FDLE
Florida Department of Law Enforcement

Medical Examiners Commission Meeting

February 12, 2021

AMENDED February 8, 2021

Barbara C. Wolf, M.D. • Sheriff Harrell Reid • Kenneth T. Jones • Nick Cox, J.D.
Charlie Cofer, J.D. • Robin Giddens Sheppard, L.F.D.
Stephen J. Nelson, M.A., M.D., F.C.A.P. • Carol R. Whitmore, R.N.

MEDICAL EXAMINERS COMMISSION MEETING

Orlando Marriott Lake Mary
1501 International Parkway
Lake Mary, FL 32751
February 12, 2021, 10:00 AM EST

AMENDED: 2/8/2021

Opening Remarks

Introduction of Commission Members and Staff

Approval of Meeting Agenda and Minutes from previous Commission Meeting of November 6, 2020

• Election of Chairman	Vickie Koenig

ISSUE NUMBER		**PRESENTER**
1.	Informational Items:	
	• New Attorney General Representative for MEC	MEC Chair
	• Status Report: MEC Appointment and Reappointment	Vickie Koenig
	• Status Update: DME Appointments for Districts 4 and 19 and Reappointments for Districts 8, 10, 12, 14, 16, 18, 20, 21, 22, 23, & 24	Vickie Koenig
	• State Child Abuse Death Review Committee Appointment	Stephen Nelson, M.D.
	• 2021 Reappointments/Assessments for Districts 2-7	Chad Lucas
	• 2020 Annual MEC Reports	Megan Neel
	• 2020 Interim Drugs in Deceased Persons Report	Megan Neel
	• 2020 Coverdell Status Update	Chad Lucas
	• Bills Filed for the 2021 Legislative Session	Jim Martin, J.D.
2.	Organ Procurement Organization 2020 Annual Report	Ginny McBride, OurLegacy
3.	Organ Donation After Cardiac Death	Wendolyn Sneed, M.D.
4.	2021 Coverdell Grant Proposals	Chad Lucas
5.	Unidentified Deceased Initiative	Chad Lucas
~~6.~~	~~Department of Health Grant Update~~	~~Ken Jones~~
7.	Mass Fatality Plans	Chairman
8.	Fatality Management Response Plan Update	Bruce A. Goldberger, Ph.D.
9.	Emerging Drugs	Bruce A. Goldberger, Ph.D.
10.	2021 FAME Educational Conference	Bruce A. Goldberger, Ph.D.
11.	Other Business	MEC Chair
	• Resolution for Wesley Heidt, J.D., Volusia County Court Judge	
	• Medical Misadventures	
	• COVID-19 Vaccinations & Funeral Professionals	

MEDICAL EXAMINERS COMMISSION MEETING
World Golf Village
500 South Legacy Trail
St. Augustine, FL 32092
November 6, 2020 10:00 AM EST

Commission Chairman Stephen J. Nelson, M.A., M.D., F.C.A.P, called the meeting of the Medical Examiners Commission to order at **10:02 AM**. He advised those in the audience that the meetings of the Medical Examiners Commission are open to the public and that members of the public will be allowed five minutes to speak. He then welcomed everyone to the meeting and asked Commission members and staff to introduce themselves.

Commission members present:

Stephen J. Nelson, M.A., M.D., F.C.A.P., District 10 Medical Examiner
Barbara C. Wolf, M.D., Districts 5 & 24 Medical Examiner
Wesley H. Heidt, J.D., Office of the Attorney General
Robin Giddens Sheppard, L.F.D., Funeral Director
Kenneth T. Jones, State Registrar, Department of Health
Hon. Charlie Cofer, J.D., Public Defender, 4th Judicial Circuit
Hon. J. Harrell Reid, Hamilton County Sheriff
Hon. Carol R. Whitmore, R.N., Manatee County Commissioner

Commission staff present:

Vickie Koenig
Megan Neel
Chad Lucas
Christopher Bufano, J.D.

District Medical Examiners present:

Marta U. Coburn (District 20)
Patricia A. Aronica, M.D. (District 19)
Tim Gallagher, M.D., M.H.S.A. (District 1 Interim)
Kelly G. Devers, M.D. (District 13)
Craig Mallak, M.D. (District 17)
Joshua D. Stephany, M.D. (Districts 9/25)
James W. Fulcher, M.D. (District 7)
Wendolyn Sneed, M.D. (District 15)
Emma O. Lew, M.D. (District 11)
William F. Hamilton, M.D. (District 8)
B. Robert Pietak, M.D. (District 4)
Riazul H. Imami, M.D., Ph.D. (District 22)
Jon R. Thogmartin, M.D. (District 6)

Other District Personnel present:

Christine Canard (District 19)
Richard Freiheit (District 17)
Lindsey Bayer (Districts 5/24)
Harrison Cowan (District 13)
Jeffrey Brokaw (District 4)
Deanna Oleske, M.D. (District 1)
Shanedelle Norford-Harry, M.D. (Districts 9/25)
Kelly Boulos (District 23)
Lee Marie Tormos, M.D. (District 15)
Paul Petrino (District 15)
Terrill Tops, M.D. (District 15)
Catherine Miller, M.D. (District 15)
Ernest Louis (District 11)
Cassie Boggs, M.D. (District 7)
Adrienne Sauder, M.D. (District 19)
Tom Steinkamp (District 17)
Ricardo Camacho (District 8)
Tim Crutchfield (District 4)
Jeff Martin (District 1)
Darren Caprara (District 11)
Sheri Blanton (Districts 9/25)
Bill Pellan (District 6)
Karla Orozco (District 7)
Ralph Saccone (District 15)
Marlon Osbourne (District 15)
Brittney McLaurin (District 11)
Damian Breland (District 11)

Guests present:

Bruce Goldberger, Ph.D. (UF)
Mike Consilvio (LifeLink)
Jessica Zayakosky (Legacy)
Liz Lehr (LifeLink)
Patricia L. Darrigan (Legacy)
Angel King

A MOTION WAS MADE, SECONDED, AND PASSED UNANIMOUSLY FOR THE COMMISSION TO APPROVE THE AGENDA AS AMENDED ON OCTOBER 30, 2020.

A MOTION WAS MADE, SECONDED, AND PASSED UNANIMOUSLY FOR THE COMMISSION TO APPROVE THE MINUTES OF THE AUGUST 14, 2020 MEDICAL EXAMINERS COMMISSION MEETING.

ISSUE NUMBER 1: INFORMATIONAL ITEMS

- Status Report: MEC Appointment and Reappointment: Mrs. Vickie Koenig informed the Commission that the reappointment paperwork for Dr. Stephen J. Nelson, Dr. Barbara C. Wolf, and Mrs. Robin Giddens Sheppard are in the Governor's Appointments Office and they have everything they need for those reappointments. Additionally, the appointment paperwork for the vacant State Attorney Seat has been submitted to the Governor's Appointments Office and they have everything they need for the appointment. We are currently awaiting approvals from the Governor's Appointments Office.

- Status Report: DME Appointments and Reappointments: Mrs. Koenig informed the Commission that the Governor's Appointments Office has stated they have received all necessary paperwork for the reappointments of Districts 8, 10, 12, 14, 18, 20-24 and appointments for districts 4, 16 and 19. We are currently awaiting approvals from the Governor's Appointments Office.

- 2019 Annual MEC Reports: Mrs. Megan Neel informed the Commission that the Annual Workload Report was published in September 2020 and the Annual Drugs in Deceased Persons Report was published earlier that week.

- 2020 Interim Drugs Identified in Deceased Persons Report: Mrs. Neel reminded that districts that the deadline for the first six months of 2020 is December 31, 2020. Districts should submit their data as soon as it is complete and not wait for the deadline so that staff and the Quality Assurance Committee could begin to quality check the data.

- 2019 Paul Coverdell Forensic Science Improvement Grants Program Status Update: Mr. Chad Lucas reported that about half of the districts participating in the 2019 Coverdell Grant have submitted reimbursement requests and notified the remaining districts that purchases need to be made and reimbursement requests submitted as soon as possible. Mr. Lucas also informed the Commission that FDLE has been having issues accessing the new Federal JustGrants system, but has a ticket submitted for a fix. Until the fix is made there may be delays in budget amendment approvals and expenditure reimbursements.

ISSUE NUMBER 2: NOMINATION FOR DISTRICT 1 MEDICAL EXAMINER

Dr. Nelson began by thanking Dr. Jon R. Thogmartin (District 6) for his help with the Search Committee. He went on to say that the Search Committee has selected Deanna A. Oleske, M.D., as the candidate to fill the District 1 Medical Examiner vacancy. He received notice the prior evening from the Chief Assistant State Attorney that the District One Medical Examiner Committee (DOMEs) met with the Escambia County Commission that night and approved a contract moving forward. The only thing left for the necessary parties is to sign the contract, and Mr. Marcille doesn't expect any issues moving forward.

MS. WHITMORE MADE A MOTION TO APPROVE THE NOMINATION OF DEANNA A. OLESKE, M.D., AS THE DISTRICT 1 MEDICAL EXAMINER AND WAS SECONDED BY DR. WOLF. THE MOTION PASSED UNANIMOUSLY THAT DR. OLESKE BE RECOMMENDED TO THE GOVERNOR FOR APPOINTMENT AS THE DISTRICT 1 MEDICAL EXAMINER.

ISSUE NUMBER 3: UNIDENTIFIED DECEASED INITIATIVE

Mr. Lucas reported the following success stories:

Success Story 1

In the early morning hours of September 14, 2020, a young male was fatally struck by a commuter train in Broward County, Florida. District 17 Medical Examiner Investigator A. Albertelli responded to the scene. Investigator Albertelli reported the white male had no identification on his person or on the scene. The decedent appeared to be in his late teens or early twenties with no identifying scars, marks, or tattoos. Fingerprints were submitted to the sheriff's office in hopes of identifying the decedent. Late on September 15, 2020, the sheriff's office reported the fingerprints yielded negative results from local, state, and federal searches.

On September 16, 2020, Investigator Albertelli was on her regularly scheduled day off when she came upon a teenage missing person post in Facebook from the Delray Beach Police Department in Delray Beach, Florida. The missing person, Nathan Mann age 18, had not been seen since he left his residence in the 2100 block of Lowson Blvd, Delray Beach, FL over the weekend. The Facebook post stated his mother advised he has no identification, money, and has not taken his medication. He was last seen wearing a T-shirt, shorts, and a black and white tie dye mask.

Investigator Albertelli immediately notified the District 17 Chief Investigator of the missing person who in return notified law enforcement. With the assistance of the Delray Beach Police Department and the Broward Sheriff's Office, the decedent was identified through DNA as the missing teenager from Delray Beach, Florida, Nathan Mann.

Success Story 2

The decedent's skeletal remains were found on November 20, 1992, in the City of Margate, by children playing near a lake. (The majority of the skeletal material was located inside a culvert.) The decedent was examined and found to have suffered blunt head trauma, manner of death was homicide. As part of the ongoing unidentified initiative, in 2015 DNA was submitted to UNT. The DNA profile was extracted and subsequently entered in to CODIS. Margate PD developed information to indicate the possible identity of the decedent, and obtained a buccal swab from the presumed daughter of their missing person. The decedent was subsequently

identified as Peggy Ann Domingue (DOB: 5/30/44), and confirmed as Margate PD's suspected missing person. The decedent's daughter made funeral arrangements.

Success Story 3

The case was cold for 35 years until someone looking for a missing uncle came upon the Escambia County Sheriff's Office website two years ago. The person said the uncle's last known location was Escambia County near the same time the decedent's body was found. The Sheriff's Office enlisted the help of the District 1 Medical Examiner's Office, who took a DNA sample from the tipster. The results were conclusive for the decedent William Ernest Thompson and the investigation into the death has been reopened. Thompson would have been 49 when his body was discovered on January 23, 1985, near Klondike Road and Wilde Lake Boulevard, about 10 miles northwest of downtown Pensacola. There was no ID found, and he may have been dead for months, possibly more than a year before his remains were found. The only clue officials had regarding his identity was the initials "WT" engraved on his belt buckle. He was last in touch with family in September 1983, when he spoke with his mother by phone, but nobody reported him missing.

Success Story 4

The decedent's remains were found in Glades County in March of 1981. When originally found, investigators believed the remains were those of an older female. However, 39 years later, the remains have been identified as those of 16-year-old Nicki Elkins. On Valentine's Day 1981 Elkins left her family's house in Miami to visit her boyfriend and disappeared. The cold case was reopened by Glades County Sheriff's Office in 2008 after newer forensic technologies proved she was younger than originally believed. Her skeletal remains were sent to the UNT Center for Human Identification and the case was later entered into the National Missing and Unidentified Persons System for comparison. In April 2020, the case was entered into NamUs and requests were made for familial DNA samples. A comparison between the Glades County unidentified person case and Miami-Dade's Nicki Elkins case noted similar physical attributes, time period, and the presence of an "N" tattoo on a thumb. DNA samples from each case were compared and confirmed the decedent as Nicki Elkins.

Dr. Nelson commented that the hard work put in on these cases is incredibly beneficial and rewarding for the families involved. They recognize that their cases have not been given up on and in cases like the ones mentioned, they can finally have some closure. He also commended the offices on their great work in solving those cold cases.

Ms. Brittney McLaurin from the District 11 Medical Examiner's Office also made a presentation on unidentified deceased persons in their district. Currently they have a team of investigators who diligently work their unidentified deceased cases that come in on a day-to-day basis. They do have unidentified cases that come in most days, but are fairly easy to establish identification through visual identification, fingerprint identification, and having leads. District 11 also has an investigator who specifically works on recent unidentified deceased cases that have not had any success as well as cold cases.

In 2017, they started their Fingerprint Resubmission Initiative. For this, they took every unidentified deceased case with fingerprints and ran them through AFIS databases and were able to get 10 positive identifications working with Miami-Dade Police Department. Additionally, they were able to make other identifications working with other partnering agencies such as FDLE's Unidentified Deceased Initiative, Homeland Security, FBI, and NamUs.

In 2018, they started an initiative to explore isotope analysis. With the stable isotope analysis, they were able to have several of their cases processed to see what isotopes showed up in the bones as well as the teeth. The reason this is beneficial is because when you can look at different isotopes, you can understand trends in isotopes in different geographical locations. With this they were able to determine likely US or non-US origins of the decedents in their unidentified deceased cases, and it helped them target their missing persons searches. It also helped them with their dissemination of postmortem facial reconstructions and renderings. In the future, isotope analysis can become even more useful as more data becomes available. This could lead to regional likelihoods instead of country specific searches.

In 2019, they started their community involvement initiative which included focusing on their social media presence. They created the Miami-Dade Unidentified Persons Facebook page and have been able to push out their postmortem renderings and reconstructions on this page. They also looked into marketing applications, and began to use Social Studio by Salesforce, which makes posting on many different social media platforms easier. The application also makes it easier for the user to mark trends.

In 2019, they also held their first Miami-Dade Missing and Unidentified Persons event. The event included 14 law enforcement agencies and enabled families to get a missing persons report, to submit DNA, and look at missing persons cases. There was also a comfort dog, a forensic artist, and families from high profile cases in attendance.

In 2020, they started their first forensic genealogy process on a 1996 case. They primarily worked with DNA Labs International as well as Innovative Forensics. They are looking into if they can use information from that process to be able to identify the decedent, but at least to establish some genetic and familial leads.

With all of these new initiatives, the District 11 Medical Examiner's Office was able to solve several cases over the past few years. A focus was made primarily on cold cases, which is what they considered 2016 or prior. Their oldest case goes all the way back to 1957. To this date cases from the 1970s-2000s have been solved, as well as more recent cases. Most of the cases were solved in 2017 (13 in that year alone) due to the Fingerprint Resubmission Initiative.

The oldest case that they were able to solve was the identification of Mary Brosley, who was found in a shallow grave in 1971 in Dade County. Additional information given in the confession of serial killer Samuel Little confirmed the identity of the victim and how she died.

ISSUE NUMBER 4: COVID-19 CHALLENGES IN ORGAN DONATION

Liz Lehr from LifeLink made a presentation to the Commission and reminded the Commission that more than 60% of the organs that are transplanted from donors in Florida come from medical examiner cases. She went on to cover some common questions they have encountered since the start of the pandemic.

One of the questions that had arisen over the past several months is are organ transplants still being performed during the COVID-19 pandemic? The answer to that question is unequivocally yes. Based on guidance received by the OPOs, transplant centers should continue to evaluate patients, particularly early in the pandemic, who would not survive waiting and move those patients to the top of the list. Additionally, HHS and CMS, who regulate hospitals, said organ donation continues to be a

priority and that organ recovery agencies should have access to hospitals so that work can be continued.

Can organs be used from donors who test positive for COVID-19? Guidance received stated that evaluations must be made to determine how sick the potential recipients are and make the best decisions for those recipients. Early in the pandemic organ recovery agencies worked to obtain testing for organ donors as well as potential recipients who were getting ready for transplant.

According to the nationwide statistics for organ transplants for 2019 and 2020, the overall amounts of transplants performed each year are very closely aligned, with 2020 only being slightly below what was performed in the previous year. However, in the southeast region of the US the number of transplants in 2020 is slightly higher than the number of transplants performed in the previous year.

The slight decrease in transplantation in 2020 is due to the fact that there have been fewer living donors. That is due to transplant centers struggling to understand testing on the donors and recipients at the beginning of the pandemic.

On the deceased donor side of things, however, donations have actually gone up in 2020 as compared to 2019. The increase in deceased donor transplants is even more dramatic in the southeast as compared to the country as a whole.

At the beginning of the pandemic, hospitals were not allowing families into the facilities to see their loved ones, but they continued to allow organ recovery agencies into the facilities after proper screening, testing, etc. Due to families being unable to be at their loved ones' bedsides after catastrophic events, organ donation agencies really needed to work with the families and hospitals to help them understand what was going on and help to connect the families to their loved ones through various means such as FaceTime.

One issue that the OPOs were not expecting was other states prohibiting them from travelling to their states to recover organs for waiting recipients in Florida. To get around that, the organizations worked to find other surgeons to recover those organs and other ways to get those organs into Florida. At this point, the organizations are seeing more cooperation between transplant centers and recovery teams not having to travel so far.

Ms. Lehr thanked Florida's Medical Examiners for their continued support through organ donations during this difficult time. She also reiterated that in Florida, during this pandemic, more people have received organ transplants than at any other time in history.

ISSUE NUMBER 5: CONFIDENTIALITY OF ORGAN PROCUREMENT RECORDS

Larry Cochran from LifeQuest made a presentation on confidentiality of records in the medical examiner's office as they relate to organ procurement. One issue that came to his attention is related to the CARES Act, which was signed into law in March of this year. Under the CARES Act, patient rights regarding medical records have been further expanded beyond test results to the actual notes that are written in a patient's charts. Questions about that change were presented such as "How does that effect organ procurement organizations?" and "Will organ procurement and transplantation notes be made available?" Usually notes that organ procurement organizations put into charts, by and large, occur after the individual is pronounced deceased. Lawyers for the OPOs are working to provide guidance and answers for those issues.

Almost simultaneously, he had a colleague from Alabama who reached out and asked a question on behalf of the Department of Pathology at the University of Alabama. They were particularly curious about the records provided by the OPOs to the medical examiners in shared cases including donor risk assessment interviews and medical social history interviews with family members or historians, whoever best knows the patient. This is a very personal, very detailed questionnaire which is about 70 questions and 7 pages long. His colleague questioned what documentation is shared when a medical examiner receives a Freedom of Information request or other requests for information.

Mr. Cochran reached out to Dr. Nelson, who said that when they receive requests like that they view them as requests for original work product. Original work product is work the actual medical examiner provided. Documentation and reports that the medical examiners have in their possession from law enforcement, organ tissue and eye banks, or other outside entities are not original product, so therefore, and are not included in the materials the medical examiner disseminates as a result of those Freedom of Information requests.

Dr. Nelson confirmed what Mr. Cochran said regarding original work product and public records requests, and asked FDLE Attorney Christopher Bufano, J.D., for his opinion. Mr. Bufano said that he would agree, but cautioned that if an entity is citing an exemption to a public records request under Chapter 119, F.S., they need to specifically cite the exemption they are claiming. Additionally, each district should consult their own counsel for guidance on the specifics of public records requests.

Mr. Cochran also discussed proposed revisions to the outcome measurement requirements for OPOs made by Centers for Medicaid and Medicare Services (CMS). There is a real dispute on the revised method of looking at performance measures for organ donation. The proposal suggested that data derived from death certificates would be used to calculate donation rates for OPOs, which the International Association of Coroners & Medical Examiners (IACME) felt like had the potential for being highly inaccurate and not specific enough. The number of inaccuracies in death certificates is a well-recognized problem, and the OPOs and IACME Executive Committee had alternate suggestions for CMS about more specific information to create a denominator to measure OPOs by. The rule was published in December of 2019 with comments closing in February of 2020, and at this point everyone is still waiting on CMS to weigh in on a final decision. There has been a lot of correspondence going back and forth including a bipartisan letter from 14-15 members for the Florida House of Representatives.

ISSUE NUMBER 6: EMERGING DRUGS

Bruce Goldberger, Ph.D., provided the Commission with an update on emerging drug trends. The most common cathinone has been eutylone. There have been designer benzodiazepines, not in post-mortem screens, but forensic casework, particularly etizolam, clonazepam and flualprazolam. Additionally, xylazine, a veterinary sedative, has been identified. Dr. Goldberger indicated that with the publication of the 2019 annual drug data, he would be updating the FROST website. Dr. Goldberger announced the National Drug Early Warning System (NDEWS) coordinating center has relocated to the University of Florida, where, along with scientists from FROST, New York University and Florida Atlantic University, it will provide an integrated and comprehensive characterization of drug use and availability by synthesizing traditional, indirect sources with new, direct sources of data, as well as on-the-ground epidemiologic investigations within high-priority areas of concern. Mrs. Koenig advised that she would provide the website link to the district medical examiners offices.

ISSUE NUMBER 7: 2021 FAME EDUCATIONAL CONFERENCE

Bruce Goldberger, Ph.D., reported to the Commission that the 2020 FAME Educational Conference was cancelled due to COVID-19, but has been rescheduled for July 21-23, 2021, at the Waldorf Astoria Orlando. He will be sending out a Save The Date soon and asked that Mrs. Koenig provide it to the district medical examiners offices.

ISSUE NUMBER 8: OTHER BUSINESS

- Dr. Nelson announced that the term for the seat on the State Child Abuse Death Review Committee filled by a representative from the Florida Medical Examiners Commission has expired. For a number of years, Anthony Clark, M.D., from District 2 has filled that seat; however, he is no longer interested in being on the committee. MEC Staff sent out an e-mail on October 30th asking for interested persons to send a copy of their CV for review. So far, one doctor has shown interest. If nobody else shows interest, then he would advise the committee of their new medical examiner representative.

- Mr. Ken Jones provided the Commission with an update on changes that are being made due to HB 607 passage in the 2020 Legislative Session. With the passing of that bill, certain Advanced Practice Registered Nurses (APRNs) will become Economist Practitioners, which gives them the ability to sign death records. In late October, the Board of Nursing received their accreditation materials and have started certifying APRNs that meet the criteria of the bill. So far there are 52 APRNs being certified. DOH is sending each of them material with the goal of getting them registered in the EDRS an online users.

- Mrs. Angel King appeared before the Commission to speak about the August 21, 2018, Probable Cause Panel meeting referencing the death of her daughter, Natasha Boykin. After Mrs. King discussed the details of her daughter's case and additional concerns she had, Dr. Nelson informed her that a Commission Meeting was probably not the best venue for discussing specifics of a case, especially considering there was no way for any of the members to refamiliarize themselves with the case prior to the meeting. He told Mrs. King that he would go over all the details of the case personally and would get back in touch with her. MEC Staff was asked to send him all of the documents for the case.

- Mrs. Koenig notified the Commission that MEC meeting dates will coincide with CJSTC meetings in 2021. The only exception will be the July meeting, which will be during the FAME Educational Conference. The planned meeting dates and locations are as follows: February 12th at the Orlando Marriott in Lake Mary, May 7th at the Wyndham Grand Jupiter at Harbourside Place, July 21st or 22nd at the Waldorf Astoria Bonnet Creek Orlando, and November 5th at the World Golf Village Resort in St. Augustine.

With no further business to come before the Commission, the meeting was adjourned at 11:28 A.M.

For Immediate Release: December 1, 2020
Contact: Governor's Press Office, (850) 717-9282, Media@eog.myflorida.com

Governor Ron DeSantis Appoints Wesley Heidt to the Volusia County Court

Tallahassee, Fla. – Today, Governor Ron DeSantis announced the appointment of Wesley Heidt to the Volusia County Court.

Wesley Heidt
Heidt, of New Smyrna Beach, has been the Bureau Chief in the Office of the Attorney General since 2008. He previously served as Assistant Attorney General. He received his bachelor's degree from Valdosta State College and his law degree from the University of Florida College of Law. Heidt fills the vacancy created by the resignation of Judge Dawn Fields.

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From: Wesley Heidt
To: Nelson, Stephen
Cc: Koenig, Vickie
Subject: Wesley Heidt
Date: Tuesday, December 22, 2020 1:09:43 PM

As you are aware, I will be leaving the Attorney General's Office having been appointed to serve as Volusia County Judge. I start with the court on January 1, 2021.

I wanted to add that I reviewed the appointment letter, and I have been on the MEC since February of 2015. Of course, that pales in comparison to the tenure of my AG predecessor (Bob Krauss), but I did want to note that but for the change in position, I would still be serving as long as allowed by General Moody.

Thank you for making service something I looked forward to and know I will miss the MEC.

Sincerely,

Wesley

Wesley Heidt

STATE OF FLORIDA

ASHLEY MOODY
ATTORNEY GENERAL

December 29, 2020

The Honorable Ron DeSantis
Governor, State of Florida
The Capitol
400 South Monroe Street
Tallahassee, Florida 32399-0001

Dear Governor DeSantis,

Section 406.02(1)(b), Florida Statues, pertaining to the membership of the Florida Medical Examiners Commission, provides that one member of the commission shall be the Attorney General or her designated representative. I am pleased to designate Nick Cox, Statewide Prosecutor, as my representative to sit on the Medical Examiners Commission. You may contact Mr. Cox at 813-526-1330 or Nick.Cox@myfloridalegal.com.

Sincerely,

Ashley Moody

Ashley Moody
Attorney General

PL-01, The Capitol, Tallahassee, Florida 32399-1050, Telephone (850) 414-3300 Fax (850) 487-2564

State of Florida
Medical Examiners Commission

P.O. Box 1489 | Tallahassee, FL 32302-1489 | (850) 410-8600

November 30, 2020

Robert D. Karch, M.D., M.P.H., F.A.A.P.
Deputy Secretary, Children's Medical Services
Florida Department of Health
4052 Bald Cypress Way, BIN A-06
Tallahassee, FL 32399-1701

Sent via e-mail to: Joshua.Thomas@flhealth.gov

Dear Bob:

Thank you for October 20, 2020 letter concerning the forensic pathologist position on the State Child Abuse Death Review Committee, representing the Florida Medical Examiners Commission. That position is currently held by Tallahassee-based Associate Medical Examiner Anthony J. Clark, M.D. Dr. Clark has expressed to me that he did not wish to be re-appointed.

Under my appointment authority as Chairman of Florida's Medical Examiners Commission (F.S. 383.402(2)(a)(1)(f), I hereby appoint **Shanedelle S. Norford, M.D.**, an Associate Medical Examiner in the Orlando-based medical examiner's office to a 2-year term on the State Child Abuse Death Review Committee. Dr. Norford's appointment is effective immediately.

Shanedelle S. Norford, M.D.
Associate Medical Examiner
District 9 (Orange County) & District 25 (Osceola County)
2350 East Michigan Street
Orlando, FL 32806-4939
(407) 836-9400 main
(407) 836-9450 fax
Email: S_Norford@yahoo.com

If you have any questions, please do not hesitate to contact me at my Winter Haven office (863-298-4600).

Best wishes for the coming Holiday Season and for a New Year!

Sincerely yours,

Stephen J. Nelson, M.A., M.D., F.C.A.P.
Chairman, Medical Examiners Commission

SJN:jkb

cc: Shanedelle S. Norford, M.D.

2021 Paul Coverdell Grant Summary

Total Amount Requested by Districts (16)	$50,415.01
Total Allotment for Medical Examiners	TBD

2021 Paul Coverdell Grant
Requested Expenditure List (Received 01/21/21)
District One Medical Examiner Office

Category: Equipment

The **District One Medical Examiner Office** requests funds to purchase five flip top tables, ten compact chairs, and a television with a mount. These items will be used to furnish a multipurpose room that will be used for education conferences, staff meetings, in-house depositions, and next-of-kin briefings. The current 10-year-old conference equipment is worn and not able to accommodate additional staff hired due to an increase in caseload. Additionally, the compact chairs/tables will assist in protecting staff and family health during the COVID-19 pandemic by allowing for optimal social distancing in limited available space. Finally, the smart television is needed to properly utilize the technology necessary to conduct both Zoom meetings and education conferences while maintaining safe social distancing.

Quantity	Item	Total Cost
5	Flipper Top Training Table ($189.47 each) + Shipping	$1,008.35
10	Compact Chair ($106.99 each)	$1,069.90
1	LG Smart TV + Shipping	$537.99
1	TV Wall Mount	$44.66

Total Requested Amount: $2,767.72

Staff Recommendation: **Total Proposed Amount: $TBD**

2021 Paul Coverdell Grant
Requested Expenditure List (Received 01/12/21)
District Two Medical Examiner Office

Category: Equipment

The District Two Medical Examiner Office requests funds for the purchase of three digital cameras and new SD cards for their cameras. District 2 currently only has two cameras, and it has been necessary to use them in both autopsy suites in 2020 and continuing into 2021. The new cameras would replace the aging ones that are used every day as well as equip the office with an extra in case anything happens. The office would also like to purchase 10 SD cards to replace some of the older ones that are beginning to fail and not storing pictures during autopsies.

Quantity	Item	Cost
3	Digital Camera ($599.99 each)	$1,799.97
10	SD Card ($13.99 each)	$139.90

Total Request Amount: $2,000.00

Staff Recommendation: **Total Proposed Amount: $TBD**

2021 Paul Coverdell Grant
Requested Expenditure List (Received 01/25/21)
District Four Medical Examiner Office

Category: Equipment

The District Four Medical Examiner Office requests funds for the purchase of equipment to enhance the accuracy/quality and timeliness of the forensic investigation. Having the improved camera and external lens will increase the quality of scene and autopsy pictures taken, which will aid the medical examiners in making correct determinations in death cases.

Quantity	Item	Cost
1	Digital Camera Body	$1,496.95
1	Lens for Digital Camera Body	$1,096.95

Total Request Amount: $2,750.00

Staff Recommendation: **Total Proposed Amount: $TBD**

2021 Paul Coverdell Grant
Requested Expenditure List (Received 01/21/21)
District Five and Twenty-Four Medical Examiner Office

Category: Equipment

The District Five and Twenty-Four Medical Examiner Office requests funds to purchase seven standard cot covers and three heavy duty cot covers. As workload at the office has increased, investigators have had to self-transport more often. The standard cot covers will be kept in the office's seven investigation vehicles for that purpose. Additionally, the three heavy duty cot covers will replace the covers in their vehicles that are 14 years old and falling apart.

Quantity	Item	Cost
7	Standard Cot Covers ($85.50 each) + Shipping	$674.89
3	Heavy Duty Cot Covers ($186.20 each) + Shipping	$608.60

Category: Other

The District Five and Twenty-Four Medical Examiner Office requests funds for continuing education for staffed investigators who are registered diplomats with ABMDI working to get their board certification.

Quantity	Item	Cost
5	Terminology & Diseases ($109.00 each)	$545.00
11	Cultural Competency ($39.00 each)	$429.00
11	Mental Health Issues ($59.00 each)	$649.00
4	Forensic Pathology ($289.00 each)	$1,156.00

Total Request Amount: $4,062.49

Staff Recommendation: **Total Proposed Amount: $TBD**

2021 Paul Coverdell Grant
Requested Expenditure List (Received 01/23/21)
District Six Medical Examiner Office

Category: Equipment

The District Six Medical Examiner Office requests funds for the purchase of an autopsy saw and two digital SLR cameras with lenses. During the year of 2020, the District Six Medical Examiner's Office performed 1,659 autopsies in which autopsy saws and photographic documentation were required in order to fulfill the office's statutory requirement. Having an additional autopsy saw is necessary for redundancy in the event of failure with one and the new cameras will improve the quality of photographic documentation.

Quantity	Item	Cost
1	Autopsy saw + shipping	$1,276.15
2	Digital SLR Cameras and Lenses ($496.95 each)	$993.90

Total Request Amount: $2,270.05

Staff Recommendation: **Total Proposed Amount: $TBD**

2021 Paul Coverdell Grant
Requested Expenditure List (Received 01/21/21)
District Seven Medical Examiner Office

Category: Equipment

The District Seven Medical Examiner Office requests funds to purchase two iPads and two Apple Pencils. In an effort to modernize and maintain case files free of biohazardous materials, the iPads will allow the medical examiners and forensic technicians on staff to complete documents that belong in the case file electronically. The office anticipates the acquisition of a new case management system in 2021 that will allow staff to complete vital portions of case files electronically. Documents such as the body diagram and the personal effects form could be completed on the iPads and will automatically become part of the case file without having to exchange paperwork from the morgue to the administration building. The Apple Pencils are a necessary component of this plan as they will be used to more specifically write or draw on the documents.

Forensic investigators would also benefit from this purchase in that they could take the iPads with them to death scenes and easily access the case management system to begin inputting necessary data.

Quantity	Item	Cost
2	iPad ($1,099.00 each)	$2,198.00
2	Apple pencil ($129.00 each)	$258.00

Total Request Amount: $2,627.92

Staff Recommendation **Total Proposed Amount: $TBD**

2021 Paul Coverdell Grant
Requested Expenditure List (Received 01/11/21)
District Nine and Twenty-Five Medical Examiner Office

Category: Equipment

The District Nine and Twenty-Five Medical Examiner Office requests funds for an autopsy saw. Due to an increase in caseload, office staffing has increased and so has the need for additional autopsy saws. This is compounded by the fact that the life span of an autopsy saw is not long, so one must have one or two on standby in the event one in service becomes irreparable. Because the autopsy saw is used daily, it is essential to have the necessary equipment on hand. By allocating funds for the saw, they will not experience any potential delays in performing examinations due to lack of equipment or equipment failures.

Quantity	Item	Cost
1	Autopsy Saw	$2,111.45

Total Request Amount: $2,111.45

Staff Recommendation: **Total Proposed Amount: $TBD**

2021 Paul Coverdell Grant
Requested Expenditure List (Received 01/08/21)
District Ten Medical Examiner Office

Category: Consultants/Contracts

The District Ten Medical Examiner Office requests funds for anthropology services. This consultant is needed to aid in the identification of unknown decedents and assist in determining cause and manner of death. Without these services, medical examiner cases would stagnate and not move forward. These services will improve the timeliness and eliminate backlog of medical examiner cases.

Quantity	Item	Cost
1	Anthropology Services	$3,000.00

Total Request Amount: $3,000.00

Staff Recommendation: **Total Proposed Amount: $TBD**

2021 Paul Coverdell Grant
Requested Expenditure List (Received 01/14/21)
District Eleven Medical Examiner Office

Category: Equipment

The District Eleven Medical Examiner Office requests funds toward two HP tower computers and monitors which will replace computers that are more than five years old and no longer under warranty. Newer applications require more computing capacity and RAM than the older computers can provide. These computers will expedite the office's processes and allow for the sharing of information in a timely manner.

Quantity	Item	Cost
2	HP Tower Computer and Monitor ($1,125.00 each)	$2,250.00

Total Request Amount: $2,250.00

Staff Recommendation: **Total Proposed Amount: $TBD**

2021 Paul Coverdell Grant
Requested Expenditure List (Received 01/08/21)
District Twelve Medical Examiner Office

Category: Equipment

The District Twelve Medical Examiner Office requests funds to purchase new computer equipment that would facilitate and increase concurrent analytical and data analysis with their newly purchased case management database; and/or upgrade software operating systems that would interface more efficiently with new hardware technology of their current case management database, thus providing better service to the public; and/or apply funds towards their new computer database's CME Software Annual Maintenance fee.

Quantity	Item	Cost
1	Computer equipment/software	$8,000.00

Total Request Amount: $8,000.00

Staff Recommendation: **Total Proposed Amount: $TBD**

2021 Paul Coverdell Grant
Requested Expenditure List (Received 01/22/21)
District Thirteen Medical Examiner Office

Category: Equipment

The District Thirteen Medical Examiner Office requests funds to purchase three digital cameras and three camera carrying cases to replace older scene equipment for death investigators to use. These updated kits provide current technology and features which would allow the investigators to take better pictures to document the death scene and enhance morgue photography capability.

Quantity	Item	Cost
3	Digital Camera ($599.00 each)	$1,797.00
3	Camera Carrying Case ($94.95 each)	$284.85

Total Request Amount: $2,500.00

Staff Recommendation: **Total Proposed Amount: $TBD**

2021 Paul Coverdell Grant
Requested Expenditure List (Received 01/22/21)
District Fifteen Medical Examiner Office

Category: Equipment

The District Fifteen Medical Examiner Office requests funds for two body shields. In 2020, the District 15 Medical Examiner's Office responded to 480 death scenes. Many of those death scenes occurred in areas with poor visibility and in conditions in which environmental heat exposure or hypothermia may have been causative or contributory to the cause of death. Currently the office has no functional infrared thermometers for determination of temperature at scenes or from decedents' bodies. Obtaining flashlights and infrared thermometers will allow to better document scenes in the above-mentioned types of conditions or scenarios. In addition, the office is requesting funds to purchase two photography ladders and a macro photography lens. The ladders currently in use are extensively worn out and too large to fit in the existing spaces surrounding the autopsy stations. Currently, they do not have a macro lens compatible with the cameras in current use within the autopsy suite.

Quantity	Item	Cost
10	Flashlight ($34.99 each)	$349.90
3	Infrared Thermometer ($136.50 each)	$409.50
2	3-Step Rolling Ladder ($409.20 each)	$818.40
1	Camera Lens	$896.95

Total Request Amount: $2,474.75

Staff Recommendation: **Total Proposed Amount: $TBD**

2021 Paul Coverdell Grant
Requested Expenditure List (Received 01/22/21)
District Sixteen Medical Examiner Office

Category: Equipment

The District Sixteen Medical Examiner Office requests funds to purchase a tilting bariatric autopsy table. This type of table is far superior than the standard autopsy tables currently in use in that they are wider and have a much higher weight rating. In a recent death investigation one of the tables was damaged due to the lower weight rating. This table would replace the damaged one.

Quantity	Item	Cost
1	Tilting Bariatric Autopsy Table	$3,000

Total Request Amount: $3,000.00

Staff Recommendation: **Total Proposed Amount: $TBD**

2021 Paul Coverdell Grant
Requested Expenditure List (Received 01/20/21)
District Seventeen Medical Examiner Office

Category: Equipment

The District Seventeen Medical Examiner Office requests funds to purchase six DSLR cameras. These cameras will provide the Medical Examiners with an enhanced scene photographic experience for testifying in criminal cases, improve the quality of work for photo documenting relevant scene findings for the decedents' families and loved ones, offer the District Attorney and Public Defender a higher quality product with an affordable investigative tool, improve the quality and detail necessary when photographing scenes at night or in low-lit locations, provide higher resolution photographs. Additionally, all photographs in the State of Florida are considered digital evidence and must be retained indefinitely, so the latest technology is always preferred.

Quantity	Item	Cost
6	DSLR Camera ($496.95 each)	$2,981.70

Total Request Amount: $2,981.70

Staff Recommendation: **Total Proposed Amount: $TBD**

2021 Paul Coverdell Grant
Requested Expenditure List (Received 01/20/21)
District Nineteen Medical Examiner Office

Category: Equipment

The District Nineteen Medical Examiner Office requests funds to purchase a calibrated morgue scale and a color printer. The new scale will replace the old one which is not passing calibration inspection. Using a calibrated scale assures all weights measured during autopsies are accurate and reliable. The addition of a color printer will allow the investigators to print their scene photos in color. It will produce better photograph quality, which will help doctors and investigators with their cases.

Quantity	Item	Cost
1	Calibrated Morgue Scale	$900.00
1	Color Printer	$884.75

Category: Supplies

The District Nineteen Medical Examiner Office requests funds to purchase toner cartridges for their new color printer as well as their existing color printer. These printers are used daily for investigative purposes and aid doctors in making determinations. As they are used daily, the toner cartridges must be replaced frequently.

Quantity	Item	Cost
1	Cyan Toner Pack (New Printer)	$182.99
1	Yellow Toner Pack (New Printer)	$182.99
1	Magenta Toner Pack (New Printer)	$182.99
1	Black Toner Pack (New Printer)	$179.00
1	Cyan Toner Pack (Old Printer)	$144.99
1	Yellow Toner Pack (Old Printer)	$144.99
1	Magenta Toner Pack (Old Printer)	$138.99
1	Black Toner Pack (Old Printer)	$144.99

Total Request Amount: $3,086.68

Staff Recommendation: **Total Proposed Amount: $TBD**

2021 Paul Coverdell Grant
Requested Expenditure List (Received 01/20/21)
District Twenty-One Medical Examiner Office

Category: Equipment

The District Twenty-One Medical Examiner Office requests funds for the purchase of a Smart Board and a web camera. These items will allow the physicians, investigators, and morgue staff to socially distance by engaging in virtual depositions and meetings in their conference room.

Quantity	Item	Cost
1	Smart Board	$2,864.00
1	Web Camera	$74.50

Total Request Amount: $2,938.50

Staff Recommendation: **Total Proposed Amount: $TBD**

THE STATE OF FLORIDA

FATALITY MANAGEMENT RESPONSE PLAN

of the FLORIDA MEDICAL EXAMINERS COMMISSION

Version 5.0
Dec 23, 2020

(To supplement the State Comprehensive Emergency Management Plan)

TABLE OF CONTENTS

I Plan Authority

The Medical Examiners Act, Chapter 406, Part I, Florida Statutes, was enacted by the 1970 Legislature in order to establish minimum and uniform standards of excellence in statewide medical examiner services. The Florida Medical Examiners Commission provides guidance for districts throughout the state pursuant to its charge to initiate cooperative policies with any agency of the state or political subdivision thereof.

Under Chapter 406.11, Florida Statute, specific death scenarios fall under the jurisdiction of the medical examiner. Such scenarios include deaths resulting from accidents, homicides, suicides, and certain natural deaths which could include those constituting a threat to public health. The range of circumstances includes both man-made and natural disasters.

In addition, Chapter 11G, Florida Administrative Code, the rules of the Medical Examiner Commission, also provides specific guidelines and mandates certain procedures that should be considered even when dealing with a disaster.

II Plan Responsibility

The Florida Medical Examiners Commission has the responsibility to produce and maintain this State of Florida Fatality Management Response Plan.

III Plan Revision History

Version 1, Adopted at the Medical Examiner's Commission meeting of January 17, 2007

Version 2, Adopted at the Medical Examiner's Commission meeting of May 21, 2010

Version 3, Adopted at the Medical Examiner's Commission meeting of May 25, 2012

Version 4, Adopted at the Medical Examiner's Commission meeting of May 4, 2018

IV Introduction

The focus of this plan is to identify methods through which medical examiners may obtain support assets to accomplish the goals of identifying the deceased and arranging proper final disposition. No attempt is made here to create a one- size-fits-all operational set of procedures, as each district is unique. Rather, it presents major categories of service response that must be adapted to the nature of disasters ranging from naturally occurring events (hurricanes, floods, fires, etc.) to manmade events including delivery of weapons of mass destruction (bomb/blast, chemical, nuclear, or biological). Natural disease outbreaks occurring under normal circumstances (e.g. not terrorist related) do not normally fall under the jurisdiction of the medical examiner. Planning for such outbreaks is covered in the Florida Natural Disease Outbreak and the Pandemic Influenza Fatality Management Response Plan (2008).

Support assets are provided to the medical examiner via the system of a County-level Emergency Operations Center's Emergency Support Function 8 (ESF-8) – Health and Medical Services. The purpose of ESF-8 is to coordinate the State's health, medical, and limited social service assets in case of an emergency or disaster situation. This includes adoption of a Catastrophic Incident Response Plan for response to events that create excessive surge capacity issues for pre-hospital, hospital, outpatient, and mortuary services. The Fatality Management Response Plan addresses mortuary surge capacity issues and methods to respond to and mitigate such issues.

The main rule of thumb for requesting support assets calls for exhausting local assets before requesting state assets. Likewise, state assets need to be exhausted before requesting federal assets.

There are two primary organizations that provide major resources to a medical examiner having to deal with an incident that exceeds the assets of the local government.

The first is the Florida Emergency Mortuary Operations Response System (FEMORS) which is a State of Florida asset that may be requested by the medical examiner when the Governor has issued an Executive Order declaring a state of emergency. It may also be requested in the absence of a declared emergency as evidenced by the Jan 29, 2012 eleven-fatality vehicular crash incident on Interstate-75 in Gainesville.

The second is the federal government's Disaster Mortuary Operational Response Team (DMORT). When a federal declaration has been made concerning a local disaster DMORT's personnel and equipment can be deployed to the disaster site.

The major distinction between the two is that FEMORS can reasonably expect to staff and manage an event for approximately 30 to 40 days. If the activation period is anticipated to require a longer support time, DMORT may be called upon to assist. Any transitional change would be totally seamless since both organizational models are very similar.

FEMORS can assist the medical examiner with an incident assessment within 2-4 hours, and be onsite and operational in 1 to 3 days. DMORT can take several days longer, especially for a no-notice event such as an explosion.

Both teams can provide an incident morgue with all of its ancillary equipment and staffing of various forensic teams within the morgue (i.e. pathology, personal effects, evidence collection, radiology, fingerprint, odontology, anthropology, DNA collection, and embalming). They also may assist in initial scene evaluation, recovery of human remains, collection of missing person information, victim identification, records management, and disposition of human remains.

V Concept of Operations

A. General

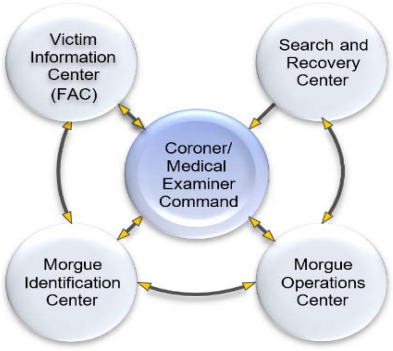
1. Mass fatality disasters have the potential to quickly overwhelm the resources of a medical examiner's operation depending on the capacity of the facility and the number of fatalities. Offices that are overwhelmed may seek assistance at local, state and federal levels.

2. Disaster situations may range from just a few victims to very high numbers. Additionally, the event may involve one or more of the following complications:
   a. Biological agent exposure events resulting in infectious or toxic agent contaminated victims,
   b. Bomb/Blast events resulting in burned and fragmented human remains,
   c. Chemical exposure events resulting in hazardous material contaminated victims,
   d. Radiological exposure events resulting in radiation material contaminated victims.
   e. Transportation accidents resulting in fragmented human remains,
   f. Weather events resulting in drowning and blunt trauma victims, or
   g. Natural disease outbreaks.

3. These complications can arise regardless of whether the event was an act of nature, a minor or catastrophic accident, a terrorist act, an outbreak of infectious disease, or the intentional release of a weapon of mass destruction.

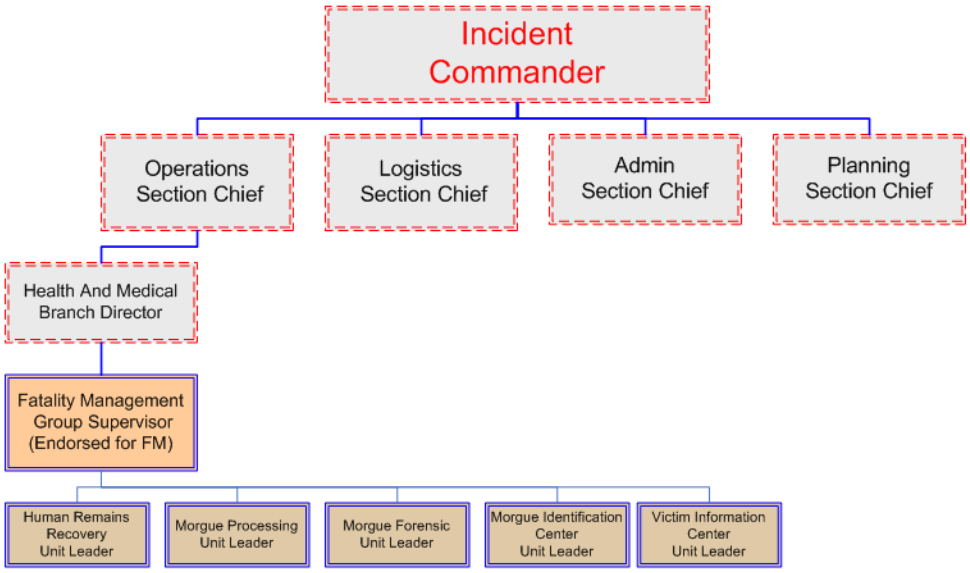
4. Deaths resulting from acts of homicide, suicide, or accident, and those constituting a threat to public health, fall under the jurisdiction of the medical examiner (Chapter 406.11, Florida Statutes). For this reason, the medical examiner assumes custody of any such death to determine the cause of death, document identity, and initiate the death certificate.

5. The five primary functions of the Fatality Management mission are:
   a. Command/Control,
   b. Recovery,
   c. Morgue (post mortem processing),
   d. Victim Information (ante mortem processing), and
   e. Identification.



6. Management of the overall disaster is accomplished using the Incident Command System (ICS) as codified by the National Incident Management System (NIMS). The primary functions of Command, Operations, Planning, Logistics, and Administration/Finance are the foundation of a

scalable platform that can expand or contract as the scope of the disaster dictates. Typically, under the Operations Section Chief, there will be a Health and Medical *Branch* Director managing a variety of *Groups* such as Medical Response/EMS, Sheltering, Special Needs, Fatality Management, and others.



7. The medical examiner may obtain additional resources by identifying equipment and personnel assets needed to manage the surge of deceased victims and channeling those requests through the local Emergency Operations Center. This would include specialized assets to assist with decontamination of victims of exposure to chemical, radiological, or biological agents.

8. Normally the local or State Emergency Operations Center processes such requests through its ESF-8 desk. Except in rare circumstances involving military or certain federal employees, the medical examiner retains control of, and responsibility for, handling the deceased. All assets activated to assist with fatality management operate under the direction of the medical examiner. Once the requested assets arrive, the medical examiner has the responsibility to coordinate, integrate, and manage those assets. (Capstone)

9. Resources available for activation may provide personnel experienced in Incident Command System operations capable of augmenting the medical examiner's staff in certain management functions and providing valuable liaison services to Incident Command and the ESF-8 desk.

B. Organization

PRIMARY AGENCY:

Florida Department of Health

SUPPORT AGENCIES:

Florida Department of Law Enforcement (FDLE)
Florida Medical Examiners Commission (MEC)
Florida Emergency Mortuary Operations Response System (FEMORS)

FEDERAL AGENCIES:

Department Health and Human Services National Disaster Medical System (NDMS) which provides:

- Disaster Mortuary Operational Response Team (DMORT) and
- Weapons of Mass Destruction (WMD) Team

1. Florida's Department of Health is designated as the lead agency for providing health and medical services under ESF-8. The roles of the primary and support agencies are enumerated in the state's Comprehensive Emergency Management Plan, specifically in Appendix VIII: ESF-8 – Public Health and Medical Services.

2. When necessary, federal ESF-8 resources will be integrated into the state ESF-8 response structure.

3. Local Health Departments and Emergency Operations Centers operate at the county level in each of Florida's 67 counties.

4. Medical Examiners operate under a district system whereby they exercise authority for a single county or multiple counties. The 25 districts are covered by 22 medical examiner offices because Districts 2, 4, and 8 cover District 3 (Columbia, Dixie, Hamilton, Lafayette, Madison, and Suwannee counties), District 7 (Volusia county) covers District 24 (Seminole county), and District 9 (Orange county) covers District 25 (Osceola county). (See Section XI – Medical Examiner Districts)

5. The Florida Medical Examiners Commission provides oversight for districts throughout the state. In the absence of other reporting procedures, the Commission serves as the information clearinghouse on the status of reported fatalities due to a disaster.

6. Regional Domestic Security Task Forces (RDSTF) operate at a regional level with the State divided into 7 regions covering multiple counties each. Each RDSTF Region covers several medical examiner offices (while 5 medical examiner districts are covered by more than one RDSTF Region).

RDSTFs provide the law enforcement oversight for disasters and incorporate both local and state law enforcement agencies as well as ancillary agencies including fire service, search and rescue, health and medical services, and others. RDSTFs support the emergency management structure established for the disaster. This may be a single county Emergency Operation Center or, in the case of a multi-jurisdictional event, a Joint Emergency Operation Center as well as the State Emergency Operation Center. Close coordination of the medical examiner's role of processing human remains with law enforcement's role of investigating the event and tracking missing person reports is essential throughout the response effort.

7. Florida's Emergency Mortuary Operations Response System (FEMORS) is a team of qualified "reserve" forensic professionals who can be deployed by ESF-8 to supplement the needs of the medical examiner(s) affected by a mass fatality event. FEMORS is a sponsored activity of the University of Florida in collaboration with the Maples Center for Forensic Medicine.

C. Notifications

1. Medical examiner notification to the local Emergency Operations Center is the first step in obtaining supplemental resources. If not already activated by another method of notification, this action results in contact through the State Warning Point to activate the State Emergency Operations Center.

2. Disaster notification to the medical examiner will normally come through routine law enforcement, emergency operations center channels, or news media broadcasts in advance of a request to respond to recover human remains. In rare cases, it is possible that the medical examiner would be the first to recognize a cause of death indicating a potential weapon of mass destruction release. In such an event, the medical examiner would be the one to initiate notification of appropriate authorities.

3. During an activation of the State Emergency Operations Center, the primary and support agencies of ESF-8 respond directly to the Emergency Services Branch Chief who reports to the Operations Section Chief (see Chapter 4, Section M of the Basic CEMP).

4. State Emergency Operations Center activation of ESF-8 may result in immediate activation of an assessment team from FEMORS (or another fatality management support organization such as DMORT) that can initiate contact to offer assistance to the medical examiner in assessing the scope of the disaster and identifying assets required to process human remains.

D. Actions

1. Once notification is made of an event with a potential for significant loss of life, a medical examiner should attempt to assess the scope of the event and anticipate levels of additional resources that might be needed. This could include:
   a. modification of routine workflow within the facility to permit processing and segregation of daily casework from disaster-related victims;
   b. possible supplemental space and equipment requirements for refrigerated storage;
   c. temporary staff and supply increases to respond to the surge event; and,
   d. if the facility has been damaged by the event (e.g., hurricane, flood, etc.), consideration of location for placement of a temporary base of operations either adjacent to, or remote from, the damaged morgue facility.

2. Upon notification by a medical examiner of a request for assistance, ESF-8 may notify and activate an assessment team of FEMORS (or another fatality management support organization such as DMORT) to assist the medical examiner in assessing the situation.
   a. In the event of a known impending event like a hurricane, ESF-8 normally places the fatality management support organization on ALERT for possible activation.
   b. FEMORS activates its internal notification system to establish a Ready List of members capable of responding if needed.

3. FEMORS initiates contact with the medical examiner by telephone, within 4 hours if possible, to ascertain if help is needed or to arrange for an appropriate meeting location.

4. Simultaneously, FEMORS initiates its telephone notification process to assemble a list of members capable of responding within 24 hours, if needed.

5. If needed, FEMORS assists the medical examiner in planning for:
   a. special processing complications such as protection from chemical exposure of responders and decontamination of recovered remains prior to transportation to a temporary morgue site, if applicable;
   b. disaster site management of human remains with regard to recovery, preliminary documentation procedures, and refrigerated storage until transportation can be arranged;
   c. supplemental or temporary morgue operations either in concert with the existing medical examiner facility or at a remote location;

d. supplemental refrigerated storage at the morgue both for remains received from the disaster site and for remains processed and awaiting release for disposition;
e. victim information center operations at a site removed from both the disaster site and the morgue; and
f. records management and computer networking for managing data generated about missing persons and remains processed.

6. The medical examiner, or designee, reports the assessment results back to ESF-8 to specify:
   a. estimated number of human remains to be processed if possible,
   b. types and number of personnel and equipment that will be needed,
   c. staging area(s) for arriving assets, and
   d. any special safety issues to advise responding personnel.

7. ESF-8 documents the medical examiner's requests for equipment assets, types and numbers of support personnel, and staging area instructions.

8. As directed by ESF-8, FEMORS contacts and activates the types and number of personnel requested by the medical examiner with instructions on staging areas and planned time of arrival.

9. ESF-8 initiates arrangements for travel, if necessary, and accommodations for responding personnel.

10. For any equipment requested that is not part of FEMORS response, ESF-8 initiates contact with appropriate vendors to supply equipment such as refrigerated trucks, x-ray machines and processors, etc.

11. In the event the resources required for response to the disaster exceed the capabilities of FEMORS, or if decontamination of human remains is needed, ESF-8 initiates contact with appropriate HazMat decontamination teams or the Federal Department of Health and Human Services (HHS) to request the assistance of the Disaster Mortuary Operational Response Team (DMORT) and/or Weapons of Mass Destruction (WMD) Team.

E. Direction and Control

1. All management decisions regarding response assets and resources are made at the State Emergency Operations Center by the Department of Health Emergency Coordination Officer.

2. Management of fatality related operations under the direction of the district medical examiner or designee is coordinated with the field Incident Commander. FEMORS' assets assigned to the medical examiner remain under the medical examiner's direction and may be used in any way to supplement the medical examiner's operations including liaison with the Incident Commander.

3. Volunteer groups and individuals may also offer services to assist the medical examiner. Traditionally, this includes forensic pathologists from other districts, forensic anthropologists, and members of various funeral associations and dental societies. Experienced forensic pathologists can be appointed as Associate Medical Examiners pursuant to Chapter 406.06(2), Florida Statutes. Funeral service personnel can be a valuable asset to provide, at a minimum, additional staff to serve as "trackers" to monitor custody and processing steps for each set of remains through the morgue process. Likewise, dental personnel, even if they possess no forensic experience, can assist forensic odontologists in a number of areas.
   a. Members of FEMORS are provided liability coverage for worker's compensation and professional liability issues by activation as temporary employees of the University of Florida.
   b. For such volunteers who are not members of FEMORS, the medical examiner should ensure that each volunteer acknowledges a liability waiver for work-related injury and registers in for each period of service.

4. Regardless of the source of personnel (in-house, state or federal supplemental, or volunteer) detailed time records must be maintained to document the nature and periods of duty for each and every person assisting during the operation.

VI Responsibilities - Medical Examiner

The medical examiner is responsible for managing several operations that target the ultimate goals of identifying the dead, determining the forensic issues related to the cause and manner of death, and returning human remains to families, if possible.

In a disaster situation, in addition to notification, evaluation, and planning, incident specific caseload management consists of coordinating multiple functional areas.

- **A.** Tracking System Activation
- **B.** Remains Recovery
- **C.** Holding Morgue Operations
- **D.** Pre-Processing Transportation and Storage
- **E.** Morgue Operations
- **F.** Post-Processing Transportation and Storage
- **G.** Body Release for Final Disposition
- **H.** Victim information Center Support
- **I.** Records Management (Victim Processing)
- **J.** Records Management (Accounting and Finance)
- **K.** Progress Reports and Public Information

A. Tracking System

When implementing a tracking system for recovery, the medical examiner should consider where remains are found, how fragmented portions are tracked, how case numbers are correlated, and how ante-mortem data (obtained from family members) can be cross referenced with other case numbers assigned to recovered remains. The tracking system should include a means for distinguishing disaster cases from other caseloads, it should also enable the cross sharing of data between several operational areas, such as, the morgue, the Victim Information Center, the incident site, or any location where case data is entered. (Capstone) Each set of remains processed will generate numerous items that need to be tracked by computer such as photographs, personal effects, tissue samples, etc.

Whether FEMORS, DMORT or another fatality management support organization is activated to assist the medical examiner, a Victim Identification Program (VIP) or similar database can be used to track and search for potential matching indicators. VIP stores known victim information provided by families at the Victim Information Center and data generated in processing the remains in the morgue. Likewise, both assets utilize a dental matching program called WinID to compare ante mortem dental records with post mortem dental data obtained during the processing effort.

An accurate and reliable numbering system for all human remains (especially fragmented human remains) is crucial to an effective 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, in part or in whole as deemed necessary by the medical examiner. There are several places where the numbering system must be carefully managed.

1. Field or Disaster Site - 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.). This is particularly important when remains are recovered simultaneously from multiple sites.
   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 be packaged separately and assigned different numbers.

2. Morgue Operations -
   a. Often it is preferable to assign the unique Morgue Reference Number (MRN) once remains are received at the incident morgue. Although tracking starts at the point of recovery, it is better if an official case number is assigned at the location where remains are actually processed rather than at the recovery point(s), because co-mingled fragmentary remains may need to be separated and treated as multiple cases, versus one case.
   b. If appropriate, the MRN and suffixes may be used to further identify multiple items related to the same MRN.
      i. Because of the way computers store and retrieve data, it is important to include the leading zero for numbers 01 through 09.
      ii. Summary of possible case numbering suffixes that may be applied (including the leading zero for numbers 01 through 09):
         - DM01 Digital Media
         - DP01 Digital Photos
         - PE01 Personal Effects
         - BX01 Body X-rays
         - FP01 Finger Prints
         - DX01 Dental X-rays
         - DN01 DNA Specimens (post mortem)
         - DB01 DNA Family Samples (Buccal swabs)
         - DR01 DNA Reference Specimens (known victim DNA)

3. Identified Remains Case Number Conventions
   a. For death certificate purposes, each death requires one medical examiner case number.

b. The medical examiner may elect to enter identified remains in the district's existing computerized case file management system for that office after one or more MRN case files have been matched to a Reported Missing (RM) case file. Thus, a "Medical Examiner Case Number" may be issued.
   i. Cross reference notes should be made to indicate which Reported Missing (RM) case and MRN case(s) are associated with the master case number.
   ii. Multiple MRN cases may be matched by dental or DNA identification to one individual.
c. The medical examiner may elect to use the first MRN identified with a particular Reported Missing (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.
   ii. Logs of MRN numbers should be updated to reflect the primary and secondary links for tracking purposes.

B. Remains Recovery

Management of mass fatality disasters begins at the scene. The medical examiner's accurate determination of the cause and manner of death, documentation of a victim's identity, and return of remains to families is dependent on the quality of the recovery effort. With the exception of obvious weather caused events, disaster sites should be considered and treated as crime scenes from the outset. The nature of the disaster site will dictate how the medical examiner coordinates with law enforcement and fire service personnel to locate, document, store, and transport victim remains.

If the site involves any form of hazardous contamination it may be necessary to form a multidisciplinary team to evaluate the incident. The team should include:

1. HazMat, and any other relevant agencies (check required level of PPE),
2. death investigation personnel, and
3. law enforcement.

In the event of a disaster involving contaminated human remains, it may be necessary to request activation of the National Guard CBRNE teams, the local HazMat teams, or a similar asset capable of decontaminating the remains before they are admitted to the morgue for processing.

C. Initial Holding Morgue Operations

Once remains have been recovered at the disaster site, an initial physical examination by medical examiner, law enforcement, or other appropriate personnel may be necessary at the scene prior to a more extensive external and internal examination at the morgue.

1. At the very least, remains must be documented for tracking purposes as they are recovered and placed in a transportation staging area.
2. In some circumstances, personnel may need to gather evidence, and document, remove, and track personal effects before remains are transferred for autopsy or identification.
3. In other cases involving contamination, remains may need to be decontaminated before they are transported to the morgue. Because the set up for a decontamination unit may take 48-72 hours to become fully operational, refrigerated storage of remains at the incident site may become necessary.
4. The type of disaster will determine the extent of the initial holding/incident morgue operation.

D. Pre-Processing Transportation and Storage

The number of fatalities may necessitate the expansion of the medical examiner's transportation, storage, and morgue systems.

1. To expand their storage capabilities, medical examiners may need to incorporate the use of supplemental refrigeration (such as refrigerated units).
2. Where possible, electric power should be utilized to run the refrigerated units instead of diesel power which creates highly toxic exhaust fumes.
3. The use of mobile refrigerated units for temporary staging storage at the disaster site can also be used to transport remains to a high capacity medical examiner facility (even if outside the district).
4. Another option is to cool a suitable storage area to below 40° F with an industrial air conditioning unit.
5. Remains delivered from the incident site must be kept segregated from remains already processed.
6. During the transporting and storing process, human remains should not be stacked upon one another. They may be stored on shelving units (if available) provided there is a means for the safe lifting of those remains above waist level height.

E. Morgue Operations

Morgue case flow during disaster operations requires planning of multiple issues including location of processing areas, flow through the morgue and tracking, initial routine processing/triage, and autopsy.

1. Location
   The medical examiner must determine if remains should be processed at the medical examiner office in the district in which the deaths occurred, within the district at another location, or at the nearest high capacity medical examiner facility. Such a decision is based on the magnitude of the incident, the rate of recovery of remains, the potential for the medical

examiner headquarters to become a target of attack, and if the district medical examiner office has enough space to accommodate the additional caseload.

2. Morgue Stations
   a. Unlike routine casework where human remains are processed at one station, in a mass fatality incident remains are often processed in a multiple-station system. Generally, a well-organized morgue operation entails: intake/admitting, triage, photography, evidence, personal effects, pathology/toxicology, radiology, fingerprinting, odontology, anthropology, and DNA sampling.
   b. Extensive guidance on the function and operation of each morgue station is provided in the FEMORS Field Operation Guide (FOG).

3. Autopsy and External Evaluations
   a. For large numbers of fatalities, it may not be feasible to consider performing a complete autopsy on all remains. Although the medical examiner must determine which cases require an autopsy, he/she should think about discussing his/her intentions with the lead law enforcement agency and the Department of Health, since each of these agencies has its own specific requirements for identifying autopsies to support the overall investigation. (Capstone)
   b. While a complete autopsy of every victim may be the desired goal, in the face of significant numbers of victims the medical examiner may need to seek authorization to apply professional discretion to autopsy only appropriate sample cases. Such authorization may be requested pursuant to a disaster declaration or Governor's Executive Order covering the state of emergency.

4. Documentation of Processing
   a. In addition to assessment of anatomic findings (pathology/toxicology reports) to support a determination of cause of death, processing provides the only opportunity to preserve information needed to establish positive identification of the remains.
   b. Processing of each case includes photography, collection of evidence, and/or personal effects. Properly documented "chain of custody" is essential for all such processing.
   c. Personal effects may prove crucial in establishing presumptive identifications that may lead to positive identifications through accepted protocols. Even DNA may be obtained from some personal effects bearing biological material. For that reason, a DNA specialist should be consulted before personal effects are cleaned for photographing, cataloging, and returning to families. Personal effects should always be treated with potential identification in mind.
   d. Standardized processing forms available in the Victim Identification Program (VIP) type databases may be used to create a record of all processing efforts.

e. Data entry of post mortem processing information is valuable for making the information searchable for clues to matching it with victim ante mortem information provided by families.

5. Radiological (X-Ray) Processing
   a. Specialists with experience in the use of x-ray should be used to process remains.
   b. Comprehensive x-ray documentation is made of appropriate cases to identify commingled remains, artifacts (jewelry, evidence, etc.) imbedded in human tissue, and evidence of ante mortem skeletal injury, surgeries, or anomalies.
   c. Such features may aid in identification by correlation with ante mortem medical records.

6. Fingerprint Processing
   a. Specialists with experience in recognizing and preserving ridge detail for finger, palm, and footprints should be used to process remains.
   b. Preserved ridge detail records may be compared to ante mortem print records supplied by families or other agencies to establish identification of the victim.

7. Dental Processing
   a. Specialists with experience in recognizing dental structures and recording by means of x-ray and charting should be used to process remains.
   b. Standardized processing forms available in the dental identification program (WinID) may be used to compare with ante mortem dental records supplied by families or other agencies to establish identification of the victim.

8. Anthropology Processing
   a. Specialists with experience in recognizing skeletal structures and recording by means of x-ray and charting, should be used to process remains.
   b. Comprehensive documentation is made of human skeletal and other fragmentary remains including assessment of bone, bone portion, side, chronological age, sex, stature, ancestral affiliation, ante-mortem trauma, and pathological conditions.
   c. Such features may aid in identification by correlation with ante mortem medical records

9. DNA Processing
   a. Human remains that lack typical identifying features (tissues without fingerprint, dental, or anthropological material) can often be identified through DNA. For this reason, morgue processing should include a station to obtain and preserve a specimen for DNA testing from each case processed.

b. DNA specialists should be consulted or even incorporated into the morgue station to ensure proper sampling procedures, prevent cross contamination, and ensure the best possible specimen is collected.
c. Laboratory testing of DNA specimens will need to be coordinated taking into account the:
    i. selection of the most appropriate specimen for testing,
    ii. number of specimens to be tested,
    iii. capacity of the laboratory to perform the testing, and
    iv. standardization of test results for comparison with DNA testing of ante mortem reference materials collected through the Victim Information Center or other agencies.
d. DNA Sections of the Florida Department of Law Enforcement's Crime Laboratory System may be called upon to assist with managing such issues.

F. Post-Processing Transportation and Storage

Until the final disposition of remains is known, the medical examiner cannot determine to what extent this phase of the operation must function; for instance, when remains are going to be returned to family members, personnel may only need to establish a holding area for funeral directors to retrieve remains (Capstone). Storage areas should be segregated for coding of location by *Unidentified* remains and *Identified* remains. Unidentified remains may be returned to the morgue multiple times for additional processing as needed.

Law enforcement may require that the remains be retained or partially retained for evidentiary purposes, thus the medical examiner may need to further enhance the morgue's storage capacity.

G. Body Release for Final Disposition

When processing has been completed, final disposition normally involves burial or cremation at the family's request. Aside from the question of mass disposition (see Section VIII - Mass Disposition of Human Remains) a variety of tasks must be accomplished to authorize release of the human remains to a funeral service provider of the family's choice.

1. Once remains have been identified and are ready for release, the medical examiner certifies the cause and manner of death on the death certificate.
2. Typically, medical examiner staff notifies the funeral home selected by the family. The funeral service provider responds to transport the remains and complete filing of the death certificate under procedures established by the Bureau of Vital Statistics.
3. Medical examiner staff and/or other involved agencies should confer with families and obtain documentation of the family wishes regarding notification when additional fragmentary remains are identified. Some

families desire to be notified of every identified fragment while others have reached closure and do not desire to be notified at all.

4. Provisions may be made for how unclaimed and unidentified remains will be memorialized or disposed of at the conclusion of the processing effort. This is often done in concert with the Incident Command management team and governmental officials.
5. Exceptions to release exist for remains that could not be decontaminated to a safe level. Emergency management powers of the Governor may need to be invoked to suspend routine regulations regarding the disposition of human remains and grant the Department of Health quarantine and human remains disposition powers including state sponsored burial or cremation in accordance with Chapter 381.0011(6), Florida Statutes.
6. In disaster situations where there are no remains to recover for identification, or where scientific efforts to establish identity fail, the appropriate legal authority in accordance with Chapter 382.012, Florida Statutes may order a presumptive death certificate.

H. Victim Information Center Support

Emergency management agencies should be prepared to mobilize the appropriate resources to establish a missing persons Victim Information Center (VIC) in conjunction with the management of an incident with mass fatalities. This may be part of a joint family assistance center established by Incident Command for multiple service organizations. Nonetheless, staffing for the purpose of interviewing families for information essential to identification requires consultation with forensically trained specialists. The fatality management support organization will have experience and operating procedures for establishment of a VIC. The efforts of personnel at the VIC shall be coordinated with the involved law enforcement agency's missing persons investigators if applicable.

1. Interviewing of family and friends of the disaster victim provides an opportunity to obtain vital information that may lead to a positive identification of the victim. In addition to basic physical description and names of treating physicians or dentists, interviews may reveal unique features such as tattoos, piercing, jewelry, etc.
    a. Standardized questionnaire forms are available in the Victim Identification Program (VIP).
    b. Interviewers should be limited to personnel specially trained in dealing with grieving individuals such as:
        i. law enforcement agents,
        ii. medical examiner investigators,
        iii. social workers,
        iv. funeral service personnel, or
        v. Victim Information Center specialists who have been trained in conducting interviews and using the VIP protocols.

2. DNA Collection
   a. Family reference samples and personal effects of the victim containing biological material may provide the only method by which processed victim remains can be identified.
   b. DNA specialists should be incorporated into or consulted on the VIC interview process to ensure proper collection procedures, prevent cross contamination, and ensure the best possible specimens are collected for subsequent laboratory testing.

I. Records Management (Victim Processing)

1. Segregation of disaster records from the normal office records is recommended.
2. All ante and post mortem information and records should be handled as evidence. The chain of custody of records must be maintained via sign-out and sign-in logs. Records management personnel must be able to account for all received information/records, whether they are in the direct possession of the records management section or checked out to an authorized individual.
3. Four major file categories should be maintained:
   a. Unidentified Remains case files in morgue reference number (MRN) order and containing:
      i. Processing paperwork,
      ii. Printouts of digital photos,
      iii. CD or other storage media copy of all photos taken,
      iv. Printouts of digital dental x-rays,
      v. CD or other storage media copy of all digital dental x-rays taken,
      vi. Printouts of digital body x-rays,
      vii. CD or other storage media copy of all digital body x-rays taken,
      viii. Personal effects inventory.
   b. Reported Missing Person Reports (RM) case files in Last Name alphabetical order and containing:
      i. Printed VIP interview form along with original hand completed forms,
      ii. Other police missing person reports submitted,
      iii. Medical ante mortem records or body x-rays submitted,
      iv. Fingerprint records,
      v. Dental ante mortem records including x-rays, and
      vi. Notes of contacts for information gathering.
   c. Identified Remains - Medical examiner determines which master number to use and merges into one file all related materials:
      i. RM ante mortem reporting forms,
      ii. Ante mortem medical records,
      iii. Morgue reference number (MRN) folders (these may be multiple if DNA associates parts),

iv. Dental records (ante and post mortem),
v. Morgue Photographs,
vi. DNA submission documents,
vii. Body X-Ray identification (ante and post mortem),
viii. Fingerprints and comparisons made, and
ix. Remains release and funeral home documentation.

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,
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 may be issued and all this material is moved to the Identified Remains file.

J. Records Management (Accounting and Finance)

1. Expenses incurred by a medical examiner in response to a disaster may be reimbursable depending on the nature of the disaster and whether a disaster declaration was issued at the state or federal level.
2. Expenses may include both personnel overtime and purchases of equipment and supplies when requested through and approved by the Emergency Operations Center process.
   a. Expenses incurred outside of the Emergency Operations Center process may not be reimbursable.
3. Extensive documentation of labor time (especially overtime) and purchases will be needed to seek reimbursement including:
   a. daily attendance rosters and time worked logs,
   b. mission number assignment from Emergency Operations Center or designee,
   c. purchasing and tracking of materials.

K. Progress Reports and Public Information

1. From the onset, demands for estimates of the number of victims, the number identified, and names of the missing arise from many sources.
2. Chief among these are the Incident Commander, the Emergency Operations Center, and the Medical Examiners Commission.
   a. Early estimates contribute to the planning assumptions and provide a means to assess additional resources that may be needed.
   b. Periodic and later updates allow for fine tuning the response effort and determining the eventual demobilization strategy.

   c. Daily reporting to the Medical Examiners Commission during a disaster event involves reporting all confirmed disaster-related deaths to include name, age, race, sex, and brief synopsis. This list becomes the official list as managed by the State Emergency Operations Center.
3. Normally, the Incident Commander will arrange for an official Information Officer to provide updates to the media.
4. Medical examiner staff should be assigned as liaison with Incident Command staff to coordinate distribution of information relating to victims and progress of the response effort. Special care is needed to inform waiting family members of developments before information is released to the general media.
5. Potential types of medical examiner information that may be requested frequently, even daily, include:
   a. total number of victims,
   b. names of identified victims,
   c. method of identification,
   d. names and number of missing person reports,
   e. staffing levels and assistance provided, and
   f. estimate of time to complete identifications.

VII Multiple District Incident Coordination

A. Definition of Multiple District Incident

A mass fatality incident in which decedents are recovered from geographic locations crossing medical examiner district boundaries.

B. Jurisdiction for Issuance of Death Certificate

The district covering the county of death (or where the remains are found) determines which medical examiner signs the death certificate and records the official medical examiner case number (thus affecting year-end statistical reporting).

C. Coordination of Resources

This is a mutual agreement situation and rests upon the willingness of all involved medical examiners to make prudent, team-focused decisions to provide for the best way to serve law enforcement investigative needs as well as the needs of families involved.

If the desire is to have single processing center for both post mortem examination (morgue) and ante mortem collection (victim information call center) when multiple medical examiner districts are involved in a single event, all of the medical examiners impacted would need to meet and agree on:

1. Central incident morgue and victim information call center locations.
    a. Governor's Declaration of Emergency or Executive Order authorizes the use of the State's assets including FEMORS and its cache of equipment to establish a portable morgue and/or victim information call center.
    b. Alternatively, each county would have to provide (i.e., pay for) the people and equipment needed for response to and management of a surge of deaths in that county.
2. A single medical examiner or designee is to serve as the Fatality Management Lead for that incident.
    a. This person is "in charge" of the overall fatality management operation (victim recovery, morgue operations, collection of ante mortem data, identification of the dead, and release for final disposition) and will adapt to the needs of all affected medical examiners for any variation in processing decisions.
3. Cross appointment of pathologists as Associate Medical Examiners as provided for in Chapter 406.06(2), Florida Statutes.
4. Procedures to ensure that death certificates are filed in the appropriate county of death.

VIII Mass Disposition of Human Remains (Rational for Identification before Disposition)

A. Governmental Authority

Under the emergency management powers of the Governor and pursuant to the authority vested under paragraph (a) of Chapter 252.36, Florida Statutes, the Governor may direct the Florida Department of Health to take certain actions to suspend routine regulations regarding the disposition of human remains. These actions may include directions for disposition of both identified and/or unidentified remains. Disposition of unidentified remains would follow the collection items that are useful in the identification process: photographs, fingerprints, dental and somatic radiographs, and DNA.

B. Epidemic Outbreak Myth

Often a principle reason proffered for taking the mass disposition course of action is based upon a fear of the outbreak of disease from human remains. Well-intentioned, but scientifically uninformed, decision makers often initiate the process as a natural aversion to the physical unpleasantness of the effects of decaying human remains and a fear that an epidemic of disease will break out.

A scientific review of past catastrophic disasters (PAHO, 2004) demonstrates that the risk of epidemic disease transmission from human remains is negligible. Unless the affected population was already experiencing a disease suitable for epidemic development, the catastrophic event cannot create such a situation. Most disaster victims die from traumatic events and not from pre-existing disease.

Disease transmission requires first, a contagious agent, second, a method of transmission, and third, a susceptible population to infect.

- Typical pathogens in the human body normally die off when the host dies, although not immediately. In the absence of the first requirement, therefore, risk of transmission is no greater than that for routine handling of human remains.
- Water supplies contaminated with decaying human remains can serve as a method of transmission of illnesses, particularly gastroenteritis, but a non-breathing body presents minimal transmissibility.
- With the use of universal precautions for bloodborne pathogens, under regulations of the Occupational Safety and Health Administration (OSHA), responders so equipped do not present a susceptible population to infect. Even the local population will usually avoid a water supply contaminated with human remains and use sheets or body bags to envelop decaying human remains.

C. Identification of Victims before Disposition

Traditional funeral practices include a variety of procedures designed to assist survivors of all religious practices or belief systems with the grieving process. Identification of the victim, however, is the first step in that process.

Government-ordered disposition by mass burial or cremation of unidentified victims creates numerous, and often unnecessary, complications for survivors. In addition to a delay in completing the grieving process, survivors face challenges settling legal affairs, determining rights of property ownership, and managing the welfare of the victim's offspring.

Both the World Health Organization (WHO) and the Pan American Health Organization (PAHO) advocate for the identification of all disaster victims before final disposition, regardless of number of victims. In order to accomplish this in Florida, when faced with thousands of fatalities, extraordinary refrigeration resources will be required using the basic guidelines in Section VI (D) above. With adequate refrigeration capacity, supplemental morgue facilities, and sufficient forensic personnel to process human remains, identifying information from each set of remains can be secured before mass burial is contemplated as a last resort.

If the disaster results in several hundred or thousands of victims, "temporary interment" may be an appropriate course of action. The expectation is that each victim will be retrieved later, as time permits, for full documentation, identification, and release to appropriate family's choice of funeral service provider.

Temporary interment involves several expedient steps:

- Altered standard of forensic processing is limited to pre-interment:
    - Photographs
    - Fingerprints
    - DNA specimens
    - Body tag made of metal or impervious material and use of the indelible marking of reference number(s).
- Placement of each set of remains in a heavy-duty disaster body bag affixed with
    - Exterior duplicate bag tag made of metal or impervious material and use of indelible marking of reference number(s).
    - Long (e.g., six feet) wire leader with a third, duplicate bag tag.
- Placement of bagged victims in prepared designated sites (as determined by local authorities).
    - Victims may be placed in rows with the long wires placed out to one end.
    - Sand or other fill material is placed over the victims to a depth determined by local authorities.
    - The six-foot long wires and impervious bag tags are kept above the sand so that individual victims may be retrieved as needed (i.e., if later identified by fingerprints, DNA or other means.)
        - Durability and legibility of the tag is critical because such tags may be exposed to extreme sunlight and weathering until retrieval can take place.

IX References (Available through the reference library at www.FEMORS.org.)

1. "Mass Fatality Management for Incidents Involving Weapons of Mass Destruction" a draft capstone document (originally due for release September 2004) developed by the Department of Defense U.S. Army Soldier and Biological Chemical Command (SBCCOM), Improved Response Program (IRP), (cited throughout as "Capstone").
2. Florida Comprehensive Emergency Management Plan February, 2020, (https://www.floridadisaster.org/globalassets/cemp/2020-cemp/2020-state-cemp.pdf)
3. CEMP Appendix VIII - Emergency Support Function 8 - Health and Medical Services (https://www.floridadisaster.org/globalassets/cemp/2020-cemp/2020-state-cemp.pdf)
4. FEMORS FOG Field Operations Guide, at https://femors.org/downloads/
5. Morgan O. "Infectious disease risks from dead bodies following natural disasters." Rev Panam Salud Publica. 2004;15(5):307–12.
6. Florida Natural Disease Outbreak and the Pandemic Influenza Fatality Management Response Plan, (2008).

X Statutory Citations

1. Chapter 252.36, Florida Statutes, Emergency Management Powers of the Governor
2. Chapter 380.0011(6), Florida Statutes, Duties and Powers of the Department of Health
3. Chapter 382.012, Florida Statutes, Presumptive death certificate
4. Chapter 406, Florida Statutes, Medical Examiners; Disposition of Dead Bodies, Examinations, Investigations, and Autopsies

XI Medical Examiner Districts

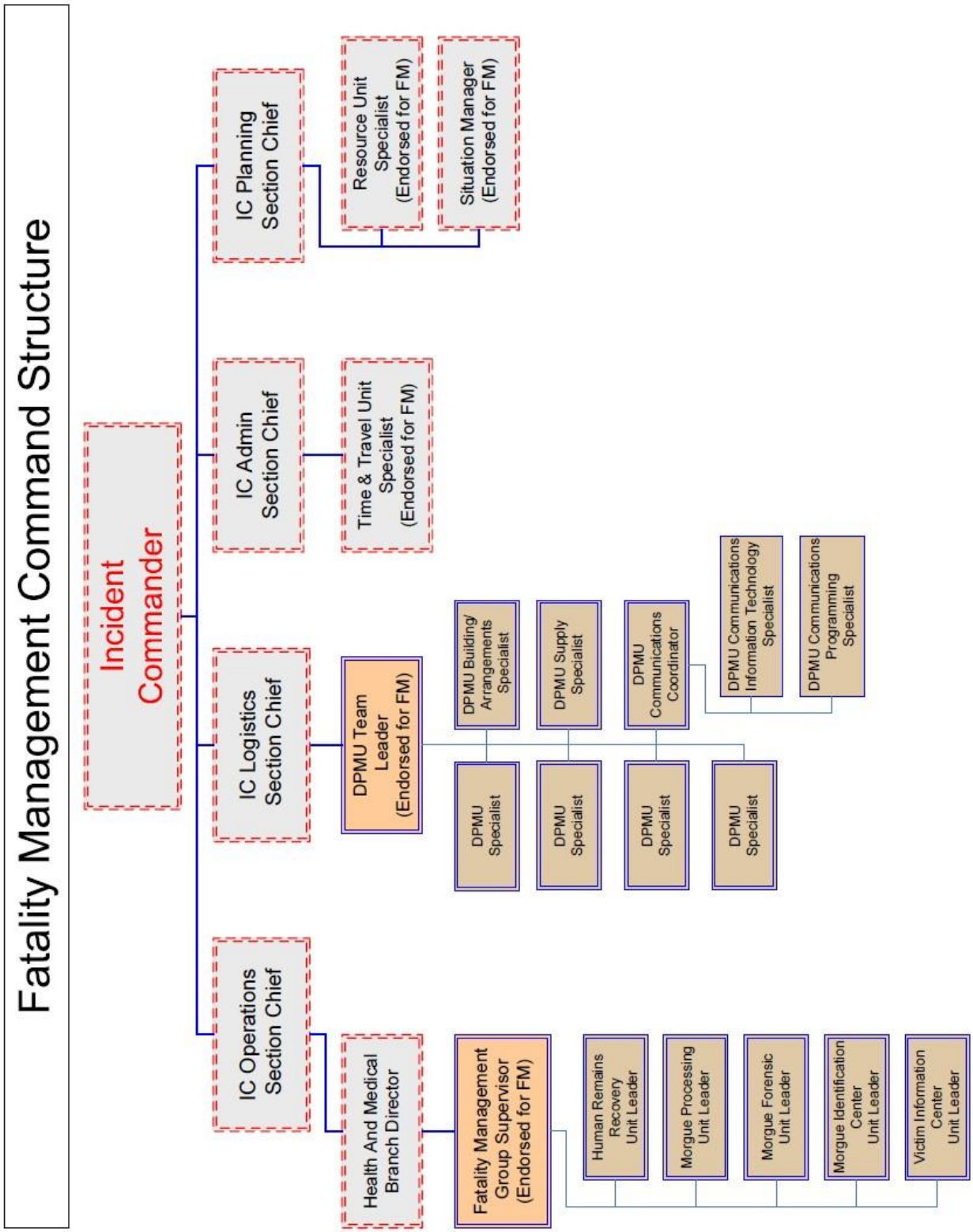
District	Address	City	Office Phone
1	5151 North 9th Avenue	Pensacola 32504	(850) 416-7200
2	560 Leonard Gray Way	Tallahassee 32304	(850) 606-6600
3	*Dixie Co. Service by District 8 Lafayette, Madison, & Suwannee counties Service by District 2 Columbia & Hamilton counties Service by District 4*		
4	2100 Jefferson Street	Jacksonville 32206	(904) 255-4000
5	809 Pine Street	Leesburg 34748	(352) 326-5961
6	10900 Ulmerton Road	Largo 33778	(727) 582-6800
7	1360 Indian Lake Road	Daytona Beach 32124	(386) 258-4060
8	3217 SW 47th Ave	Gainesville 32608	(352) 627-2217
9	2350 East Michigan Street	Orlando 32806	(407) 836-9400
10	1021 Jim Keene Boulevard	Winter Haven 33880	(863) 298-4600
11	Number One on Bob Hope Rd	Miami 33136	(305) 545-2400

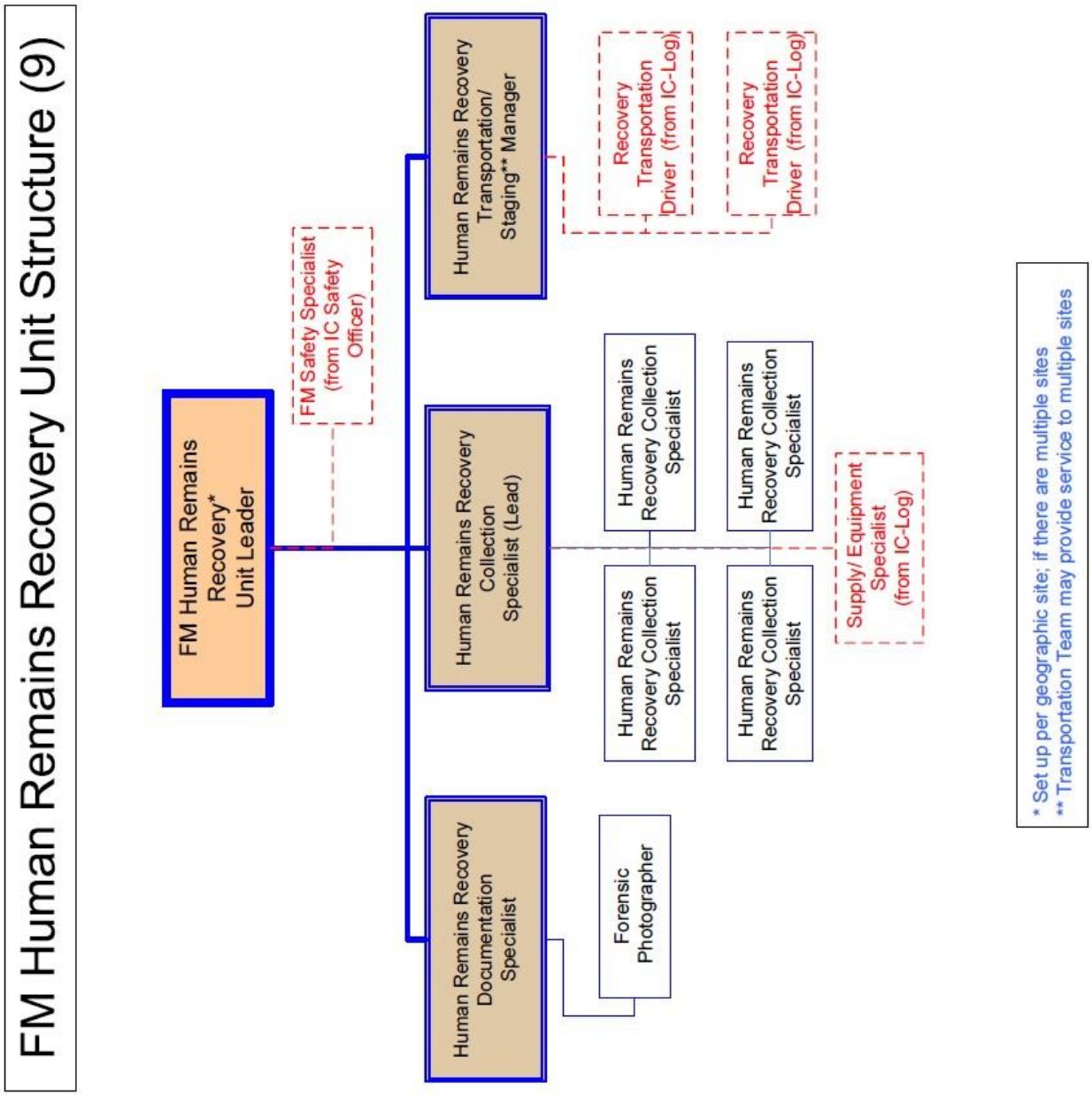
District	Address	City	Office Phone
12	2001 Siesta Drive, Suite 302	Sarasota 34239	(941) 361-6909
13	11025 North 46th Street	Tampa 33617	(813) 914-4500
14	3737 Frankford Avenue	Panama City 32405	(850) 747-5740
15	3126 Gun Club Road	West Palm Beach 33406	(561) 688-4575
16	56639 Overseas Highway	Marathon 33050	(305) 743-9011
17	5301 S.W. 31st Avenue	Ft. Lauderdale 33312	(954) 357-5200
18	1750 Cedar Street	Rockledge 32955	(321) 633-1981
19	2500 South 35th Street	Ft. Pierce 34981	(772) 464-7378
20	3838 Domestic Avenue	Naples 34104	(239) 434-5020
21	70 South Danley Drive	Ft. Myers 33907	(239) 533-6339
22	18130 Paulson Drive	Port Charlotte 33954	(941) 625-1111
23	4501 Avenue A	St. Augustine 32095	(904) 209-0820
24	*Services provided by District 5*		
25	*Services provided by District 9*		

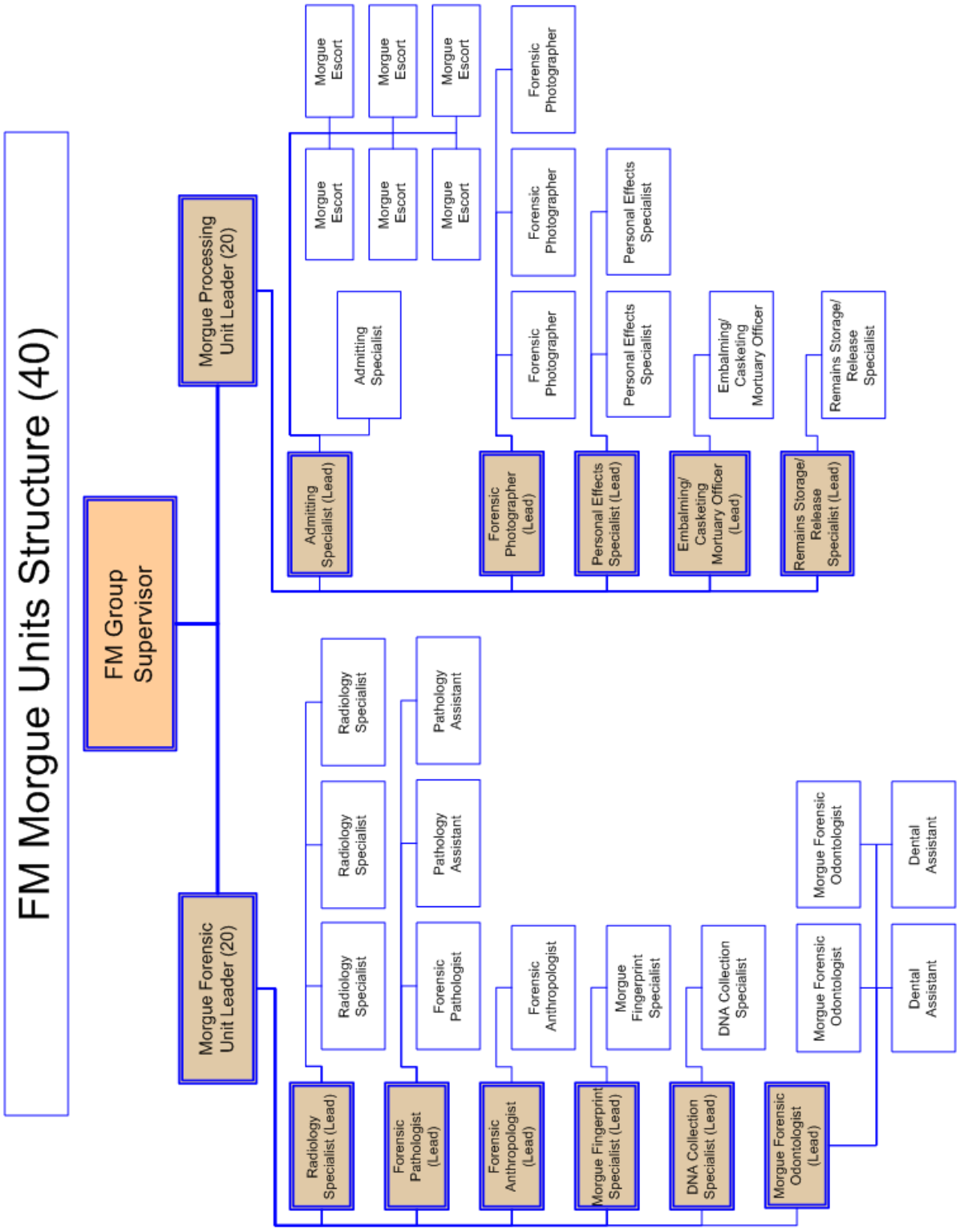
District	Jurisdiction
1	Escambia, Okaloosa, Santa Rosa, and Walton counties
2	Franklin, Gadsden, Jefferson, Leon, Liberty, Taylor, and Wakulla counties
3	Columbia, Dixie, Hamilton, Lafayette, Madison, and Suwannee counties
4	Clay, Duval, and Nassau counties
5	Citrus, Hernando, Lake, Marion, and Sumter counties
6	Pasco and Pinellas counties
7	Volusia County
8	Alachua, Baker, Bradford, Gilchrist, Levy, and Union counties
9	Orange County
10	Hardee, Highlands, and Polk counties
11	Miami-Dade County
12	DeSoto, Manatee, and Sarasota counties
13	Hillsborough County
14	Bay, Calhoun, Gulf, Holmes, Jackson, and Washington counties
15	Palm Beach County
16	Monroe County
17	Broward County
18	Brevard County
19	Indian River, Martin, Okeechobee, and St. Lucie counties
20	Collier County
21	Glades, Hendry, and Lee counties
22	Charlotte County
23	Flagler, Putnam, and St. Johns counties
24	Seminole County
25	Osceola County

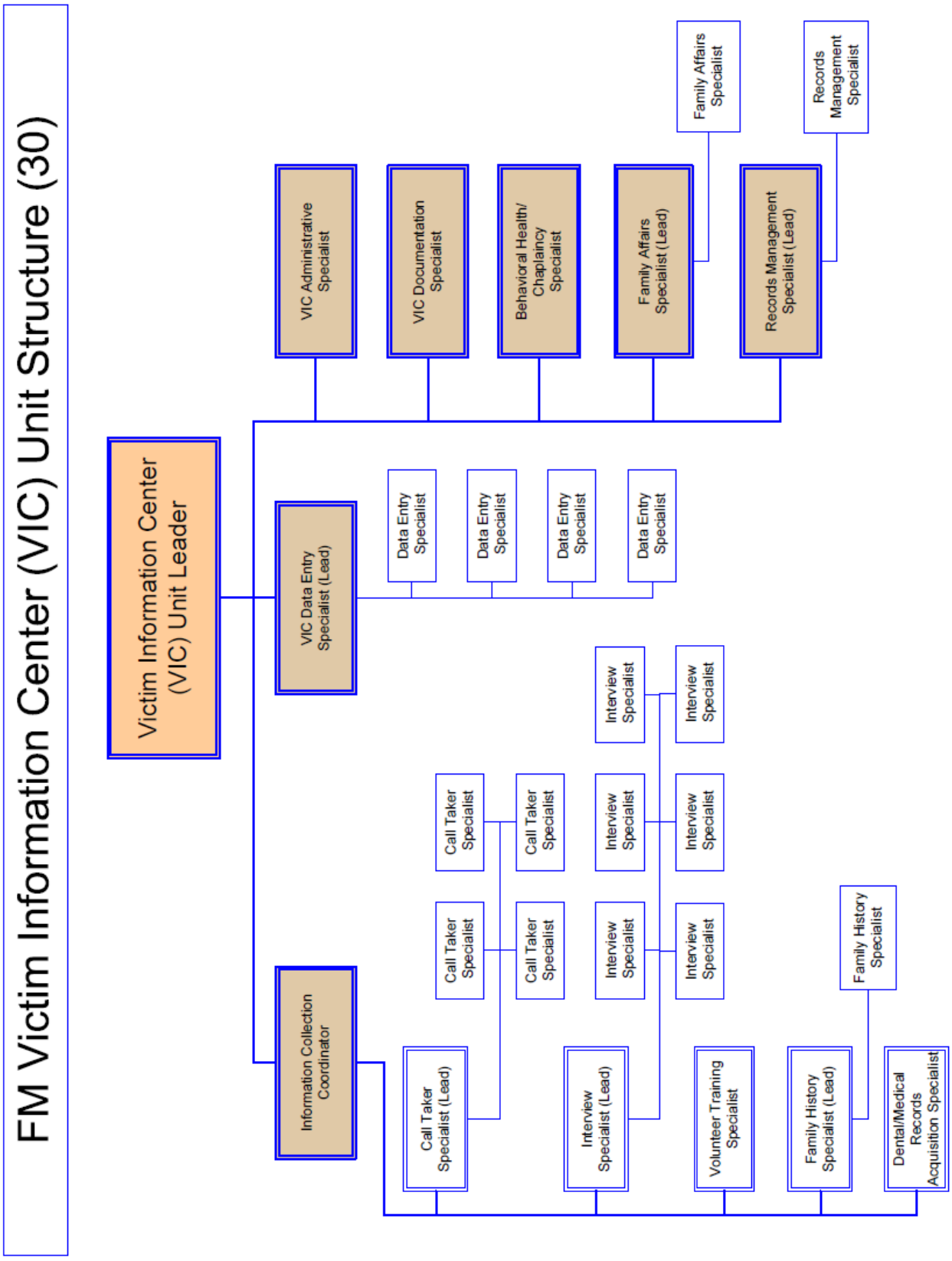
XII Fatality Management ICS Organization Charts

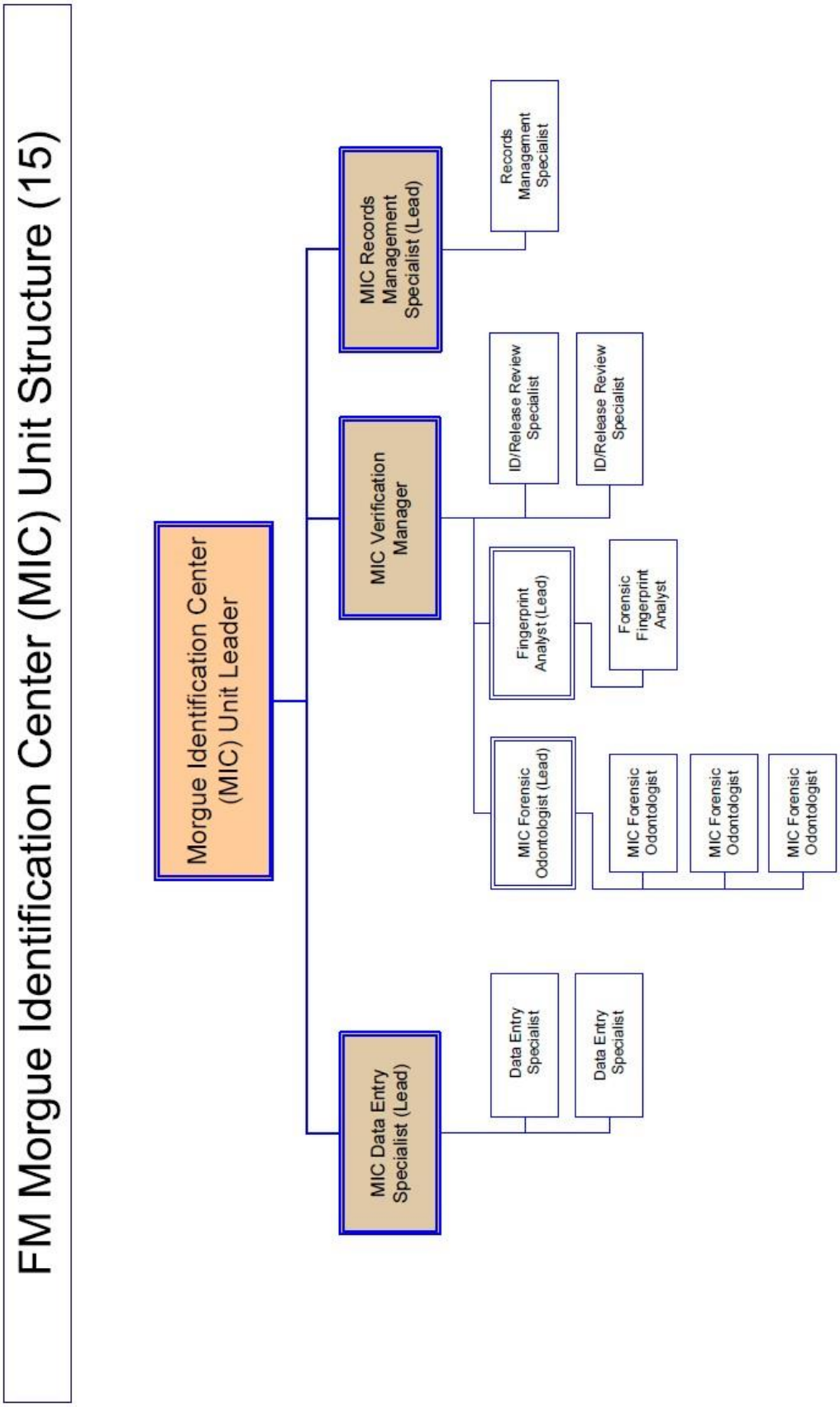
(Dotted lines indicate positions supplied by the overall Incident Command)



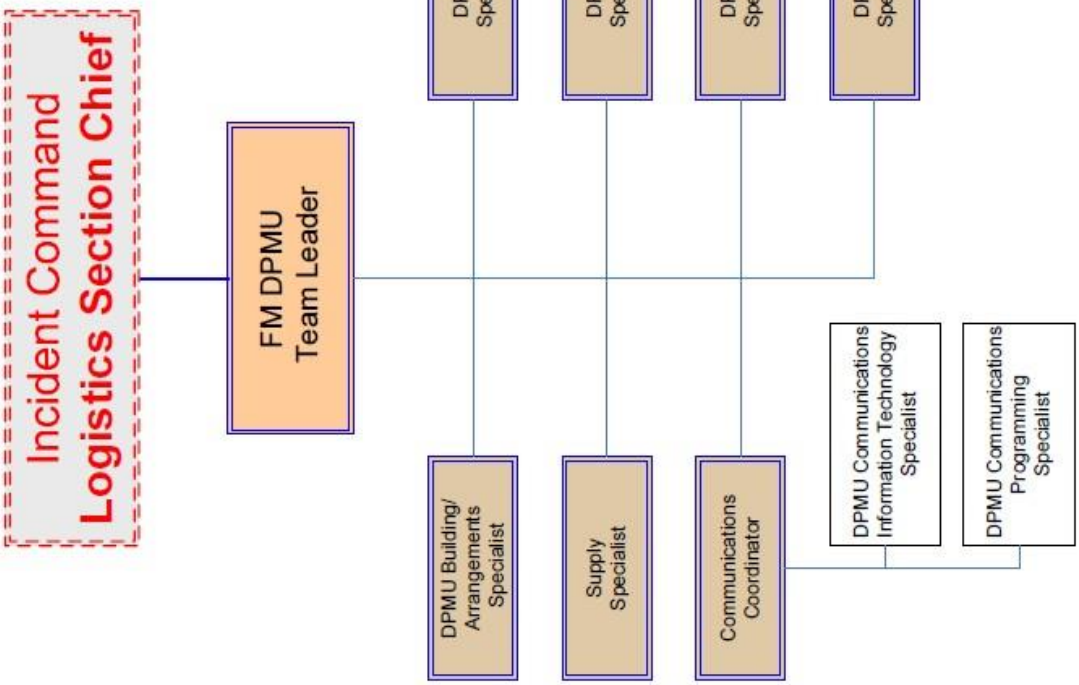

FM Human Remains Recovery Unit Structure (9)
FM Human Remains Recovery* Unit Leader
FM Safety Specialist (from IC Safety Officer)
Human Remains Recovery Transportation/ Staging** Manager
Recovery Transportation Driver (from IC-Log)
Recovery Transportation Driver (from IC-Log)
Human Remains Recovery Collection Specialist (Lead)
Human Remains Recovery Collection Specialist
Human Remains Recovery Collection Specialist
Human Remains Recovery Collection Specialist
Human Remains Recovery Collection Specialist
Supply/ Equipment Specialist (from IC-Log)
Human Remains Recovery Documentation Specialist
Forensic Photographer
* Set up per geographic site; if there are multiple sites
** Transportation Team may provide service to multiple sites


FM Morgue Units Structure (40)
FM Group Supervisor
Morgue Processing Unit Leader (20)
Morgue Forensic Unit Leader (20)
Admitting Specialist (Lead)
Admitting Specialist
Morgue Escort
Morgue Escort
Morgue Escort
Morgue Escort
Morgue Escort
Morgue Escort
Forensic Photographer (Lead)
Forensic Photographer
Forensic Photographer
Forensic Photographer
Personal Effects Specialist (Lead)
Personal Effects Specialist
Personal Effects Specialist
Embalming/ Casketing Mortuary Officer (Lead)
Embalming/ Casketing Mortuary Officer
Remains Storage/ Release Specialist (Lead)
Remains Storage/ Release Specialist
Radiology Specialist (Lead)
Radiology Specialist
Radiology Specialist
Radiology Specialist
Forensic Pathologist (Lead)
Forensic Pathologist
Pathology Assistant
Pathology Assistant
Forensic Anthropologist (Lead)
Forensic Anthropologist
Morgue Fingerprint Specialist (Lead)
Morgue Fingerprint Specialist
DNA Collection Specialist (Lead)
DNA Collection Specialist
Morgue Forensic Odontologist (Lead)
Morgue Forensic Odontologist
Morgue Forensic Odontologist
Dental Assistant
Dental Assistant


FM Victim Information Center (VIC) Unit Structure (30)
Victim Information Center (VIC) Unit Leader
VIC Administrative Specialist
VIC Documentation Specialist
Behavioral Health/ Chaplaincy Specialist
Family Affairs Specialist (Lead)
Records Management Specialist (Lead)
Family Affairs Specialist
Records Management Specialist
VIC Data Entry Specialist (Lead)
Data Entry Specialist
Data Entry Specialist
Data Entry Specialist
Data Entry Specialist
Information Collection Coordinator
Call Taker Specialist (Lead)
Call Taker Specialist
Call Taker Specialist
Call Taker Specialist
Call Taker Specialist
Interview Specialist (Lead)
Interview Specialist
Interview Specialist
Interview Specialist
Interview Specialist
Interview Specialist
Interview Specialist
Volunteer Training Specialist
Family History Specialist (Lead)
Family History Specialist
Dental/Medical Records Acquisition Specialist


FM Morgue Identification Center (MIC) Unit Structure (15)
Morgue Identification Center (MIC) Unit Leader
MIC Records Management Specialist (Lead)
Records Management Specialist
MIC Verification Manager
ID/Release Review Specialist
ID/Release Review Specialist
Fingerprint Analyst (Lead)
Forensic Fingerprint Analyst
MIC Forensic Odontologist (Lead)
MIC Forensic Odontologist
MIC Forensic Odontologist
MIC Forensic Odontologist
MIC Data Entry Specialist (Lead)
Data Entry Specialist
Data Entry Specialist

Fatality Management DPMU Team (State Level-10)



DPMU – Disaster Portable Morgue Unit

FCCFA
Florida Cemetery, Cremation & Funeral Association

February 4, 2021

Dr. Stephen J. Nelson, Chair
Florida Medical Examiners Commission
Florida Department of Law Enforcement
Post Office Box 1489
Tallahassee, Florida 32302

Dear Dr. Nelson,

I am writing on behalf of your partners in Florida's health care community, funeral professionals. We have learned many things as we have all struggled to deal with the effects the COVID-19 pandemic; one being that funeral professionals are largely overlooked in the state's preparation and response to mass casualty events.

As you are aware, we have encountered substantial obstacles in obtaining vaccinations for deathcare workers. We struggle to ensure that our workforce remains healthy and able to care for the dead and their families while also providing critical support to hospitals, other medical facilities and Medical Examiners. I implore you to consider including funeral professionals in any vaccination event that you, the counties and/or the Department of Health may arrange for your essential workers. We are a relatively small profession so even a limited number of vaccinations in each district could have a huge impact on our ability to serve.

The National Academies of Science, Engineering and Medicine's "Framework for the Equitable Allocation of COVID-19 Vaccine" classified funeral professionals in the highest risk tier (Phase 1a) along with health care workers. This is consistent with the Department of Homeland Security Cybersecurity and Infrastructure Security Agencies classification of deathcare workers as critical infrastructure.

Funeral home and cemetery staff are in hospitals, nursing facilities, morgues, and individual homes as they transport the deceased and handle the final disposition of COVID-19 victims, including the preparation of the deceased for visitations, funerals, and burial. They provide critical support to families who experience a loss and face-to-face health care services in medical facilities and ME's offices. They have potential exposure to COVID-19 daily as they handle remains and interact with families and the public.

Executive Order 20-315 allows hospitals to provide vaccination for care workers and persons they deem to be vulnerable. Funeral workers meet these and other thresholds. Providing access to vaccinations will help safeguard these critical workers so they can continue handling COVID-19 and other deaths. Our failure to protect them only exacerbates the public health risk. We have seen this in other areas in the country and we can help protect funeral professionals and the families they serve from those kind of tragic experiences.

Once again, I urge you to utilize these needs-based recommendations to help ensure vaccine distribution to the deathcare profession. Attached is supporting documentation. I appreciate your consideration.

Sincerely,

Lisa Coney
President

Attachments

1 - The National Academies of Science, Engineering and Medicine's "Framework for the Equitable Allocation of COVID-19 Vaccine" - Excerpt
2- Department of Homeland Security Cybersecurity and Infrastructure Security Agencies Guidance on Critical Infrastructure - Excerpt
3 – Letter from Florida Division of Funeral Cemetery and Consumer Services Division Director Mary Schwantes to Florida Division of Emergency Management Deputy Director Kevin Guthrie

Phase 1

Phase 1 includes the following groups:

- High-risk health workers;
- First responders;
- People of all ages with comorbid and underlying conditions that put them at *significantly* higher risk; and
- Older adults living in congregate or overcrowded settings.

In a limited supply scenario, high-risk and high-exposure workers in health care facilities and first responders should constitute an initial "Jumpstart" Phase 1a. This would be followed by Phase 1b, comprised of people with comorbid and underlying conditions that put them at *significantly* higher risk and older adults living in congregate or overcrowded settings.

Phase 1a would cover approximately 5 percent of the U.S. population, and in its entirety, Phase 1 would cover an estimated 15 percent. Such a structure could help kick off initial vaccine administration, while STLT authorities prepare distribution procedures for the next phases.

Phase 1a

Population: High-Risk Health Workers

This group includes frontline health care workers (who are in hospitals, nursing homes, or providing home care) who either (1) work in situations where the risk of SARS-CoV-2 transmission is higher, or (2) are at an elevated risk of transmitting the infection to patients at higher risk of mortality and severe morbidity. These individuals—who are themselves unable to avoid exposure to the virus—play a critical role in ensuring that the health system can care for COVID-19 patients.

These groups include not only clinicians (e.g., nurses, physicians, respiratory technicians, dentists and hygienists) but also other workers in health care settings who meet the Phase 1a risk criteria (e.g., nursing assistants, environmental services staff, assisted living facility staff, long-term care facility staff, group home staff, and home care givers). The health care settings employing these workers who are at increased risk of exposure to the virus may also include ambulatory and urgent care clinics; dialysis centers; blood, organ, and tissue donation facilities; and other non-hospital health care facilities. Finally, there are community and family settings where care for infected patients occurs. Not all the workers in these settings are paid for their labor, but, while they are caring for infected people, they all need to be protected from the virus.

Situations associated with higher risk of transmission include caring for COVID-19 patients, cleaning areas where COVID-19 patients are admitted, treated and housed, and performing procedures with higher risk of aerosolization such as endotracheal intubation, bronchoscopy, suctioning, turning the patient to the prone position, disconnecting the patient from the ventilator, invasive dental procedures and exams, invasive specimen collection, and cardiopulmonary resuscitation. In addition, there are other frontline health care workers who, if they have uncontrolled exposure to the patients or the public in the course of their work, should be in this initial phase. This group includes those individuals distributing or administering the vaccine—especially in areas of higher community transmission—such as pharmacists, plasma and blood donation workers, public health nurses and other public health and emergency

preparedness workers. The committee also includes morticians, funeral home workers and other death care professionals involved in handling bodies as part of this high-risk group.

Rationale

Frontline health care workers are particularly important in stemming the pandemic and preventing death and severe illness. From the beginning of the pandemic, many frontline workers have worked in environments where they have been exposed to the virus, often without adequate PPE. These individuals are critical to providing essential care, especially to older adults who are at the greatest risk of COVID-19 disease or death. Vaccinating these individuals not only enables them to provide these services, but also reduces the risk that they will spread the infection as they work in hospitals, nursing homes, assisted living facilities, home care, and group homes, and when they return to their own homes and communities.

Frontline health care workers are at significantly higher risk of becoming infected with SARS-CoV-2 compared to members of the general public. A recent cohort study using data from the United States and the United Kingdom found that frontline health care workers had nearly 12 times the risk of the general population of testing positive for COVID-19 (Nguyen et al., 2020). This risk is exacerbated by the ongoing a shortage of PPE especially in nursing homes and, in a study of health care personnel at 13 academic medical centers, workers who reported inadequate access to PPE had a higher rate of detectable SARS-CoV-2 antibodies than did those who did not report a PPE shortage (McGarry et al., 2020; Self et al., 2020). Protecting health care workers will have a great impact on protecting older individuals, who receive a large share of health services and have borne a large share of the disease burden from COVID-19.

In the first months of the pandemic, some hospitals were unprepared for the large number of COVID-19 cases. Exposure of hospital workers was often poorly controlled, and many workers had inadequate PPE. Tens of thousands of hospital workers have been infected, and many hundreds have died, although there are no accurate data on these cases. While there is still a severe national PPE shortage, it appears that many hospitals are now better able to protect members of their workforce who directly work with COVID-19 patients. However, this is not true uniformly across the country, and, even better-equipped hospitals still leave some workers exposed. Nursing homes have struggled with having adequate PPE since the beginning of the pandemic and some continue to do so (Clark, 2020; McGarry et al., 2020). Individuals who provide home care or work in hospitals, nursing homes, and assisted living (or similar) facilities—who are also at higher risk for severe illness and death because of comorbid conditions and age—should be among the first to receive the vaccine.

Vaccination is not a substitute for non-medical or (non-therapeutic) preventive policies and equipment. All exposed workers should, for example, be provided an adequate supply of appropriate PPE. It is vitally important that the prospect of vaccination not supplant efforts to either assure adequate supplies of PPE or continue mitigation strategies after vaccination.

In considering those health care workers who are at an elevated risk of transmitting the infection to patients at higher risk of mortality and severe morbidity, it is also important to note that nursing home residents and staff have been at the center of the pandemic since the first reported cases. Nearly 80 percent of all COVID-19 deaths in the United States have occurred in people over the age of 65 (CDC, 2020g). As of September 8, 2020, there were 331,864 confirmed or suspected COVID-19 cases and 51,700 deaths among nursing home residents, according to the Centers for Medicare & Medicaid Services (CMS, 2020a), and these numbers are likely to be underreported (Ouslander and Grabowski, 2020). Nursing home workers are at

HEALTHCARE / PUBLIC HEALTH

- Workers providing COVID-19 testing; Workers that perform critical clinical research needed for COVID-19 response
- Caregivers (e.g., physicians, dentists, psychologists, mid-level practitioners, nurses and assistants, infection control and quality assurance personnel, pharmacists, physical and occupational therapists and assistants, social workers, speech pathologists and diagnostic and therapeutic technicians and technologists)
- Hospital and laboratory personnel (including accounting, administrative, admitting and discharge, engineering, epidemiological, source plasma and blood donation, food service, housekeeping, medical records, information technology and operational technology, nutritionists, sanitarians, respiratory therapists, etc.)
- Workers in other medical facilities (including Ambulatory Health and Surgical, Blood Banks, Clinics, Community Mental Health, Comprehensive Outpatient rehabilitation, End Stage Renal Disease, Health Departments, Home Health care, Hospices, Hospitals, Long Term Care, Organ Pharmacies, Procurement Organizations, Psychiatric Residential, Rural Health Clinics and Federally Qualified Health Centers)
- Manufacturers, technicians, logistics and warehouse operators, and distributors of medical equipment, personal protective equipment (PPE), medical gases, pharmaceuticals, blood and blood products, vaccines, testing materials, laboratory supplies, cleaning, sanitizing, disinfecting or sterilization supplies, and tissue and paper towel products
- Public health / community health workers, including those who compile, model, analyze and communicate public health information
- Blood and plasma donors and the employees of the organizations that operate and manage related activities
- Workers that manage health plans, billing, and health information, who cannot practically work remotely
- Workers who conduct community-based public health functions, conducting epidemiologic surveillance, compiling, analyzing and communicating public health information, who cannot practically work remotely
- Workers performing cybersecurity functions at healthcare and public health facilities, who cannot practically work remotely
- Workers conducting research critical to COVID-19 response
- Workers performing security, incident management, and emergency operations functions at or on behalf of healthcare entities including healthcare coalitions, who cannot practically work remotely
- Workers who support food, shelter, and social services, and other necessities of life for economically disadvantaged or otherwise needy individuals, such as those residing in shelters
- Pharmacy employees necessary for filling prescriptions
- Workers performing mortuary services, including funeral homes, crematoriums, and cemetery workers
- Workers who coordinate with other organizations to ensure the proper recovery, handling, identification, transportation, tracking, storage, and disposal of human remains and personal effects; certify cause of death; and facilitate access to mental/behavioral health services to the family members, responders, and survivors of an incident

CHIEF FINANCIAL OFFICER
JIMMY PATRONIS
STATE OF FLORIDA

January 29, 2021

Mr. Kevin Guthrie
Deputy Director
The Florida Division of Emergency Management
2555 Shumard Oak Boulevard
Tallahassee, FL 32399-2100

Re: Deathcare Professionals and Vaccine

Dear Mr. Guthrie:

I am writing to ask that you consider prioritizing deathcare professionals for receiving the COVID-19 vaccination. Numerous federal authorities have acknowledged the exposure risk faced by deathcare professionals. The Department of Homeland Security issued guidelines classifying workers performing mortuary and cemetery services as essential workers. Additionally, pursuant to its *Framework for Equitable Allocation of COVID-19 Vaccine* guidance, the National Academy of Sciences determined that deathcare professionals involved in the handling of bodies should be afforded phase-1 vaccination priority. Making deathcare professionals a priority could be quickly and easily accomplished by enabling deathcare professionals to register to be vaccinated in a manner similar to how first responders register.

As you may be aware, the Department of Financial Services (DFS) is responsible for licensing Florida's deathcare professionals, including funeral directors, embalmers, apprentices, direct disposers, and removal service personnel. These professionals continue to provide crucial services during the COVID-19 pandemic that place them at risk of exposure to the virus.

Deathcare professionals must enter private homes, healthcare facilities, and nursing homes to retrieve and transport those who have passed from COVID-19. They are also responsible for housing and disposing of the deceased. These services place deathcare professionals in close proximity to the bodies of those who have succumbed to COVID-19, and to vulnerable populations residing in nursing homes and hospitals.

Overall, vaccinating Florida's deathcare professionals would not only ensure their own safety, but would also help reduce the exposure risk to individuals working and living in nursing homes and other healthcare facilities. Additionally, the deathcare industry reports COVID-19

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
Mary Schwantes • Division Director
Division of Funeral, Cemetery, and Consumer Services
200 East Gaines Street • Tallahassee, Florida 32399-0361 • Tel. 850-413-4984 • Fax 850-413-4958
Email • Mary.Schwantes@MyFloridaCFO.com

mortality data that is vital to Florida's clinical response to COVID-19; therefore, ensuring the safety of these professionals is paramount to preserving situational awareness of the COVID-19 pandemic in Florida. It is for the aforementioned reasons that I respectfully request that you consider prioritizing deathcare professionals for receiving the COVID-19 vaccination.

Sincerely,

Mary Schwantes