise use FEMORS form)
 - place the original plus one (1) photocopy with the packaged items
 - place a second photocopy in the DVP
- Complete the Personal Effects logbook and Body Tracking Worksheet in the DVP
- Ensure that any later completed forms are delivered to Admitting for transfer to MIC for addition to the DVP

2. TRANSFER PERSONAL EFFECTS OF THE REMAINS

- Group together all labeled MRN containers with attached PE & Body Release Forms
- Before shift end, transfer packaged items to Remains Storage evidence locker for secure storage until transfer to another appropriate agency or release with remains to a designated funeral service provider
- Follow ME guidelines established for transfer to other secure storage locations



FOG MORGUE STATION GUIDE

FINGERPRINT

1. PERFORM FINGERPRINT EXAMINATION

- Receive and log in remains from body escort
- Record/preserve prints as appropriate (make duplicate sets)
 - One set for the DVP, and
 - One set that will go straight to MIC Fingerprints ahead of the DVP
- Call for Photography Team if needed for special preservation or documentation
- Package each set of prints in clear plastic sheet protector
- Complete the Fingerprint data worksheet in the DVP
- Complete the Fingerprint logbook
- Complete the Body Tracking Worksheet in the DVP

2. SCAN AND UPLOAD FINGERPRINT DIGITAL IMAGES

- If LiveScan technology is used, follow ME/LE guidelines
- If no LiveScan, scan preserved prints to digital format
- Affix MRN...to each image (see Policy 4-Numbering Systems), and upload into the:
 - LAN shared networked folder set aside for access by MIC Fingerprint Analysts, and to
 - VIP's Media page (POST Photography)
- After scanning, send the set of prints in clear plastic sheet protector to Admitting to be couriered to MIC Records Management for delivery to MIC Fingerprints



FOG MORGUE STATION GUIDE

ODONTOLOGY

1. PERFORM DENTAL EXAMINATION OF THE REMAINS

- Receive and log in remains from body escort
 - Enter dental data into WinID/DEXIS computer:
 “Add New” and “Postmortem”
 New case format: MRN-000xx (upper case)
 - Photograph “as is” and clean dentition if needed
 - Open WinID’s Graphic tab, then open DEXIS button
 Take FMX dental x-rays following
 FOG Policy 11 - Odontology Protocol Guide,
 Section 4. Postmortem/Morgue Processing
 - Export “FMX for WinID” from DEXIS
 - Open WinID’s NAME tab to add graphic (FMX)
 - Open WinID’s DENTAL tab to perform dental charting
 Duplicate on PDF-Post form
 View DEXIS images to confirm charting
 - Close DEXIS (do NOT exit WinID)
 - Print out WinID’s dental chart for inclusion in the DVP
 - Close WinID’s POST window and save changes
 (This allows others to find that MRN case)
 - Complete VIP’s Odontology data worksheet in the DVP
 - Complete the Body Tracking Form in the DVP
 - Complete the Odontology logbook and release remains
- When time permits, for each MRN upload the FMX image to VIP’s Dental and Photo pages and all photos to VIP’s Photo page





FOG MORGUE STATION GUIDE

ANTHROPOLOGY

1. PERFORM ANTHROPOLOGICAL EXAMINATION OF THE REMAINS

- Receive and log in remains from body escort
- Perform anthropology examination
- Call for Photography Team if needed for special photos
- Complete the Anthropology data worksheet in the DVP
- Complete the Anthropology log book
- Complete the Body Tracking Worksheet in the DVP

2. ASSIST OTHER MORGUE STATIONS (IF APPLICABLE)

- Respond to requests for guidance at Triage, Radiology or Pathology Stations

3. ASSIST MIC (IF APPLICABLE)

- Respond to requests for consultation or comparison of records from Morgue Identification Center (MIC)



FOG MORGUE STATION GUIDE

DNA COLLECTION

1. COLLECT DNA SAMPLE OF THE REMAINS

- Receive and log in remains from body escort
- Perform DNA collection as appropriate
- Store and transfer samples as directed by ME policy
- Complete the DNA data worksheet in the DVP
- Complete the DNA log book
- Complete the Body Tracking Worksheet in the DVP

2. ASSIST PATHOLOGY STATIONS (IF APPLICABLE)

- Respond to requests for collection at Pathology Station
- Complete the DNA Data Worksheet in the DVP
- Complete the DNA log book
- Complete the Body Tracking Worksheet in the DVP



FOG VICTIM INFORMATION CENTER GUIDE **RECORDS MANAGEMENT**

1. ESTABLISH VIC RECORDS MANAGEMENT OPERATIONS

- Reported Missing (RM) person case files in Last Name alphabetical order.
- Found Alive (RM) missing person case files in Last Name alphabetical order (separated from Reported Missing)

2. START NEW CASE FILE (RM)

- Create *NEW* RM# case in VIP by entering name, age, date of birth then print out the 8-Page forms for Interview Lead
- Enter and update as necessary VIC Record Master Log (paper)
- Receive RM case file after interview, data entry and auditing.
- Enter and track inventory items: 8-Page, Dental, Prints, etc.

3. RECEIVE MEDICAL/DENTAL, SUPPLEMENTAL RECORDS

- Receive and ensure labeling of all antemortem records received (medical/dental, fingerprints, X-rays, photographs, etc.) with the victim's name and unique Reported Missing (RM) case number.
- DNA swab kits and related materials received from shipping, and digital records and related images received via e-mail shall be handled by methods established by the ME.
- Document release and return of whole or partial case files.
 - Notify M/D Acquisition Team of received records for review.
 - Maintain VIC Record Out Log.
 - Maintain record tracking in database.
- Update VIC Record Master Log and VIP Inventory Tracking

4. TRANSFER FILES TO MIC RECORDS MANAGEMENT

- Courier Odontology and Fingerprints immediately to MIC when such records are received and reviewed.
- Courier full RM file folders immediately to MIC when such records are completed.
- Update VIC Record Master Log.
- Update tracking in database.



FOG VICTIM INFORMATION CENTER GUIDE

CALL CENTER

1. ENTRY OF REPORTED MISSING CALL TO DATABASE

- Answer phone call about a person being reported missing.
- Open Call Center window in database.
- Search for prior entry of name of Missing Person.
 - Use the Caller/Missing Listview button to sort names
- If NOT found, start a new record (“New Call” button) in database. (If found, review training Flow Chart).
- Capture caller’s name and contact information.
- Verify nature of call as related to a Missing Person.
- Validate reported missing person’s full name as NOT previously reported (consider name variations).
 - If previously reported, treat as a follow-up call (below).
- When entry is complete, click on “Queue the Call” button.
- Inform caller that an investigator will return the call to obtain the full details.

2. ENTRY OF FOLLOW-UP CALL TO DATABASE

- Answer an in-coming follow-up phone call about a person reported missing.
- Open Call Center window in database.
- Find the missing person’s record using the “Find Missing” button by entering:
 - Last name of missing person.
- Or, use the Caller/Missing Listview button to sort names
- Confirm it is the correct missing person reported
- For type of call select the “Message” button
- When entry is complete, click on “Queue the Message” button.
- Inform caller that an investigator will return the call to obtain the full details.



FOG VICTIM INFORMATION CENTER GUIDE

INTERVIEWER

1. INTERVIEW FAMILIES FOR PERSONAL DATA

- Meet with family or establish phone contact.
- Establish sensitive rapport and explain the reason for collection.
- **WARNING:** *Do NOT refer to the missing person as "deceased" if the family is holding out hope they are alive. "Missing" is more appropriate.*
- Explain limitations and time delay expectations.
- Record data on interview forms.
- Advise family of additional needs:
 - Medical/Dental/Fingerprint records
 - Employer information
 - DNA family swabs or samples of missing person.
- Advise family of ways to provide additional information.
 - Coordinate with DNA Station for interview follow-up.
 - Deliver 8-Page packet to DNA for Page 7 completion as needed.
 - Receive 8-page packet back after DNA interview.
- Complete Interviewer portion of forms (Page 8).
- Deliver completed interview forms to Interview Lead.
 - Lead delivers form to Data Entry Coordinator.

2. RECORD FOLLOW-UP DATA FOR DATABASE

- Initiate or answer follow-up call about a missing person.
- Open RM# case window in VIP for review of new information. Enter new information in Case Notes.
- Because the RM case may be locked (after auditing) note the updated or changed information on forms provided.
- Deliver completed update form to Interview Lead.
 - Lead delivers form to Data Entry Coordinator for entry.



FOG VICTIM INFORMATION CENTER GUIDE

VOLUNTEER TRAINER

1. INSTRUCT VOLUNTEERS

- Meet with volunteers assigned.
- Establish sensitive rapport and explain the basics of VIC, morgue, and MIC operations aiding the Medical Examiner.
- Dignified respect for the missing and loved ones is the paramount mission
- Emphasize VIC role of compassionate care for families and friends of missing persons.
- *Do NOT refer to the missing person as “deceased” if the family is holding out hope they are alive.
“Missing” is more appropriate.*
- Walk through handout just-in-time training materials provided for the assigned duty station.
- Stress the information safety “funnel” (due to bad actors)
 - Callers (family, friends, employers, etc.) may provide information about the missing person, BUT,
 - Only the actual missing person, **if found alive**, may authorize VIC to release contact information.Stock safety reply: “Our information leads us to believe that (name) is not among the victims of this incident.”
- Advise VIC Information Collection Coordinator of completion of training.
 - Pay attention to volunteers who *lack sufficient computer skills* for positions requiring that skill.
 - Advise VIC Info Coordinator of such staff
- Distribute volunteers to duty stations as directed by VIC Info Coordinator and introduce to existing staff.
- Complete any documentation required by the agency providing the volunteers.



FOG VICTIM INFORMATION CENTER GUIDE

**CHAPLAINCY &
BEHAVIORAL HEALTH**

1. INTERVENE WITH FAMILIES AND RESPONDERS AS NEEDED

- Establish a station at the VIC for Chaplaincy and Behavioral Health.
- Maintain coordination with VIC Unit Leader and VIC Information Collection Coordinator on awareness protocols.
- Establish methods of notification and contact for instances indicating a need for intervention for either families or responder staff.
- Meet with families as needed to establish sensitive rapport and explain the basics of VIC operations if necessary.
- Maintain awareness of responder behavior patterns indicating a need for intervention.
- Advise VIC Unit Leader and intervene as directed.



FOG VICTIM INFORMATION CENTER GUIDE

DATA ENTRY & AUDIT

1. ENTRY OF REPORTED MISSING 8-PAGE INTERVIEW TO DATABASE

- Receive interview forms from VIC Data/Records Coordinator or VIC Data Entry Lead
- Verify if a RM case file has been started (by Call Center) in database.
- Enter interview data into RM case file in database.
- Complete the Data Entry clerk Information section on "Interview" page 8 in database.
- Print out completed interview forms for RM file folder.
- If applicable, scan filed photographs into Photo Page.
- Deliver RM file folder to VIC Data Auditing.

2. AUDIT OF REPORTED MISSING INTERVIEW IN DATABASE

- Receive RM file folder (or updates) from Data Entry.
- Perform field by field verification of 8-page interview form to RM case file in database.
- Verify if photographs and/or medical/dental records are present in RM file folder and scanned into the Photo Page
- Complete the Data Audit Information section on "Interview" page 8 in database and "LOCK" the record.
- Deliver RM file folder (or updates) to VIC Data Entry Lead for return to VIC Records Management.

3. UPDATE OF REPORTED MISSING INFORMATION IN DATABASE

- Receive notice of RM case requiring information update on a locked record.
- Enter updated information into RM case file in database.
- Print out the updated interview page(s) for RM file folder.
- Deliver RM updated interview page(s) to VIC Data Entry Lead for return to VIC Records Management.



FOG VICTIM INFORMATION CENTER GUIDE

MEDICAL & DENTAL RECORDS ACQUISITION

1. CONTACT PROVIDERS FOR MEDICAL AND DENTAL RECORDS

- Coordinate with VIC Data Entry Coordinator and monitor VIP Daily Stats for entered RM cases contacts to be made: dentists, hospitals, doctors, clinics, employers, family, etc.
- Note the pre-paid shipping method to be used.
- Determine address to which the records should be returned by fax, e-mail, mail, or shipping (early stages to VIC, final stages to MIC or ME office).
- Coordinate with Interviewers on medical and dental records already requested during the interview process.
- Review VIP's pages 3, Case Notes, Medical Records Requests, and Dental Work Page for status of records enroute, received, or not yet requested.
- Phone new providers for fax number or e-mail contacts.
- Print from VIP then fax or e-mail record requests containing a HIPAA release notice of exception.
- Maintain a log of requests, attempts to collect, and receipts.
- Record requests and receipt records on Case Notes, Medical and Dental pages in database.

2. EXAMINE RECORDS RECEIVED FOR SUFFICIENCY

- Maintain contact with VIC Records Management to review requested records as received and logged in.
- Examine records received for leads to additional record providers and potential identifying features.
- Scan received records and upload to VIP RM's Photo Page
- Update VIP Case Notes, Medical/Dental pages as appropriate.
- Notify MIC Verification Manager of Medical/Dental records that have arrived.
 - VIC Records Management delivers received dental records immediately to MIC Records Management.
- Deliver reviewed records back to VIC Records Management.

Updated: 210208



FOG VICTIM INFORMATION CENTER GUIDE

DNA FAMILY HISTORY

1. INTERVIEW FAMILIES FOR DNA COLLECTION

- See Policy 20: VIC DNA Family Reference Collection Protocol
- Meet with family or establish phone contact to set up an appointment time, establish sensitive rapport and explain the reason for DNA collection.
 - Provide informational handouts.
 - Explain limitations and time delay expectations.
- Complete FBI Consent Form (FDLE 042809).
- Complete FDLE Family Reference Form.
- Collect buccal swabs (if applicable).
- Complete DNA Personal Items Submission Form (if applicable).
- Record data on Family DNA page 7 and DNA Donors Kit Tracking page of database.
- Advise family of additional needs:
 - Missing kinship data.
 - DNA samples of missing person (toothbrush, etc.).
 - Ways to provide additional information or samples.
- If needed, FedEx swab kit and/or Personal Items kit (*see kit instructions*) to donor.
- Return completed interview package to 8-Page Interviewer
- Secure collected items as directed by ME procedures.

2. RECORD FOLLOW-UP DNA DATA FOR DATABASE

- Initiate or answer follow-up phone call about DNA for a person reported missing.
- Open RM case window in database for review.
- Note updated or changed information on Case Notes page
- Advise VIC Data/Records Coordinator of updates.

3. RECEIVE AND SHIP SWAB KITS COLLECTED OR RETURNED

- Log in swab or items kits collected or returned by FedEx.
- Check DNA forms for completeness. Scan and upload all to RM
- Log out and ship completed kits to designated DNA lab.



FOG VICTIM INFORMATION CENTER GUIDE **RELEASE/FAMILY AFFAIRS**

1. NOTIFICATION TO FAMILY OF POSITIVE IDENTIFICATION

- If so directed by ME or VIC Lead, follow Policy 17) NOK Notification of Positive Identification Policy.

2. INTERVIEW FAMILIES FOR FUNERAL SERVICE ARRANGEMENTS

- After NOK notification, receive notice of OK for release from MIC and open the Ante Release button on the Ante main menu to see the list of all identified victims.
- Select the identified RM case to open the Antemortem Release page and record data as it is obtained.
- Meet with family or establish phone contact.
- Determine family's choice of service provider using ME designated forms or the Family Notification and Release Preference form in person or by fax.
- **If release is for less than whole set of remains, sensitively explain the family's election options for future notifications.**
- Ask the family to inform the service provider of the VIC phone number to contact to set a release appointment.
- Explain that VIC will coordinate release of the body and personal effects, if applicable, with the service provider selected.
- Update the Antemortem Release page and enter YES.

3. COORDINATE RELEASE WITH SERVICE PROVIDER

- Follow Medical Examiner established protocols for release and documentation requirements.
- Coordinate and set an appointment for release of body and personal effects, if applicable, with Remains Storage staff at the morgue.
- Deliver required documentation to Remains Storage.



FOG MIC GUIDE

RECORDS MANAGEMENT

1. ESTABLISH MIC RECORDS MANAGEMENT OPERATIONS

- Unidentified Remains case files in MRN order
- Reported Missing (RM) person case files in Last Name alphabetical order
- Identified Remains in Medical Examiner Case number order
- If applicable, Court Issued Presumptive Death Certificates and related documents in Last Name alphabetical order
- Maintain security of paper copies

2. RECEIVE MORGUE CASE FILES (MRN)

- Receive MRN case file(s) after morgue processing.
- Complete MIC Record MRN Log (paper)
- Document release and return of whole or partial case files
 - Maintain MIC Record Out Log
 - Maintain tracking in MIC Records Management page

3. RECEIVE VIC CASE FILES (RM)

- Enter and track inventory items received from VIC: full file, Dental, Prints, etc., on MIC Records RM Received Log (paper)
- Enter and track inventory items received via shipping or e-mail.
- Document release and return of whole or partial case files
 - Maintain MIC Record Out Log (paper)
 - Maintain tracking in database
- Notify Odontology and Fingerprints immediately when such records are received from VIC

4. RECEIVE IDENTIFIED CASE FILES (ME)

- Receive ME report of positive ID and issuance of ME case#
- Complete MIC Record MRN and ME Case # Logs (paper) with MRN, RM, and ME case numbers, and victim name.
- Document receipt and release of whole or partial ME case file
 - Maintain MIC Record Out Log
 - Maintain tracking in database
 - Follow ME directives on storage of identified ME case files.



FOG MORGUE IDENTIFICATION CENTER GUIDE

DATA ENTRY & AUDIT

1. ENTRY OF DISASTER VICTIM PACKET (DVP) TO VIP DATABASE

- Receive Disaster Victim Packet (MRN case file) from MIC Records Management
- Enter all morgue processing station data into MRN case in VIP, if not previously entered by morgue staff
- Print a paper copy of the VIP photo proof sheets
- Print a paper copy of the PDF of X-rays (stored in the Morgue Unit network folder, i.e., Photography and X-Ray, for that MRN) for inclusion in the DVP
 - If either is absent, resolve missing images with morgue station Leads for Photography and Radiology
- Complete the Data Entry staff information section at the bottom of the Tracking Form
- Deliver DVP folder to MIC Data Auditing staff

2. AUDIT OF DISASTER VICTIM PACKET (DVP) TO VIP DATABASE

- Receive DVP (MRN case file) from Data Entry
- Perform field by field verification of handwritten DVP to MRN case file in VIP
- Complete the Data Audit information on Tracking Form
- Print out full DVP for the case file folder
 - Print 1st to PDF, see Tracking Form page, 2nd to paper
- Return MRN case file to MIC Records Management

3. UPDATE OF INFORMATION IN DATABASE BY AUDITING

- Receive notice of RM or MRN data requiring update or scanning and uploading to VIP
- Enter updated information to RM and/or MRN case file(s)
- Print out the updated page(s), if applicable
- Return RM/MRN updates to MIC Records Management



FOG MORGUE IDENTIFICATION CENTER GUIDE

ODONTOLOGY

1. ENTRY OF AM DENTAL RECORDS INTO WINID/DEXIS

- Receive antemortem dental records from MIC Records Management.
- Follow Odontology protocol for entry of antemortem dental records into WinID.
- Use DEXIS and scanner to digitize physical dental x-rays (via WinID protocols).
- Update antemortem Dental Information section in VIP database
- If comparison with postmortem records is delayed, return completed antemortem dental records back to MIC Records Management.

2. PERFORM SEARCHES FOR POTENTIAL DENTAL MATCHES

- Update postmortem Odontology Information section in VIP database, if appropriate
 - Upload radiograph of full mouth series if available
- Use WinID to search for potential dental matches.
- Retrieve potential matching antemortem and postmortem dental records from MIC Records Management.

3. PERFORM SEARCHES FOR POTENTIAL DENTAL MATCHES

- Print out WinID match report and supporting images
- Start Enter Presumptive ID (from Postmortem Main Menu page) steps 1, 2 and 3, print and sign the ID form
 - Two Odontologists are required to verify a match.
- Report findings to MIC Verification Manager with copies of WinID match report
- Deliver dental records back to MIC Records Management.



FOG MORGUE IDENTIFICATION CENTER GUIDE

FINGERPRINTS

1. EXAMINATION OF POSTMORTEM PRINTS

- Retrieve postmortem fingerprint cards (in MRN case file) from MIC Records Management
- Examine MRN prints for sufficiency and classification
- Review Postmortem Fingerprint page in VIP for additional information, update as needed.
- Examine VIP postmortem media for scanned images of prints
 - If necessary rescan post cards and upload to VIP
- If comparison with antemortem records is delayed, copy fingerprint cards and return to Records Management

2. EXAMINATION OF ANTEMORTEM PRINTS

- Retrieve antemortem fingerprint records (RM case file) from MIC Records Management
- Examine RM prints for sufficiency and classification
- Review Ante VIP page 4 and case notes page for additional information, update as needed.
- Scan and upload print records to RM's Ante Photo Page
- If comparison with postmortem records fails, copy fingerprint cards and return back to MIC Records Management

3. PERFORM SEARCHES FOR POTENTIAL FINGERPRINT MATCHES

- Retrieve potential matching RM and MRN case files from MIC Records Management to analyze
- Start Enter Presumptive ID (from Postmortem Main Menu page) steps 1, 2 and 3, print and sign the ID form
 - Two Analysts are required to verify a match
- Report findings to MIC Verification Manager with copies of matched fingerprints
- Deliver case files back to MIC Records Management.
- Return unmatched files to MIC Records Management.



FOG MORGUE IDENTIFICATION CENTER GUIDE

ID VERIFICATION

1. REVIEW POTENTIAL IDENTIFICATION MATCH

- Verification Manager receives Recommendation of Presumptive Identification for potentially identified case files (RM plus potential MRN files)
- Retrieves related files from MIC Records Management
- Cross match ante and postmortem files to examine for any conflicting indicators (significant differences)
- Deliver Recommendation of Presumptive Identification and verified matched files to MIC Unit Leader for presentation to Medical Examiner/Coroner for approval

2. ME/C DISAPPROVES ID MATCH

- If rejected, return potentially unmatched files to Verification Manager for more follow-up
- If no additional information is imminent, return the files to MIC Records Management

3. ME/C APPROVES ID MATCH

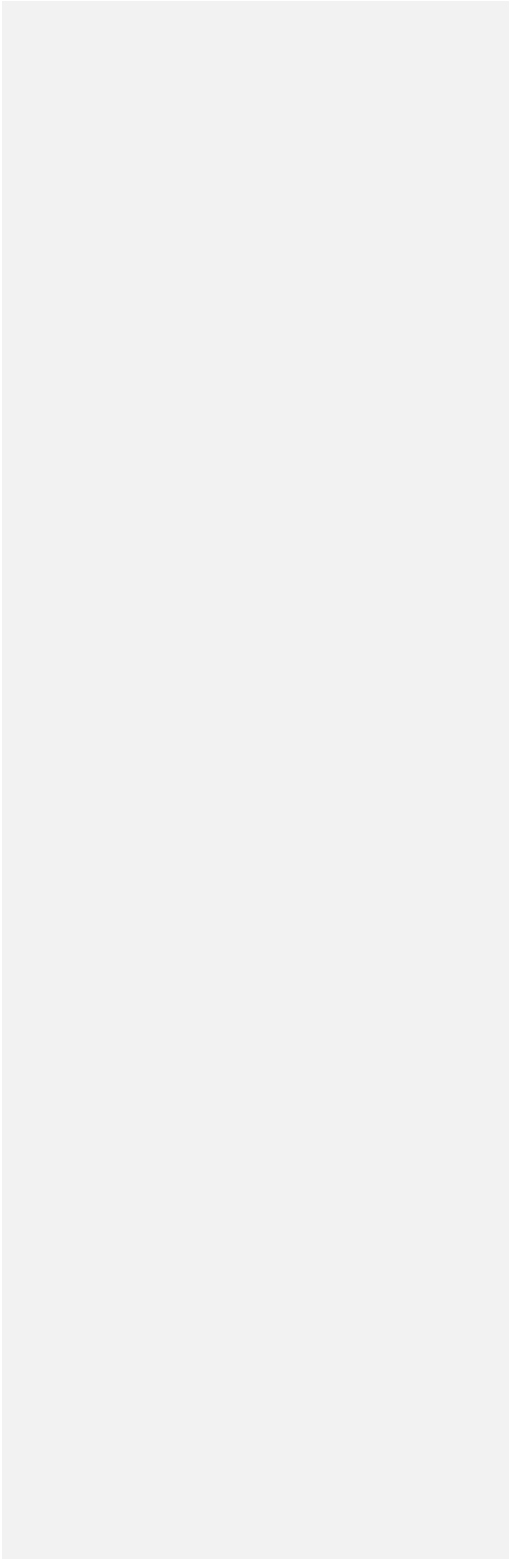
- Verification Manager secures next available ME/C case number from ME/C Records Management and ME signature on Recommendation of Presumptive Identification
- Completes Enter Presumptive ID data (Post Main Menu)
- Coordinates notification of Next-of-Kin under ME/C policy

4. INITIATE RELEASE PROCEDURES

- Start release process by following steps 4, 5 and 6 listed in Enter Presumptive ID
- Notify VIC Family Affairs of RM remains ready for release
- Notify Remains Management of positive MRN(s) ID status
- Return files to MIC Records Management

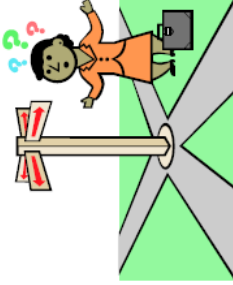
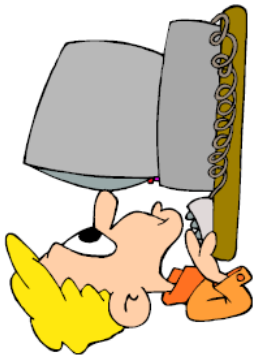


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Appendix F – FOG Processing Flow Charts

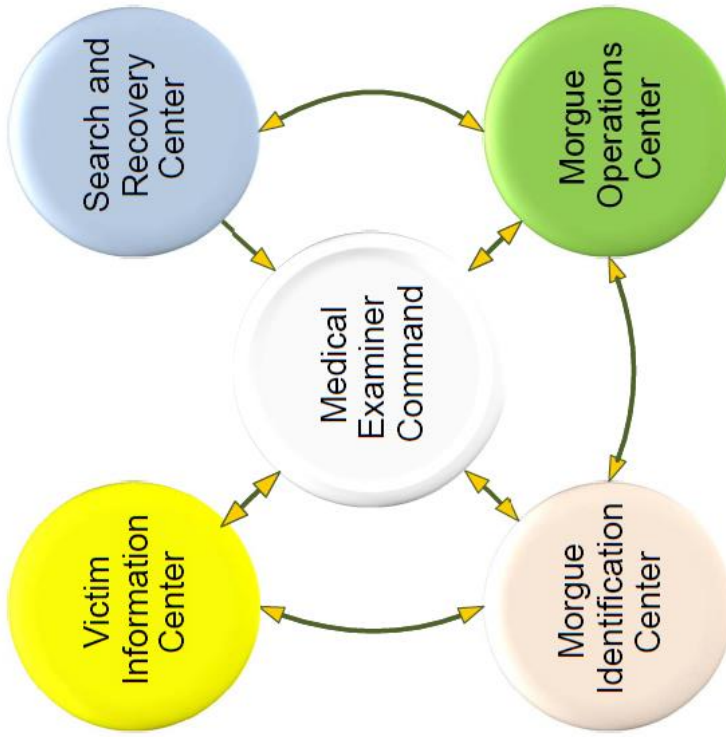


FEMORS FOG Functional Flow Charts

Basic procedure steps illustrating use of applicable VIP database sections and station log pages for Just-In-Time training of assigned, or reassigned, staff

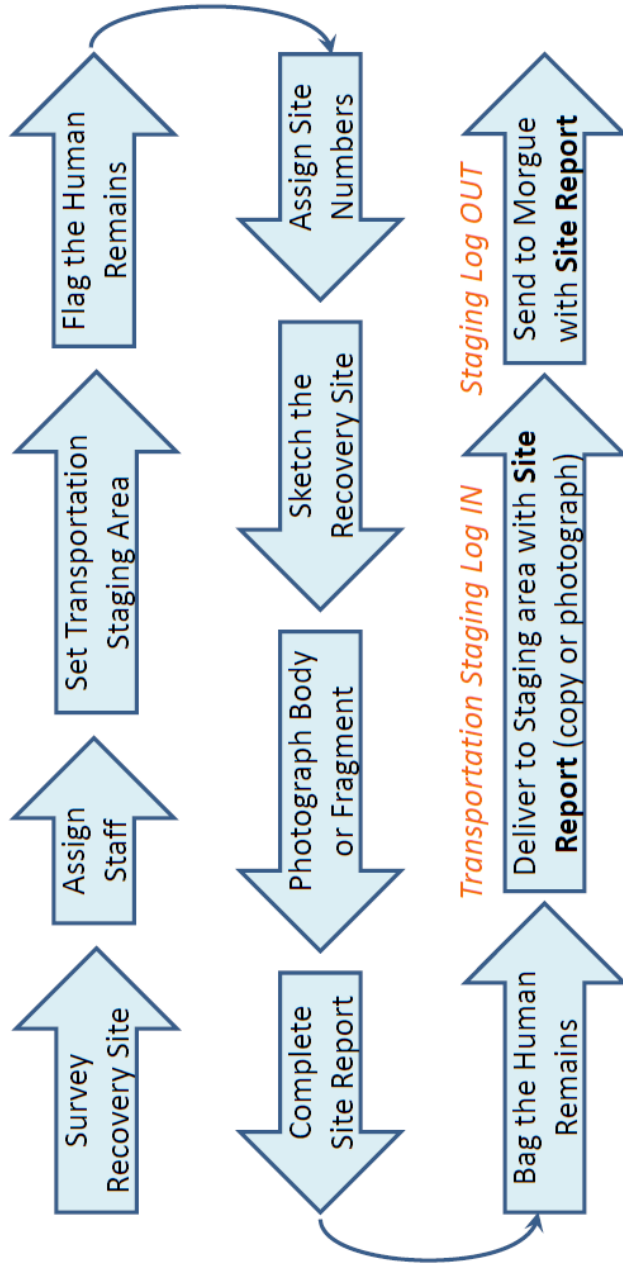


Fatality Management Basic Functions



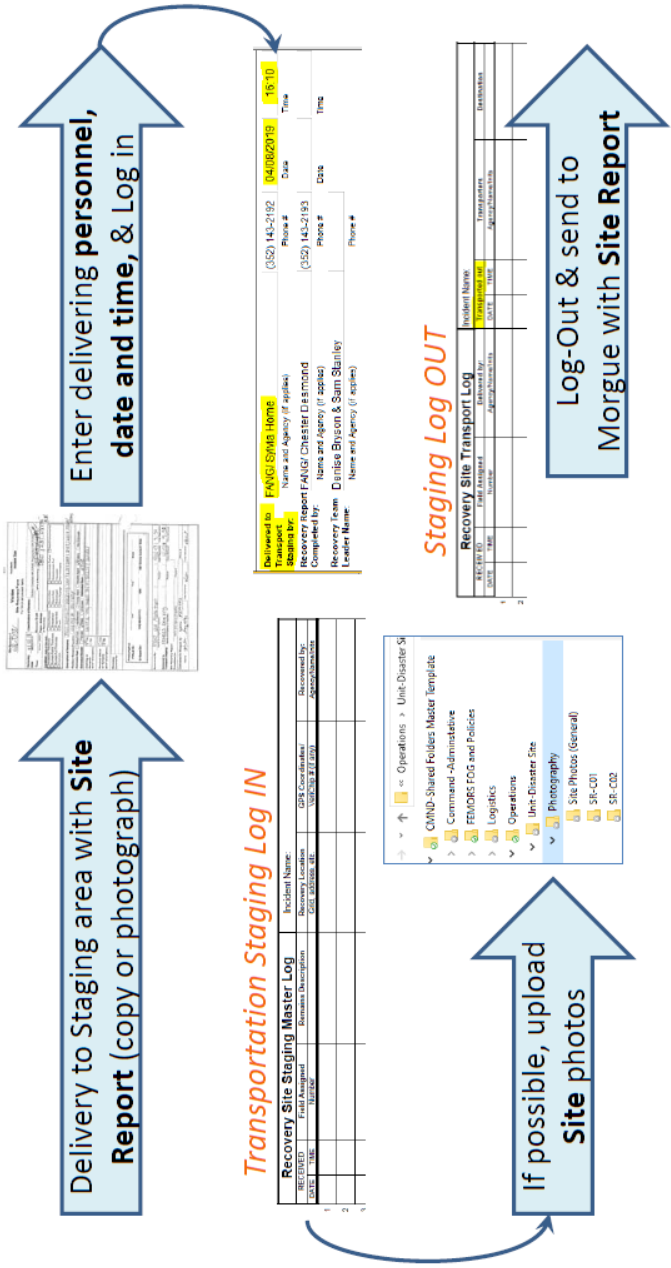


Field Recovery - Overview



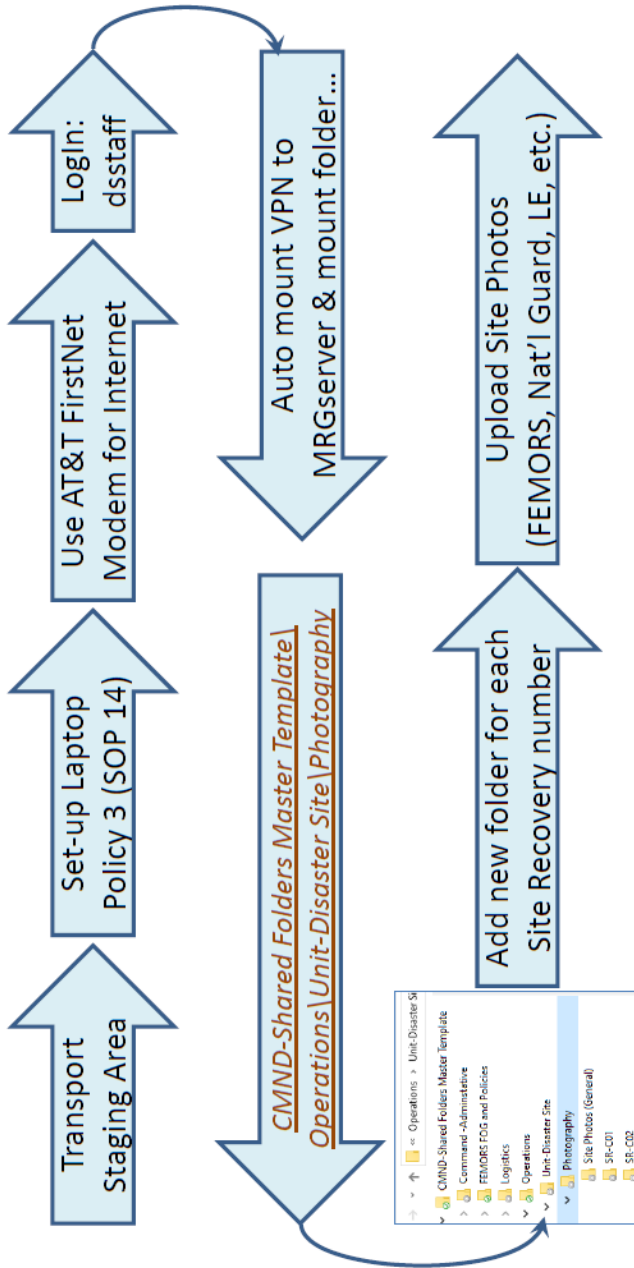


Transportation Staging





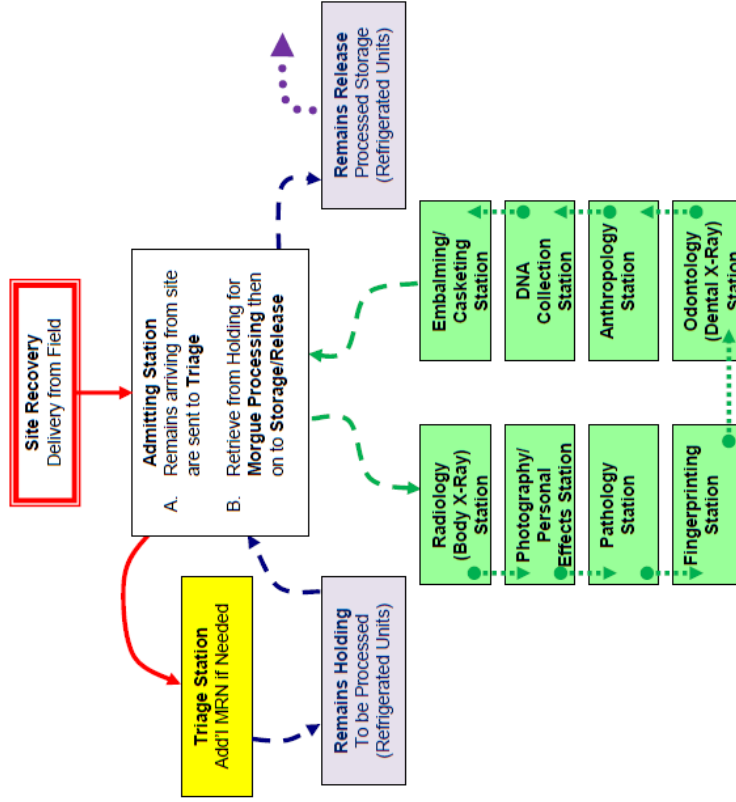
Field Staging – Photo Upload





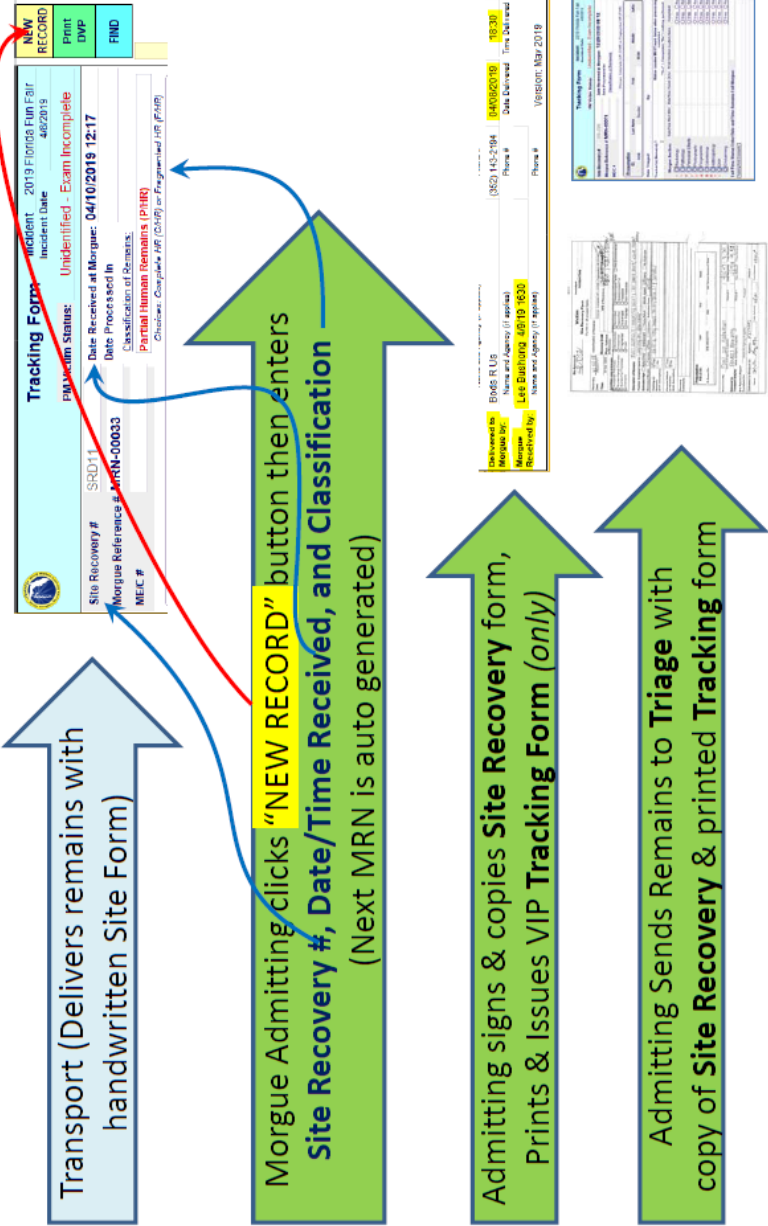
Morgue Flow with Triage

1. Admitting to
2. Triage to
3. Holding to
4. Admitting to
5. Processing to
6. Admitting to
7. Storage to
8. Release





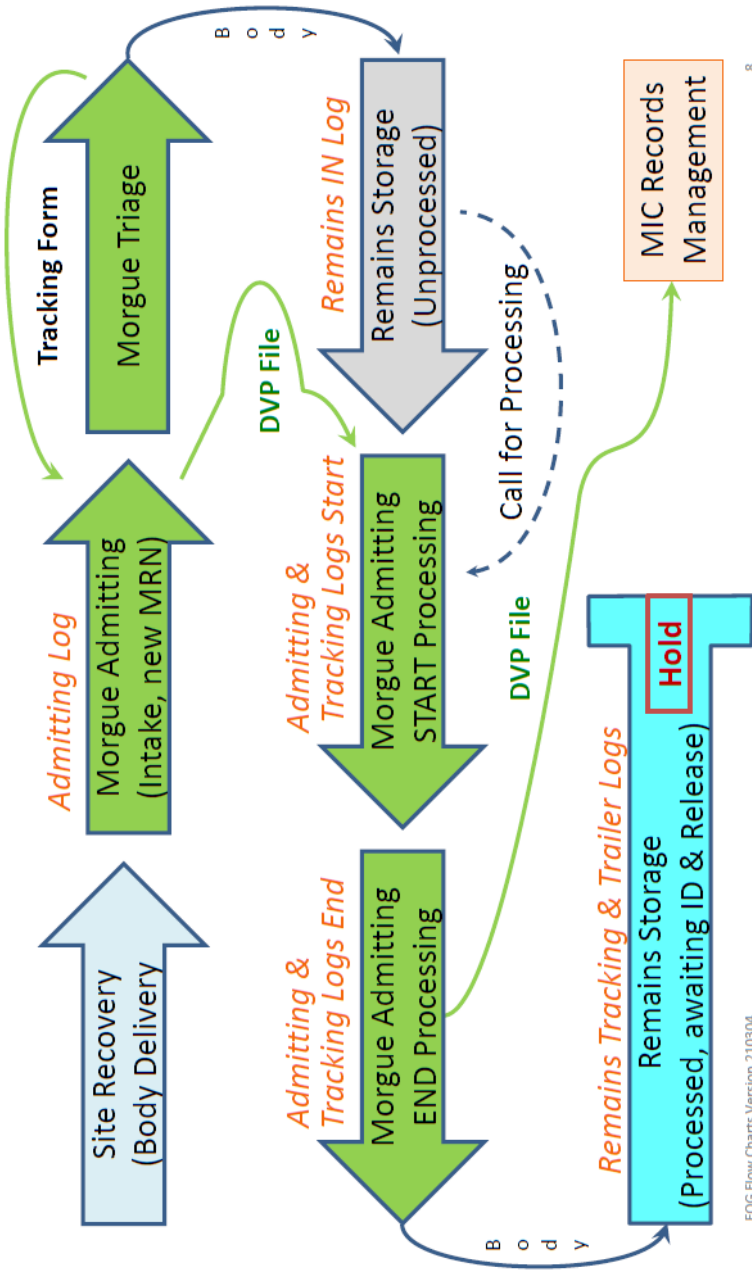
Admitting – New VIP Record Start





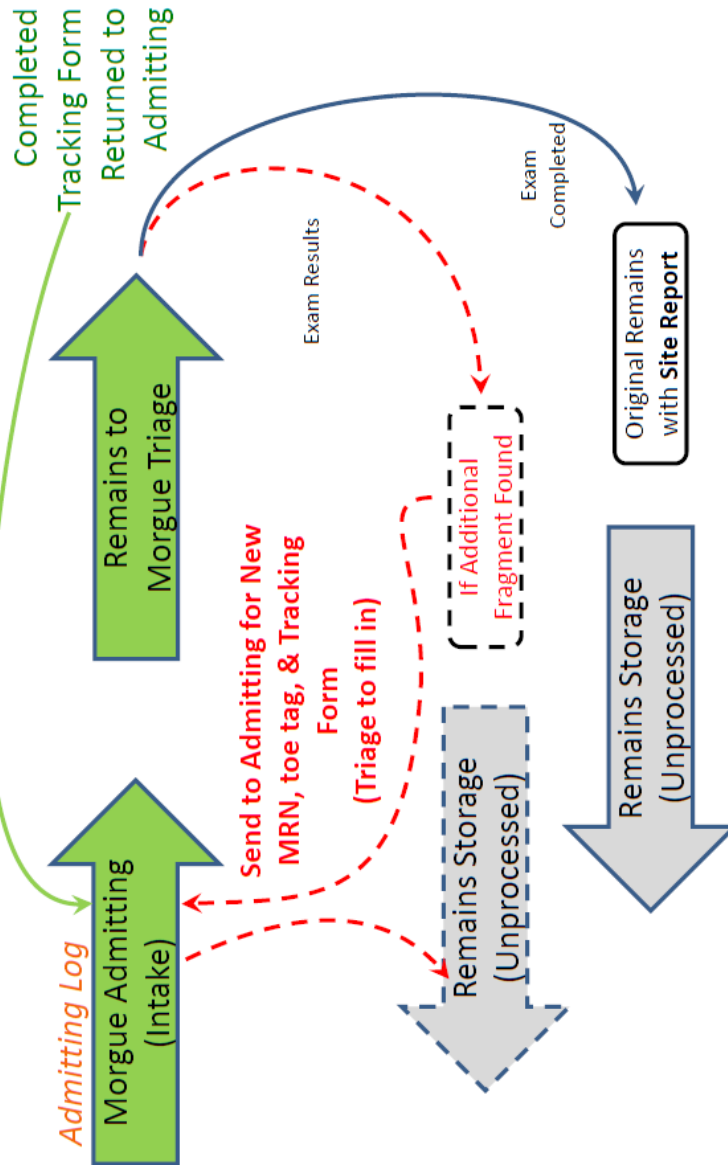
Movement & Logging Overview

Admitting/Triage



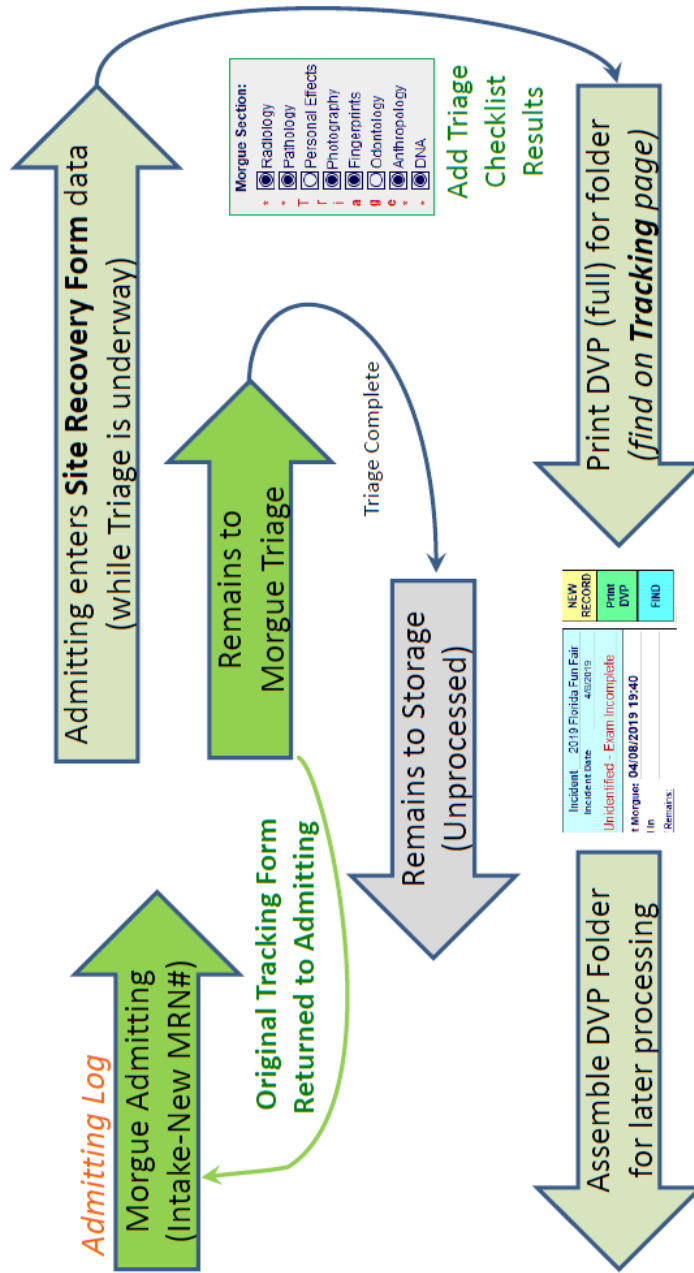


Admitting – New Record Start for Additional Remains



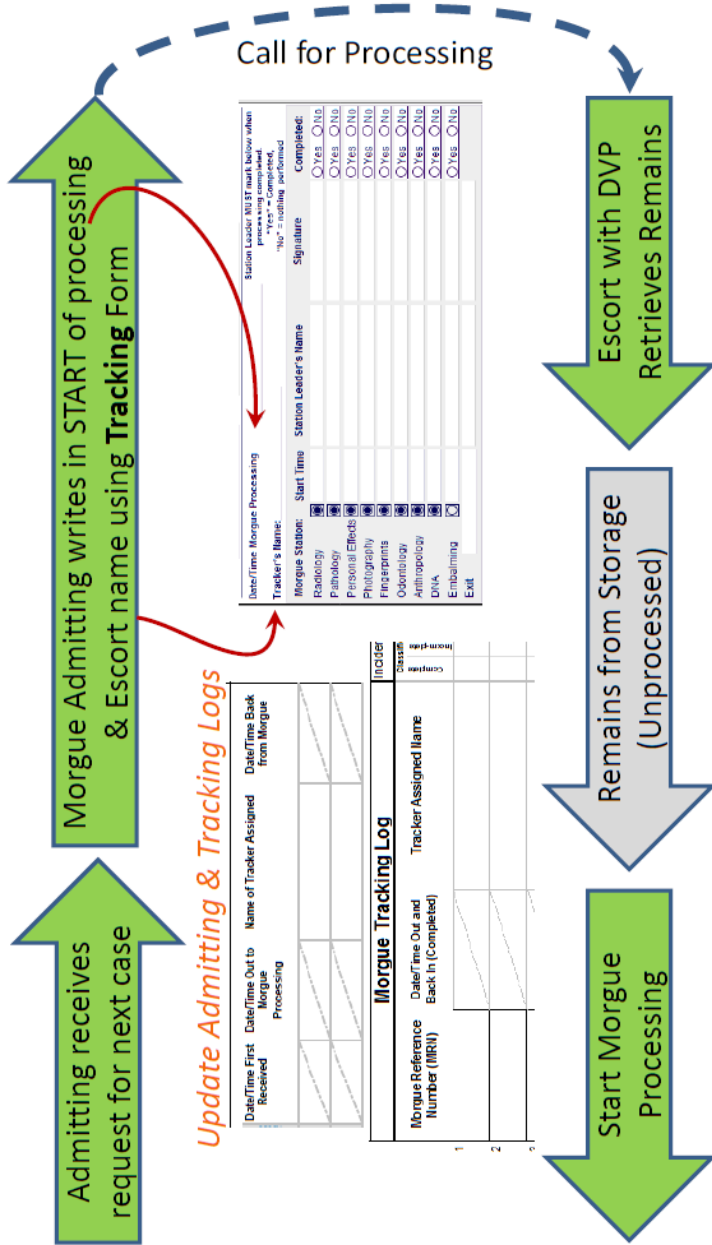


Admitting – DVP Folder Prep





Admitting – Processing Start



Update Admitting & Tracking Logs

Date/Time First Received	Date/Time Out to Morgue Processing	Name of Tracker Assigned	Date/Time Bank from Morgue

Morgue Reference Number (MRN)	Date/Time Out and Back In (Completed)	Tracker Assigned Name	Inorder	Complete

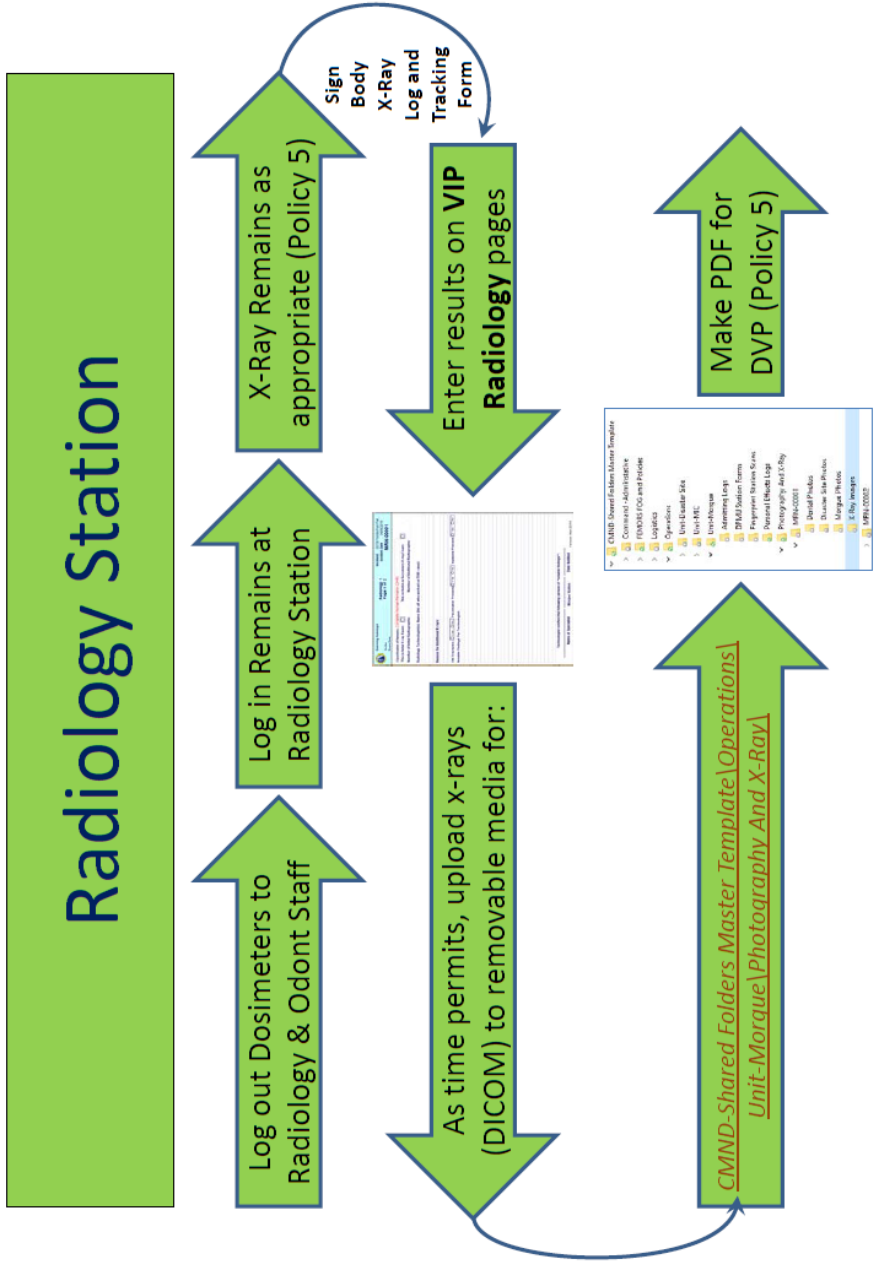
Date/Time Morgue Processing: _____ Station Leader Initial mark below when processing is complete. "Yes" = Completed, "No" = nothing performed.

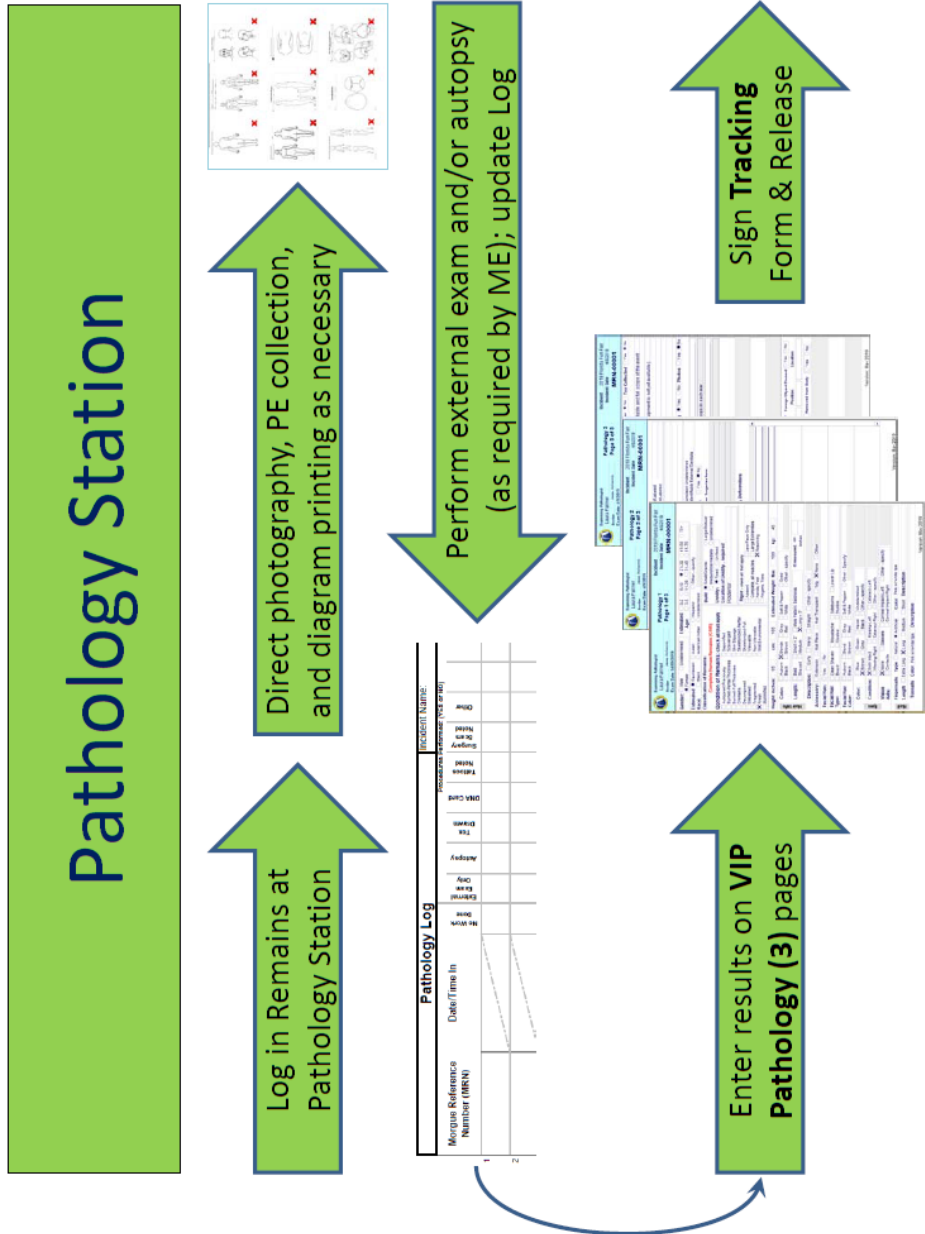
Tracker's Name: _____ Station Leader's Name: _____

Morgue Station: _____ Start Time: _____ Completed: _____

Radiology Yes No
 Pathology Yes No
 Personal Effects Yes No
 Photographs Yes No
 Odontology Yes No
 Anthropology Yes No
 DNA Yes No
 Embalming Yes No
 Exit

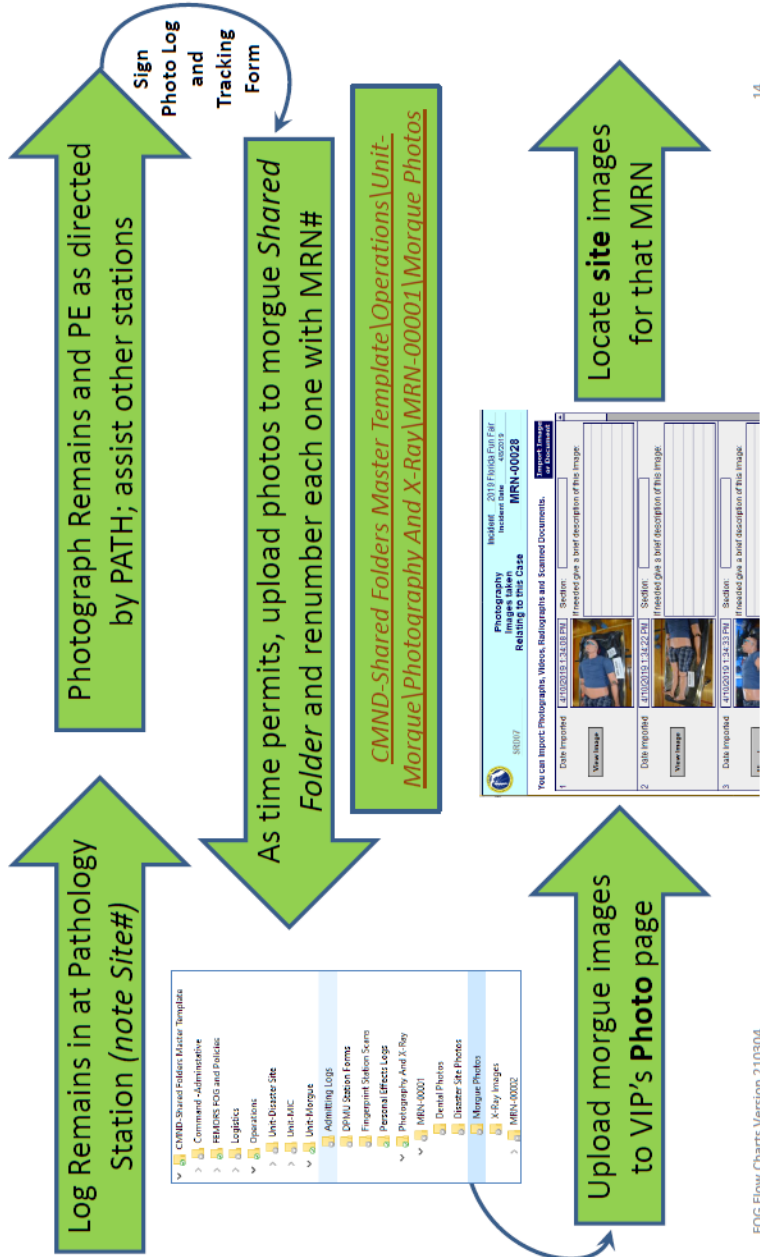
Signature: _____





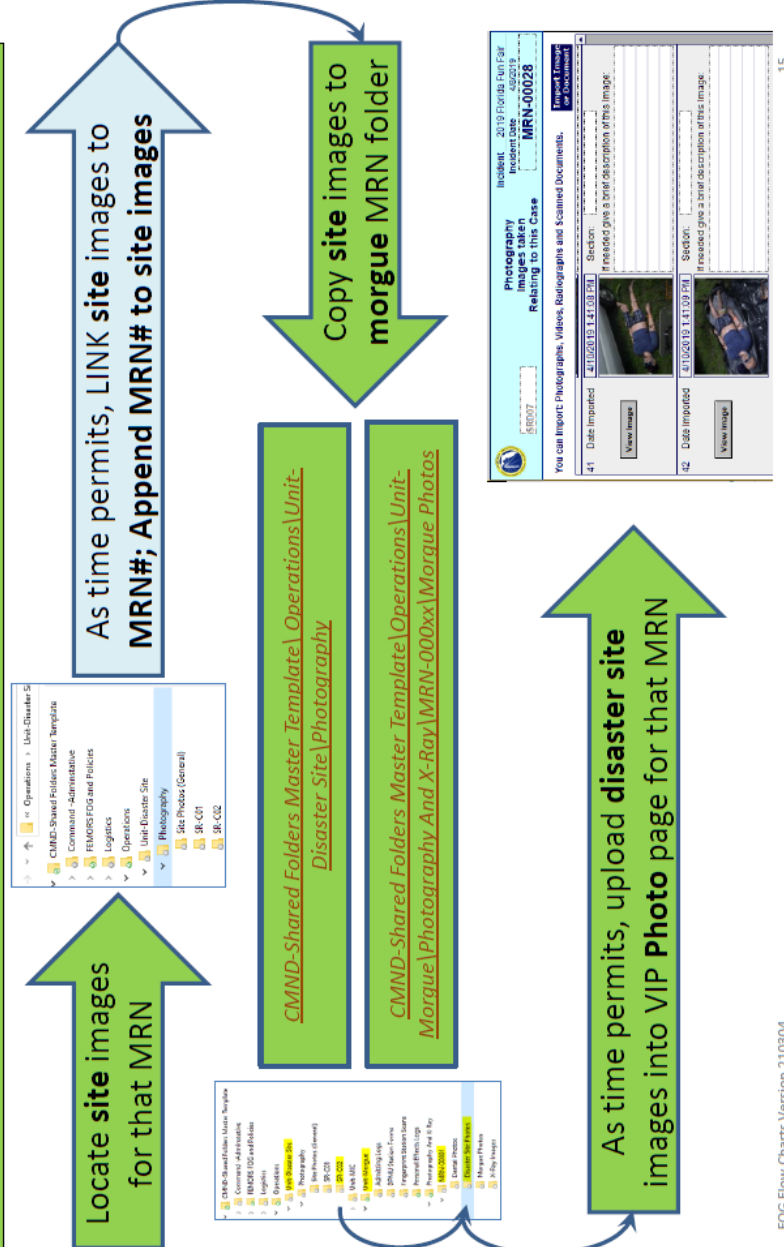


Photography Station, 1 of 3



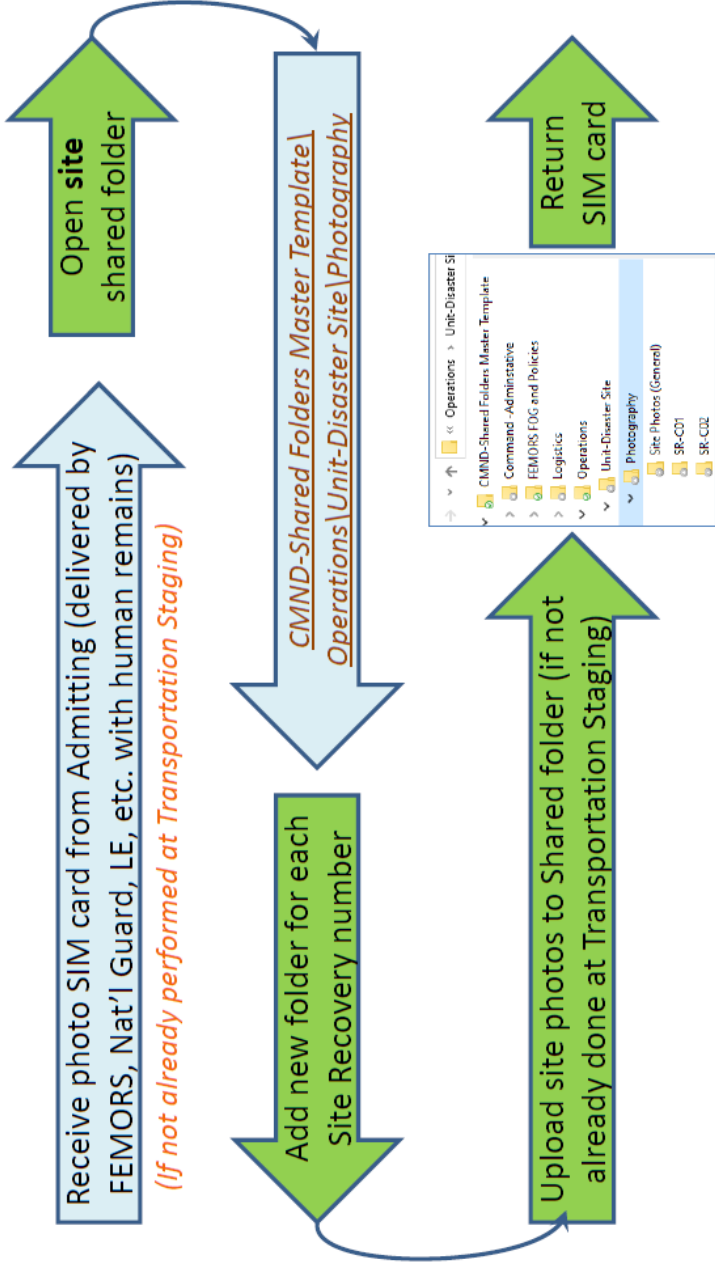


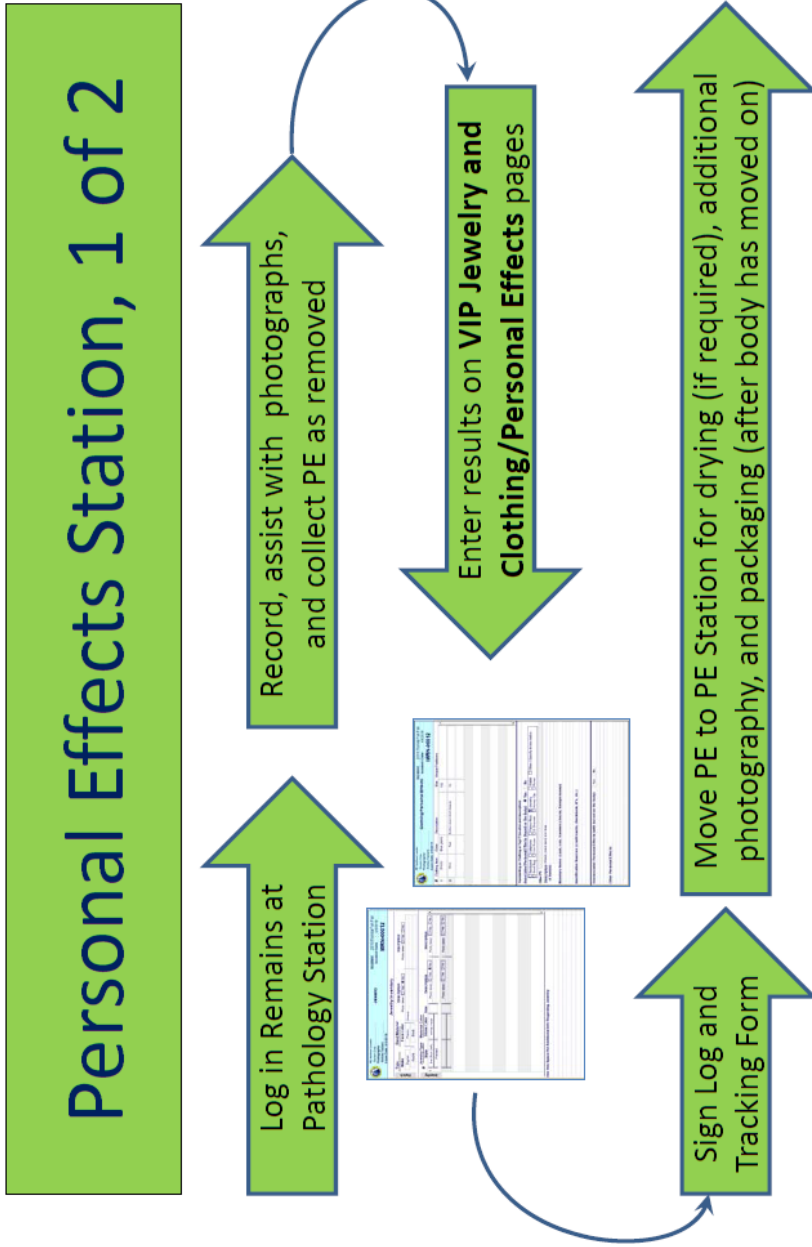
Photography Station, 2 of 3





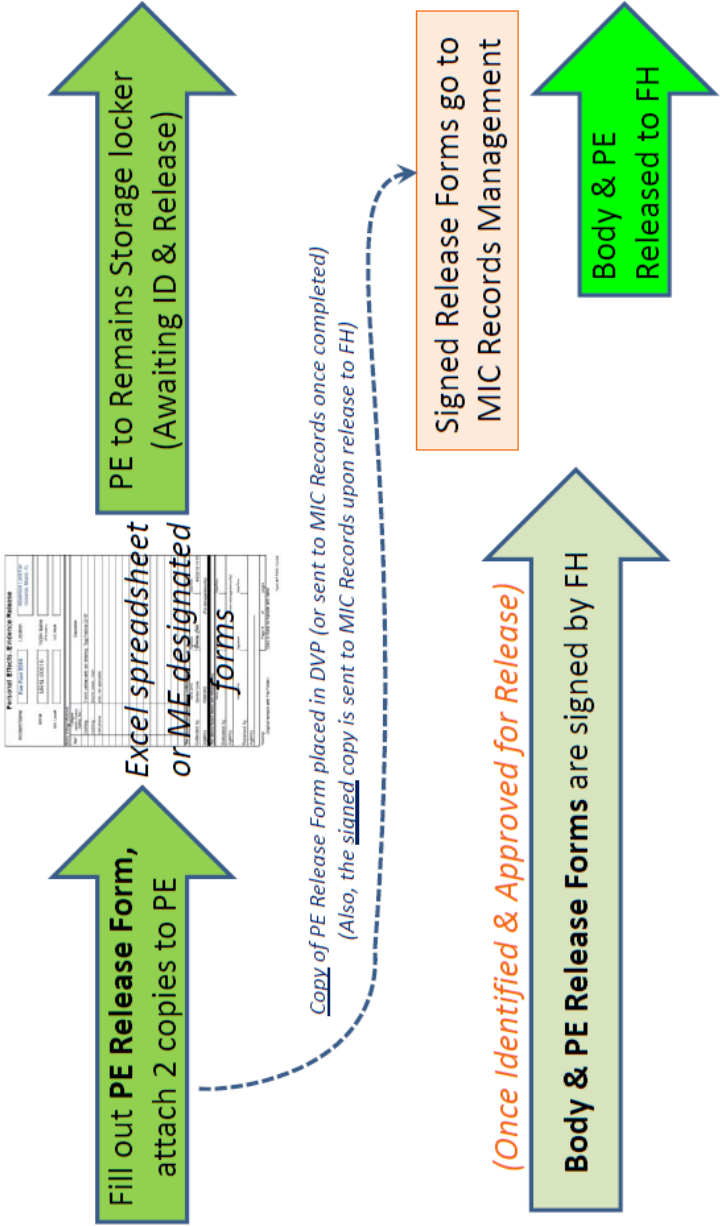
Photography Station, 3 of 3

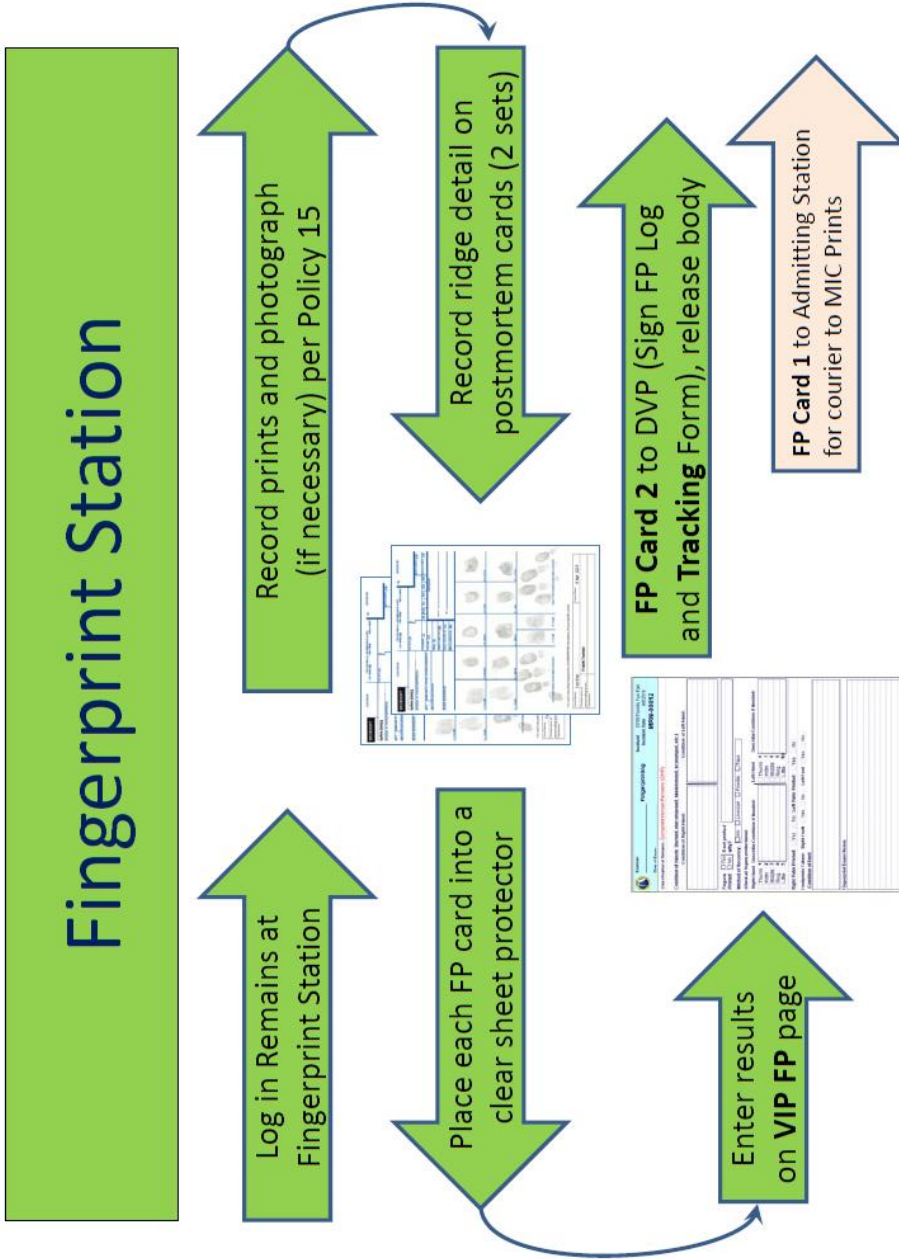






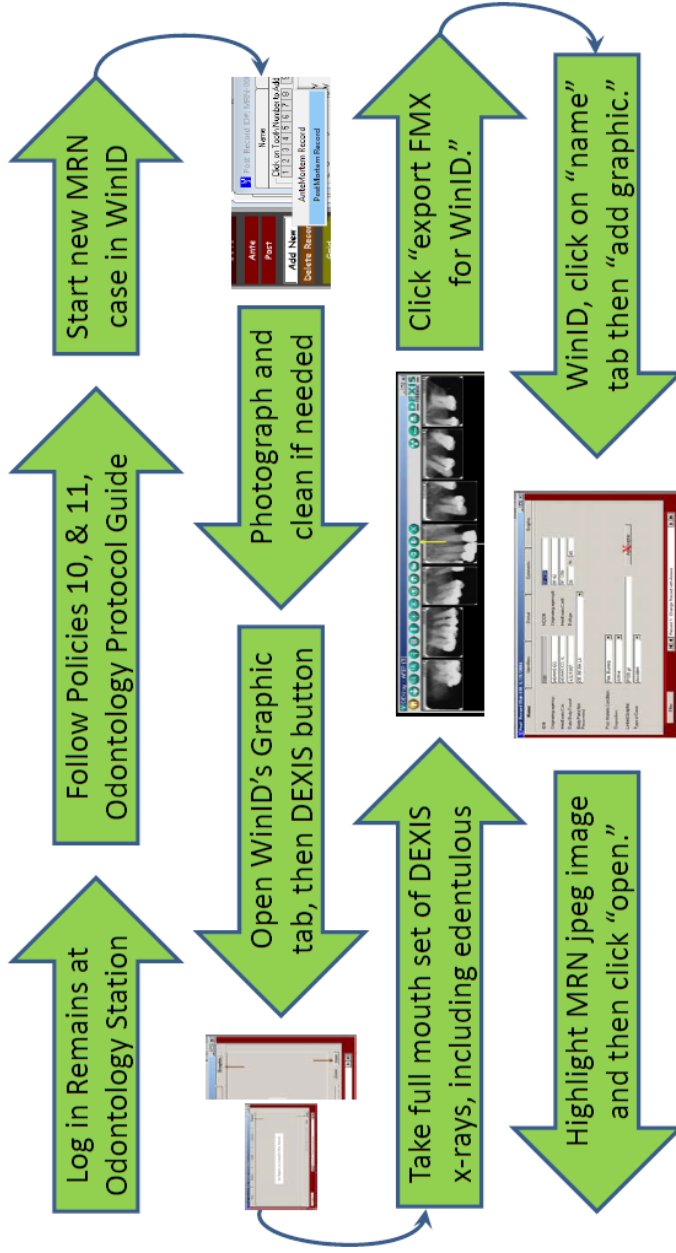
Personal Effects Station, 2 of 2





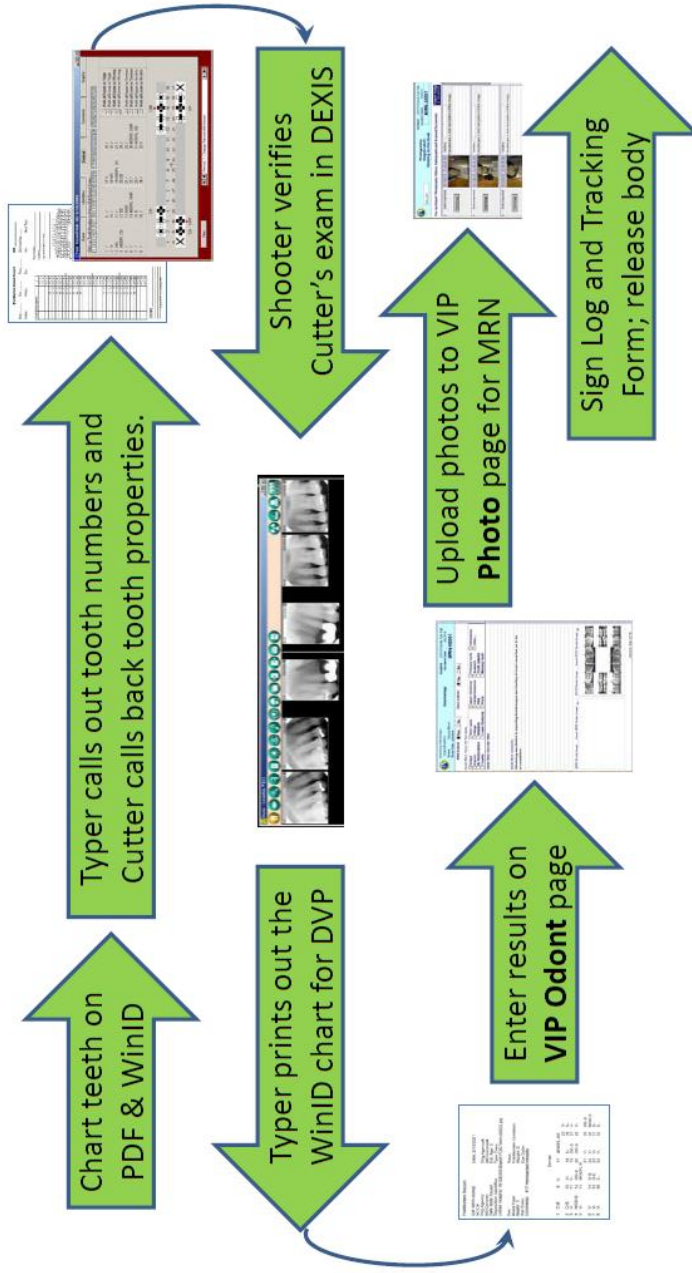


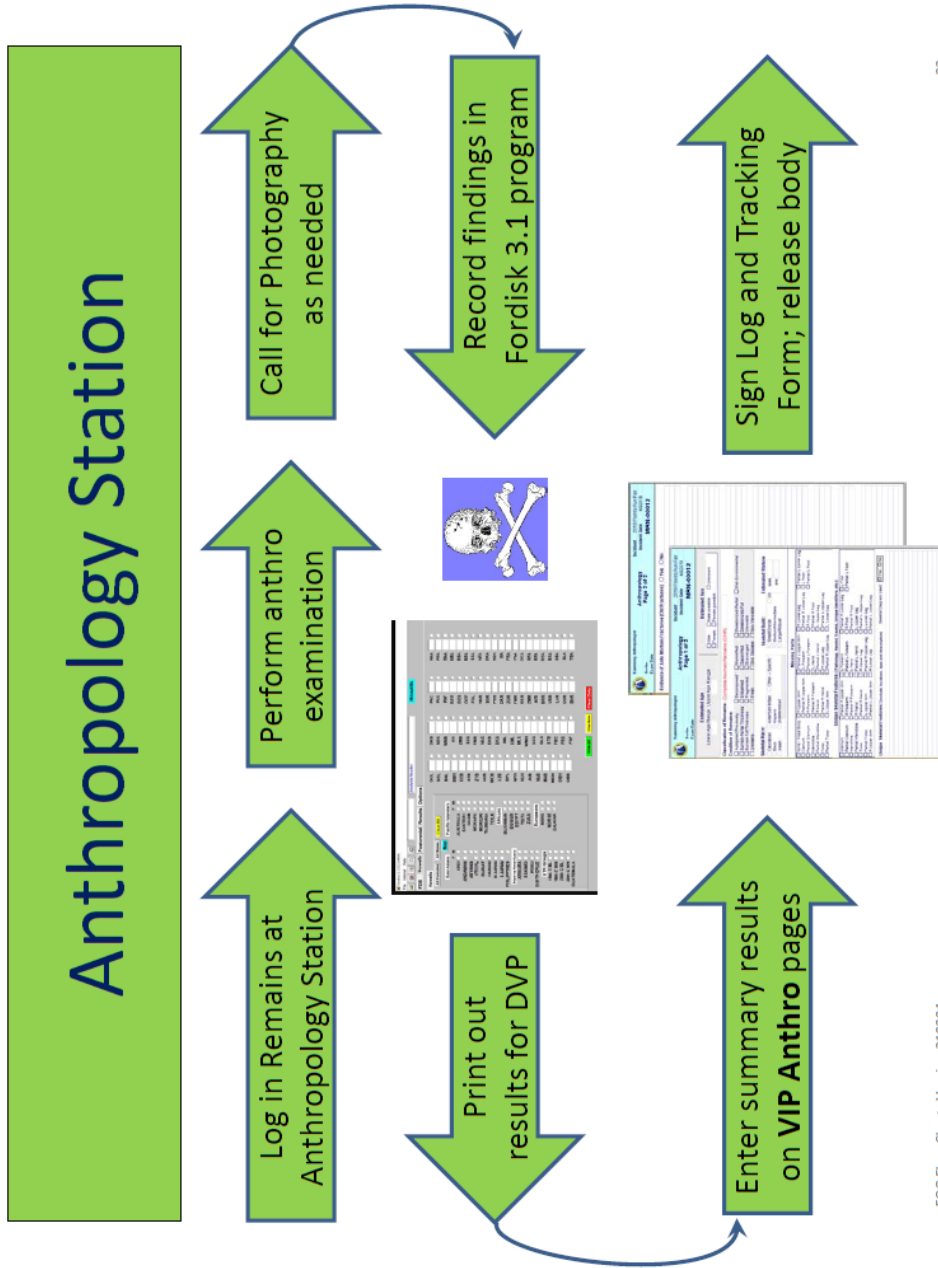
Odontology Station, 1 of 2

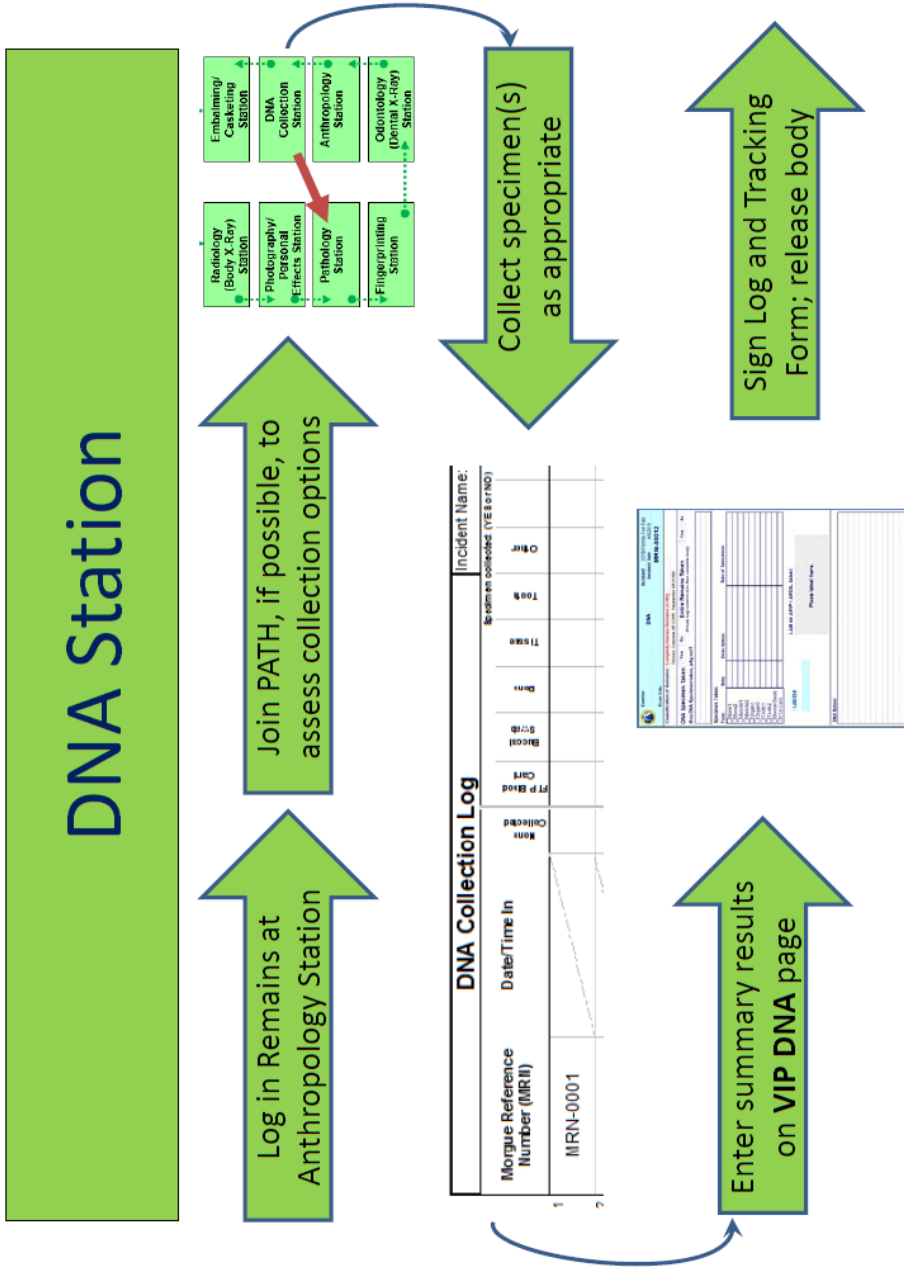




Odontology Station, 2 of 2

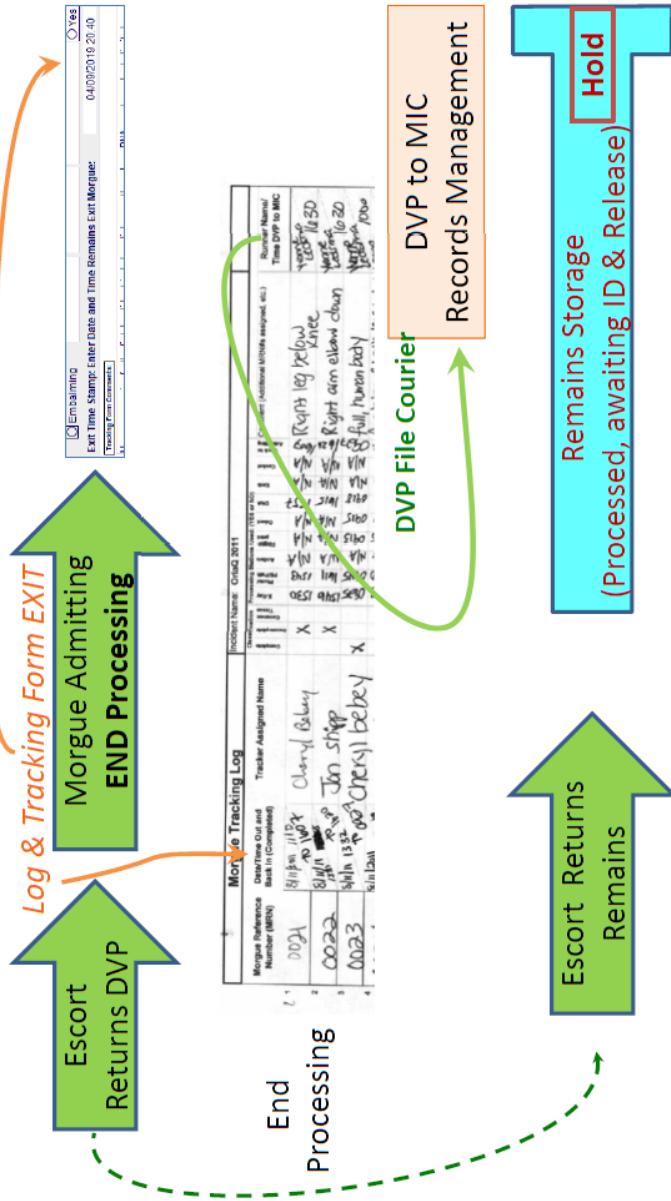






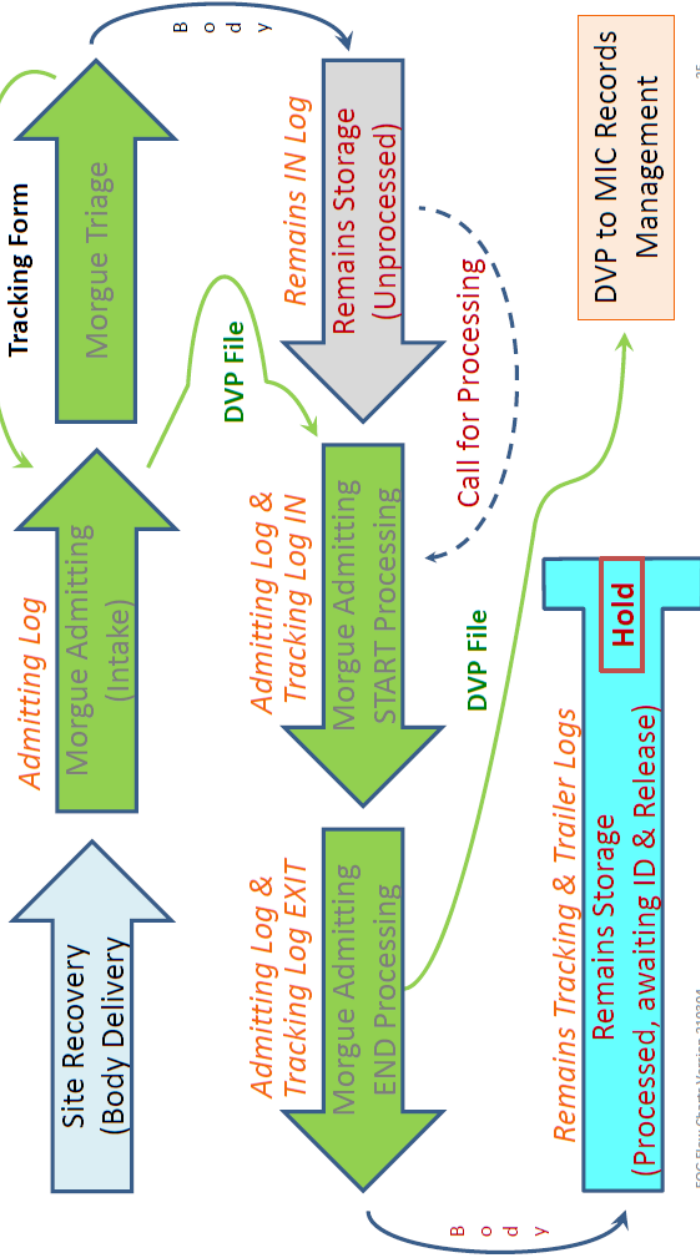


Admitting – Processing Finish





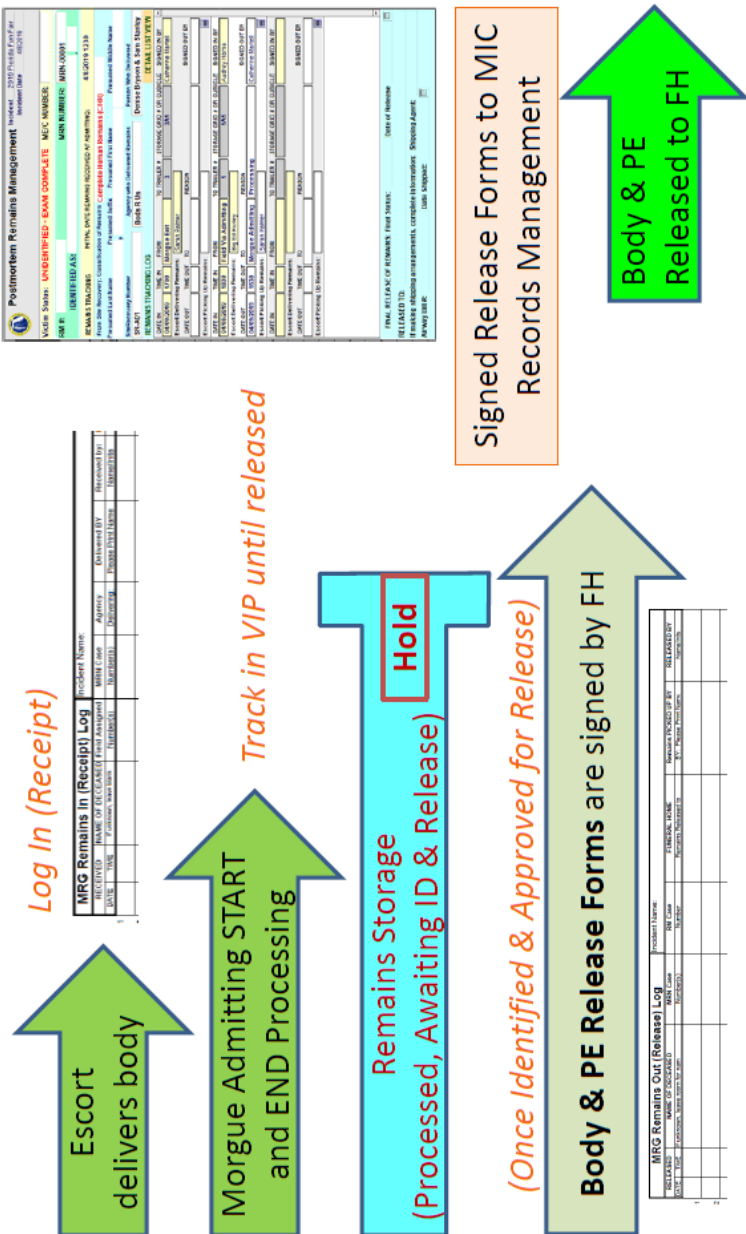
Remains Management



FOG Flow Charts Version 21.03.04



Remains Management



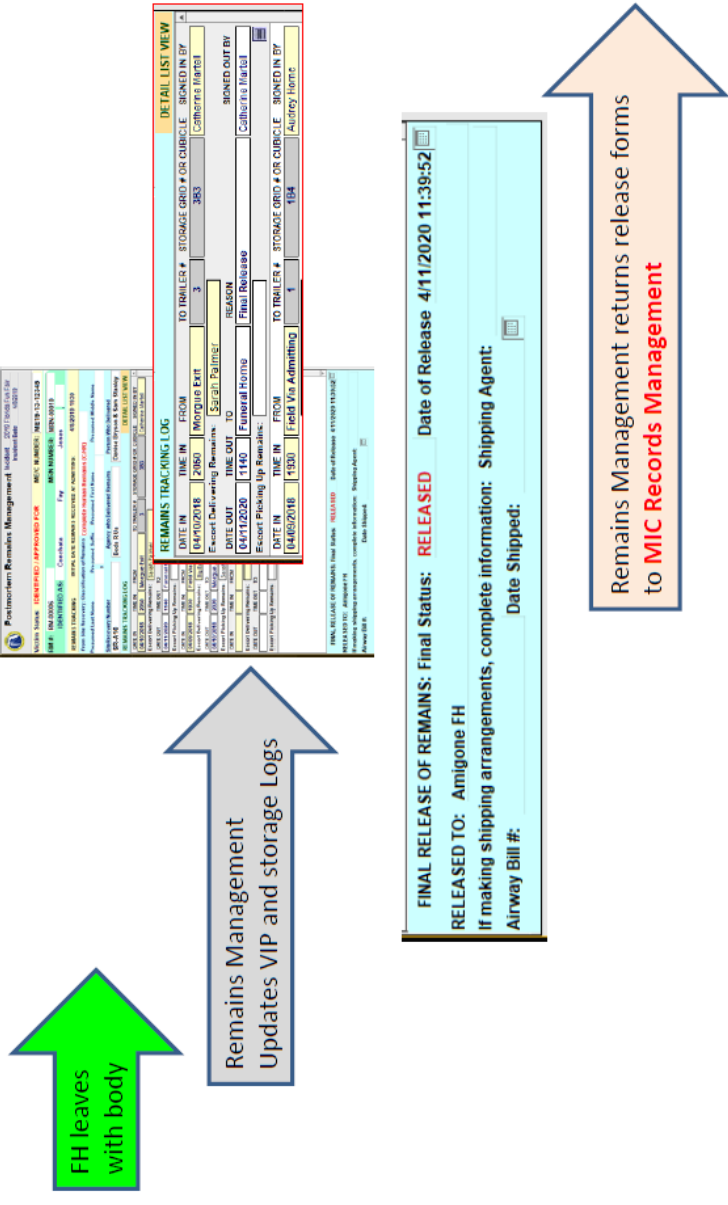
473

26

FOG Flow Charts Version 210804



Remains Management (ID & Release Flow Chart #7)





VIC Call Center: Basic Call Steps

- **Missing Person (MP) Data Entry**
 - Call Taker answer next incoming call
- Open **New Call** button to record Caller's info (even if a duplicate) and select Purpose of Call:
 - Missing Person
 - Confirmed Death (treat as a missing person)
 - Message (follow-up to a prior call), or
 - Resource Call
- Click **Queue the Call** button when complete
 - Call Taker advise Caller that VIC will make return call for follow-up additional information
- Call Taker move on to next incoming call

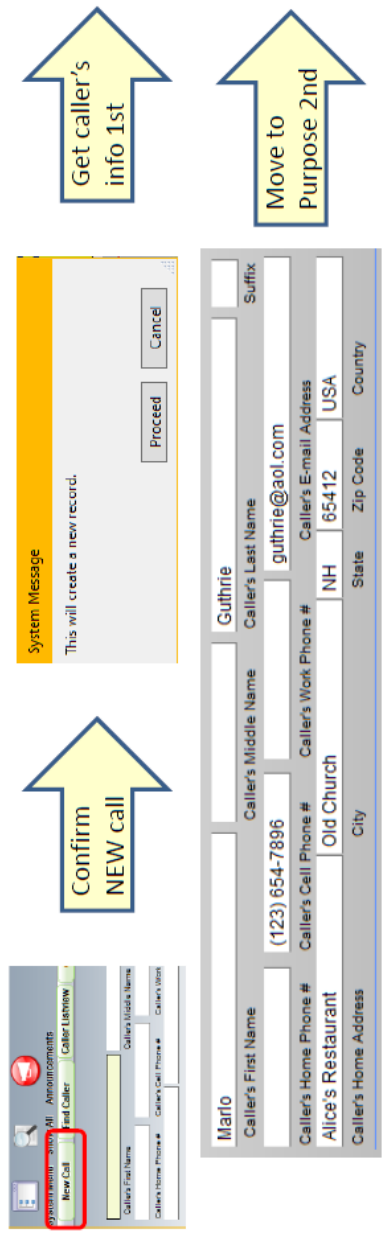


VIC Call Center: What Happens Next?

- **Missing Person Data Entered**
 - VIC Interviewer responds to the call in the Call Queue to set an appointment with the caller
- **Confirmed Death (with known location) Data Entered**
 - *Notify Team Lead immediately, enter the data*
 - VIC Interviewer responds to the call in the Call Queue to set an appointment with the caller
- **Message Data Entered**
 - VIC Interviewer responds to the message in the Message Queue
- **Resource Call**
 - Provide referral information, no further action



VIC Call Center-No Match, Step 1: New MP Caller Info



The screenshot shows the 'Call Center' software interface. The 'New Call' button is highlighted with a red box. The form contains the following fields:

- Callers First Name: Mario
- Callers Middle Name: Guthrie
- Callers Last Name: guthrie@aol.com
- Callers Home Phone #: (123) 654-7896
- Callers Work Phone #: Alice's Restaurant
- Callers E-mail Address: guthrie@aol.com
- City: Old Church
- State: NH
- Zip Code: 65412
- Country: USA

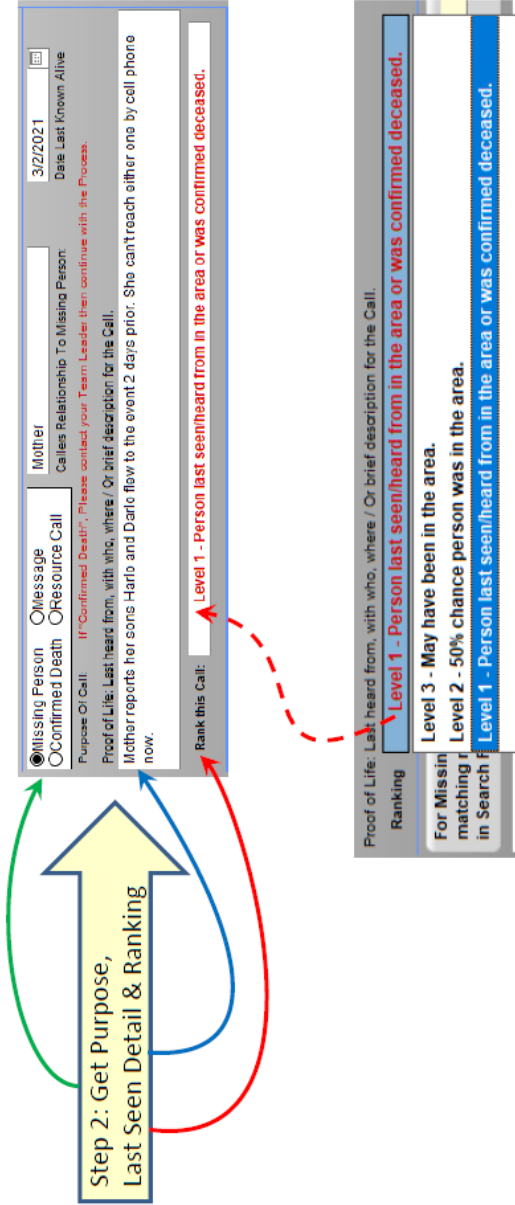
NOTE: Last name list of missing persons already reported to Call Center, scrollable

NOTE: Last name list of missing persons already entered in ANTE following 8-page interview, scrollable



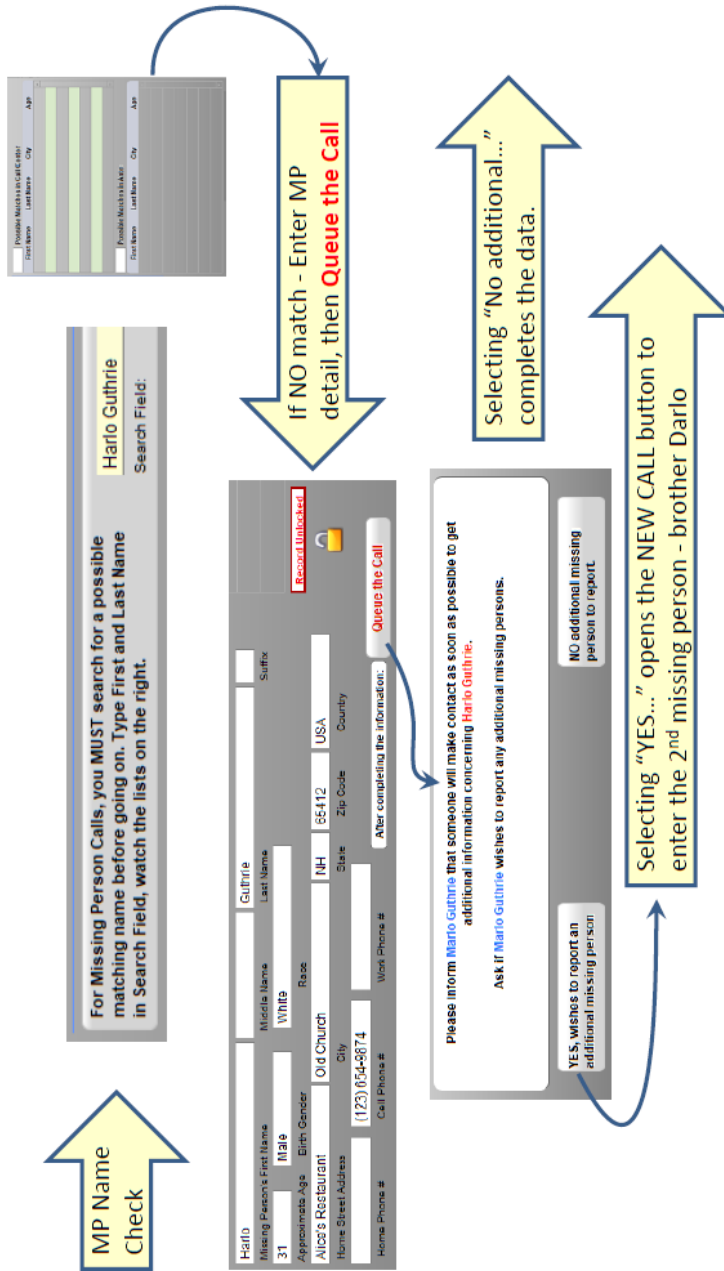
VIC Call Center Step 2: Purpose of Call & Ranking

NOTE: Missing Person and Confirmed Death calls both receive full entry as MP case.



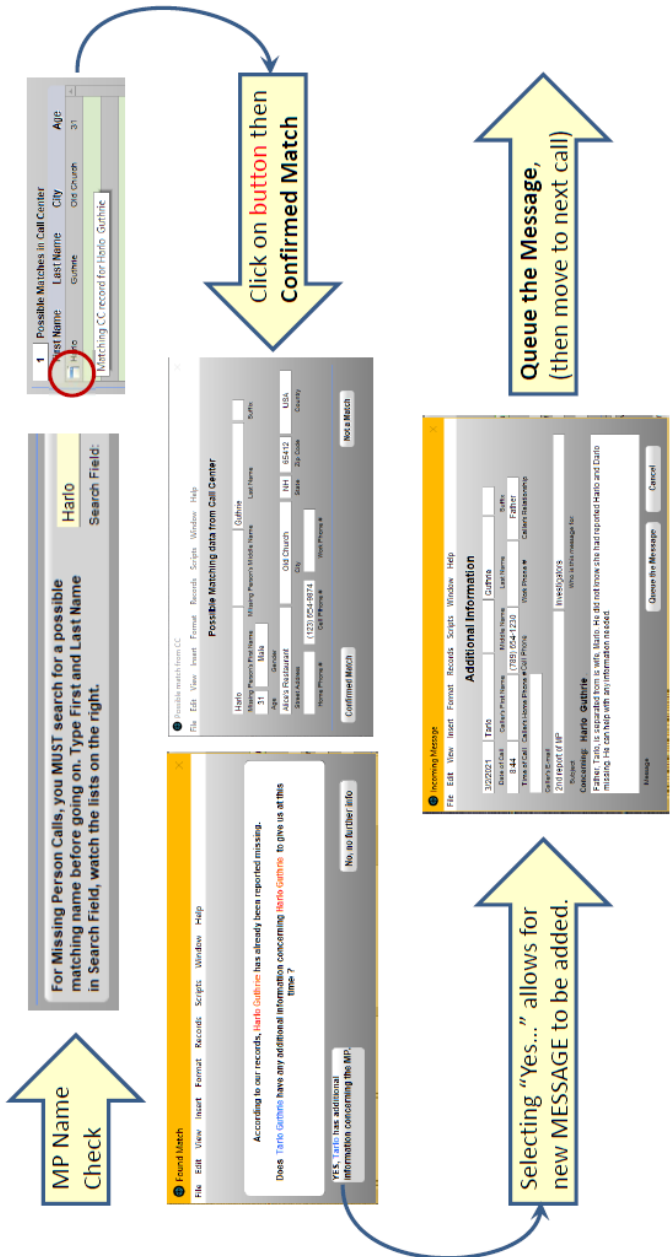


VIC Call Center Step 3: Who is *Missing*? MP Name Search



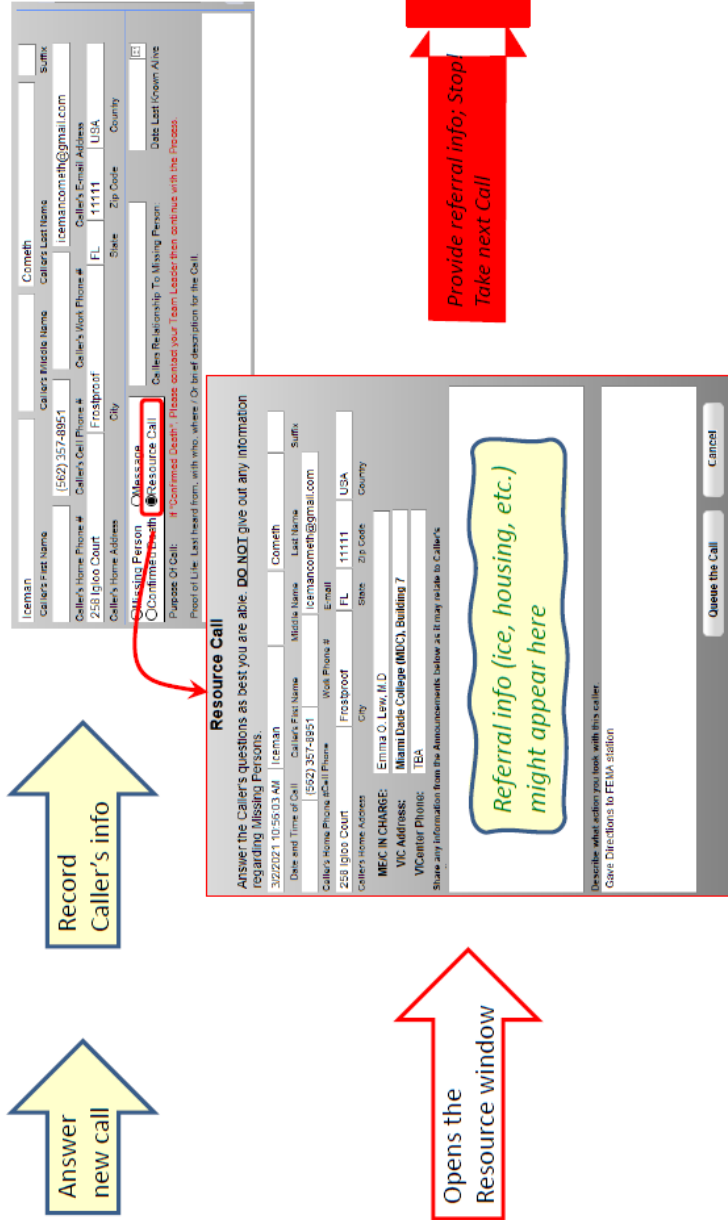


VIC Call Center: Who is *Missing*? MP Name Match



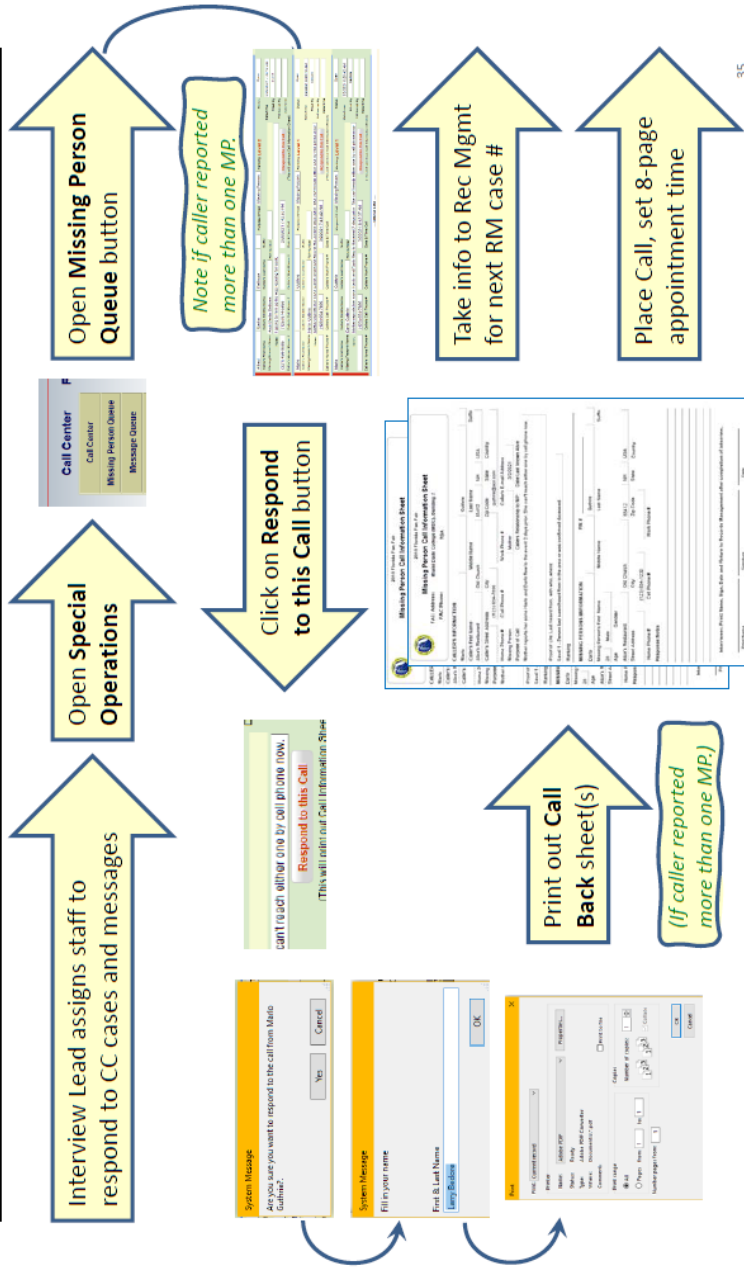


VIC Call Center: Resource Only Type of Call



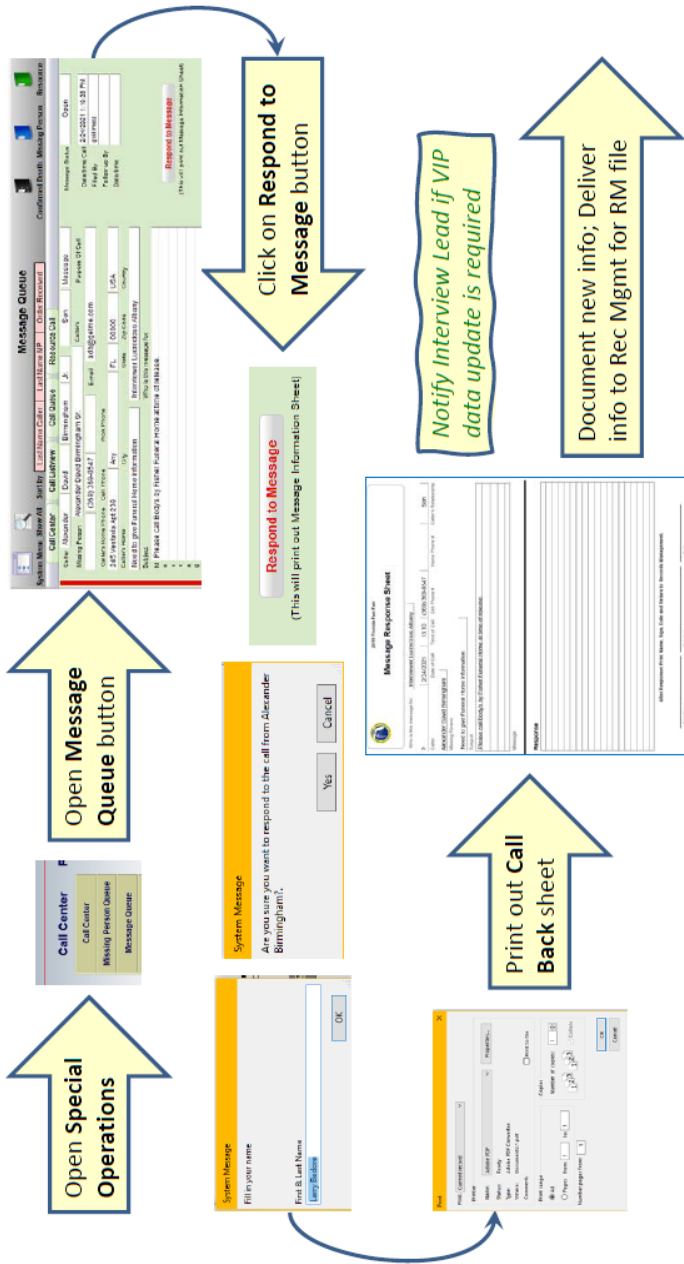


VIC New Record Path-Call Center



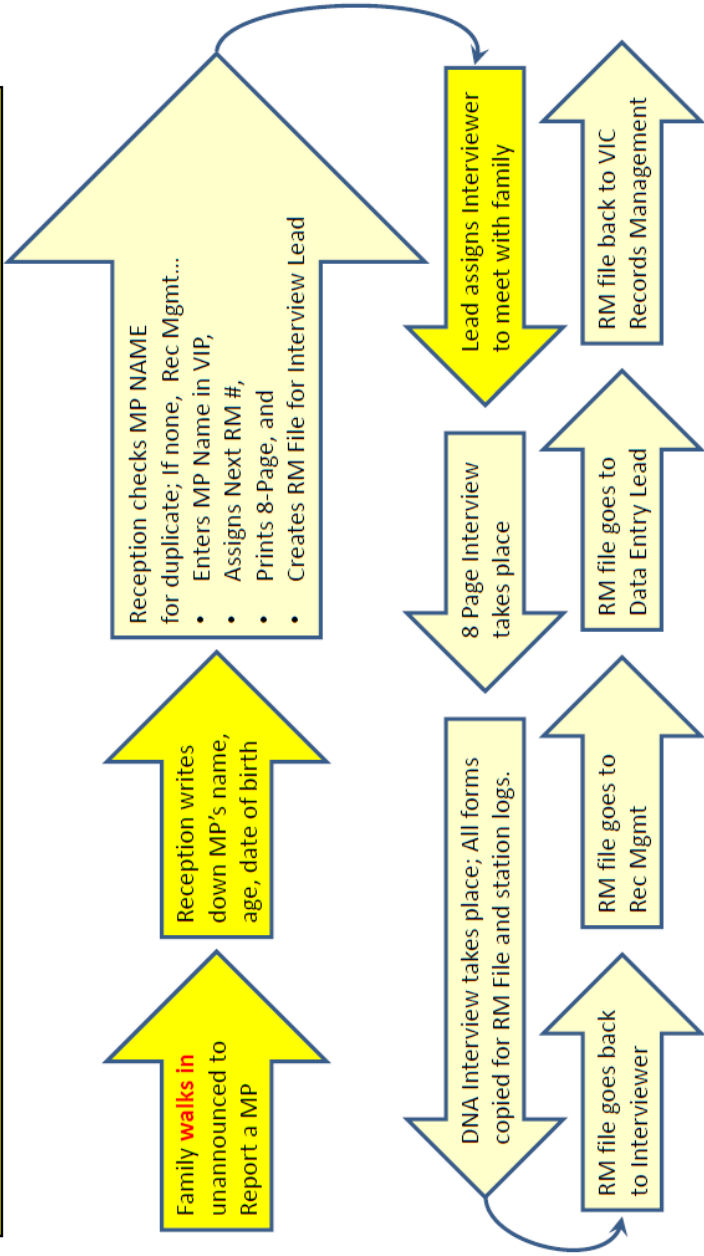


VIC Message Follow-Up Call Center



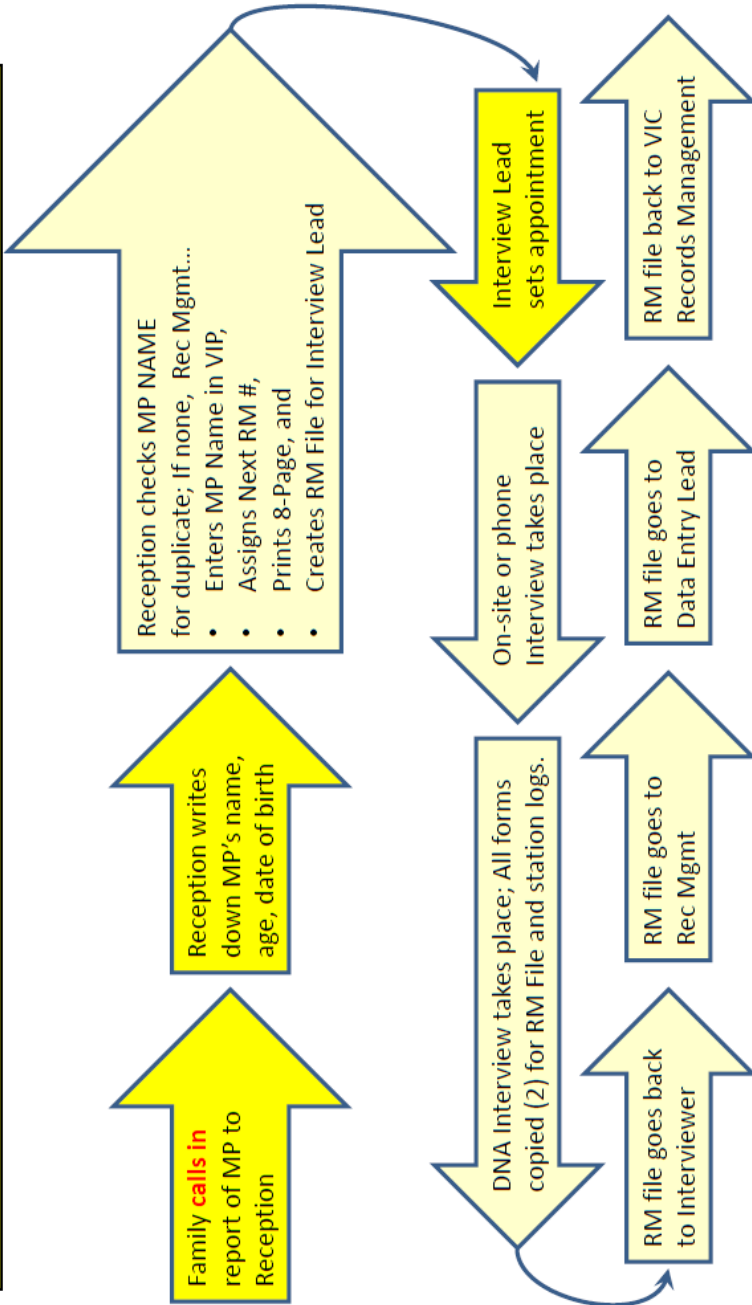


VIC New Record Path - Walk In



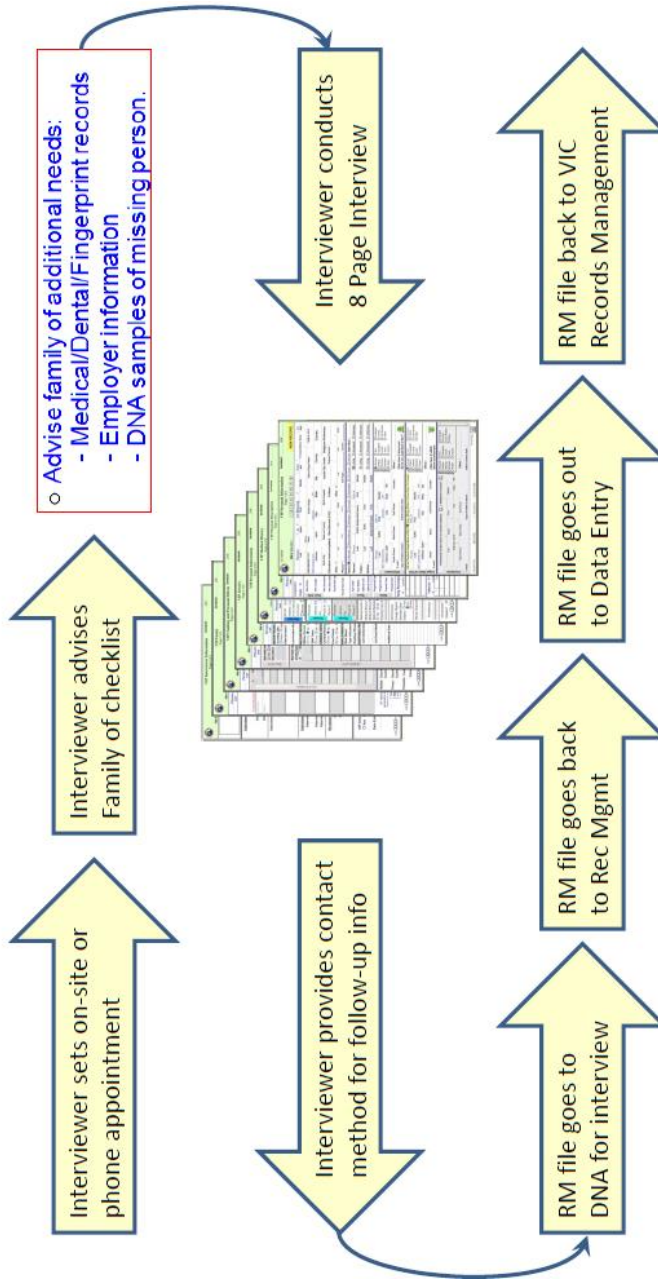


VIC New Record Path - Call In [with Call Center NOT active]





VIC 8-Page Interview



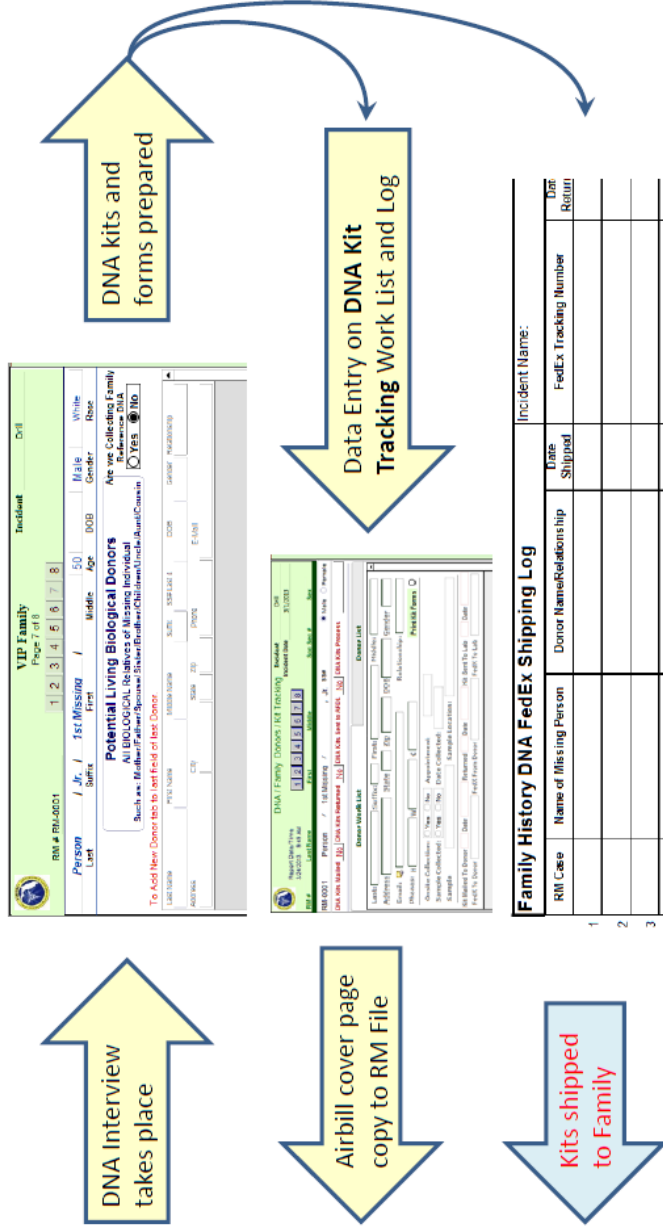


VIC Family History (DNA) Forms



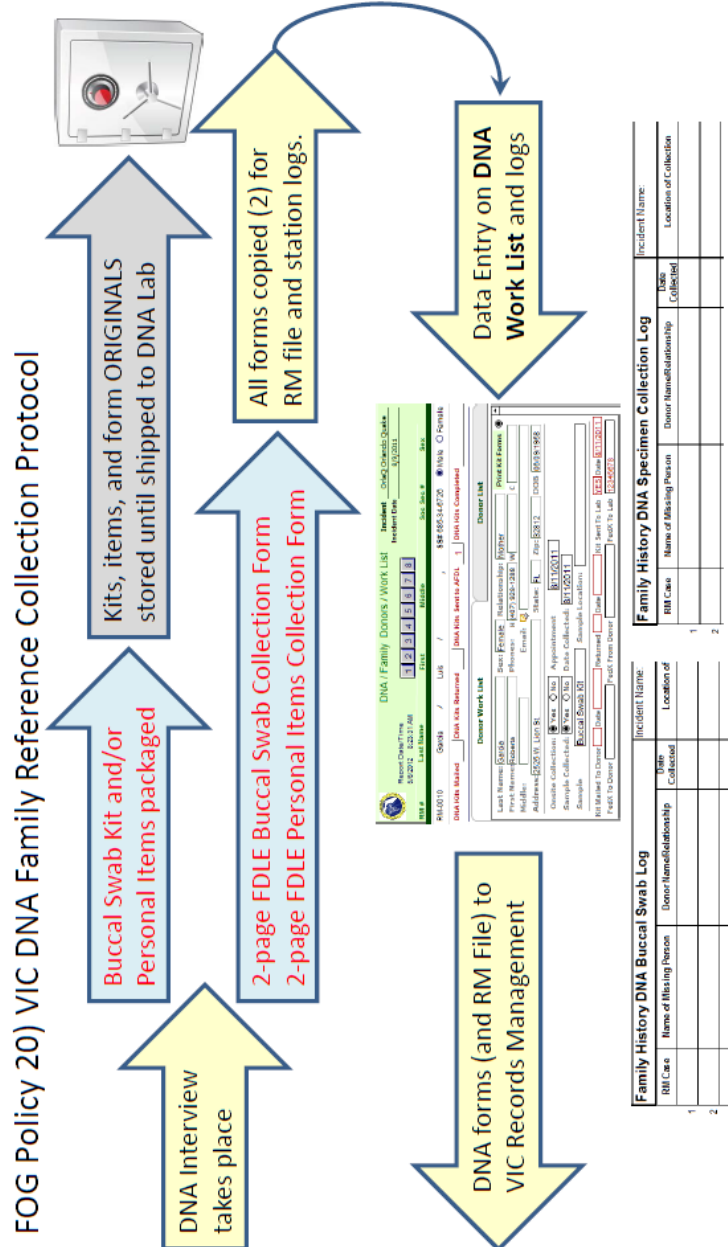
VIC DNA Phone Interview

FOG Policy 20 - VIC DNA Family Reference Collection Protocol





VIC DNA Live Interview



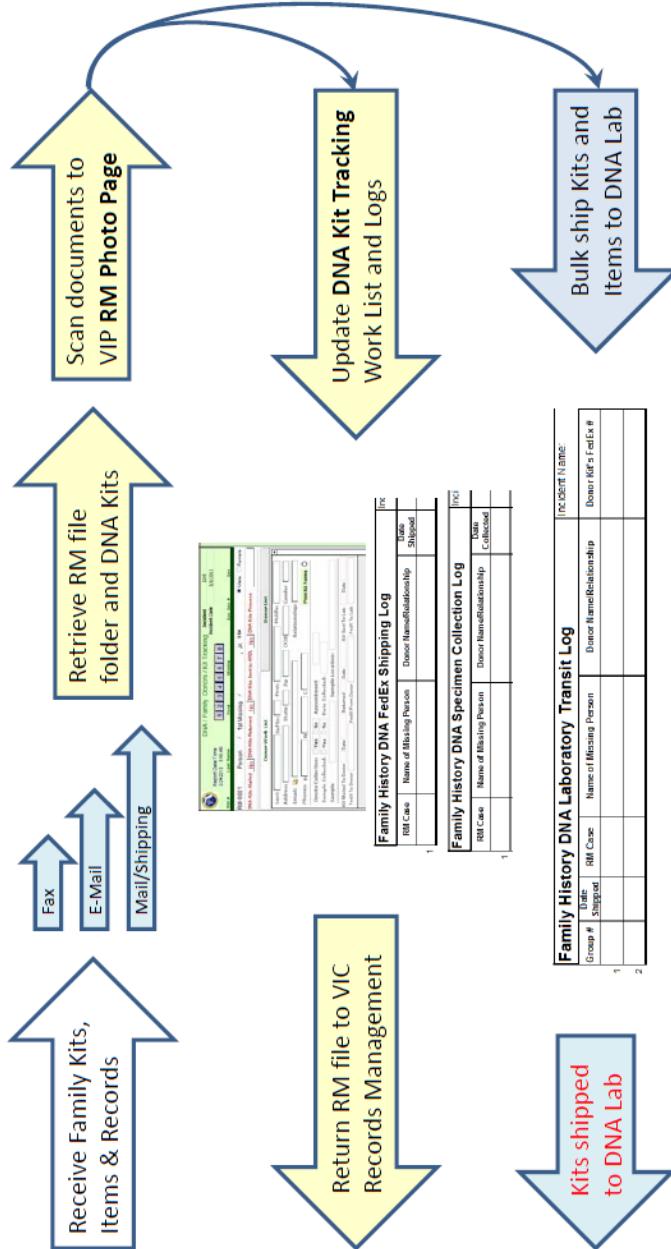
The screenshot shows the 'DNA Family Donors/Work List' form. It includes fields for Donor Name, Incident Name, Donor Address, Donor Phone, Donor Email, Donor State, Donor Zip, Donor Birth Date, Donor Birth Sex, Donor Race, Donor Ethnicity, Donor Religion, Donor Education, Donor Occupation, Donor Marital Status, Donor Marital Date, Donor Marital Location, Donor Marital Description, Donor Marital Date of Birth, Donor Marital Date of Death, Donor Marital Date of Divorce, Donor Marital Date of Remarriage, Donor Marital Date of Separation, Donor Marital Date of Annulment, Donor Marital Date of Voidance, Donor Marital Date of Revocation, Donor Marital Date of Rescission, Donor Marital Date of Annulment, Donor Marital Date of Voidance, Donor Marital Date of Revocation, Donor Marital Date of Rescission.

Family History DNA Buccal Swab Log		Family History DNA Specimen Collection Log	
RM Case	Name of Missing Person	Donor Relationship	Incident Name
1			
2			



VIC DNA Lab Shipments

FOG Policy 20 - VIC DNA Family Reference Collection Protocol





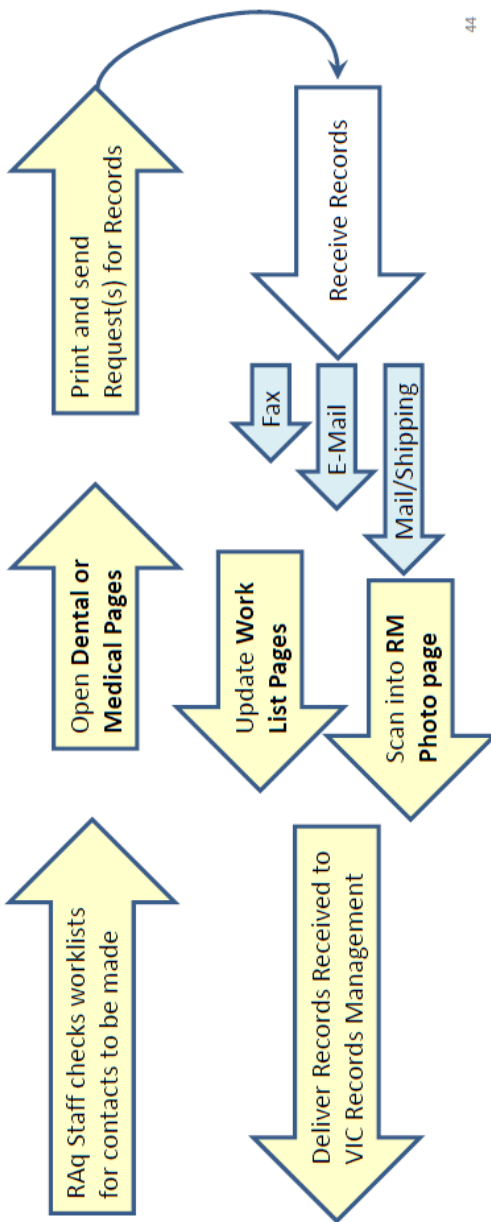
VIC Records Acquisition Station

The screenshot shows the 'Antemortem Main Menu' with various options like 'VIP Daily Statistics', 'All VIP Cases', and 'Daily Status'. A red box highlights the 'Work Lists' section, which includes:

- VIP Work List All
- Dental Work List
- DNA Donor Work List
- Medical Rec Work List

 Another red box highlights the 'Work Lists' section in the 'Antemortem Main Menu' with sub-options:

- VIP Work List All
- Dental Work List
- DNA Donor Work List
- Medical Rec Work List





Dental Records Acquisition #1

VIP Medical History Incident: 2019 Florida Fun Fall
Page 3 of 6
RM # RMA00003
1 2 3 4 5 6 7 8
Dentist: Last / First / Middle / DOB / Birth Gender / Race
Dover / Benjamin / Moore / 62 / 01-18-1957 / Male / Black
Address: 123 MLK Blvd, Chicago, IL 60606
City: Chicago, IL / State: IL / Zip: 60606
Physician: Name / Address / City / State / Zip
Banana / DDS / 123 MLK Blvd / Chicago, IL / 60606
Specialty: Periodontics / Endodontics / Oral Surgery / Orthodontics / Pediatric Dentistry / Unknown
Status: Active / Inactive / Deceased / Unknown
Physician Type: Periodontologist
Reason Seen: Issues with previous
Date Last Seen: Aug 2011
Phone: M / O / C / Phone Alt / Fax / Email

Go to Dental Work Page
from Medical History page 3

VIP PROGRAM Detailed Dental Information Incident: 2019 Florida Fun Fall
Incident Date: 4/8/2019
RM # RMA00003
Report Date/Time: 12/28/2020 9:26:47 PM Sort All Records Dental Ranking: 1 2 3 4 5 6 7 8
Name: Last / First / Middle / Initial / Age / DOB / Birth Gender / Race
Dover / Benjamin / Moore / 62 / 01-18 / Male / Black
Primary Dentist: Name / Office / Clinic / Address
Doe / Banana / DDS / Full Name
Office / Clinic: Rotten Teeth, Inc. / Office / Clinic
123 MLK Blvd / Bradenton / FL / Address

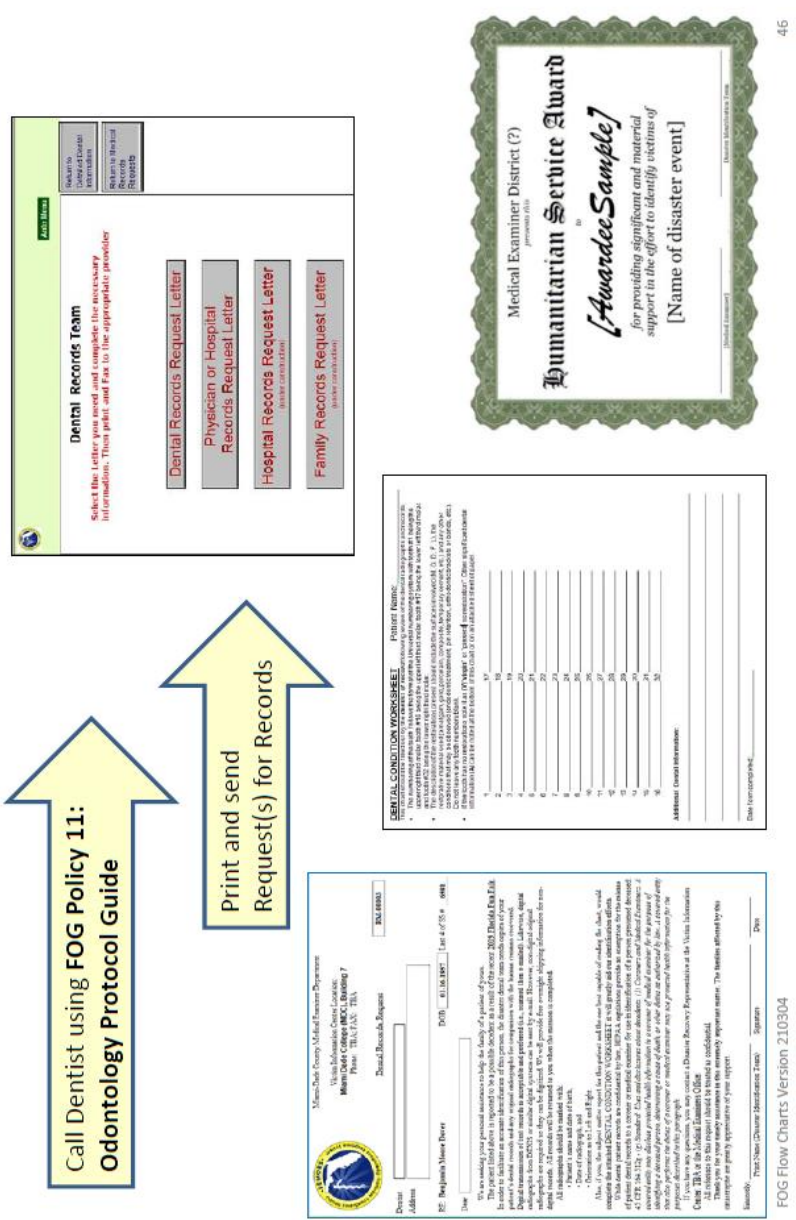
Find dentist(s)
to contact

Antemortem Dental Record Contact Information
Antemortem Dental Person:
Antemortem Dental Records Retrieval Process:
 Not Started Waiting Arrival
 None Available Completed
Antemortem Dental Records Returned:
 Yes No Date

Update Record
Request Status

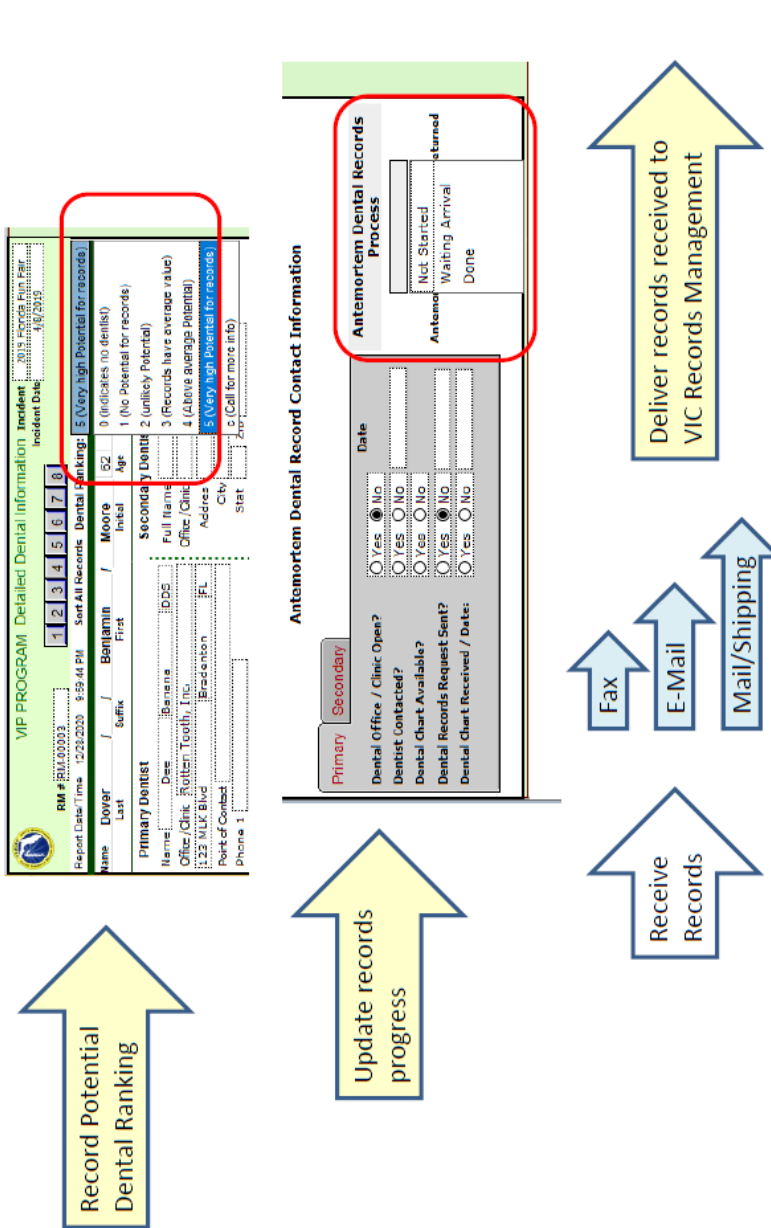


Dental Records Acquisition #2





Dental Records Acquisition #3





Medical Records Acquisition #1

VIP Medical History
Page 3 of 8
Incident: 2019 Florida Fun Fair

RM# RM-00003
Patient: Benjamin Moore
DOB: 01-16-1957
Address: 329 Cheap Street, Orlando, FL 32807
Phone: 407-332-2222

Navigation: Find Name, Find ID#, Show ALL, List View, Find INFORMANT, Medical Records Requests, Dental Work Page

Open Medical Records Requests from Medical History page 3

Medical Records Request Work List
Incident: 2019 Florida Fun Fair

RM# RM-00003
Last Name: Dover
First Name: Benjamin
Middle Name: Moore
DOB: 01-16-1957

Medical History: Old Fractures: Prosthesis: Prints on Film: Radiographs: Surgery: Yes No Yes No Yes No Yes No

Number of Records Requested: 1
Number of Records Received: 0
Number of Records Returned: 0

ALL MEDICAL RECORDS AVAILABLE RECEIVED:

Enter the Records request data below then select Records Letter to Print and send.

Type	Medical Records	Location of Records Dr.	Sticker Office	Phone	Fax
1					

Contact: Address: 329 Cheap Street, Orlando, FL 32807
Date Records Requested: 12/25/2020
Records Received: Yes No
Date Returned: _____
Records Returned: _____

Update Record Request Status

Find more doctors, clinics, hospitals to contact



Medical Records Acquisition #2

Call medical provider(s)

Print and send medical Request(s) for Records

Medical and Dental Records Team
Select the letter you need and save as PDF. Then fax or e-mail to the appropriate provider

- Dental Records Request Letter
- Hospital Records Request Letter
- Physician Records Request Letter
- Family Records Request Letter
- Physician Records Request Letter
No Address

Medical History Form (Partial View):

VP Medical History Incident
Page 3 of 8

Case # 201400023
Dover, DE
Patient: [Name], [DOB], [M/F], [Race]
Address: [Street], [City], [State], [Zip]
Phone: [Area], [Number]
Physician: [Name], [Address], [City], [State], [Zip]
Specialty: [Type]
Date of Birth: [MM/DD/YYYY]

Medical History Form (Full View):

Maine Deaf County Medical Examiner Department
Victim Information Center Location
Marian Deane Colburn, MBCL, Building 7
Phone: 214-214-1146, TDD

Family Dental Records Request
Form ID: RM-0000

Physician Records Request Form:

This medical request is for your records. It is a request to obtain medical records for a patient. If you are a provider, you may contact a patient directly for their records. If you are a patient, you may contact your provider. You may also contact the Medical Examiner Office for assistance. This request should be processed as quickly as possible. Please allow 2-3 weeks for processing. If you have any questions, you may contact the Medical Examiner Office at 214-214-1146. Thank you for your timely assistance in this request. Your assistance is greatly appreciated.

Print Name: _____
Last Name: _____
Street: _____
City: _____
State: _____
Zip: _____
Phone: _____

Physician Name: _____
Physician Type: _____
Address: _____
City: _____
State: _____
Zip: _____
Date Last Seen: _____

Reason for Request: _____

Relationship to Patient: _____

Date of Birth: _____

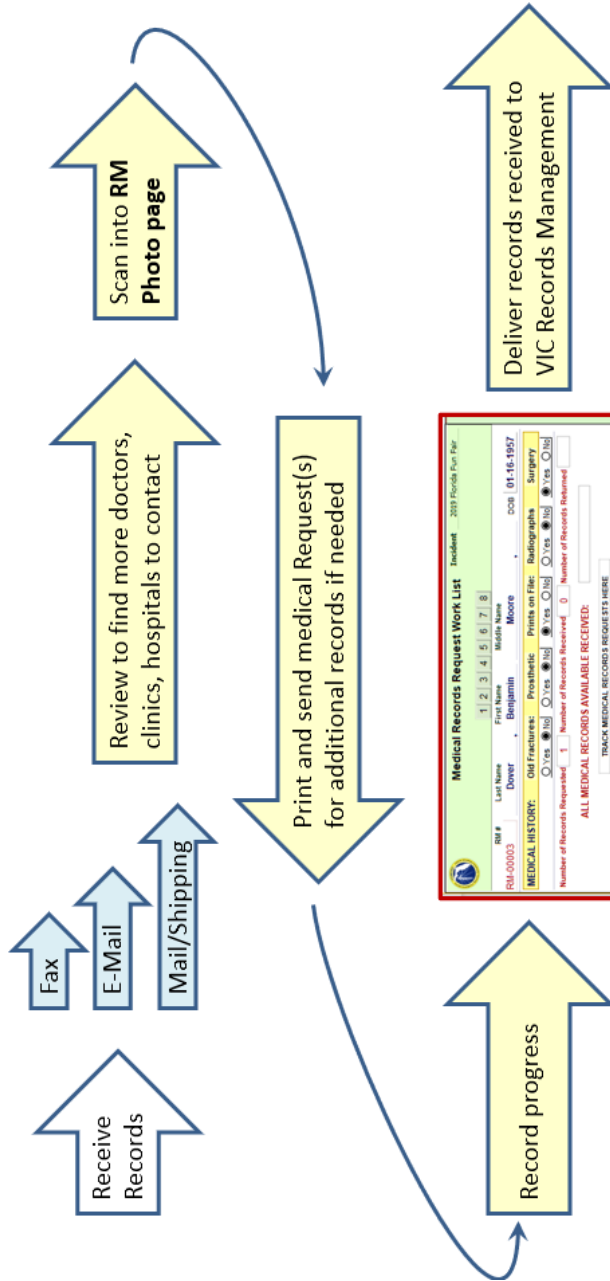
Date of Incident: _____

Date of Request: _____

Page 4 of 8

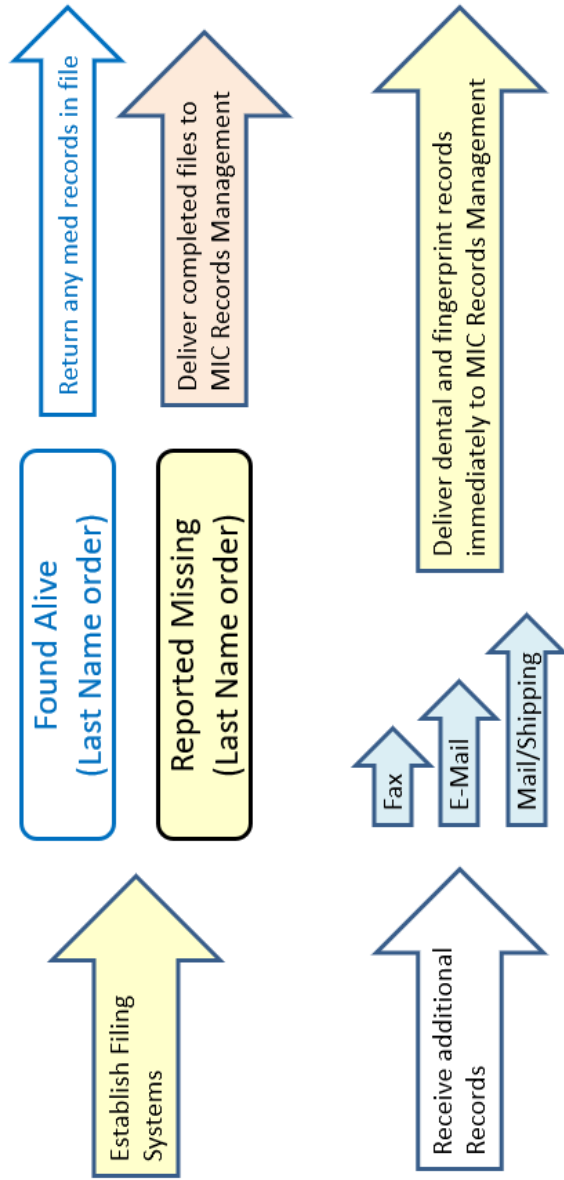


Medical Records Acquisition #3



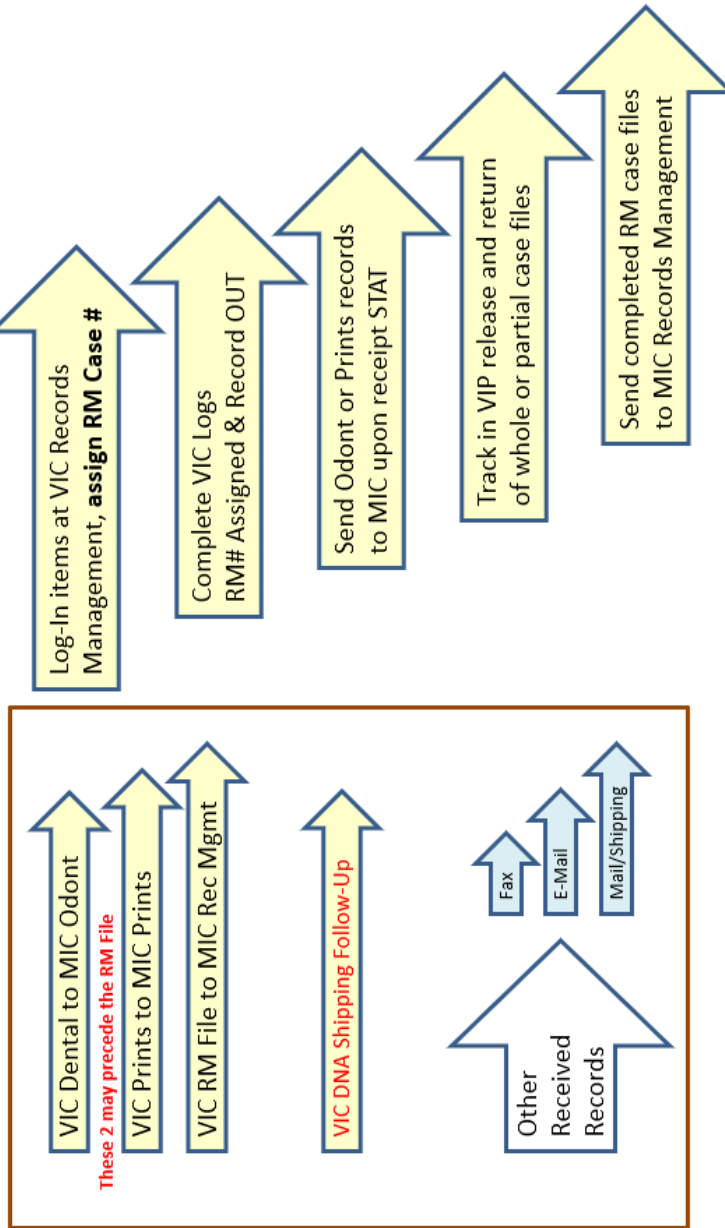


Records Management Station VIC





Records Management VIC-Tasks





Records Management VIC Assign New RM Case

Records Management
Go Here to Start New Record
Ante Release
Post Identifiers

Open VIP Antemortem Menu
Records Management button

Log-In (paper logs) items at
VIC Records Management

Antemortem Records Management File Master List 2019 Florida Fun Fair, Adventure Land Fair Grounds, Miami, FL

RM Number	First	Middle	Last	Suffix	Age	Date of Birth	INTERVIEWER	Complete AM file sent to MIC	RM Number	MEC Number
RM.00003	Dover	Benjamin	Bogere		62	01-16-1957	Richard Horne	Yes	MRN.00013	MDC-19.0005
RM.00004	O'Neil	Blaise	Patrick	II	72	09-17-1946	Hannel Hayward	No		
RM.00005	Miranda	Carmen	Biracorda		29	03-04-1990	Richard Horne	No		

Antemortem Record
Are you sure before that you want to CREATE a NEW Antemortem Record?
YES NO

Open button
CREATE NEW RECORD

Receive detail of a
new missing person

Antemortem Records Management File Master List 2019 Florida Fun Fair, Adventure Land Fair Grounds, Miami, FL

RM Number: RM-00061
RM-00059

First: [] Middle: [] Last: [] Suffix: [] Age: 66 Date of Birth: 04/15/1956

INTERVIEWER: []

Complete AM file sent to MIC: Yes No



Records Management VIC Assign New RM Case

AnteMortem Records Management File Master List 2019 Florida Fun Fair, Adventure Land Fair Grounds. Miami, FL

Show All Records CREATE NEW RECORD FIND NAME

RM Number RM-00061 RM-00059

Name Foot Big Mountain Climber

Age 56 Date of Birth 04/15/1956

Suffix INTERVIEWER

Print 8 pg. Print 8 pg.

Records Mgmt Detail Records Mgmt Detail

Click on **Records Mgmt Detail**

Click on **Print 8 pg** button, Prints to default printer

Enter Name, Age, DOB (if known) and Interviewer (if known)

NOTE: **GREEN** indicates file is **IN (returned)**; **RED** means it is **OUT**

Open button: **Track this item**

RM Number	Name	Once linked to a Postmortem Record, Related Numbers will appear.	MRN Number	MEC Number	List View
RM-00061	Foot Big	Est			

Original Items Received
File Inventory: ADD Items to the File as they are received.

Create New Item Record

Date Created / Added: 03/09/21 12:16
Description: 8 pages interview
Originally Received By: Initial document
Comment: Initial document
Status: In

New RM case 8-page form is automatically listed as first item

Add Tracking

Item Description: 8 pages interview
Date Out/In: 03/09/21 12:16
To/From Whom: Where To/From
Given to or returned by: Initial document



Records Management VIC Track Records

The screenshot shows the 'Document Tracking' application window. The main area contains a table of tracking items:

Item Description	Date	Out / In	Out / In By Whom	To / From Whom	Where To / From	Comments
8 pages interview	04/09/18 17:30	IN	Tommy "Hawk" Hill	Leland Palmer	Records Mgmt-VIC	
8 pages interview	04/09/18 17:00	OUT	Leland Palmer	Tommy "Hawk" Hill	Interview-VIC	
8 pages interview	04/09/18 16:30	IN	Leland Palmer	Leland Palmer	Initial document	

Below the table is a 'Track this Item' button. A callout box points to this button with the text: "Enter details of new transfer; Completed RM files go to MIC Rec Mgmt".

Another callout box points to the 'Add Tracking' button at the top left of the window with the text: "Add Tracking button to add a new transfer event of the file (or part of the file)".

A third callout box points to the 'Track this Item' button with the text: "Lists the sequence of each time the file was received or sent out to another station (most recent at TOP)".

A 'System Message' dialog box is also visible, asking: "Are you sure you want to add a tracking item?" with 'Add Item' and 'No - Cancel' buttons.



Records Management VIC Add New Item

Click on Records Mgmt Detail

Open tab button: + Create New Item Record

Enter details of new item and who received them

Manually update Comment

Antemortem Records Management File Master List
2019 Florida Fun Fair, Adventure Land Fair Grounds, Miami, FL

RM Number	Name	Suffix	Age	Date of Birth	INTERVIEWER	Print 8 pg
RM-00007	Caldwell, Derrick	B.	36	09-28-1982	Richard Home	Print 8 pg
RM-00008	Fer, Douglas		87	05-05-1931	Harriet Hayward	Print 8 pg
RM-00009	Patel, Habib		63	10-12-1955	Richard Home	Print 8 pg

RM-00008 Fur, Douglas

Once linked to a Postmortem Record, Related Numbers will appear.

RM Number	Name	MRN Number	MEC Number	Status
RM-00008	Fur, Douglas			Out

Original Items Received
File Inventory: ADD Items to the File as they are received.

Date Created / Added	Description	Originally Received By	Comment
04/08/19 16:30	8 pages interview	Leland Palmer	Initial document

System Message: Are you sure you want to create a new record? [Create] [Cancel]

System Message: Enter an item description and name of person receiving item.

Item Description: Dental Records
Your Name: Empty field

Date Created / Added	Description	Originally Received By	Comment	Status
04/08/19 16:30	8 pages interview	Leland Palmer	Initial document	Out
03/09/21 13:22	Dental Records	Larry Bedore	Initial Document	In

System Message: Create New Item Record

System Message: Track this Item

System Message: Track this Item



Records Management VIC Add New Item

Open button:
Track this item

Date Created / Added	Description	Originally Received By	Comment	Status
04/08/19 16:30	8 pages interview	Leland Palmer	Initial document	Out
03/09/21 13:22	Dental Records	Larry Bedore	Initial Document	In

Enter details of
transfer

Document Tracking

File Edit View Insert Format Records Scripts Window Help

Add Tracking

RM-00008

Item Description	Date Out / In	Out / In By Whom	To / From Whom	Where To / From	Comments
Dental Records	OUT 03/09/21 13:33	Larry Bedore	Given to or returned By Shirley Temple	Records Mgmt-MIC	Sent for OOONT
Dental Records	IN 03/09/21 13:23	Larry Bedore	Given to or returned By	FedEx Shipper	Late arriving dental records

Manually update
Comment

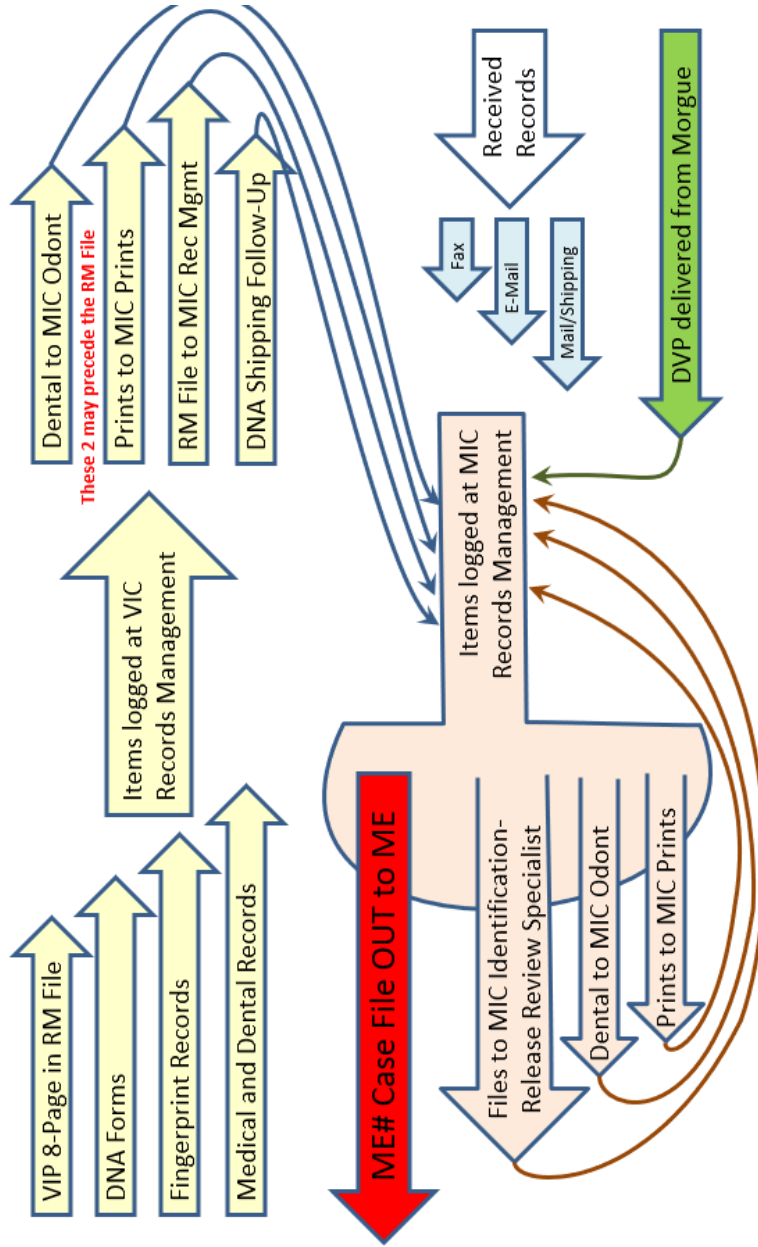
RM-00008 Fur Douglas

Original Items Received
File Inventory: ADD items to the File as they are received.

Date Created / Added	Description	Originally Received By	Comment	Status
04/08/19 16:30	8 pages interview	Leland Palmer	Initial document	Out
03/09/21 13:22	Dental Records	Larry Bedore	Late arrival	Out

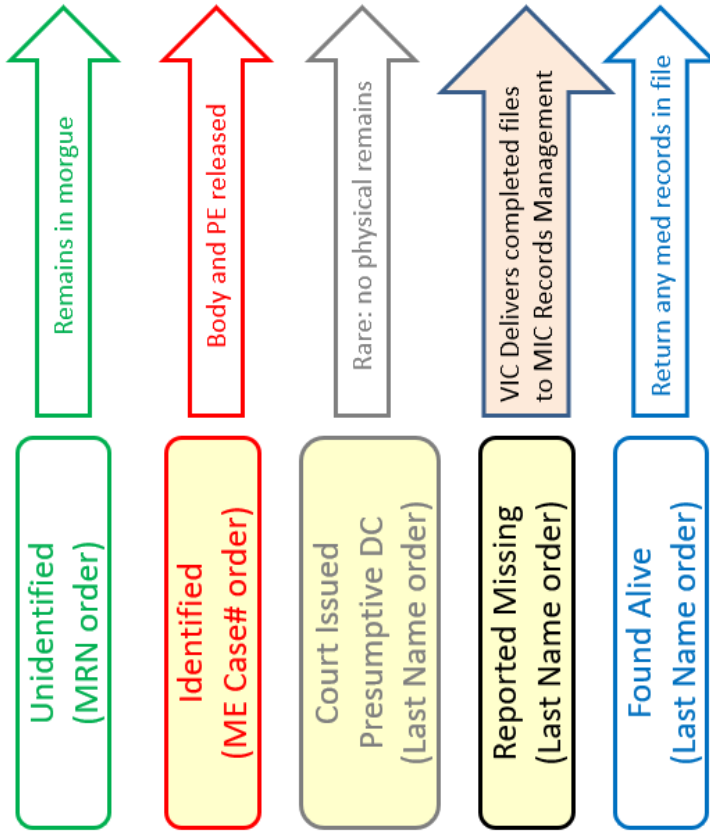


Records Management-All



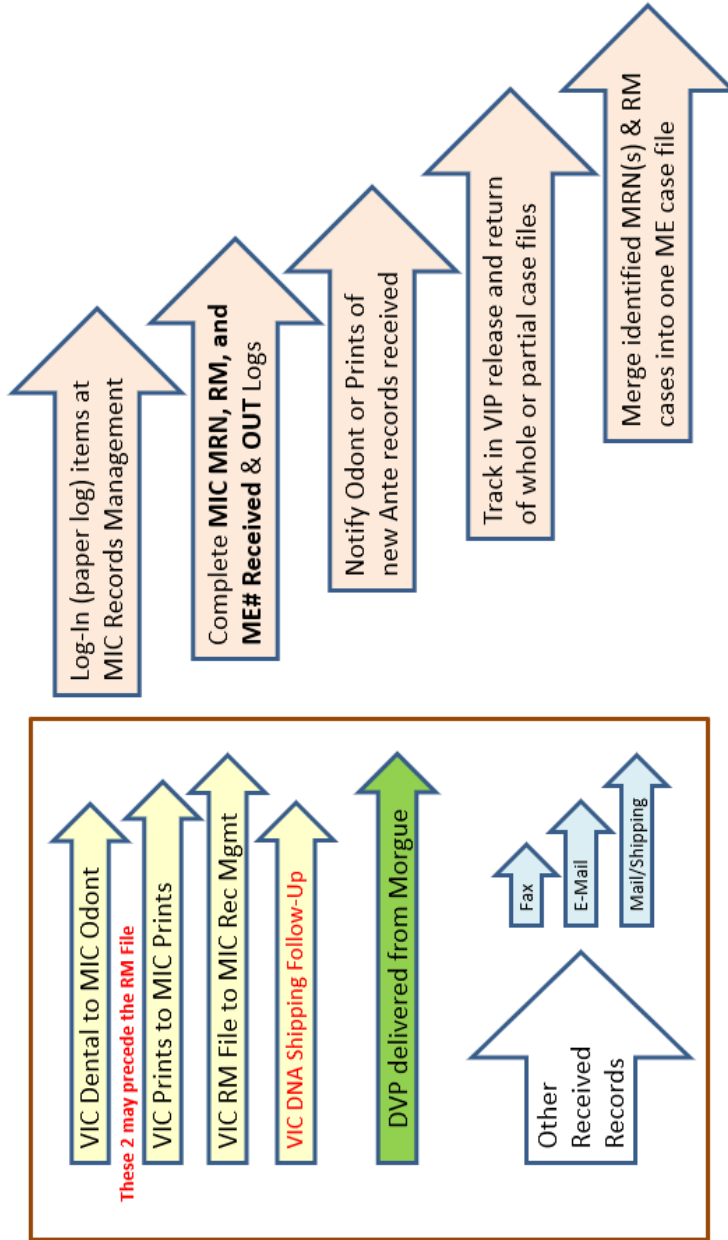


Records Management MIC Filing Systems



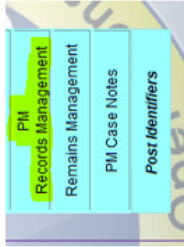


Records Management MIC





Records Management MIC Track Records



Open VIP Postmortem Menu
PM Records Management button

Log-In (paper logs) items at
MIC Records Management

NOTE: MRN was assigned upon morgue processing

Postmortem Records Management / File Master List 2019 Florida Fun Fair, Adventure Land Fair Grounds, Miami, FL

MRN Number	Race	Gender	MEC Number	File Completed	RM Number	Missing Persons Full Name
MRN-00014	Caucasian	Male		Yes	No	
MRN-00015	Caucasian	Female	MCD-19-002	Yes	No	106-00002 Barbours Walker
MRN-00016	Black	Female		Yes	No	
MRN-00017	Caucasian	Male		Yes	No	

To ADD a transfer event,
go to: **Records Detail**

NOTE: GREEN indicates file is IN (returned); RED means it is OUT

MRN Number: MRN-00016
MEC Number: MCD-19-002
Name: Walker

Original Items Received
File Inventory: ADD items to the file as they are received.

Create New Item Record
Track this item

Date Created / Added: 04/09/19 16:00
Item Description: Disaster Victim Packet

Originally received By: N/A
Comment: DVP Created in Admitting

Status: In

Open button:
Track this item



Records Management MIC Track Records

Document Tracking

File Edit View Insert Format Records Scripts Window Help

Item Description	Date Out / In	In / Out By Whom	Where To / From	Comments
Disaster Victim Packet	04/11/2019 09:01	Abby Andrus	Records Mgmt-IR/MIC	In
Disaster Victim Packet	04/11/2019 08:48	Kim Tate	Verification	Out
Disaster Victim Packet	04/09/2019 23:48	Tamara Preston	Records Mgmt-IR/MIC	In
Disaster Victim Packet	04/09/2019 23:46	Betty Briggs	Data Entry-IR/MIC	Out
Disaster Victim Packet	04/09/2019 23:45	Harry S. Truman	Moique	In
Disaster Victim Packet	04/09/2019 16:00	WA	DVP Created in Admittina	Out

Add Tracking button to add a new transfer event of the file (or part of the file)

Lists the sequence of each time the file was received or sent out to another station (most recent at TOP)

System Message
Are you sure you want to add a tracking item?
Add Item No - Cancel



Records Management MIC Track Records

Document Tracking

File Edit View Insert Format Records Scripts Window Help

Item Description	Date Out / In	In / Out By Whom	In / Out To Whom	Where To / From	Comments
Disaster Victim Packet	IN 03/09/2021 09:43	Larry Bedore	Given to or returned By	Bary Lipton	Dental-IR/MIC
Disaster Victim Packet	IN 04/11/2019 09:01	Abby Andrus	Given to or returned By	Keens Pullies	Records Mgmt-IR/MIC
Disaster Victim Packet	OUT 04/11/2019 08:48	Kim Tate	Given to or returned By	Abby Andrus	Verification

Enter details of new release

Change Status to OUT, if needed

NOTE: GREEN indicates file is IN (returned); RED means it is OUT

MRN Number: MRN-00016 ME.C Number: RM Number: Name: [Name]

Original Items Received
File Inventory: ADD Items to the File as they are received.

Create New Item Record
Track This Item

Date Created / Added: 04/09/19 16:00
Item Description: Disaster Victim Packet
Comment: DVP Created in Admitting

Originally Received By: N/A
Status: Out



Records Management MIC Add New Item



Log-In (paper logs) items at MIC Records Management

Open VIP Postmortem Menu
PM Records Management Window

NOTE: MRN was assigned upon morgue processing

Postmortem Records Management / File Master List 2019 Florida Fun Fair , Adventure Land Fair Grounds, Miami, FL

MRN Number	MEC Number	Gender	RM Number	Records	Account	Person	Missing Persons Full Name
MRN-00014		Male		Yes	No		
MRN-00015		Female	MCD-19-002	Yes	No	Barbara	Walker
MRN-00016		Female		No	No		
MRN-00017		Male		Yes	No		

To ADD a NEW ITEM,
go to: **Records Detail**

MRN Number: MRN-00016 MEC Number: RM Number: Name:

Original Items Received
File Inventory: ADD Items to the File as they are received.

Open tab button:
+ Create New Item Record

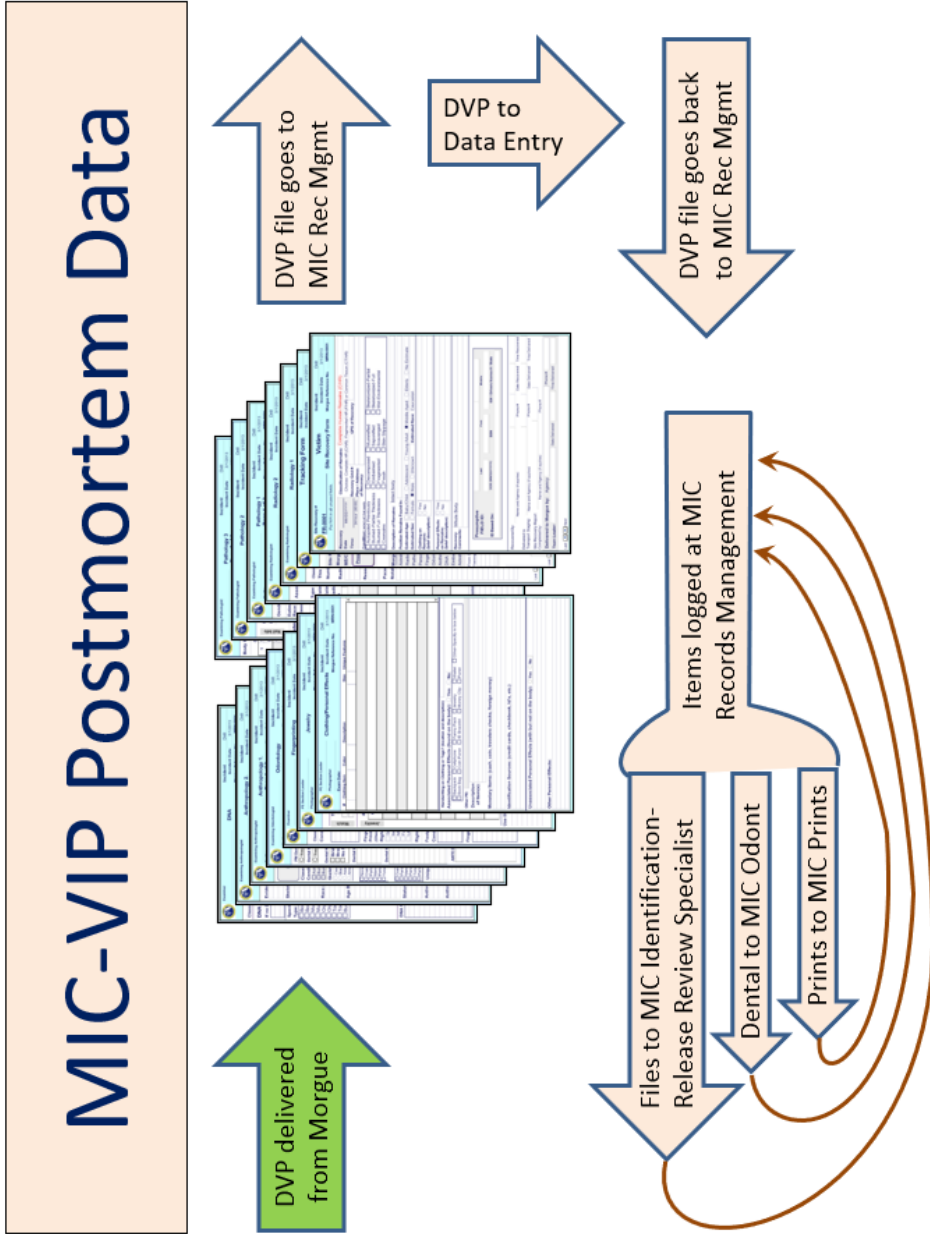


Records Management MIC Add New Item

Open button: Track this item

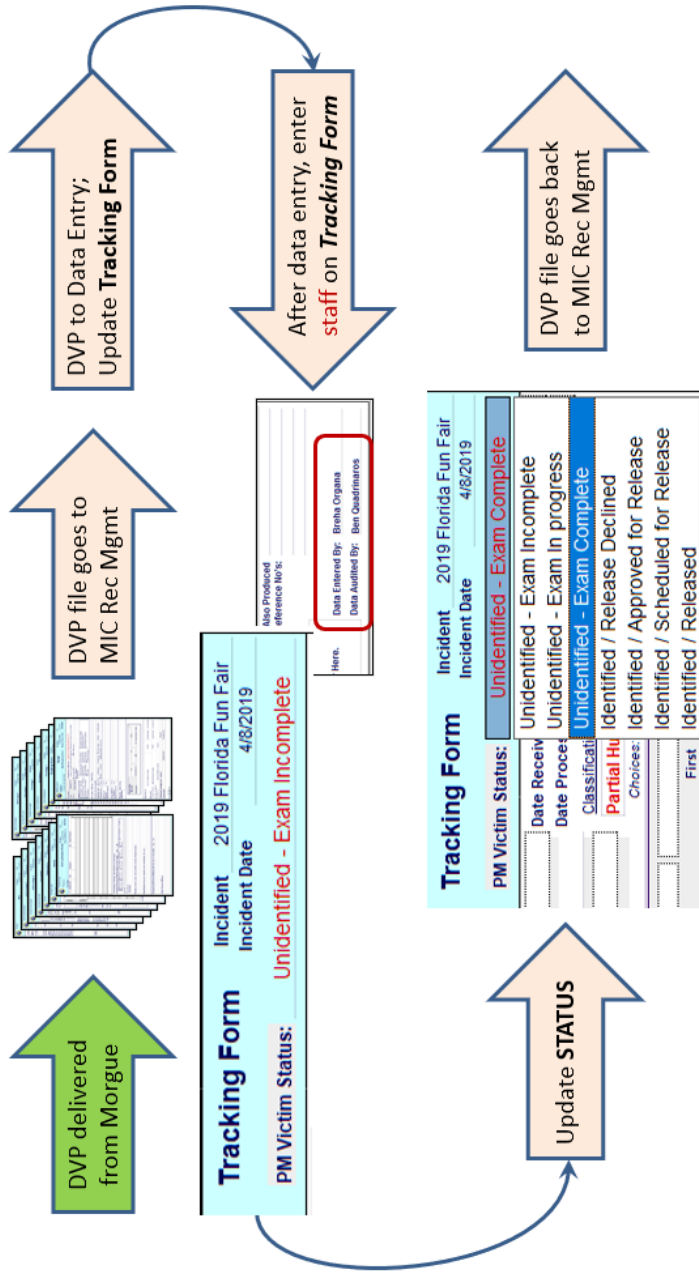
Enter details of transfer

Manually update Comment





MIC Postmortem Data Entry (Update of Processing STATUS)

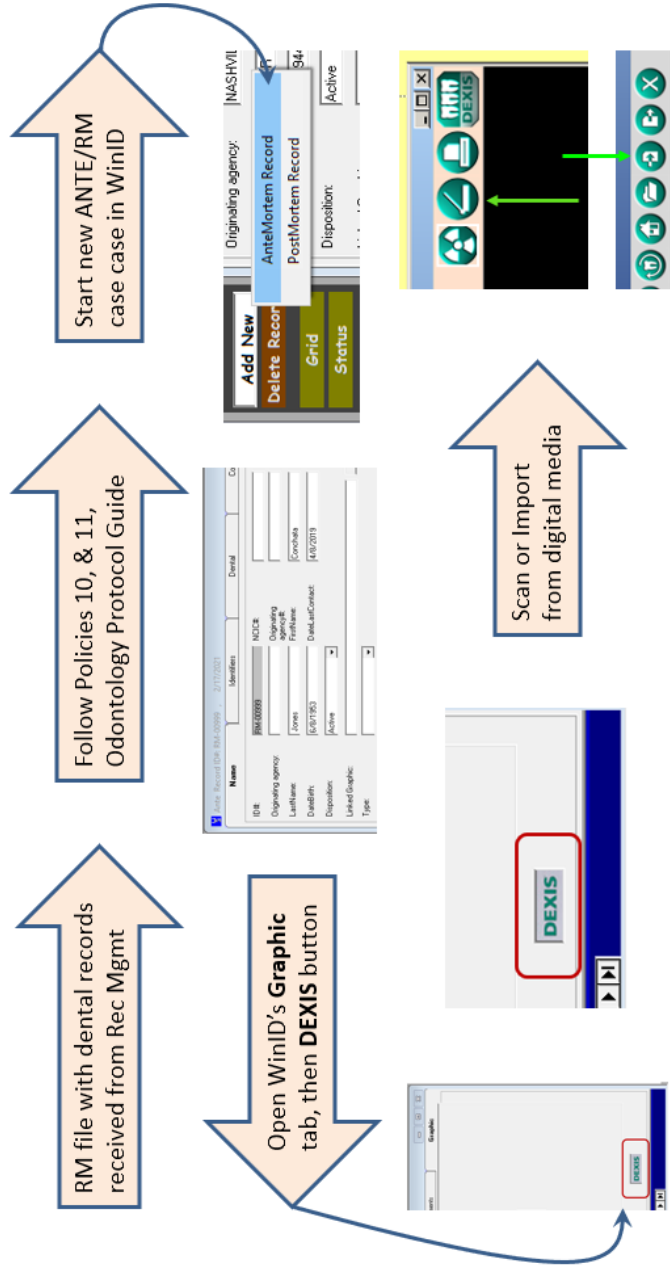


67

FOG Flow Charts Version 210304



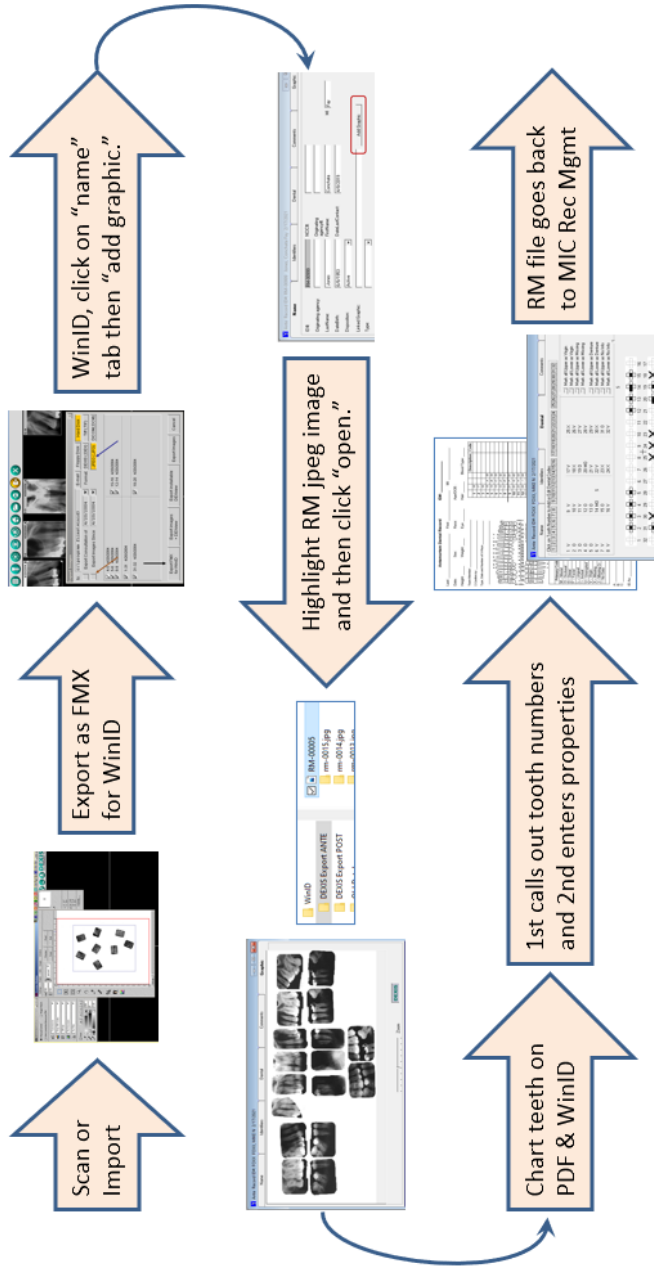
MIC Dental Antemortem Entry 1 of 2





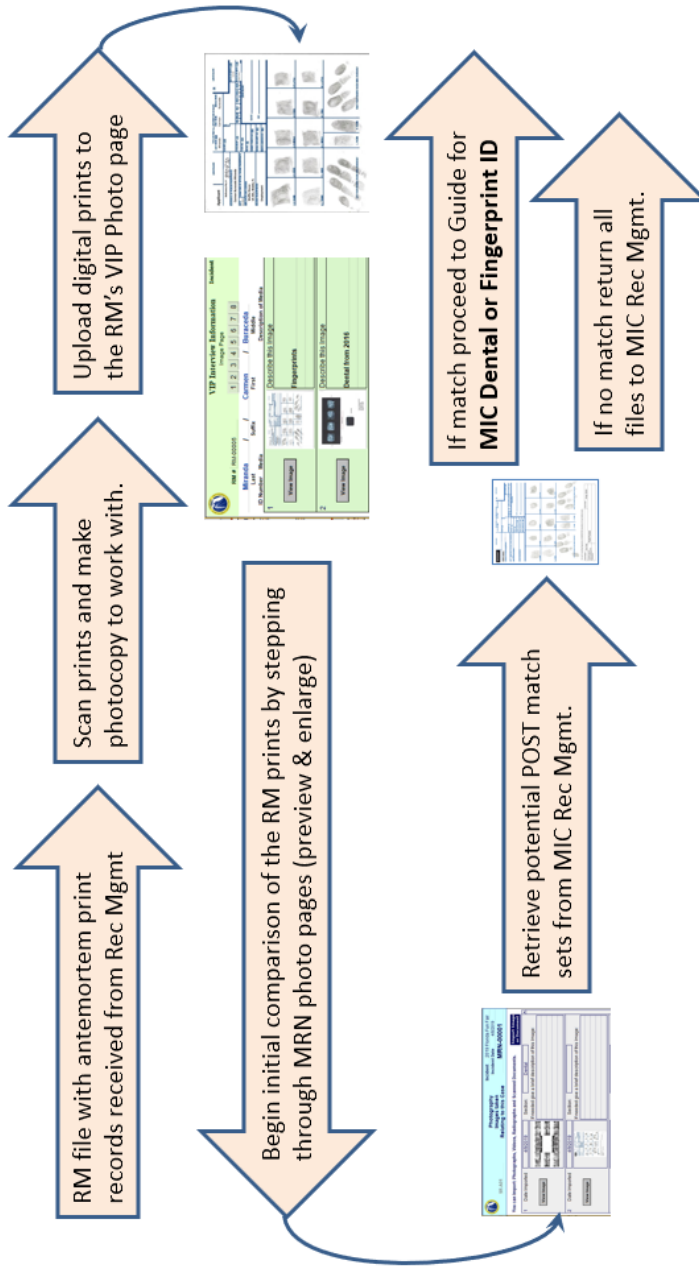
MIC Dental Antemortem Entry

2 of 2





MIC Fingerprint Station





MIC ID Feature Searching

Select feature of any MRN# and compare to Missing Persons (RM#)

Note MRN **ROSE** tattoo on Path page 3

Open **AM Identifiers** navigation button at right

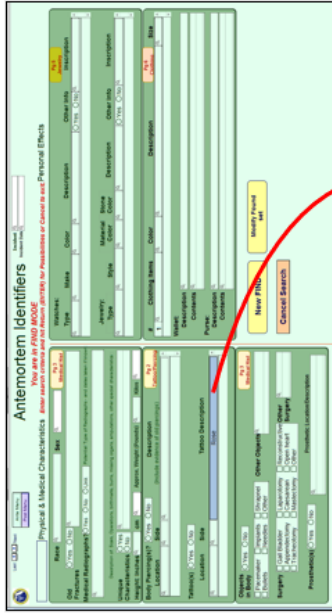
Body Piercing and Tattoos		Body Piercing(s)	
Category	Location	Position	Description
1	Tattoo	Ankle	Right Side Rose
	Piercing		
	Tattoo		
	Piercing		

Examining Pathologist: Pathology 3 Page 3 of 3
Incident: Drill 3/1/2013
Morgue Reference No.: MRN-0001
Body Piercing(s): Yes No Tattoo(s) Yes No

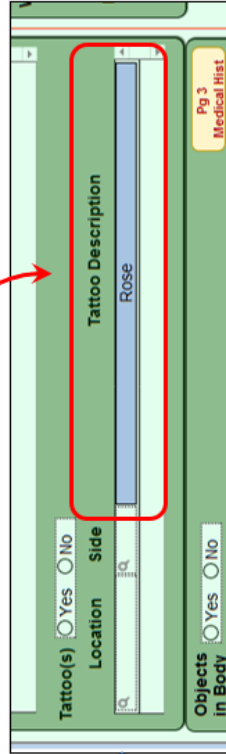
Navigation: Ante Menu, Post Menu, Special Ops, Find, Site Recovery #, Find Presumptive Name, PM Identifiers, AM Identifiers, Print Path 3, Print Found, Show ALL, List View, Find MRN #



MIC ID Feature Searching



Select **AM Identifiers** button for window (it is in Search Mode)



At Tattoo(s) enter **ROSE**
Then hit the **ENTER** key

Possible RM
MATCH(s) appears



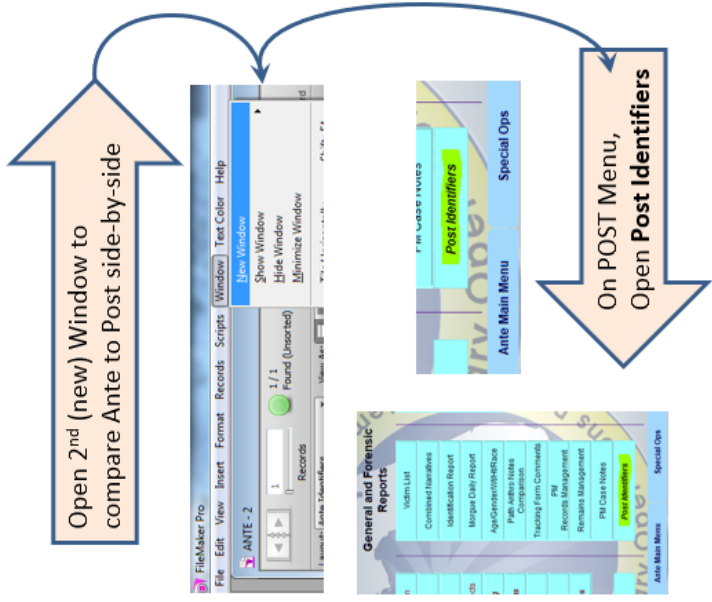
MIC ID Feature Searching

Antemortem
You are in F
Physical & Medical Characteristics
RM-001
Race: [] Sex: [] Hair: [] Eyes: []
Height: [] Weight: []
Medical Background: []
Body Photograph: []
Remarks: []

Possible RM
Match appears

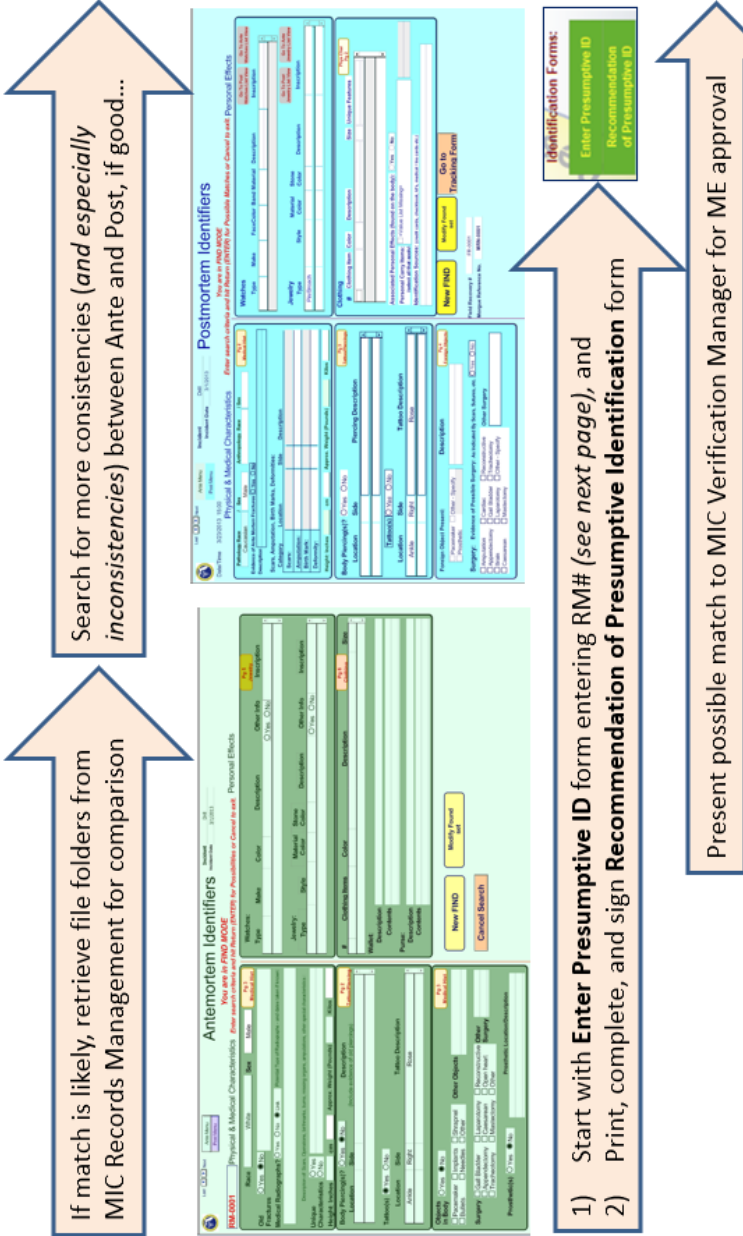
Postmortem Identifiers
RM-001
Name: []
Sex: []
Age: []
Race: []
Hair: []
Eyes: []
Height: []
Weight: []
Location: []
Remarks: []

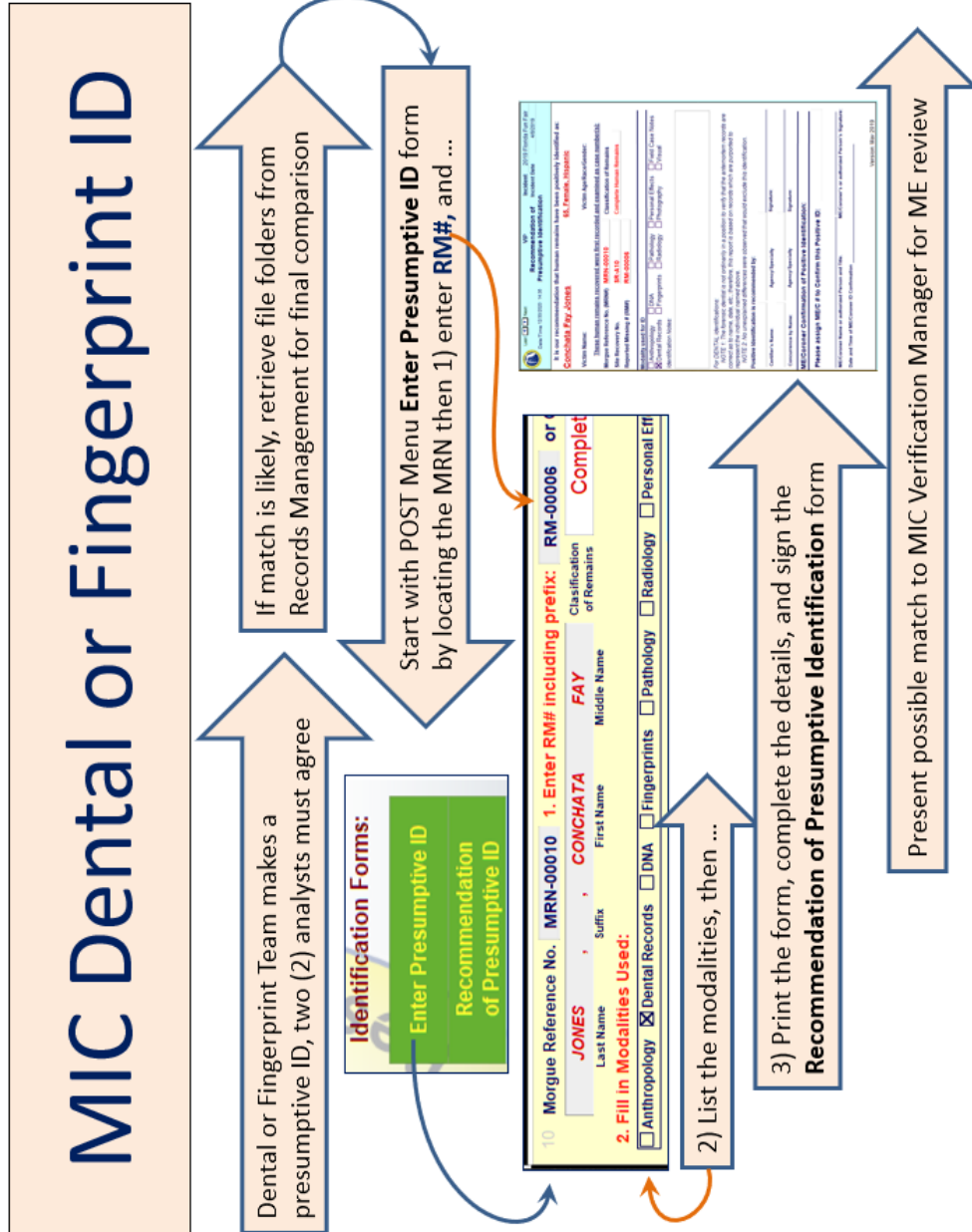
Arrange
side-by-side

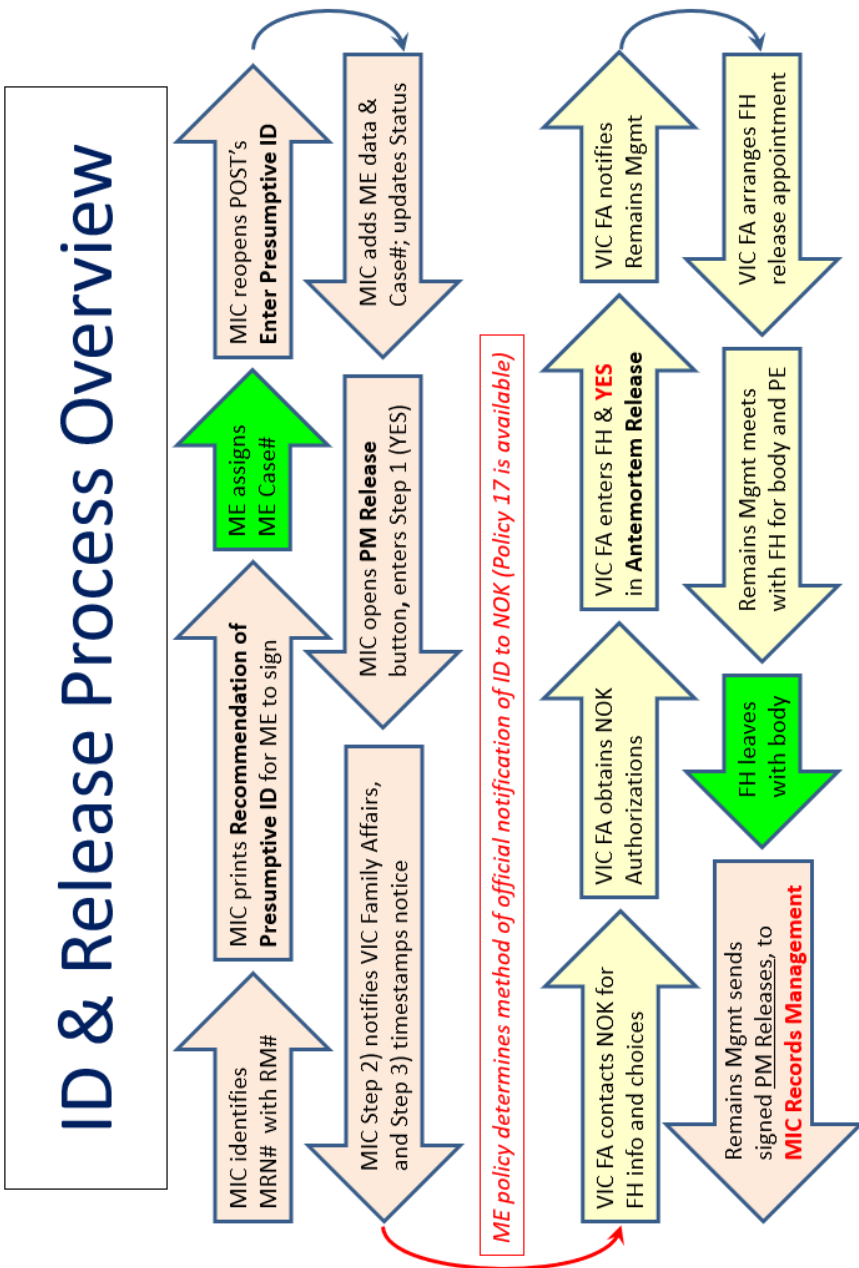




MIC ID Feature Match-Misc

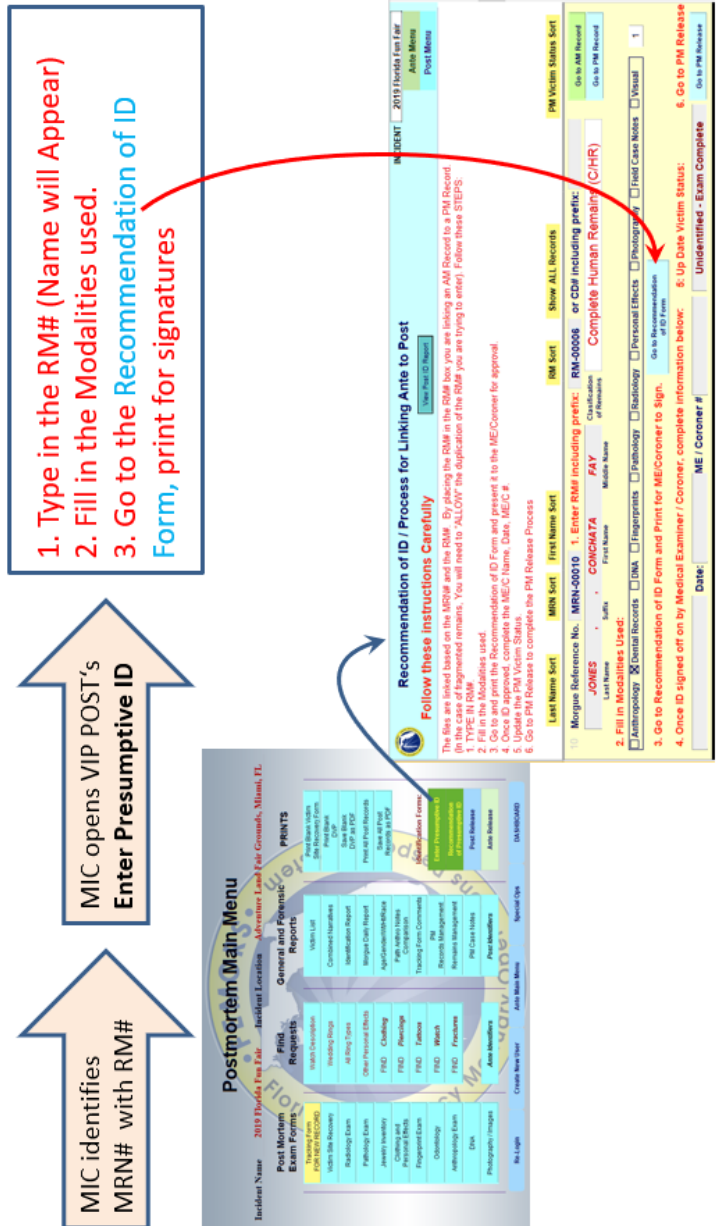






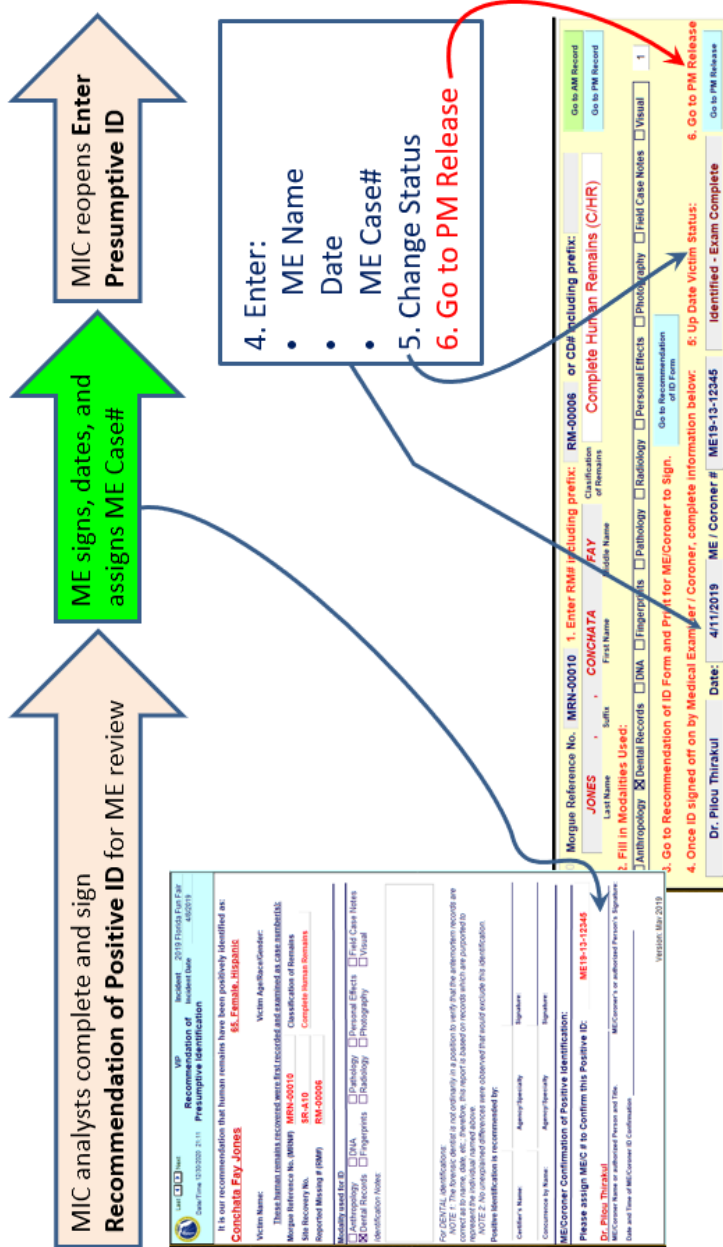


ID & Release Flow Chart #1



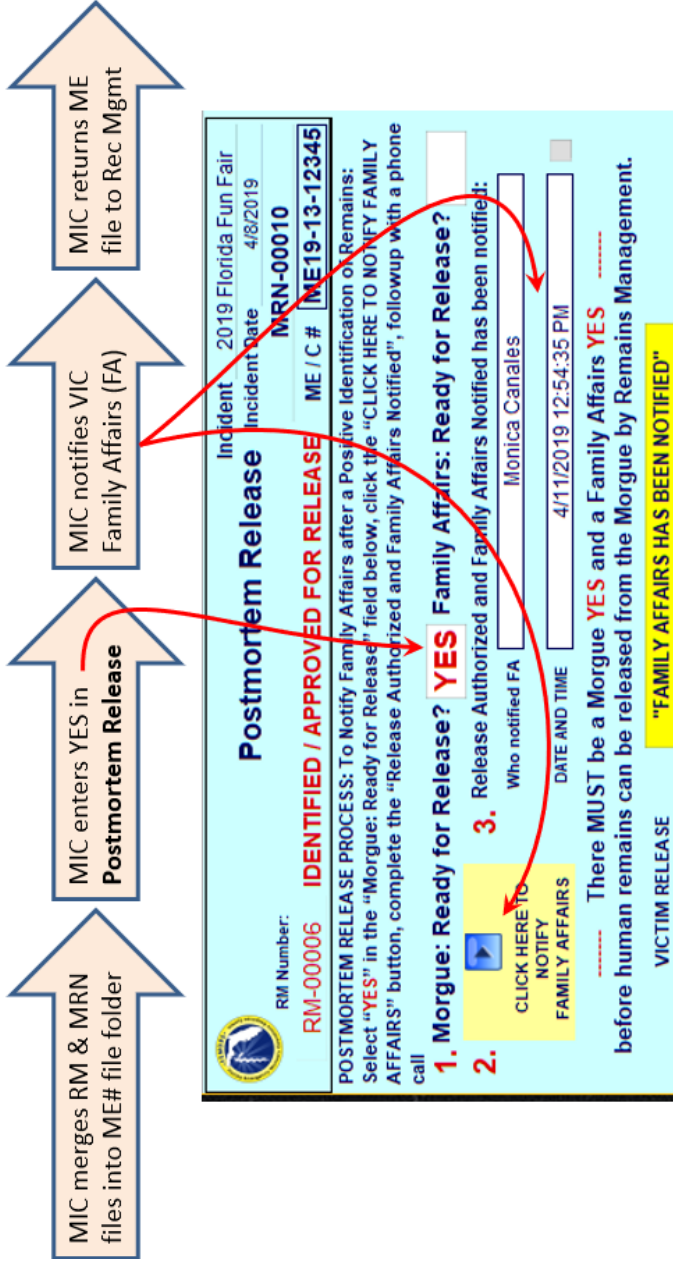


ID & Release Flow Chart #2



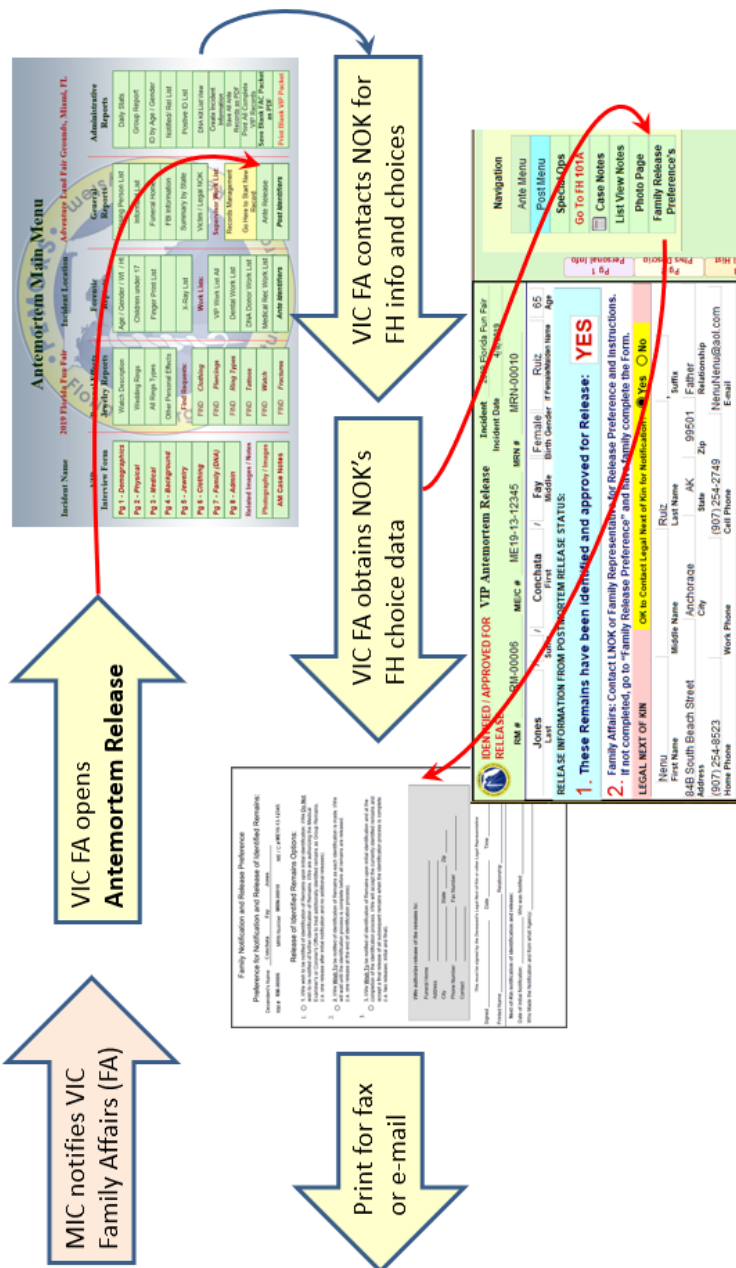


ID & Release Flow Chart #3





ID & Release Flow Chart #4





ID & Release Flow Chart #5

VIC FA obtains NOK Authorization form and scans into RM photo page

VIC FA notifies Remains Management of potential Body release

VIC FA enters FH info and notification choice data and **YES**, Ready to Release

VIC FA arranges FH & Remains Management Pick-Up Appointment

IDENTIFIED / APPROVED FOR YIP Antemortem Release
 Incident: 2019 Florida Run Fair
 Incident Date: 4/10/2019
 RM # RM-00006 MEC # IIE19-13-12345 MRN # MRN-00010

Male Female
 Single Married Divorced Widowed
 Other (Specify) _____
 Birth Date: 04/10/1985 Birth Gender: Male
 Social Security Number: [REDACTED]

Jones, Last / First / Middle / Suffix / Concacha / Fay / Ruiz
 848 South Beach Street, Anchorage, AK 99501
 (907) 254-8523, (907) 254-2749, Nenu@nuu@aol.com

1. These Remains have been identified and approved for Release: YES
2. Family Affairs: Contact LNOK or Family Representative for Release Preference and Instructions. If not completed, go to "Family Release Preference" and have family complete the Form.
LEGAL NEXT OF KIN OK to Contact Legal Next of Kin for Notification? Yes No

First Name: Nenu, Middle: Nu, Last: Nu, Suffix: Nu
 Home Phone: (907) 254-8523, Work Phone: (907) 254-2749, Cell Phone: (907) 254-2749, Email: Nenu@nuu@aol.com

FAMILY NOTIFICATION
 Yes No 4/11/2019, Family Notified Date: 4/11/2019, Family Notified Who: Father Nenu, Who made Notification and Organization: ANCHORAGE PD, SILE VISIT

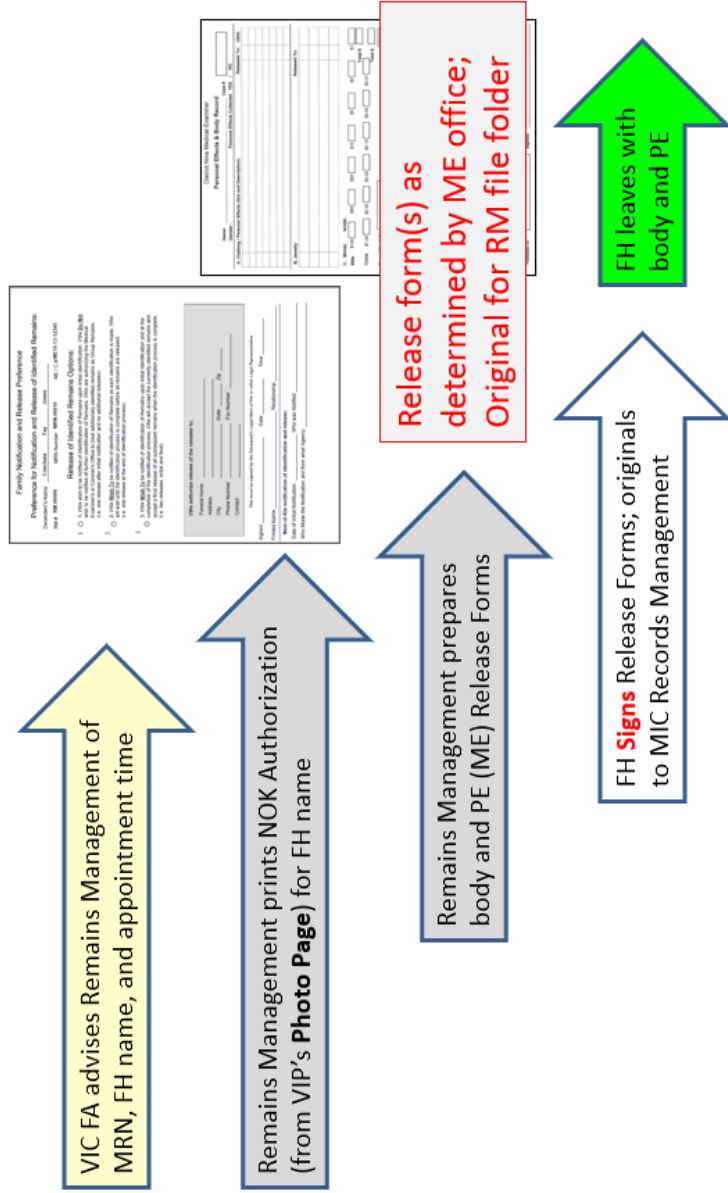
FUNERAL HOME FOR RELEASE
 Amigone FH, Funeral Home Name: Amigone FH, 123 Pearly Gables, Address: 123 Pearly Gables, City: Miami, State: FL, Zip: 33133

FAMILY AFFAIRS RELEASE INSTRUCTIONS:
 Initial Release Only, Notify at each ID final release, Initial Release and Final

3. Family Affairs: Release instruction complete and Ready to Release? YES
 DATE AND TIME OF RELEASE: _____, RELEASED TO: _____



ID & Release Flow Chart #6





ID & Release Flow Chart #7

FH leaves
with body

Remains Management Updates
VIP, Final Status, and storage Logs

Postmortem Remains Management

DATE IN	TIME IN	FROM	TO TRAILER #	STORAGE GRID # OR CUBICLE	SIGNED IN BY
04/10/2018	2050	Mortgare Exit	3	383	Catherine Jarrett

DATE OUT	TIME OUT	TO	REASON	SIGNED OUT BY
04/11/2020	1740	General Home	Final Release	Catherine Jarrett

DATE IN	TIME IN	FROM	TO TRAILER #	STORAGE GRID # OR CUBICLE	SIGNED IN BY
04/09/2018	1930	Field Via Admitting	1	104	Audrey Hone

FINAL RELEASE OF REMAINS: Final Status: **RELEASED** Date of Release: 4/11/2020 11:39:52

RELEASED TO: Amigone FH

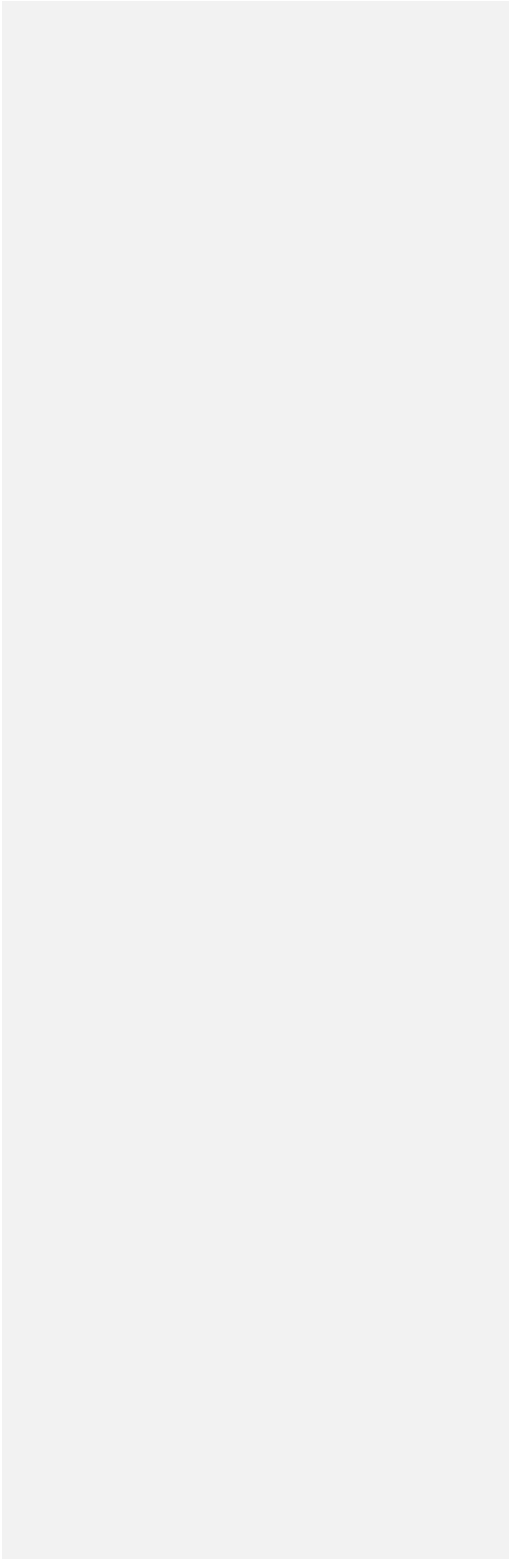
If making shipping arrangements, complete information: Shipping Agent:

Airway Bill #: _____ Date Shipped: _____

Remains Management returns release forms
to **MIC Records Management**



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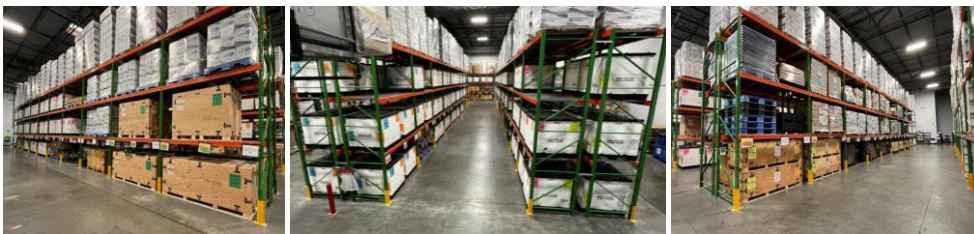
Appendix G – DPMU Equipment Cache and Trailer Load Plans

Equipment cache for the Disaster Portable Morgue Unit (DPMU) contains thousands of items essential for setting up and maintaining several functional areas of operations:

- Administrative Command Post (ACP) to administer to responder needs for mission assignment, time and travel, scheduling, injury reporting, etc.;
- Information Resources Center (IRC) to establish and manage various computer networks and facilitate the transfer of information between multiple sites;
- Disaster Site Recovery Center (DSRC) and its Transportation Staging Area;
- Incident Morgue, human remains storage, and all forensic processing stations;
- Morgue Identification Center (MIC) to search for and establish methods of identification of human remains in the morgue compared with persons reported missing;
- Victim Information Center (VIC) to:
 - Establish liaison with families of potential victims,
 - Conduct detailed interviews to obtain antemortem detail to aid in identification,
 - Gather DNA standards if applicable,
 - Gather medical and dental records for comparison,
 - Record all reports of missing persons, and
 - Assist families and funeral service providers when remains are identified and released.

Containers of equipment range from rather small toolbox-sized totables, to larger plastic tote boxes with wheels, to cardboard tri-wall shipping crates, to even larger plywood crates requiring a forklift or pallet jack for movement. The vast majority of smaller containers are contained within larger heavy-duty, cardboard and plastic “tri-wall” boxes measuring 40” x 48” x 45” H. Other bulky items include generators on trailers, all-terrain vehicles, forklift, and pallet jacks.

Containers are grouped by color coding in the warehouse for efficiency of retrieval and loading. All tri-wall containers are labeled to indicate both contents (right side) and trailer load plan designation (left side).



Load Plan labeling consists of color-coded sheets describing how containers are grouped for maximum efficiency when:

- loading trailers for transport, and
- distributing equipment to operational areas upon arrival.





Content color-coding labeling consists of color-coded sheets describing basic items contained within and indicates the segregation of operational areas of use and are designated as:

- White – Command (ACP and IRC)
- Blue – Disaster Site and Recovery
- Green – Morgue Stations
- Tan – MIC offices
- Yellow – VIC offices
- Orange – Lighting, tables, chairs, power, replenishment supplies, etc.



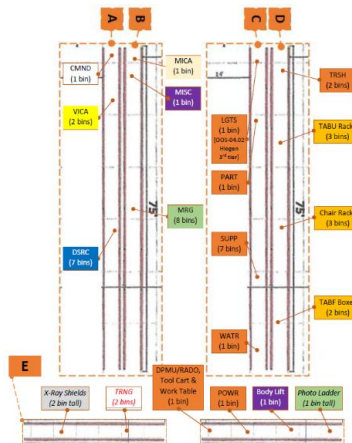
Load Plan color-coding indicates the segregation of containers into (at present) 5 trailers

- A – Pink (primarily Morgue, MIC, VIC, & Disaster Site)
- B – Blue (primarily lighting, power, and replenishment supplies)
- C – Yellow (primarily tables, chairs, ADM-IRC, odd sized items)
- D – (Yellow band on White) Snap-Crate plywood boxes, MOPEC cooler racks
- E – Odd sized items-generators, all-terrain vehicles

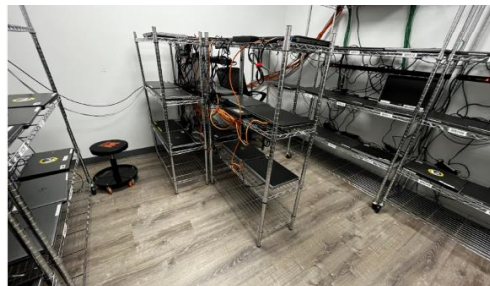


Warehouse Layout and Container Organization

- DOH moved its equipment, and FEMORS' cache, into its new warehouse in the spring of 2023.
- Five rows of racks (A thru E) are configured to hold the containerized equipment in related groupings.
- Certain floor space for generators and ATV utility vehicles is also dedicated to FEMORS equipment



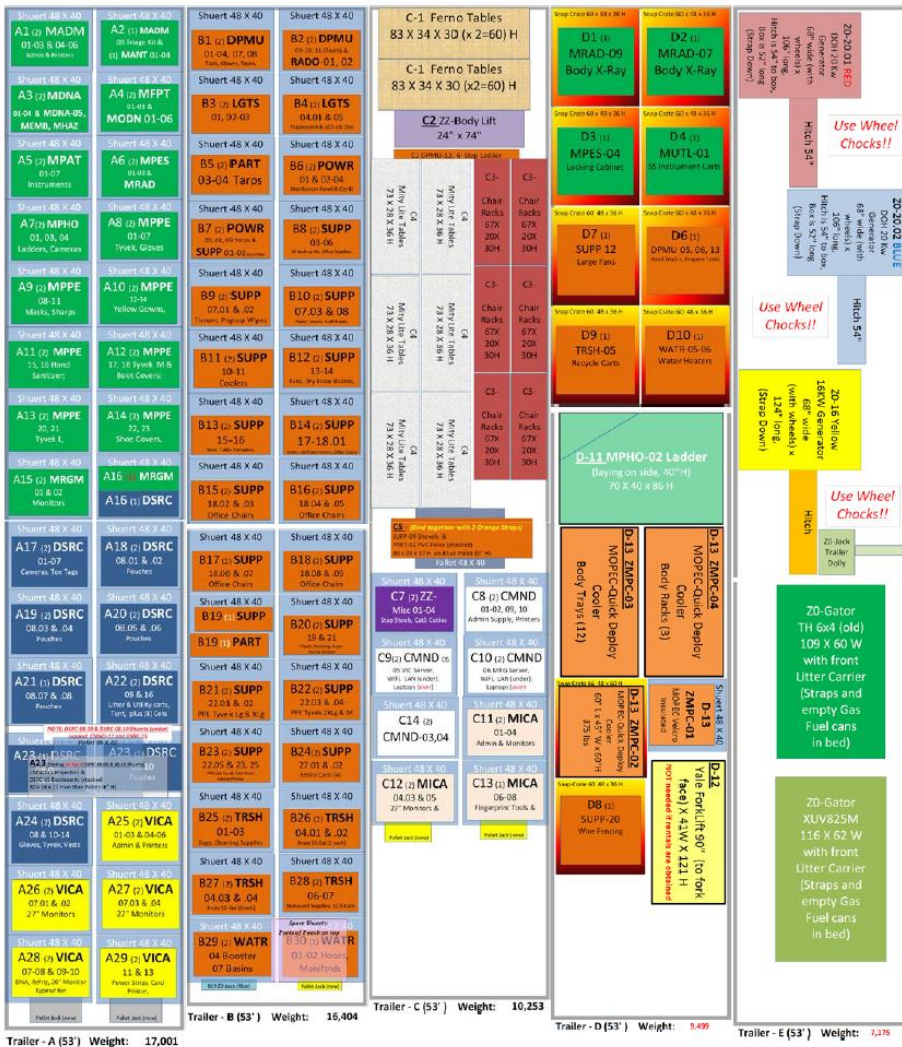
- Two dedicated offices areas are provided to house the:
 - Three ruggedized 24/7 servers, and
 - Power and networking are provided to the 60+ laptops which are maintained on-line for:
 - routine Microsoft updates, and
 - Rremote access to perform diagnostics by IT staff.





- Load Plan for Activation (current as of publication but subject to adjustments for new equipment)
 - Full deployment requires five 53' box trailers
 - Most of the containers are stacked 2-high whenever possible
- Load Plan for Training and Exercise events is reduced to only that equipment which is necessary.
 - Normally, that still requires the equivalent of four 53-foot trailers.

CFRMC Load Plans Deployment Set 240113





Burn Rate Matrix PPE

- The method used to estimate PPE rate of use assumes that, for each operational period, in settings that require direct contact with human remains,
 - full staffing will be required (i.e., worst-case scenario), and
 - personnel will undergo 4 changes of protective clothing and 10 changes of gloves.
- Human Remains Recovery operational period will typically run 24-hour operations. (See page 410.)
- Morgue operational period is typically one 12-hour period per day because staffing requirement of 43 per shift is difficult to achieve and maintain for 24-hour operations. (See page 411.)

Item	Changes Per Day	# Field Recovery	# MRG Admit & Escorts	# MRG X-Ray	# MRG PATH	# MRG PE	# MRG Photo	# MRG Odont	# MRG Prints	# MRG Anthro	# MRG DNA	# MRG Remains Mgmt	# VIC DNA	# VIC Other	# MIC Other	ADM & DPMU	# Staff Total	3 Day Total	5 Day Total
Tyvek	4	7		2	3	3	4	4	2	2	2						29	348	580
Aprons	4				3	3		4		2	2						14	168	280
Yellow Isolation Gown	4		8									2					10	120	200
Face Masks in morgue, no pandemic	4	7	8	2	3	3	4	4	2	2	2	2					39	468	780
Face Masks ALL staff, with pandemic	2	9	8	2	3	3	4	4	2	2	2	2	2	30	15	12	100	600	1,000
Face Shields	4		8	2	3	3	4	4	2	2	2	2					32	384	640
Shoe Coverings	4		8	2	3	3	4	4	2	2	2	2					32	384	640
Nitrile Gloves (not pairs)	20	7	8	2	3	3	4	4	2	2	2	2	2				41	2,460	4,100

- Supplies on hand as of publication indicated a need to increase certain items of PPE.

Commodity	Package	Units per case	3 Day Total	3-Day Cases	5 Day Total	5-Day Cases	On hand 2020 Each	On hand 2020 Cases	Extra cases on hand	Supply Days beyond 5
Tyvek	Case	25	348	13.9	580	23.2	2,471	100	77	17
Aprons	Box	100	168	1.7	280	2.8	1,748	21	18	33
Yellow Isolation Gown	Case4	50	120	2.4	200	4.0	28,442	577	721	
Face Masks in morgue (without pandemic)	Case of 10 boxes, 50 each	500	468	0.9	780	1.6	11,570	94	92	296
Face Masks (with pandemic)	Case of 10 boxes, 50 each	500	600	1.2	1,000	2.0	11,570	94	92	230
Face Shields	Case of 4 boxes, 24 each	96	384	4.0	640	6.7	96	1	(6)	(4)
Shoe Coverings	Pk 12 Pairs	24	384	16.0	640	26.7	216	9	(18)	(3)
Nitrile Gloves (not pairs)	Box	100	2,460	24.6	4,100	41.0	9,100	91	50	6

- DPMU also contains a variety of human remains pouches for field recovery efforts.

Pouches (as of 2024)	Pkg	Units	On hand units	On hand total	
Adult Black Heavy Duty	Ea	1	13	13	DSRC-08
Adult Gray Heavy Duty	Ea	1	70	70	DSRC-08.01
Adult Black, Heavy Duty, no viewing panel	Box	5	9	45	DSRC-08.02
Adult Black, Heavy Duty, with viewing panel	Box	5	12	60	DSRC-08.03
Adult Silver, Heavy Duty, 10 handle	Case	10	2	20	DSRC-08.03
Adult Black Heavy Duty	Ea	1	90	90	DSRC-08.05
Adult Black, Heavy Duty, no viewing panel	Box	5	8	40	DSRC-08.06
Adult Silver, Heavy Duty, 10 handle	Case	10	2	20	DSRC-08.06
Adult Silver, Heavy Duty, 10 handle	Case	10	7	70	DSRC-08.07
Adult Silver, Heavy Duty, 10 handle	Case	10	7	70	DSRC-08.09
Adult Black, Heavy Duty, 10 handle	Case	10	216	2,160	DEM Pallet 01-08
			436	2,658	Total HD Pouches
Infant	Box	30	3	90	DSRC-07
Adult Light Duty, white	Case	10	13	130	DSRC-08.04
Adult Light Duty, white	Case	10	12	120	DSRC-08.08
			25	250	Total LD Pouches



Appendix H – Revision History and Forward notes of prior editions

Revision History:

Instituted:	June 9, 2003
Revised:	May 8, 2004 (for NIMS Compliance)
3rd Edition	January 5, 2007
4th Edition	December 15, 2008
4th Edition, Rev 1	March 18, 2009
5th Edition	May 12, 2011
6 th Edition	May 15, 2013 (for Team Typing and Credentialing Update)
7 th Edition	January 28, 2019
8 th Edition	April 2021

Forward to Sixth Edition

The first decade of FEMORS’ development witnessed significant growth of a robust capability to respond anywhere in Florida for a sudden surge in deaths. Once again, the process of evolution and maturity of state-level Team Typing and Credentialing elements of NIMS makes the previous edition of the FEMORS FOG a bit out of date. This 6th Edition incorporates the latest consensus for state level teams on how to best describe and proscribe the makeup of teams dedicated to fatality management response capability.

The significant elements of Team Typing refinements consist of:

- Identifying the elements of the various teams needed for a fatality response. This means counting the number and types of personnel needed for each of the functions to be addressed in field recovery, morgue processing, gathering antemortem records and identifying the dead in the investigative offices of the Medical Examiner’s base of operations.
- Streamlining and consolidating job titles by reducing the earlier list of over 100 positions to less than 50 by eliminating many of the “supervisory” job titles.
 - The need to specify distinctions between a job title and a Lead position for that job title was viewed as redundant. For example, the job title of Forensic Photographer is sufficient to define personnel who can provide such service either out in the field recovering human remains or in the morgue during postmortem examination process.
 - The skill set for assuming a “Lead” position in the morgue photography station is not materially different from that of a forensic photographer.
- Incorporating credentials required for a person to fulfill a job title during a response including:
 - Education,
 - Training,
 - Experience, and
 - Professional and technical licenses and certifications.

Another significant change in the 6th Edition is the incorporation of more graphical, visual descriptions of workflow by means of the process flow charts added in Appendix F. Together with the one-page Station Guides in Appendix E, the flow charts provide a way to rapidly bring newly arriving personnel up to speed on how the work is expected to be accomplished in a particular functional area.

This is a deliberate attempt to provide readers even more opportunities to quickly derive benefit in reviewing the FOG on short notice. People learn in a variety of ways. For this reason, the FOG offers several different



ways to learn about how a member's contribution fits into the overall response effort. Some adapt well to textual detail and specificity, i.e., the operational overviews, while others learn better in bullet-point fashion, i.e., the job title checklists, and still others by using a "big picture" approach, i.e., the Station Guides and Flow Charts. Regardless of the method employed, response teams that typically experience only simulated activations by means of exercises (*fortunately, because the need for fatality management services is of low probability*), deserve a quality resource to which they can turn for guidance. It is my fervent hope that the FEMORS FOG meets that standard.

Larry R. Bedore
Commander
May 15, 2013



Forward to Fifth Edition

Once again, the winds of time have altered the landscape upon which we are called to serve. In the two years since the 4th Edition, Fatality Management has continued to evolve and mature thanks to lessons learned from practical exercises and real events.

Significant Changes:

1. Database change from Fatality Response Emergency Database (FRED) to the DMORT standard Victim Identification Program (VIP).
2. Elimination of FEMORS's geographic "Regions" and change of classification title from Regional Team Leader (RGTL) to Rapid Assessment Go Team (RAGT).
3. Realignment of Position Descriptions to synchronize with NIMS Team Typing and Credentialing developments.
4. Substitution of "Situation Report" (SitRep) in places where Incident Action Plan (IAP) had been indicated.
5. Enhancement of the Odontology protocol to better define the elements of dental records acquisition.
6. Addition of a Victim Information Center (VIC) DNA Family Reference Collection Protocol.
7. Addition of Station Guides for Just-In-Time training.

Rationale:

1. *Database change from Fatality Response Emergency Database (FRED) to the DMORT standard Victim Identification Program (VIP):*

The Haiti Earthquake DMORT response resulted in the activation of both Commander Bedore and database programmer Greg Klimetz to Miami for its FAC operations. VIP was used exclusively in that operation with Greg Klimetz managing the necessary adjustments caused by this first-ever international deployment. The major difference between VIP and FRED was the separate ante and post (VIP) vs. a combined ante and post (FRED) database concept. Actually, both share one extra dataset called a Media folder but that is of lesser importance.

Key issues identified:

- FEMORS' original concept of operations was to operate FRED at two sites with two separate servers (assuming a lack of internet or T1 phone line connectivity) between the VIC and the MIC centers until a link could be established.
- Haiti forced the use of one server at FAC and one server in the morgue at Haiti like the FEMORS model envisioned.
- FAC performed all antemortem entry while the morgue performed all postmortem entry.
- A live internet link could not be established to have both ante and post datasets entered directly to one version of VIP at the Miami server. For that reason, Greg devised a creative workaround without which we would not have been able to complete the mission.
 - He created a secure internet portal ftp site.
 - Large files of several GB were able to be uploaded and downloaded between Miami and Haiti (although the time lag was several hours due to bandwidth speeds).



- Every evening Miami put the latest copy of ante dataset in DropBox and Haiti put in the latest copy of post dataset.
- In the morning Miami would download the post dataset and place it on the Miami server so that our ante side could then link with case status (identified, unidentified, case closed for other reason, etc.) and see if any new cases had been worked.
- Haiti did the same in reverse. They could then see if we had any new dental or body x-rays they could use for identification. They could also review any photos of tattoos, jewelry and the like for case follow-up. (FedEx was not an option.)
- Because ante and post were separate databases, it was a simple matter of merely mounting the replacement copy on the server.
- If we had tried to use FRED to do this (a single ante and post dataset) it would have required us to examine the copy from Haiti, run some sort of script to look for any changes, do an export of only the changed data, and finally to import that data to the master copy on the server. This is not a simple task and is fraught with potential for error. That would have been even more hazardous had we been handling hundreds of cases on either side.
- So, VIP's split architecture proved to be a safer and more expedient route when remote locations had to be kept operating without connectivity.
- Finally, Greg Klimetz had been doing double duty in attempting to keep VIP and FRED synchronized for potential data transfer in a long mission. We had already taken the programming elements of the Call Center, Remains Storage, Records Management, and Cemetery modules of FRED and incorporated them into VIP. So, this new VIP is a powerful hybrid of FRED even though we did not get an opportunity to test the Call Center piece. It is now more capable and robust than either of its two predecessors.

For all these reasons, FEMORS has now adopted VIP as its database.

2. *Elimination of FEMORS's geographic "Regions":*

The original concept or regionalization has proven to be a non-issue and has no practical benefit or application to a single state-wide organization. The equipment cache is a single asset and not distributed across the state. Thus, to eliminate a potential source of confusion, the term Region has been retired.

Consequently, the member classification title of Regional Team Leader (RGTL) has been changed to Rapid Assessment Go Team (RAGT).

3. *Realignment of Position Description Titles:*

Fatality Management as a discipline continues to mature over time across the nation. During the course of 2009-2010, the federal **Medical and Public Health Working Group** tackled the ESF-8 related issue of Fatality Management. The MPHWG was one of 12 working groups of the FEMA NIMS Integration Center initiative to update Team Typing and Credentialing for state-to-state EMAC requests. Drafts of FM Typing have been developed along with Credentialing guidelines for each of the 100 unique responder roles.

The current draft identifies 4 Typed teams for state-level Fatality Management Target Capability preparedness.



Personnel	FM Team Summary	
	Type I (with DPMU)	Type II (no equipment)
1. Mass Fatality Response Unit consisting of:		
• Assessment Strike Team	4*	0
*Strike team members become part of the Command team upon activation.		
• Command Team	13	8
• DPMU Team	9	0
2. Human Remains Recovery Operations Team	13	7
3. Victim Information Center (VIC) Team	34	17
4. Morgue Operations Unit consisting of:		
• Morgue Forensic Processing Core Team	28	TBD
• Morgue Admitting Processing Core Team	24	TBD
• Morgue Identification Center (MIC) Team	18	TBD
Totals	139	32

Credentialed position descriptions list the minimum criteria required for any person to perform that task. They also use specific reporting hierarchy terminology as established by another of the federal working groups (Incident Management Working Group). Because a state level team is considered as a *Branch* under the Operations Section of the overarching Incident Command, uniformity of titles became important for standardization.

The hierarchy of supervisory reporting relationships decided upon is:

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

Of necessity, the resource Typing process requires that plans address a worst case scenario in such a way that a maximum response capability is defined as the Type I team (the most capable). The MPH WG will continue to refine these team definitions, especially for a response requiring less than full staffing (Type II, III and so forth). Not all states possess the ability to develop a complete Type I team but some may have resources to build out various elements to meet local needs. Likewise, not all states face the same types or levels of risk.

The next few years will see more evolution of federal guidance and adjustments to Target Capability preparedness process across all disciplines. This is because it has now become apparent that the “one-size-fits-all” preparedness approach is not as effective as it could be. Idaho, for example, does not need to develop the same depth of hazardous materials response capability as the shipping ports of New York City. The magnitude of risk is vastly different, thus the effort to prepare should be commensurate.



When both the Typing and Credentialing guidelines are eventually finalized, we will once again update the FOG to reflect concurrence with the guidelines. The update to this edition includes synchronizing title changes and required credentials for each responder position to fall in line with the hierarchy used across all disciplines.

Note Well: There is a distinct difference between a team member’s “Classification” and his/her assigned “Job Title” during a deployment:

- Classification refers to the *compensation pay grade* assigned to the member.
- Job Title refers to the *assigned role the member fills* during a deployment.

For example, a member classified as an “Evidence Specialist” may be able to fill any number of credentialed Job Titles which call for the skillset demonstrated by an Evidence Specialist such as

- Morgue Personal Effects Manager,
- FM Morgue Personal Effects Specialist,
- Morgue Pathology Scribe,
- Recovery Forensic Documentarian, etc.

4. *Substitution of “Situation Report” (SitRep) in places where Incident Action Plan (IAP) had been indicated:*

The IAP is the master guidance document created and maintained by the Incident Command structure during an event. Fatality Management is recognized as a *Branch* under the Operations Section and does not create its own separate Incident Command. Because NIMS/ICS doctrine dictates that there must be only one “Incident Command”, all of the supporting roles contribute to the IAP by providing SitReps and other ICS forms as required on a routine basis.

In large scale, complex incidents it is probable that Fatality Management will need to adapt to Branch Tactical Planning with the Incident Command structure. Branch Tactical Planning means that detailed action plans are developed within the Operations Section at the Branch level with the Planning Section providing support and coordination (see page 33).

5. *Enhancement of the Odontology protocol to better define the elements of dental records acquisition:*

Policy 11 - Odontology Protocol Guide (page 232) was modified to include template letters and fax cover information to aid in the collection of ante mortem dental records in the VIC. Similar forms were also created for the acquisition of ante mortem medical records.

6. *Addition of a VIC DNA Family Reference Collection Protocol:*

Policy 20 - VIC DNA Family Reference Collection Protocol (page 304) was created to provide detailed guidance for the collection of DNA specimens from families to aid in identification of the human remains processed.



7. Addition of Station Guides for Just-In-Time training:

The 2009 TOTO Drill's After Action Report/Improvement Plan (AAR/IP) documented the need for quick refresher information for arriving responders assigned to duties. Because activation events are not predictable, and because formalized training only occurs once yearly, it is not realistic to expect responders to remember all the detail contained in the Field Operations guide (FOG). The use of one-page Station Guides (Appendix E) assists responders who may be rotating in for only a few days by orienting them to what needs to be done in that station.

Larry R. Bedore
Commander
May 12, 2011



Notes on Fourth Edition, **Revision 1**

After the Fourth Edition of the FEMORS FOG was published, a number of events at the national level occurred to force a redefinition of the ICS structure used throughout the FEMORS program.

Chief among these was a move by the law enforcement community to have NIMS add a new SECTION for Intelligence and Information (I/I). That discussion process called for Fatality Management to be aligned under the I/I Section. There was great resistance to such a policy shift because Fatality Management is a tactical function and all tactical actions have been aligned under the Operations Section. Federal Working Groups including the Fatality Management Interagency Steering Committee (composed of subject matter experts at the federal, state, professional forensic association, private sector and Department of Defense levels) have been addressing this and other issues as a way to keep the concerns of the Fatality Management community active in planning strategies at all levels.

Consequently, it became apparent that the proper way to reference the Fatality Management function is as a BRANCH under the Operations Section (as opposed to the former standalone ICS structure). Even if the I/I effort succeeds, it would still be a *Branch* under a *Section* according to established NIMS nomenclature.

For that reason, this revision incorporates and renames all ICS nomenclature to be consistent. For example, the former “FEMORS Command” is now “Fatality Management Branch Director” which is actually a joint collaboration with the Medical Examiner who, by default, is technically the Branch Director. The Medical Examiner may elect to delegate that responsibility to a response team position. Likewise,

- the typical four Command General Staff Sections (Operations, Planning, Logistics, Administration) then become *Divisions* with *Supervisors* instead of Chiefs;
- Branches (Search and Recovery, Morgue Operations, Victim Information Center, and Morgue Identification Center) become *Groups* with *Leaders* instead of Directors, and so on.

Hundreds of global changes were made to all the cross references of position descriptions and the reporting alignments above and below the position. Organizational charts and form templates have also been revised. Hopefully, all have been captured but don't be surprised if a few slipped through.

Larry R. Bedore
Commander
March 12, 2009



Forward to Fourth Edition

This Fourth Edition of the FEMORS FOG incorporates refinements gleaned from training exercises (drills) in 2007 and 2008. It is by testing the FOG protocols that we learn how to better achieve the tasks required for dignified fatality management.

Changes in this edition include:

- Victim Information Center (VIC) name change applied to all instances of the former "Victim Ante Mortem Data Center (VAMDC)"
- VIC Call Center position descriptions added (pages 133 and 133)
- Morgue Identification Center (MIC) name change applied to all instances of the former "Identification Center"
- Clarification of victim morgue intake documentation process with redefined Admitting Station operations (page 58)
- Policy Revisions:

	Page
○ #4 – Numbering Systems for Human Remains	188
○ #7 – Personal Effects	226
○ #11 – Odontology Protocol Guide	232
○ #13 – Records Management	289
○ #17 – NOK Notification of Positive Identification	294
○ #18 – Biological Decontamination of Aluminum Floor Refrigerated Trailers	296
- Policy Additions:

○ #5 – Radiology (Body X-Ray) Protocol Guide	190
○ #19 – Computer Network Security, Topology and Hierarchy Policy	298

With this PDF version, all page number references are hyper-linked to the reference cited for easier navigation when viewing on screen. Still haven't figured out how to do that for the hard copy, though!

Larry R. Bedore
Commander
December 15, 2008



Forward to Third Edition

This Third Edition of the FEMORS FOG is the result of years' worth of work on the part of numerous dedicated professionals. The learning opportunities afforded by members' personal participation in the Hurricane Katrina experience provided great insight to many practical elements of an operational field plan of action. The difference between planning and training for theoretical expectations and the blunt realities of adapting to real time situations was brought into sharp focus by Katrina.

Likewise, many fine and dedicated individuals in agencies across the State of Florida, in Federal organizations, and volunteer teams in many states working toward establishing fatality management teams have supported and contributed to the evolution of the FEMORS program.

We are indebted to you, our selfless and dedicated friends.

It is our desire to also remain students of what works best and to share our lessons learned with others so that the proverbial wheel does not need to be reinvented too often.

FEMORS has come a long way from humble beginnings because of the contributions of so many and the FOG reflects that maturation process. But our work is not done, and probably never will be. For example, future additions to the FOG will address protocol refinement for specific topics such as DNA laboratory coordination, call center management and others.

We realize few individuals deal with mass fatality management issues on a daily basis and that having a resource available for quick reference benefits everyone. In spite of the wording of our motto, "We prepare now because hope is not an option", it is our hope that this resource helps us resolve the always present, challenging, and unforeseeable issues that arise with each new disaster event.

Larry R. Bedore
Commander
January 5, 2007



Notes:

