Puget Sound Region

Victim Information and Family Assistance Annex

Regional Catastrophic Disaster Coordination Plan

January 18, 2012

Puget Sound Regional Catastrophic Preparedness Program

VICTIM INFORMATION AND FAMILY ASSISTANCE ANNEX

TABLE OF CONTENTS

List of Figures

List of Tables

I. OVERVIEW AND ASSUMPTIONS

A. Purpose

This annex to the Puget Sound Regional Coordination Plan provides a framework to facilitate multi-county regional coordination of situational awareness and response related information for the purpose of determining when a Family Assistance Center (FAC) is needed to after a catastrophic incident to assist with victim identification and family reunification with the missing and deceased. The purpose of this annex is to:

Outline the key essential elements of information for determining when a FAC is needed after a catastrophic incident;

Provide a structure for multi-county coordination for determine the need for a FAC; and

Provide tools that may be used for planning or response to implement a FAC

B. Scope

For the purposes of regional coordination, this Annex covers the eight counties included in the Puget Sound Regional Catastrophic Preparedness Grant Program (RCPGP) Region: Island, King, Kitsap, Mason, Pierce, Skagit, Snohomish, and Thurston, tribal governments, and local jurisdictions within these counties (towns and cities).

Puget Sound RCP Region	
State of Washington	
Counties Included	**Principal Cities Included**[1]
Island County	Oak Harbor
King County	Bellevue, Kent, Renton, Seattle
Kitsap County	Bremerton, Silverdale
Mason County	Shelton
Pierce County	Tacoma
Skagit County	Mount Vernon
Snohomish County	Everett
Thurston County	Olympia

Figure 1-1: Designated Region for Catastrophic Coordination

The scope of regional coordination outlined in this annex is specific to information-sharing and situational awareness for the purposes of determining when a FAC is needed. This annex does not direct local, regional or state FAC operations. However, because all jurisdictions could be

impacted by a mass fatality incident and should be prepared to operate a FAC, resources are provided to assist jurisdictions in building this capability. The tools included in this annex are intended as a resource for developing FAC plans and/ or operating a FAC when needed and are provided to assist local jurisdictions with building FAC capabilities. It is not the intent of this annex to proscribe that local jurisdictions use these tools and this annex does not supersede any other local plans or authorities.

Family Assistance Center operations are one primary component of mass fatality response in addition to human remains recovery and management, morgue operations and final disposition of human remains. These other areas of mass fatality operations, while essential to the overall fatality management mission and necessary for final victim identification, are beyond the scope of this annex.

C. Situation

1. Hazards

The Puget Sound RCPGP Region faces a diverse range of hazard risks that could develop into catastrophic incidents and cause mass fatalities. Relevant risks to the region include natural disasters (e.g., earthquakes, volcano eruptions, floods, landslides, wildfires, tsunami, and severe storms/weather events); biological incidents (e.g., pandemic influenza, bioterrorism); large-scale accidental or intentional explosions, possibly with chemical or radiological components (e.g., manufacturing/storage/transportation accidents or terrorist related explosive devices); and technological (human caused) hazards.

2. Demographics

According to the U.S. Census Bureau, the estimated population in 2009 of the Seattle-Tacoma-Olympia Combined Statistical Area was nearly 4.2 million people. The City of Seattle has the largest population of any metropolitan area in the Puget Sound Region with approximately 582,454 people, or a population density of 6,717 persons per square mile. The region's other major cities include Bellevue to the east (population of 118,186 and population density of 3,940/sq mile); Tacoma to the south (population of 196,532 and population density of 3,931 persons/sq mile); Everett to the north (population of 98,514 and population density of 3,079 persons/sq mile); and Bremerton to the west (population of 35,295 and population density of 1,604/sq mile).

Table 1-1 provides basic population demographic information for the eight counties within the Puget Sound RCGPG Region and information on the agency structures that will have a primary role in supporting victim identification.

Table 1-1 Demographic and Response Agency Characteristics for the Puget Sound Region

County	Total population (2009)*	Number of hospitals	Medico-Legal Death Investigation System	Number of law enforcement agencies
Island	81,054	1	Coroner	4
King	1,916,441	23	Medical Examiner	25
Kitsap	240,862	3	Coroner	4
Mason	58,016	1	Coroner	2
Pierce	796,836	5	Medical Examiner	10
Skagit	119,534	3	Coroner	5
Snohomish	694,571	4	Medical Examiner	11
Thurston	250,979	2	Coroner	5

3. Policies

- Per RCW 68.50.010 and RCW 36.24.190 the county Medical Examiner or Coroner (ME/C) has jurisdiction over all human remains in a disaster[1]. This is due to the unnatural or suspicious manner of deaths that are a result of a disaster.
- Positive Identification of the victims and certification of their cause and manner of death is the responsibility of the ME/C.
- Washington State has a decentralized, mixed medico-legal death investigation system including Coroner-prosecutors, Coroners and Medical Examiners. Either Coroners or Medical Examiners serve the counties that comprise the Puget Sound RCPGP Region.

[1] This does not necessarily apply to naturally occurring infectious disease deaths, such as those that would result in a pandemic influenza outbreak. These determinations are at the discretion of the local ME/C

- Medico-legal death investigation for Tribal Nations within the geographic boundaries of the Puget Sound RCPGP Region is provided by the ME/C for the county within which the Tribal land resides.
- Washington State does not have a State Medical Examiner or State-level medico-legal death investigation authority.
- Law Enforcement agencies maintain primary responsibility for managing missing person cases.
- Consistent with the National Response Framework and the Washington State Comprehensive Emergency Management Plan, fatality management operations fall under the direction of Emergency Support Function (ESF) 8, Public Health and Medical Services. In Washington State the lead for ESF 8 is the Washington State Department of Health. At the local (county) level ESF 8 is the responsibility of the local health jurisdiction.

D. Planning Assumptions

General planning assumptions for coordination of the overall regional response to a catastrophic incident are outlined in the Puget Sound Regional Coordination Plan and are applicable to this annex. The following planning assumptions are specific to FAC operations during a catastrophic incident.

- Though ESF 8 is the lead for fatality management operations, response will be dependent on coordination with other ESFs, including, but not limited to, ESF 6, Mass Care, for coordination with family reunification activities, and ESF 13, Public Safety, Law Enforcement, and Security for coordination of missing persons.
- In a catastrophe, local resources, including those of the ME/C systems will be overwhelmed. Outside capability will be requested by counties through the state EOC to support mass fatality operations including victim identification. This could include assets such as the mortuary response assistance available from the federal Disaster Mortuary Operations Response Team (DMORT), among other resources as determined by the State EOC.
- In a catastrophe, impacted local jurisdictions may be unable to manage a FAC independently.
- In a catastrophe when multiple jurisdictions are impacted, mass fatality operations will be best served by a centralized mechanism to collect and manage missing persons and antemortem information.

- As outlined in the federal Fatality Management Concept of Operations, in an incident that crosses jurisdictional boundaries and overwhelms the capabilities of the local ME/C authorities, if federal assets are requested, the State will be advised by HHS to appoint a temporary incident specific fatality management coordinator. Depending on the laws of Washington, a State appointed, incident specific Medical Examiner may also be considered to help coordinate and manage the function.
- As outlined in the federal Fatality Management Concept of Operations, because the death investigation systems across the counties in the Puget Sound RCPGP Region include both Coroner and Medical Examiner systems, if federal mortuary assets, such as DMORT, are requested, the State will be advised by HHS to appoint a fatality management incident coordinator to coordinate operations at the State level across jurisdictions.
- If the State requests resource assistance on behalf of one or more impacted jurisdictions, the State may retain the asset(s) as a State asset to be managed at the State level on behalf of one or more jurisdictions if it best meets the needs of the mission.
- If a catastrophe results in displacement of the population, including due to evacuation, it will be more difficult to locate the next of kin. This will impact developing an accurate list of the missing, gathering antemortem information, and reunification of the remains of the deceased with the next of kin. FAC operations will be prolonged due the difficulty in located the displaced next of kin.
- Some family members will be unable or choose not to come to the FAC. Services need to be available virtually or otherwise to provide information to those who are not physically on site at the FAC. This will be particularly necessary during a catastrophe when transportation infrastructure is severely damaged.
- FAC operations will need to be established in an area with the appropriate support functioning infrastructure to facilitate access for responders and visitors. In a catastrophe this may be outside of the geographic boundaries of the jurisdictions that have been impacted.
- On average, eight to ten family members or loved ones will seek information about or need assistance for each potential victim.
- On average, following a disaster the reported number of missing will ultimately be at least 10 times the number of known or presumed deceased.

- After an incident, family and friends will call or self-report to many agencies or locations seeking information about their loved ones. This could include calling or going to the incident sites, 911, 211, the Red Cross, hospitals, clinics, shelters, fire departments, police stations, or the ME/C office.
- Coordination among responding agencies about family member welfare inquiries, missing person reports, and patient tracking will be necessary in order to determine accurate lists of the missing and potentially deceased and to help identify Next of Kin.
- The FAC should be operational, at least with basic services, within 72 hours after the incident or as soon as feasibly possible. A call center should be activated as soon as possible after an incident, even before a physical FAC is established.
- Short term Family Reception Centers may be set up to provide a place for families to convene or share information until a FAC is established. These may occur at a hospital or other community site depending on the nature of the incident. Communication with these centers will be important to coordinate information about the missing.
- The FAC will need to operate 24 hours a day during the initial days or weeks after an incident.
- The FAC operations may be long term. For example, FAC operations following Hurricanes Katrina and Rita lasted for nearly one year.
- Family members will have high expectations regarding the identification of the deceased, the return of their loved ones to them, and the desire for ongoing information and updates.
- Victim identification may take multiple days, weeks, months, or a year or more depending on the nature of the incident, the condition of human remains and the availability of next of kin and antemortem information about the deceased.
- Families will not grieve or process information in the same way.
- Ethnic and cultural traditions will be important factors in FAC planning considerations.
- In many cases family interviews will need to be conducted with multiple family members or friends of the potential victim in order to collect sufficient antemortem information to assist with victim identification.
- Both mental health and spiritual care resources will be needed at the FAC and will be essential both for families as well as responders and FAC staff.

E. Key Definitions

A full glossary is available in Appendix A however the following are key definitions that may assist with review of this annex.

Antemortem Data: Information about the missing or deceased person that can be used for identification. This includes demographic and physical descriptions, finger prints, medical and dental records, and information regarding their last known whereabouts. Antemortem information is gathered and compared to post-mortem information when confirming a victim's identification.

Closed Population: In the context of a mass-fatality incident, a closed population refers to the number and names of the deceased being known, commonly via a confirmed manifest (e.g., list of passengers on a plane).

Death Notification: The formal or official notification to the legal next of kin that their loved one is deceased and has been positively identified.

Decedent: A deceased person.

Disaster Behavioral Health: The provision of mental health, substance abuse, and stress management to disaster survivors and responders.

Disaster Mortuary Operational Response Team (DMORT): DMORTs are federal teams within the National Disaster Medical System (NDMS) that provide support for mortuary operations following a mass-fatality disaster. In addition to the general DMORT teams, the DMORT capabilities include Disaster Portable Morgue Units (DPMU), a Weapons of Mass Destruction (WMD) Team, and a Family Assistance Center (FAC) Team.

Family*:* Family is defined as any individual that considers them to be a part of the victim's family, even if there is not a legal familial relationship. This includes individuals other family members characterize as family. This is distinguished from the legal next of kin, who may be the legally authorized individual(s) with whom the ME/C coordinates or who is authorized to make decisions regarding the decedent.

Family Assistance Center (FAC): A Family Assistance Center is traditionally a secure facility established to serve as a centralized location to provide information and assistance about missing or unaccounted for persons and the deceased and to support the reunification of the missing or deceased with their loved ones. In some situations many FAC services may be provided virtually through a call center operation.

Family Interview: A conversation conducted with family members and/or friends by representatives from the Medical Examiner/Coroner's Office or FAC staff to collect antemortem

information about the missing or deceased person. For example, this may be an interview to complete the DMORT Victim Identification Profile form or disaster missing persons form, which includes demographic and physical descriptions of the individual.

Family Reception Center: In the immediate hours after a mass-casualty or mass-fatality incident, a Family Reception Center should be established as the centralized location for families and friends to go, before the FAC is operational. Depending on the nature of the incident, this could be established at a community location, a hospital, or a hotel.

Human Remains: A whole body or any part(s) thereof.

Legal Next of Kin: The closest blood relative, spouse, or domestic partner (according to Washington State law), who are legally authorized to make decisions regarding the deceased or the living during medical emergency if the individual is incapacitate. The order of next of kin may vary by state, but frequently includes spouse, then adult children, parents, siblings, etc.

Medical Examiner/Coroner (ME/C): the medico-legal authority at the county level responsible for investigating suspicious or unnatural deaths and determining cause and manner of death and positive identification of the decedent.

Missing Person: In the context of disasters, an individual whose whereabouts, status, or well-being is unknown.

Open Population: In the context of a mass-fatality incident, an open population refers to the number and names of the deceased being unknown. Incidents with open populations require more resources to determine who has been reported missing and potentially who are among the deceased. The World Trade Center bombings on September 11, 2001 and Hurricane Katrina are examples of an open population incident.

Positive Identification: Confirming, scientifically, an individual is deceased.

Postmortem Data: Information about the deceased that is used to compare to antemortem data on the missing person, for the purposes of identification.

Reunification: The process of reuniting family members with their missing or deceased loved one.

Victim Identification Profile (VIP): A database developed and managed by DMORT to manage antemortem and postmortem information for the purposes of helping to facilitate victim identification.

II. OVERVIEW OF FAMILY ASSISTANCE CENTERS

A. Background

In the hours and days after a mass casualty or mass fatality incident occurs, families and friends will anxiously seek assistance in accessing information about the incident and the whereabouts or status of their loved ones. This often leads to a surge of individuals arriving at the incident site or calling or showing up at local hospitals, shelters, fire or police stations in search of information. In addition to physically presenting at these key locations, an influx of calls with information-seeking inquiries will be made to 911, hospitals, police and fire departments or the medical examiner/coroner's office, and others, creating a significant burden on the agencies already busy with other aspects of response.

At the same time, as the injured are transported to hospitals and law enforcement and the ME/C begin to deal with the dead, these response agencies will have a critical need to gather information from family and friends of the injured and deceased so that they can begin to identify the unidentified, confirm victim identities and facilitate reunification with their loved ones.

Following a catastrophic incident that results in a large number of casualties and fatalities, one of the most complex and publically sensitive aspects of response will be the coordination of information regarding the missing and/or presumed dead, and the processes for confirming the identity of the deceased. In the aftermath of this kind of disaster, both the response mission as a whole, and the community's psychological well-being, will rely upon establishing systems to collect, record, and process information regarding the injured, missing and deceased persons. This information will be important for all parties in order to understand and characterize the scope of the incident and to make resource determinations. It will also be essential to enabling the identification of victims and to aiding families with the reunification of their living or deceased loved one(s).

As demonstrated by previous mass fatality incidents, these activities warrant extensive coordination and information-sharing between many local, state, and federal and potentially international partners. Based on national best practices as well as federal target capabilities,[2] federal public health emergency response standards,[3] and federal fatality management operations guidelines[4], during a mass fatality incident, the operations to facilitate the collection of antemortem information needed for victim identification and to aid the reunification of families with their missing loved ones should occur under the umbrella of a physical (on site) or virtual (call center focused) FAC. The purposes of a FAC are two-fold:

To facilitate the exchange of information between disaster responders and the family members of the missing or deceased victims in order to aid in the identification of the victims and reunification of family with their loved ones; and

[2] *Fatality Management* Target Capabilities List U.S. Department of Homeland Security. p.519. accessed at: http://www.fema.gov/pdf/government/training/tcl.pdf

[3] *Capability 5: Fatality Management* Public Health Preparedness Capabilities: National Standards for State and Local Planning; U.S Department of Health and Human Services Centers for Disease Control and Prevention http://www.cdc.gov/phpr/capabilities/capability5.pdf

[4] *Fatality Management Concept of Operations*, U.S. Health and Human Services Department, Office of the Assistant Secretary for Preparedness and Response. Version March 2009.

To provide timely information to family members about the response and recovery processes address their immediate emotional needs through the provision of behavioral health and spiritual care services

B. Primary FAC Operational Functions

While the final structure of a FAC may vary by incident depending what the mission requirements of the response warrant and what the unique family and community needs are specific to that incident, the following are core operational areas inherent to FACs. More detailed information including operational tools and resources are available in the Appendices of this annex.

1. Command and Control

In general the operation of a FAC in support of mass casualty or mass fatality incident is the responsibility of ESF 8. While the specific lead agency in a community may vary, it is essential the FAC be established in close coordination with the ME/C and key partners including law enforcement, public health, emergency management, mental health, and human services. Depending on the nature of an incident, the FAC command structure may be established with a single incident commander or through a unified command structure. A FAC command structure is likely to involve many liaisons including those representing law enforcement, human services, the American Red Cross and federal agency partners. In a catastrophic incident, if the State establishes a centralized FAC on behalf of or in coordination with the impacted jurisdictions, the Washington Department of Health as the ESF 8 lead, is the lead agency for FAC operations.

2. Call Center Operations

In any mass casualty or mass fatality incident, the impacted jurisdiction needs to be prepared to establish a centralized mechanism for managing missing person inquires and collecting information to help identify potential next of kin and to gather antemortem information to assist with victim identification. This typically involves establishing a call center to collect information about those that are missing and unaccounted for and to document the names of individuals looking for potential victims.

In a catastrophe, or other circumstances where it may be difficult for families to go to a FAC, many FAC operations, such as family interviews, antemortem data collection, and answering family inquiries, may need to occur by phone. If multiple jurisdictions are impacted, these operations should be established in as centralized a way as possible to ensure coordinated and consistent messaging and data gathering.

3. Missing Persons Coordination

When an incident results in mass casualties, mass fatalities or large population displacement there will frequently be a large number of missing person inquiries as individuals try to find their loved ones. This is especially true in open population incidents, when a pre-established list or manifest providing the identity of the victims is unavailable. As a result, systems need to be established to document information on those that are missing and to investigate the whereabouts of those individuals to help determine if they are in fact missing or potentially

among the deceased. The ME/C and local hospitals with unidentified patients will need to know which individuals are unaccounted for so that antemortem information can be gathered to assist with victim identification and family reunification.

In support of this effort, a missing persons unit within a FAC may leverage many databases and request information from other response agency partners and information sources to determine whether someone is alive or accounted for. These could include patient tracking information, shelter registries or evacuation lists, web searches and use of family locator or family reunification tools such as the American Red Cross Safe and Well system or Google Person Finder. In addition, law enforcement may run queries or seek access to information from numerous databases such as the Department of Licensing, United States Postal Service, financial services to see if there has been activity on financial accounts or Social and Human Service databases such as welfare, Medicaid, Medicare or FEMA Individual Assistance Program to determine whether there is evidence of activity for an individual that has been reported missing.

As a part of these operations, the Missing Persons function within the FAC includes a Notification unit which is responsible for informing families/loved ones on the status of the search for their loved one, assisting with reunification if applicable or confirming a death notification if a victim's identity has been confirmed.

In the event of a catastrophe or incident affecting multiple jurisdictions, it will be essential that there is a centralized or coordinated mechanism for sharing antemortem data for the unaccounted for persons is maintained. If a centralized FAC is not established, all jurisdictions should seek to reconcile missing person lists at least once every 24 hours. Ideally, a single entity to support all jurisdictions should be named to maintain the master list and to confirm which families have been notified about the status of their loved one (missing, suspected or known deceased/identified, whereabouts determined).

4. Family Interviews and Antemortem Data Collection

One of the primary functions of a FAC in a mass fatality incident is to collect antemortem data that will assist the ME/C with identifying the deceased. This is one of the most important aspects of a response, because the scientific identification process is contingent on gathering this information so that the ME/C can compare the data with the information collected on victims during the autopsy.

Family interviews are conducted with the next of kin or friends of the potential victims for the purposes of gathering the information necessary to collect antemortem data. In addition a DNA sample is typically collected from biological next of kin to assist with identification.

Once data from the family interview is compiled, medical and dental x-rays and records need to be obtained and data gathered so that forensic specialists can assist with the identification process based on comparison with the data that is gathered about the victims through autopsy or information that has been provided on unidentified patients in the hospitals.

In the event of a catastrophe or incident affecting multiple jurisdictions, it will be essential that there is a centralized or coordinated mechanism for sharing antemortem data for the unaccounted for persons is maintained. If a centralized FAC is not established, all jurisdictions

should seek to share lists of individuals for whom antemortem data is available so that the ME/C can access data if needed.

5. Family Briefings

Traditionally, family briefings are an essential component of FAC operations, as the primary means to provide timely updates to families and loved ones about the status of the response and human remains recovery efforts and the victim identification processes. These briefing should include updates from key response agencies, such as law enforcement, the social or human service assistance providers and the Medical Examiner or Coroner. The intent with family briefings is to provide coordinated, accurate information to families before information is released to the media. This plays a critical role in maintaining the families' trust in the response effort and helping to support their psychological well-being.

In a catastrophic incident it may not be possible to have regularly scheduled briefings for family members, especially if the majority of FAC activities are happening virtually through telephone calls. In these circumstances it is critical to have standardized talking points for those answering calls and to identify other mechanisms for keeping families informed about the human remains recovery and identification processes.

6. Behavioral Health

At the core of working with family members or other loved ones who may have lost someone in a traumatic way, is the need to ensure the availability of psychological and spiritual support throughout the process. In addition, the traumatic and stressful nature of FAC activities can take a psychological toll on the FAC responders and volunteers.

Behavioral health services are an essential component of FAC operations. This includes having trained mental health and spiritual care professionals available on site and by phone (especially if FAC services are being offered by phone) to provide Psychological First Aid and mental health triage, and to assist family members throughout the process or to make referrals for additional care as needed. Behavioral Health services should also be present to support the FAC staff and responders.

7. Support Services

As a part of FAC operations, it is important to provide resources to assist families with their basic needs such as first aid or accessing social or human services assistance that may be needed after a disaster. This is especially true following incidents wherein the family members of the missing or deceased have also had their livelihoods affected by a disaster. Depending on the nature of the incident and the scope of the FAC, representatives from social or human services may be available on site to provide access to social services assistance. In the event that these services are being provided at other locations, such as a Disaster Recovery Center, liaisons should be available to help direct families in accessing these services.

III. REGIONAL CONCEPT OF COORDINATION: DETERMINING THE NEED FOR A FAMILY ASSISTANCE CENTER

A. Overview

Effective mass fatality management will require implementation of systems to manage public or family inquires about the missing and deceased and to collect antemortem information to assist with victim identification. By its very nature, a catastrophic incident is likely to result in a large number of fatalities that will overwhelm local capabilities. While the responsibility for fatality management and victim identification resides at the county level via the local ME/C, certain conditions, including those resulting from a catastrophic incident, may warrant consolidation of effort across counties and/or coordination at a State level on behalf of impacted jurisdictions. There are two primary reasons for this:

There are limited resources (including federal assets) to support fatality management operations and consolidation of effort will allow for the most effective use of available resources; and

Centralized information gathering and sharing (including communication with families/next of kin about identification processes, antemortem data collection and documentation of missing/unaccounted for persons) will foster effective response. Inefficiencies or inconsistencies that result from a decentralized approach may lead to public distrust and loss of confidence in the response.

In light of this, when an incident occurs that impacts multiple jurisdictions, particularly when federal resources will be needed to help manage the response, regional coordination will be necessary in order to develop situational awareness about the regional impacts, to help form a common operating picture, and to identify priorities and areas where outside assistance, including State level support for operations, may be needed.

B. Regional Coordination Structure

1. Regional Conference Call

Regional coordination for the purposes of situational awareness and identifying local and regional need for a FAC will be accomplished through the exchange of Essential Elements of Information via email or web-based information tools consistent with normal EOC operations and participation on a Regional Conference Call. The Puget Sound Regional Coordination Plan outlines the processes for regional coordination via the Regional Coordination Group Conference call, which is the primary mechanism for the eight counties in the Puget Sound RCPGP Region to communicate impacts and resource needs and to discuss individual jurisdictional and regional priorities. Specific protocol for activation and management of the conference call are contained within that Plan and are fully applicable to this annex.

Participating jurisdictions will strive to document and share information about potential casualties and fatalities within the first 24 hours. Although it is anticipated that there will be

conflicting data reports, misinformation and lack of confirmed details at this time, and potentially for multiple days, jurisdictions will lean forward by collecting and sharing information about these impacts to support situational awareness and help identify whether a FAC may be warranted. Specific Essential Elements of Information that will assist with this are outlined below.

In addition, information sharing for the purposes of situational awareness with the Washington State Emergency Management Division will follow normal protocol for coordination via the Washington State Emergency Management Division conference calls with impacted jurisdictions, Web EOC, or other coordination mechanisms established at the time of the incident.

Table 3-1 outlines a draft agenda for the Regional Coordination Conference as it pertains to sharing information related to the need for a Family Assistance Center.

Table 3-1 Regional Coordination Group Conference Call Agenda Items for Victim Information and Family Assistance Coordination.

Regional Coordination Group Conference Call Agenda for Victim Information and Family Assistance Coordination

Victim Information and Family Assistance Conference Call Agenda

- Roll call/Introductions
- Identify affected areas
- Hear from each affected area on the status of the following for the next 24 hours and beyond
  - Estimated number or range of known or presumed dead
  - Will the number of injured exceed local and mutual aid capacity?
  - Estimated number or range of anticipated or reported missing
  - Has/will the jurisdiction be activating a mass fatality response plan
  - Has or will the jurisdiction exceed local resources to manage mass fatality operations?
- Affected areas requesting assistance
- Whether assistance can be offered by unaffected jurisdictions
- Identify current or future multi-county issues concerning family reunification, fatality management and victim identification
- Identify whether Victim Information Coordination Group should be activated
- Schedule the next conference call or determine other mechanism for coordinating information

2. Essential Elements of Information (EEI)

The following Essential Elements of Information outlined in Table 3-2 reflect the information that will inform discussions and decision-making regarding the need for FAC activation.

Table 3-2 Essential Elements of Information (EEI)

EEI	Within first 24 hours	24 hours and beyond (as conditions warrant and information is available)	Possible source of information
Estimated number or range of known or presumed dead	X	X	Fire/EMS, Law Enforcement, ME/C, local health jurisdiction
Will the number of injured exceed local and mutual aid capacity of EMS and/or Local hospitals	X	X	Fire/EMS, hospitals, local health jurisdiction
Estimated number or range of anticipated or reported missing	X	X	Local law enforcement/911 dispatch, local hospitals, local health jurisdiction, ME/C
Has/will the jurisdiction be activating a mass fatality response plan?	X	X	Local ME/C, local EOC
Has or will the jurisdiction exceeded local resources to manage mass fatality management operations?	X (if possible)	X	Local ME/C, local law enforcement, local EOC
Have/will patients/injured been transported across counties or out of the impacted area?		X	Local EMS/Fire, local health jurisdiction in coordination with Disaster Medical Control Center hospital
Have/will Alternate Care Sites and/or Federal Medical Station(s) been established?		X	Local health jurisdiction
Have/will hospitals been evacuated?		X	Local health jurisdiction, local healthcare facilities, local EMS/Fire
Is there significant population displacement due to evacuation and mass sheltering?		X	Local EOC, local Law Enforcement, Mass Care services

3. Triggers for Activating a Family Assistance Center

Following a mass fatality incident, the decision to activate a FAC should be made as quickly as possible to support family inquiries, document potentially missing and deceased victims, and begin collecting antemortem information to aid in victim identification. Timely activation of a FAC dramatically *decreases* the psychological burden on family members and loved ones of the missing and presumed dead and helps redirect the surge placed on other response systems such as 911, hospitals and the ME/Cs. Therefore, impacted jurisdictions should determine early in the incident whether conditions in their county or across multiple jurisdictions warrant activation of one or more locally managed FACs, or whether State assistance for centralized FAC operations should be requested.

The triggers outlined in Table 3-3 will help local jurisdictions and the Puget Sound RCPGP Region identify conditions when a FAC will be needed in a single jurisdiction or when counties should request assistance from the State to support a centralized FAC operation. These triggers will be discussed on the initial Regional Coordination conference calls as situational awareness is obtained and on subsequent conference calls by the Victim Information Coordination Group as necessary. It is important to note that in a catastrophe there are many potentially concurrent variables that will influence the decision to activate a FAC including:

- A large number of fatalities
- A large number of missing persons being reported
- Mass displacement of the population due to evacuation and mass sheltering,
- Widespread distribution of patients and injured across multiple jurisdictions
- Widespread need for victim information and psychological and spiritual care support

It is possible that in a catastrophe or other mass casualty or mass fatality incident multiple conditions outlined in Table 3-3 may occur concurrently. In these instances, a full FAC activation is recommended. Although a physical FAC location is always desirable, in a catastrophe it is possible that some of the FAC operations will need to be conducted virtually through a call center.

Table 3-3 Family Assistance Center Triggers

Condition	Recommended Action	Activation Considerations
1. The incident has caused mass fatalities **AND/OR** 2. The incident has caused a large number of injuries and *probable* fatalities	Activate a FAC	▪ If multiple counties are impacted and requesting outside resource assistance a centralized or State-led FAC operation is recommended. ▪ If a centralized FAC is not established and multiple local FACs are activated, coordination between the FACs will be essential on public messaging, antemortem data, patient tracking information and missing persons information.
3. The incident has caused a large number of known or probably missing persons and conditions 1 and 2 do not apply. **OR** 4. Injured victims have been or will be transported to hospitals across multiple counties, or out of state and conditions 1, 2, and /or 3 do not apply **OR** 5. The incident has resulted in population displacement through evacuation and sheltering and conditions 1, 2, 3, and/or 4 do not apply	Activate FAC Call Center to support patient tracking inquiries; full FAC activation may not be needed	▪ If multiple counties are impacted and requesting outside resource assistance a centralized or State-coordinated/supported call center operation is recommended. ▪ If a centralized call center is not established and multiple local call centers are activated, coordination between these will be essential.

C. Victim Information Coordination Group

1. Coordination Structure

Sustained coordination across impacted jurisdictions regarding situational awareness, FAC activation and information management will be critical in an incident that results in mass casualties and fatalities. Specific issues for coordination include ongoing situational awareness particularly as it pertains to missing persons, family reunification, victim identification and local FAC operations if activated, and the need to request State assistance for a State coordinated/supported FAC if conditions warrant.

Locally impacted jurisdictions will coordinate through their local EOCs to share and deconflict information regarding FAC decision-making and operations with local EOCs in all other impacted jurisdictions. The following positions in local EOCs will be critical to coordinating information regarding FAC information-sharing, decision-making and operations and will comprise a Victim Information Coordination Group (VICG):

- Mass Fatality branch director or designee and/or representative from the ME/C
- Representative from the Health and Medical branch (public health) to provide information related to casualty impacts, information on patient tracking and overall ESF 8 situational awareness
- Representative from the Human Services or Mass Care branch to discuss family reunification needs
- Representative(s) from local law enforcement or Public Safety branch to discuss missing persons
- A Public Information Officer or Joint Information Center representative as appropriate

To help facilitate ongoing coordination with the State, a liaison from the Washington State Department of Health should be requested to participate in the VICG if another information-sharing or coordination mechanism is not established.

Activation of the VICG will be determined based on the Regional Coordination Conference Call or as the situation warrants. The VICG will utilize existing mechanisms available through their local EOC for communication including conference calls and email communications.

Coordination of information between local EOCs via the VICG should mirror discussion of the Essential Elements of Information outlined in Table 3-1 with a focus on elements contained in the column *24 hours and beyond* and a discussion of the relative impacts to the participating jurisdictions, actions taken within the jurisdiction and discussion of resource assistance needs and priorities. An example agenda is provided in Table 3-4.

Formal resource requests will be made following existing EOC protocol and will not be replaced by activities or discussions of the VICG.

Table 3-4 Agenda for Victim Information Coordination Group (VICG)

Agenda for Victim Information Coordination Group

- Roll call/Introductions
- Hear from each affected area on the status of the following for the next 24 hours and beyond
    - Estimated number or range of known or presumed dead
    - Will the number of injured exceed local and mutual aid capacity?
    - Estimated number or range of anticipated or reported missing
    - Has or will the jurisdiction exceed local resources to manage mass fatality operations?
    - Have/will patients/injured been transported across counties or out of the area?
    - Have/will Alternate Care Sites or Federal Medical Stations been established?
    - Have hospitals been evacuated
    - Is there significant population displacement due to population displacement or mass sheltering?
- Affected areas requesting assistance
- Whether assistance can be offered by unaffected jurisdictions
- Identify current or future multi-county issues concerning family reunification, fatality management and victim identification
    - Discuss operational coordination issues if applicable such as:
        - public messaging concerns such as who families should contact for assistance locating a loved one; reported or confirmed fatality numbers; number of identifications that have been made (this will be later in operations)
        - antemortem data collection methods/strategies
        - missing persons information coordination
        - locations for Family Assistance Center(s) (as applicable)
- Schedule the next conference call or determine other mechanism for coordinating information

IV. RECOMMENDATIONS

This section identifies and describes key issues or planning that should be addressed in support of building greater FAC capabilities.

1. Local counties should build or identify mutual aid assets and develop agreements for local level FAC capability as a component of mass casualty and mass fatality response planning.
2. The State should develop a state level mass fatality concept of operations that outlines how mass fatality response, including FAC operations, would occur in the event that multiple jurisdictions are impacted and require a state-led FAC.
3. The State should develop criteria for when a state-level FAC should be implemented. It is recommended that this decision making criteria should be incorporated in to the FY 2010 Medical Recourse Decision Making Project.
4. A State level concept of operations should be developed for patient tracking, including how this information would be accessed and utilized in a State led FAC. The ongoing activities of the Patient Tracking Steering Committee should be leveraged to help inform this.
5. A single database system should be acquired to manage antemortem data collection in a mass fatality incident occurring anywhere in Washington. A standardized and agreed upon platform would improve mass fatality operations and interoperability. The State should evaluate existing systems such as the DMORT Victim Identification Profile and the Unified Victim Identification System (UVIS) available through the New York City Office of the Chief Medical Examiner.

Appendix A: Glossary/Acronyms/Appendices Descriptions

A-1 Glossary

***Antemortem data*:** information about the missing or deceased person that can be used for identification. This includes demographic and physical descriptions, medical and dental records, and information regarding their last known whereabouts. Antemortem information is gathered and compared to post mortem information when confirming a victim's identification.

***Autopsy*:** an examination of human remains that are recovered from the scene of the incident. Autopsies are generally conducted by a pathologist (commonly a forensic pathologist). The autopsy helps the pathologist to determine the cause and manner of death.

***Closed population*:** in the context of a mass fatality incident, a closed population refers to the number and names of the deceased being known, commonly via a confirmed manifest (e.g. list of passengers on a plane)

***Death notification*:** the formal or official notification to the legal next of kin that their loved one is deceased and has been positively identified.

***Decedent**:* a deceased person

Death certificate: government issued certificate that serves as the official documentation of the date, location and the certification of the cause and manner of a person's death. The death certificate is a critical piece of documentation usually needed to handle a person's life insurance benefits and manage their estate after death.

***Death certification*:** the official determination of cause and manner of death. This is usually determined by the pathologist after autopsy, or by a physician responsible for the care of an individual prior to death.

***Disaster Behavioral Health*:** the provision of mental health, substance abuse and stress management to disaster survivors and responders.

Disaster Mortuary Operational Response Team (DMORT): DMORTs are federal teams within the National Disaster Medical System (NDMS) that provide support for mortuary operations following a mass fatality disaster. In addition to the general DMORT teams, the DMORT capabilities include Disaster Portable Morgue Units (DPMU), a Weapons of Mass Destruction (WMD) Team and a Family Assistance Center (FAC) Team.

Family interview: a conversation conducted with family members and/or friends by representatives from the Medical Examiner/Coroner's Office or Family Assistance Center staff to collect antemortem information about the missing or deceased person. For example, this may be an interview to complete the DMORT Victim Identification Profile form, which includes demographic and physical descriptions of the individual.

Family Reception Services: In the immediate hours after a mass casualty or mass fatality incident, a Family Reception Services should be established as a centralized location for families and friends to go, before the Family Assistance Center is operational. Depending on the nature of the incident, this could be established at a community location, a hospital or a hotel.

Human remains: a whole body or any part(s) thereof

Human remains recovery (Recovery): the retrieval of human remains from the scene of the incident

Legal next of kin: the closest blood relatives or spouse or domestic partner (according to Washington State law), who are legally authorized to make decisions regarding the deceased or the living during medical emergency if the individual is incapacitate. The order of next of kin may vary by state, but frequently includes spouse, then adult children, parents, siblings

Medical Examiner/Coroner (ME/C): the medico-legal authority at the county level responsible for investigating suspicious or unnatural deaths and determining cause and manner of death and positive identification of the decedent.

Missing person**:** in the context of disasters, an individual whose whereabouts, status or well-being is unknown

Open population**:** in the context of a mass fatality incident, an open population refers to the number and names of the deceased being unknown. Incidents with open populations require more resources to determine who has been reported missing and potentially among the deceased. The World Trade Center bombings on September 11, 2001 are an example of an open population incident.

Personal effects: the personal belongings associated with the missing person or decedent

Positive identification: confirming scientifically that an individual is deceased

Postmortem data: information about the deceased that is used to compare to antemortem data on the missing, for the purposes of identification.

Psychological First Aid: an evidence-informed modular approach for assisting people in the immediate aftermath of a disaster and terrorism used to reduce initial distress and to foster short and long term adaptive functioning.

Reunification: the process of reuniting family members with their missing or deceased loved one

Victim Identification Profile: a database developed and managed by DMORT to manage antemortem and postmortem information for the purposes of helping to facilitate victim identification

A-2 Acronyms

ACF – Alternate Care Facility

ADA – Americans with Disabilities Act

DMORT – Disaster Mortuary Operations Response Team

DMORT FACT – Disaster Mortuary Operations Response Team Family Assistance Center Team

DOJ – Department of Justice

DOS – Department of State

ECC – Emergency Coordination Center

EOC – Emergency Operations Center

ESF – Emergency Support Function

FAC – Family Assistance Center

FBI – Federal Bureau of Investigations

ICS – Incident Command System

MFI – Mass Fatality Incident

NIMS – National Incident Management System

NOK – Next of Kin

NTSB – National Transportation Safety Board

OEM – Office of Emergency Management

OSHA – Occupational Health & Safety Administration

PFA – Psychological First Aid

PICC – Public Information Call Center

PIO – Public Information Officer

VIP – Victim Identification Profile

A-3 Appendices Descriptions

A. Glossary/Acronyms/Appendix Descriptions

- **A-1 Glossary:** Glossary of terms used in the annex and supporting appendices.
- **A-2 Acronyms:** List of acronyms used in the annex and supporting appendices.
- **A-3 Appendix Descriptions:** Description of all of the appendices in the Annex and how they should be used.

B. Activation Protocols/Tools

- **B-1 Activation Checklist:** This form should be used to aid in setting up a Family Assistance Center to establish an appropriate level and size Family Assistance Center, and outline all services that will be provided at the site.
- **B-2 Prospective Site Assessment Worksheet:** This document can be used in preplanning to establish possible FAC sites, or just in time to provide suggested guidelines and site assessment tools. This document outlines planning considerations when setting up a FAC including the type of facility, room specifications, all of the services that can be provided at the facility, and suggested specification for a FAC.
- **B-3 FAC org Chart:** This organization chart is an example of all of the possible units that may need to be activated for a Family Assistance Center Facility in a catastrophic event. Depending on the size and type of the event some functions may not need to be activated or can be combined. This example also does not include some units that may support a Family Assistance Center but may be located off site (e.g. at an Emergency Operations Center)
- **B-4 Staffing Overview:** This document lists all possible staffing positions and suggested numbers necessary to run a Family Assistance Center. Depending on the size and type of incident some positions may not be necessary or could be combined.
- **A-5 Equipment and Supplies:** This document outlines all of the necessary equipment to set up and run a Family Assistance Center. To calculate the equipment needs of a specific size facility, fill out the Resource Breakdown by Functional Area and the Staffing Overview chart and then complete the General/Scalable Guidelines for Supplies to total up the supplies.
- **B-6 Facility Floor Plan Set-up guidelines:** This document outlines some basic guidelines to follow when creating a floor plan for a Family Assistance Center Facility.
- **B-7 Sample FAC Floor Plan:** This floor plan is an example of a Family Assistance Center facility lay out for a catastrophic event. The floor plan is not drawn to scale or based on any specific facility space.
- **B-8 Site Scaling Guide:** This document gives a basic scaling guide for a Family Assistance Center site. To use the chart enter the number of casualties from the incident in the cell and press enter, all other cells will automatically populate giving you a suggested guideline for facility size.

Operations Protocols/Tools

C. Reception/Registration

- **C-1 Operations Overview:** At the end of each operational period this form should be filled out by the planning section and submitted to the FAC Director or Command Staff. The information can be used to inform planning and operations.

- **C-2 Family Registration/Check-in Protocol:** This protocol outlines all of the necessary steps, staff, and forms involved in family registration and check-in.
- **C-3 Family/Friend Daily Sign-in Sheet:** Each day every family member must sign in using this form at the registration desk to ensure that the appropriate people are at the Family Assistance Center
- **C-4 Family/Friend Registration Form:** This form is used at the reception desk for family members and friends that come to the Family Assistance Center seeking information about their family member. This form can be used in addition to an electronic sign in system and then entered/transcribed, or in place of an electronic sign in system.
- **C-5 Staff Daily Sign-in Sheet:** All staff must check in and out of the Family Assistance Center each day using this form.
- **C-6 Staff Confidentiality Agreement:** The staff confidentiality agreement should be signed by all staff working and visiting the Family Assistance Center to ensure the security of confidential information about the families and victims.
- **C-7 Family Resource Packet:** The family resource packet is designed to be given to the families during registration to provide them some key information about the Family Assistance Center. The family resource packet include information on what services are provided, general rules, information that they will be asked, and answers to frequently asked questions.
    - **Important Information for Families:** This document outlines some key information about the Family Assistance Center processes that families may need to know.
    - **Services Provided at the Family Assistance Center:** This document is meant to outline all services provided at the facility as well as any special considerations with those services, including hours of operations. This document must be updated with current information before a facility is opened.
    - **Map of the Family Assistance Center:** This will be a map of the actual Family Assistance Center facility. This document must be updated with a current map before a facility is opened.
    - **Web Resources for Finding Your Family Member:** This document is meant to provide families with several resource they should consider accessing to help find their missing family member.
    - **Family Interview Information:** This document outlines the information that families will be asked to provide during a family interview. Families should be given access to telephones, computers, and other assistance to attempt to find the information necessary to answer interview questions.
    - **How Identification is Made:** This document outlines the methods that the Medical Examiner/Coroner will use to make a scientific identification of the decedent.
    - **Frequently Asked Questions When your Family Member is Missing:** This document answers many of the questions that families may have about the investigation process if their family member is missing. The Missing Persons Group may wish to address many of these questions during the family briefings.
    - **Frequently Asked Questions When you Family Member is Deceased:** This documents answers many of the questions that families may have for the medical examiner/coroner regarding the victim identification process. A representative from the ME/Coroner's office may wish to address many of these questions/concerns in the family briefings.

- **Notifying Government and Financial Agencies:** This is a guide for families to notify the appropriate agencies once the Medical Examiner/Coroner has scientifically identified their family member.
- **Credit Reporting Agency Notification:** This is an example notification letter that families can be filled out and sent to credit reporting agencies to notify them that their family member is deceased.
- **Resources/Contact Information:** This document provides contact information of some key resources for families. This document must be updated with current contact information for these agencies and any other necessary resources before a facility is opened.
- **Notes:** These pages are designed to give families a place to take notes during their time at the Family Assistance Center.

D. Family Briefing

- **D-1 Family Briefing Protocols:** This document outlines the necessary steps and staff required to set up and run family briefings.
- **D-2 Example Family Briefing Agenda:** This example agenda outlines some topics that should be covered at family briefings. Not all topics will be relevant to every briefing and more may need to be added depending on the incident.

E. Victim Identification

- **E-1 Information Flow through the Victim Information Branch:** This flow chart outlines how information will flow throughout the Victim Information Branch and to other operations. This chart shows the importance of information sharing and communication within the Victim Information Branch and with the larger incident operations in finding and identifying missing persons.
- **E-2 Missing Persons Call intake form:** This document is meant to be used by missing persons call center staff when receiving calls from families/friends about missing persons. If an electronic call center intake form is available you can use this document and then enter/transcribe the information. If an electronic call center intake form is not available scan the form to keep an electronic copy and then file the form in the case file.
- **E-3 Missing Persons Protocol:** This protocol outlines the responsibilities and staff involved in the Missing Persons Group, the Patient Tracking Unit, the Shelter Unit, and the Web Search Unit. It also outlines how information will be shared and how partners will be contacted concerning missing persons.
- **E-4 Family Liaison Team Theory and Process:** Family Liaison Teams are created in larger event to provide families with a core group of people that will help them with the interview and notification processes. This document outlines the purpose, core concepts, and process for implementing family liaison teams for a Family Assistance Center.
- **E-5 Family Interview Protocol:** This document outlines the process, staff and forms involved in the family interview process. Family Interviewers should be trained individuals what have experience dealing with grieving families.
- **E-6 Antemortem Data Collection Forms**: The Chief Medical Examiner/Coroner will determine which method to use in collecting antemortem data from family members. Information can be collected using normal operating procedures, using the Missing Persons Form provided, or using DMORT's VIP form. The use of each method will depend highly on the type and magnitude of the incident.
    - **E-6.1 Missing Persons Form:** The Missing Persons Form is one method that could be used in collecting antemortem data from families. The form provides the information necessary for

the Medical Examiner/Coroner to make a scientific identification and the Missing Persons Group to investigate a missing person. If an electronic records and tracking system is available the contents of the missing persons form should be entered or scanned into the system. If an electronic system is not available the forms should be scanned to keep an electronic copy and paper copies should be filed.

- **E-6.2 DMORT VIP Form:** The VIP form is a form used by DMORT to collect antemortem data from families and friends about the suspected missing person at the Family Assistance Center. This form can be used if DMORT is assisting or if the Medical Examiner/Coroner deems necessary. If an electronic records and tracking system is available the contents of the VIP form should be entered or scanned into the system. If an electronic system is not available the forms should be scanned to keep an electronic copy and paper copies should be filed.

- **E-7 Dental Records and DNA Sample Release Form:** The Medical Examiner/Coroner is not required to attain written consent to access medical or dental Records for the purpose of identification, but if a person is missing and it is not known if they are deceased it is important to gain written consent from the family to access dental records and collect DNA sample to find their family member. This form is an example of a release form for family member to sign.
- **E-8 Medical/Dental Records Request Form:** This letter is an example of a request form that Medical Examiner/Coroner should use to request medical or dental records from healthcare providers for the purposes of identification.
- **E-9 Medical/Dental Records Protocol:** This document outlines the process, staff, and forms involved in requesting and receiving medical/dental records from healthcare providers for the Medical Examiner/Coroner.
- **E-10 DNA Protocol:** This document outlines the process and staff involved in collecting DNA samples from personal items or close family members.
- **E-11 Requested Records Log:** This form tracks all requests for records relating to an individual victim/missing person and should be kept with the victim's file.
- **E-12 Data Management Protocol:** This protocol outlines how all of the victim information documents should be handled and filed.
- **E-13 Case File Cover Sheet:** This cover sheet should go at the front of all victim case files to document all changes and additions made to the file as well as who accessed/viewed each file and when it was checked in and out. This document is very important in maintaining the integrity of information and confirming the chain of evidence.
- **E-14 Notification Protocol:** This protocol outlines all of the procedures, staff and forms required for making all of the different types of notification that may occur at the Family Assistance Center. This could include Hospital/Shelter notifications, Missing Persons notifications, Tentative notifications, and Death notifications. All notification staff should be trained and have experience working with grieving families.
- **E-15 Decedent Affairs Protocol:** This document outlines all the processes, staff and forms required for the decedent affairs unit. The decedent affairs staff will assist families will disposition arrangements and personal effects release.
- **E-16 Remains Release Authorization:** This form is used to release the remains of the decedent to the legal next of kin, and to the designated funeral home or mortuary services.
- **E-17 Personal Effect Release:** This form is used to release personal effects of the decedent to the legal next of kin. Descriptions of the personal effects should be complete and as detailed as possible.

F. Health Services

- **F-1 Behavioral Health Annex:** This annex outlines the main purpose and services of the behavioral health unit. It also provides an overview of job qualifications, required resources, and operating procedures.
- **F-2 PHRC Disaster Behavioral Health Response Team Qualifications:** This document is an example of the job qualifications necessary for staff that will work on the Disaster Behavioral Health Response Team.
- **F-3 Behavioral Health Services Referral Form:** This form is meant to be filled out by behavioral health providers to refer a client to behavioral health services not provided at the Family Assistance Center. This form is meant to be given to the family member with the contact information of the services recommended.

G. Operations Protocols/Tools: Support Services

- **G-1 Childcare Set-up Guidelines:** The pediatric safe area table provides some guidelines on resources to consider when setting up a childcare area. The sign-in/out-sheet can be used to help document the flow of people in and out of the childcare areas.

H. Communication Protocols/Tools

- **H-1 Media Frequently Asked Question about Family Assistance Centers:** This document answers many of the frequently asked questions by the media about Family Assistance Center operations. The PIO may wish to go over many of these questions in their briefings with the media.
- **H-2 PIO Cheat Sheet:** This sheet is meant to assist PIOs in gathering information for their briefings with the media. This sheet is not meant to be given to the media but used as an aid in compiling data.

I. Demobilizations Protocols/Tools

- **I-1 Demobilization Checklist:** This checklist outlines items that should be considered when demobilizing a Family Assistance Center Facility, as well as action items that should be addressed when a Family Assistance Center is closing.

J. **Position Matrix:** This matrix outlines the missions of all of the sections, groups, units and teams outlined in the org chart. In addition it gives suggestions on possible sources of staff for each of the functional areas.

K. **Position Checklists:** Checklists K-1 through K-31 outline the main job responsibilities of many of the staff positions outlined for the Family Assistance Center.

L. **Cultural Considerations**

- **L-1 Cultural/Religious Considerations in FAC Planning and Operations:** This document outlines many of the areas that should be considered when establishing Family Assistance Center operations including religious, cultural and linguistic differences.
- **L-2 Cultures and Religions in Washington**: These charts outline many of the religious customs and beliefs that should be considered when establishing and operating a FAC and interacting with families.

M. **Recommended Minimum Data Elements for Patient Tracking:** This chart outlines the minimum data elements required for patient tracking by various stakeholders as outlined by the Puget Sound RGPGP Region Patient Tracking Steering Committee.

N. **Family Reunification Resources:** This is a compilation of some of the family reunification resources that should be used by families and Missing Persons Group staff for to locate missing family members during a disaster.

O. **Family Reception Services Guidelines for Hospitals:** These are guidelines for hospitals on how to set-up, staff and operate a Family Reception Services area within the hospital, to support families seeking information about missing or injured family member, before a Family Assistance Center is established.

P. **Example Family Assistance Center Plan:** This is an example of a local Family Assistance Center Plan.

Appendix B: Activation and Set-up Protocols/Tools

B-1 Activation Checklist

- ☐ The [**insert local or state authority agency here**], in coordination with the Health Officer, and the Chief Medical Examiner/Coroner will activate the Family Assistance Center Plan
- ☐ Based on the incident size, number of victims, and other factors listed in the plan determine the approximate scale of the event

  Incident Type _____
  Date _____ Time _____
  Approximate number of victims _____
  Estimated number of family/friend to arrive at FAC _____
  Estimated Incident size _____

- ☐ Logistics: review site assessment worksheets and select the location of the FAC facility

  FAC Facility Activation Information
  Facility Name _____ Date _____
  Street Address _____
  City _____ State _____ Zip Code _____
  Contact Person: _____
  Phone _____ Email _____

- ☐ Identify services that will be provided at FAC (check all that apply)
  - Reception/Registration
  - Family Briefings
  - Victim Information Services
  - Health Services
  - Missing Persons Services
  - Support Services
    - Childcare services
    - Translation/Interpretation Services
    - Social Services (List Below)

  1. _____ 6. _____
  2. _____ 7. _____
  3. _____ 8. _____
  4. _____ 9. _____
  5. _____ 10. _____

- ☐ Logistics: identify all staff, equipment, and supplies needed for the FAC Facility
- ☐ Coordinate with partners and local agencies to fill any resource or staff needs
- ☐ Set-up FAC Facility
- ☐ Ensure Information Technology needs are met and tested (Television/Cable, Phones, Internet, Cell Phones, Fax Machines, Radios)
- ☐ Law Enforcement to establish and implement tactical security plan for the facility
- ☐ Open FAC Facility and coordinate messaging with Public Information Officer; location, hours, and services.

Social Services that may be required at a FAC

Not all services will be necessary at a FAC facility; the list below provides suggestions on possible social services that may be necessary depending on the nature of the incident and availability of these services at other locations

- ☐ Animal Care
- ☐ Banking
- ☐ Basic Medical Care
- ☐ Benefits Counseling/Assistance
- ☐ Child/Youth and Family Services
- ☐ Communications (phone and internet)
- ☐ Crime Victims Assistance
- ☐ Disability Information
- ☐ Educational Services
- ☐ Employment Services
- ☐ Financial Assistance
- ☐ Financial Services
- ☐ Food Services
- ☐ Foreign Nationals
- ☐ Health Care Information Services
- ☐ Housing Assistance
- ☐ Identification Replacement Services
- ☐ Immigration Assistance
- ☐ Insurance Advocacy
- ☐ Labor Services/Union Assistance
- ☐ Laundry Services
- ☐ Legal Assistance
- ☐ Mail
- ☐ Material Goods/Personal Property Replacement
- ☐ Medical Assessment
- ☐ Physical Health
- ☐ Provision of Medications
- ☐ Public Benefits
- ☐ Relocation Assistance
- ☐ Senior Citizens Service
- ☐ Small Business Assistance
- ☐ Tax Benefits/Extensions
- ☐ Therapy Dogs
- ☐ Transportation
- ☐ Unemployment benefits
- ☐ Veterans Affairs
- ☐ Translation/Interpretation Services
- ☐ Workers Compensation

B-2 Prospective Site Assessment Worksheet

General site information Date _____

Facility name _____

Year Built _____ Total Square Footage _____

Street Address _____

City _____ State _____ Zip Code _____

☐ Non-Profit ☐ Faith-Based ☐ City ☐ State ☐ For Profit ☐ Other _____

First Contact:

Name _____ Position _____

Phone _____ Email _____

Second Contact:

Name _____ Position _____

Phone _____ Email _____

What times of the year is the site available: _____

_____

Can this site be opened within: ☐ 2 hrs ☐ 4 hrs ☐ 6 hrs ☐ 12 hrs ☐ 24 hrs Other _____

Site Appropriate for what size event: ☐ Small ☐ Medium ☐ Large ☐ Catastrophic

Is this site familiar to the local population:☐ Yes ☐ No

Current MOU Agreement with this site ☐ Yes ☐ No Describe: _____

_____

Building specifications:

Specifications	Y/N	Comments	Available for Use Y/N:
Number of Rooms		# rooms:	
Capacity of Rooms * ***(See Room Assessment Worksheet for more details on each room)***		Capacity of Room: _____ Capacity of Room: _____ Capacity of Room: _____ Capacity of Room: _____ Capacity of Room: _____ Capacity of Room: _____ Capacity of Room: _____ Capacity of Room: _____ Capacity of Room: _____ Capacity of Room: _____ Capacity of Room: _____ Capacity of Room: _____ Capacity of Room: _____ Capacity of Room: _____ Capacity of Room: _____	

Equipment Supply Area		Dimensions: _____X_____=_____ ft^2 Capacity:_____	
Ability to lock the site		Describe:	
Loading Docks		# of Bays: _____ Forklift on site Y/N: _____ Operator Available Y/N:_____ Electrical Power Available Y/N: Explain: _____ Material Handling Equipment Y/N: _____	
Number of Restrooms		# of Men's_____ # of Women's: _____ # of Family/Unisex: _____ # of ADA Accessible: _____	
Baby Changing Areas		# of sites: _____ Where located: _____	
Food preparations and consumptions facilities		Capacity of food prep areas: _____ Capacity of Food Consumption area (for staff and families: _____	
Type of Food Preparation Areas		☐ Full Commercial ☐ Warming ☐ Partial ☐ Walk-in refrigerator/Freezer	
Refrigeration		Size: _____ Type: _____ Temp Controlled Y/N: _____	

Accessibility:

Specifications	Y/N	Comments	Available for use: Y/N
Primary Parking Lot		# of spaces for staff: _____ # of spaces for clients:_____	

		Cost of Parking per car_____ Validation Available? Y/N _____ Cost:_____ Valet Available? Y/N _____ Is Parking Secured? Y/N _____ Describe:	
Secondary Parking Lot		# of spaces:_____ Cost per car _____ Is Parking Secured Y/N _____	
Adequate Road Access		Describe: _____	
ADA Accessible		# Stairs: _____ ADA adaptable Y/N: _____ ADA Compliant Y/N: _____ (Refer to ADA checklist for Emergency Shelters)	
Public Transportation		Stop Name/Line: _____ Stop Name/Line: _____	
Proximity to Local Hospitals		Hospital name: _____ # Miles away: _____	
Security		# of Officers _____ Security System Provider: _____ Surveillance Cameras on site: Y/N _____	
Coordination with EMS, Fire, Police Response		☐ YES ☐ NO Describe:	

Supplies/IT/Utilities:

Specifications	Y/N	Comments	Available for use: Y/N
Tables		# on site: _____ Size: _____	
Chairs		# on site:	
Beds		# Adult beds/cots on site: _____ # Pediatric beds/cribs on site:_____	
Childcare equipment		Describe:	
Temporary Partitions		# on site:_____ Describe:	
Computers		# on site:	
FAX machines		# on site:	
Copiers		# on site:	
Telephones		# on site:	
Televisions		# on site:	
Scanners		# on site:	
Shredders		# on site:	
File Storage Container		# on site:	
Podium		# on site:	
Audio/Visual Equipment		# on site: _____	

		Description: _____	
Industrial Fans		# on site:	
Janitorial Services		# of trash cans on site:_____ Describe removal methods: _____ Sharps Container Y/N and #: _____	
Fire Safety System		☐ Sprinklers ☐ Alarms ☐ Smoke Detectors ☐ Carbon Monoxide Detector Date of last test/inspection: _____ # of Extinguishers: _____	
Radio		# and Type: _____ Known interference or Shielding Y/N: _____	
Internet		Service provider:_____ Type of Internet: ☐ Wi-Fi ☐ Hardwire ☐ Satellite Known interference or Shielding Y/N: _____	
Cable TV		Service provider:	
Phone		Service provider: _____ Known interference or Shielding Y/N: _____	
Electricity		Service provider:	
Overhead Lighting		Sufficient for FAC Operation Y/N:	

Generator		Sufficient for FAC Operation Y/N: _____ Transfer switch for trailer mounted generator Y/N: _____	
Water		Service provider: _____ ☐ Hot ☐ Cold ☐ Potable	
Heat/AC		Heat Y/N: _____ AC Y/N: _____ Type : ☐ Electric ☐ Gas	
Gas		Services Provider:	
Transportation vehicles		Describe:	

Services the facility will continue to provide:

Service:	Y/N	Comments/Contact Information
Janitorial		
Food Preparation/ Cleaning		
Restroom Maintenance		
Facility Maintenance		
Security		

Necessary documents to be attached:

Document	Y/N	Comments
MOU or contract for the site		
Fire and Capacity Regulations		
Evacuation Plan of site		
Floor Plan of site		
Photographs of Site (Including Satellite images)		
Maps		

Checklist for Recommended FAC Functional Areas at Prospective Site

Check the box for each functional area that can be accommodated by prospective site

Main Service Areas

- ☐ Reception and Registration
- ☐ Family Interview/Notification Rooms
- ☐ Behavioral Health Services
  - ☐ Private Consultation Areas
  - ☐ Staff Meeting Room
  - ☐ Staff Break Room
- ☐ Missing Persons Call Center (could be off site)
- ☐ Waiting Area
- ☐ Family briefing area
- ☐ Television room
- ☐ Computer/Phone Bank
- ☐ Childcare Area
- ☐ Food Preparations Area
- ☐ Dining Area
- ☐ Family Meeting/Gathering area (for families to meet one another)
- ☐ Media Station (secured location far enough away from the FAC but sufficient for briefings)
- ☐ Memorial area (wall, room, table)
- ☐ Incident site map/diagram area
- ☐ Social Services area

Back Office Areas

- ☐ Staff Check-in
- ☐ Staff Work Area
- ☐ Command Staff Area
- ☐ Staff Conference Rooms
- ☐ Staff Break Room

Room Assessment Worksheet

Room Name: ______________________________ Capacity of Room: ________________
Potential Use of the Room: ____
Number of Phone Ports ______________ Number of Internet ports ________________
Number of Electrical Sockets ____________ Able to be divided Y/N ________________
Number of Windows ________________ Lighting (Describe) ______________________
____
Type of Flooring: ☐ Carpet ☐ Tile ☐ Linoleum ☐ Cement ☐ Wood ☐ Other: ______________
Notes: ____
____

Room Name: ______________________________ Capacity of Room: ________________
Potential Use of the Room: ____
Number of Phone Ports ______________ Number of Internet ports ________________
Number of Electrical Sockets ____________ Able to be divided Y/N ________________
Number of Windows ________________ Lighting (Describe) ______________________
____
Type of Flooring: ☐ Carpet ☐ Tile ☐ Linoleum ☐ Cement ☐ Wood ☐ Other: ______________
Notes: ____
____

Room Name: ______________________________ Capacity of Room: ________________
Potential Use of the Room: ____
Number of Phone Ports ______________ Number of Internet ports ________________
Number of Electrical Sockets ____________ Able to be divided Y/N ________________
Number of Windows ________________ Lighting (Describe) ______________________
____
Type of Flooring: ☐ Carpet ☐ Tile ☐ Linoleum ☐ Cement ☐ Wood ☐ Other: ______________
Notes: ____
____

Suggested FAC Site Specifications

General Information:

- **A FAC should be close to the incident site but should no be in view of the incident. Family/friends should not have to pass the incident site on their way to/from the FAC.**
- One large FAC is preferred over several smaller ones
- Ideally the FAC could be activated within 12 hours of an incident
- Sites should be community neutral, ideally faith-based locations are not preferred for a FAC site
- In a mass fatality incident with a separated population of affected residents, workers, business owners, and those who have not lost a friend or family, a separate facility for secondary services should be established to provide other secondary services. If a secondary services facility is establish near the FAC the two facilities should have separate entrances.

Building Specifications:

Room Capacity: (See Site Scaling Guide – Excel document)

Private Counseling rooms for Behavioral Health:

- Recommended ratio of 1:15 private counseling rooms to families

Antemortem Interview Rooms:

- Recommended ratio of 1:15 private interview rooms to families

Childcare Area:

- Preferably have a separate space with one entrance and exit
- If possible, separate in to age appropriate areas
- Remove all potential hazards (sharp corners/objects, objects with a potential to fall, open sockets and wires, etc.)
- Expected capacity ratio of 3:10, children to # of families

Entrances/Exits:

- Preferably the facility could be locked down to monitor security and control ingress/egress
- Ensure the facility is ADA compliant

Loading Docks:

- Have enough space to bring in and unload multiple large trucks simultaneously
- Have material handling equipment on site

Restrooms:

- 10 stalls per 300 users
- If possible have a separate staff restroom
- Assure there is a handicap accessible restroom for men and women

---

Accessibility:

Public Transportation:

- Distance to nearest public transportation should be no more than ¼ mile

Proximity in the community:

- Visitors should not pass the disaster site to arrive at the FAC
- Visitors should not be able to see the disaster site while at the FAC
- FAC site should have accessible road or transportation to area hospitals

---

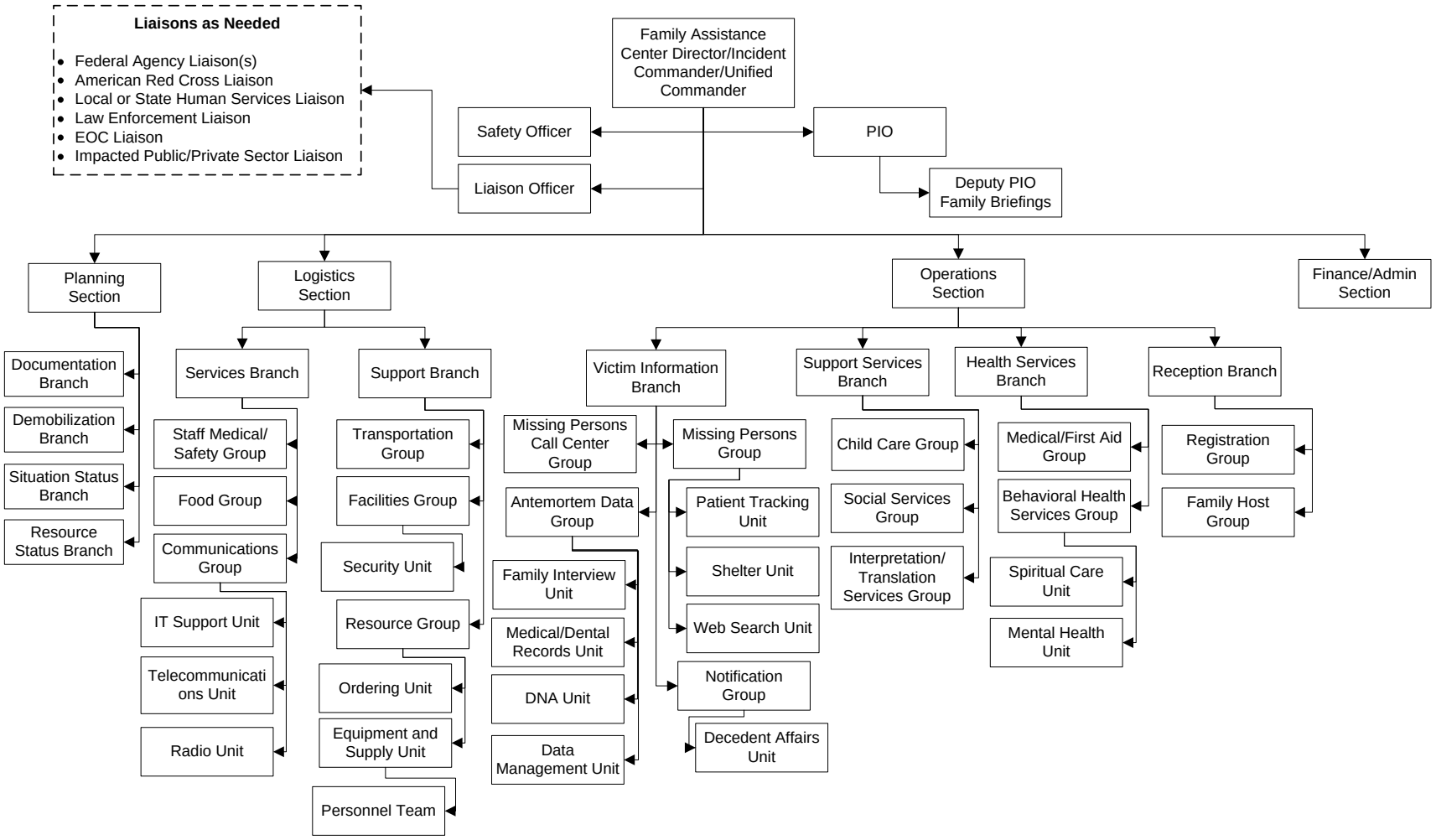
Supplies/IT/Utilities:

Radio/Internet/Telephone:

- Should have no known disruption to communications services

B-3 Scalable FAC Org Chart

Example Org Chart for Family Assistance Center



B-4 Staffing Overview

This staffing model is an example. Depending on the event positions may be combined, eliminated, or managed by KCMEO, HMAC, or the EOC. Not all staff position will be active during specific timelines of response.

	Small	Medium	Large	Catastrophic
Potential Fatalities	**<20**	**20-100**	**101-500**	**>500**
Family and Friends	**<160**	**160-800**	**800-4,000**	**>4,000**
Command				
FAC Director/Incident Commander/Unified Commander	1	1	1	1
Deputy Officer in Charge/Deputy FAC Commander	0	1	1	1
PIO	1	1	1	1
Deputy PIO Family Briefings	0	1	1	1
Safety Officer	1	1	1	1
Liaison Officer	1	1	1	1
America Red Cross Liaison	TBD	TBD	TBD	TBD
Local Human Services Liaison	TBD	TBD	TBD	TBD
Law Enforcement Liaison	TBD	TBD	TBD	TBD
EOC Liaison	TBD	TBD	TBD	TBD
Impacted Public/Private Sector Liaison	TBD	TBD	TBD	TBD
Command Staff Total				
Planning Section				
Planning Chief	1	1	1	1
Planning Staff	1	0	0	0
Demobilization Branch				
Demobilization Branch Director	0	1	1	1
Demobilization staff	0	1	1	1
Documentation Branch				
Documentation Branch Director	0	1	1	1
Documentation staff	0	1	1	1
Situation Status Branch				
Situation Status Branch Director	0	1	1	1
Situation Status Staff	0	0	1	1
Resource Status Branch				
Resource Status Branch Director	0	1	1	1
Resource Status Staff	0	0	1	1
Planning Section Total				
Logistics Section				
Logistics Section Chief	1	1	1	1
Deputy Logistics Chief	0	1	2	2
Services Branch				
Services Branch Director	1	1	1	1
Services Branch Staff	1	0	0	0
Staff Medical/Safety Group				
Staff Safety Group Supervisor	1	1	1	1

Staff Safety Group Staff	0	1	1-2	2-3
Food Group				
Food Group Supervisor	1	1	1	1
Food Group Staff	0	0-1	1-2	2-3
Communications Group				
Communications Group Supervisor	1	1	1	1
Communications Group Staff	2			
IT Support Unit				
IT Unit Lead	0	1	1-2	2-3
IT Unit Staff	0	2-4	4-8	8-16
Radio Unit				
Radio Unit Lead	0	1	1	1
Radio Unit Staff	0	1-2	2-4	4-6
Telecommunications Unit				
Telecommunications Unit Lead	0	1	1	1
Telecommunications Unit Staff	0	2-3	2-5	5-7
Support Branch				
Support Branch Director	1	1	1	1
Support Branch Staff	2	0	0	0
Resource Group				
Resource Group Supervisor	1	1	1	1
Resource Group Staff	1			
Equipment and Supply Unit				
Equipment and Supply Unit Lead	0	1	3	3
Equipment and Supply Unit Staff	0	6	8	8
Personnel Team				
Personnel Team Lead	0	1	1-2	2
Personnel Team Staff	0	1-2	2-4	4-6
Training	0	1	1-2	2-3
Credentialing and Licensing Staff	0	1	1-2	2-3
Ordering Unit				
Ordering Unit Lead	0	1	1	1
Ordering Unit Staff	0	0	1-2	2-3
Transportation Group				
Transportation Group Supervisor	1	1	1	1
Transportation Group Staff	1	1-2	2-3	3-4
Facilities Group				
Facilities Group Supervisor	0	1	2	2
Facilities Group Staff	0	1-2	2-3	3-4
Security Unit				
Security Group Supervisor	1	1	1	1
Security Team Leads	1-2	2-4	4-6	6-8
Security Officers	TBD	TBD	TBD	TBD
Logistics Section Total				
Operations Section				
Operations Section Chief	1	1	1	1
Deputy Operations Section Chief	0	1	1	2
Victim Information Branch				
Victim Information Branch Director	1	1	1	1

Deputy Victim Information Branch Director	0	1	1	2-3
Missing Persons Call Center Group				
Missing Persons Call Center Group Supervisor				
Phone Operators				
Data Entry Staff				
Missing Persons Group				
Missing Persons Group Supervisor	1	1	1	1
Missing Persons Team Lead	1	1	2	2-3
Missing Person Data Management Staff	1-2	2-5	5-10	10-20
Missing Persons Staff	3-4	0	0	0
Patient Tracking Unit				
Patient Tracking Team Lead	0	1	1	1
Patient Tracking staff	0	2-3	2-4	4-6
Shelter Unit				
Shelter Team Lead	0	1	1	1
Shelter Staff	0	2-3	2-4	4-6
Web Search Unit				
Web Search Team Lead	0	1	1	1
Web Search Staff	0	2-3	2-4	4-6
Antemortem Data Group				
Antemortem Data Group Supervisor	1	1	1	1
Deputy Antemortem Data Group Supervisor	0	1	1	1
Medical Examiner Advisor	1	1	1	1
Antemortem Data Group Staff	4-5	0	0	0
Medical/Dental Records Unit				
Medical/Dental Records Team Lead	0	1-2	2-3	3-4
Medical Records Staff	0	2-4	4-8	8-14
Dental Records Staff	0	2-4	4-8	8-14
DNA Unit				
DNA Unit Team Lead	0	1	1-2	2-3
DNA Specialist	0	2-4	4-8	8-10
DNA Counselors	0	1	1-2	2-3
Data Management Unit				
Data Management Team Lead	0	1	1	2
Data Management Staff	0	2-5	5-10	10-20
Family Interview Unit				
Family Interview Team Lead	1	1-2	2-5	5-9
Family Interviewers	3-5	5-10	10-30	30-50
Family Interview Coordinator	1	2	2-4	4-8
Notification Group				
Notification Group Supervisor	1	1	1-2	2-5
Notification Group Staff	2-4	4-10	10-20	20-50
Decedent Affairs Unit				
Decedent Affairs Unit Team Lead	0	1	1	1
Decedent Affairs Staff	0	2-3	4-8	8-10
Support Services Branch				
Support Service Branch Director	1	1	1	1

Deputy Support Services Branch Director	0	1	1	2
Support Services Staff	3	0	0	0
Child Care Group				
Child Care Supervisor	1	1	1	1
Child Caregivers	TBD	TBD	TBD	TBD
Social Service Group				
Social Services Supervisor	0	1	1	1
Social Services Team Lead	0	1	1	2
Social Services Staff	0	2-3	3-5	5-10
Interpretation/Translation Services Group				
Interpretation/Translation Services Supervisor	1	1	1	1
Interpreters and Translators	TBD	TBD	TBD	TBD
Health Services Branch				
Health Services Branch Director	1	1	1	1
Deputy Health Services Branch Director	0	1	1	2
Medical/First Aid Group				
Medical/First Aid Group Supervisor	1	1	1	1
Nurses	1	1-2	2-3	3-8
Infection Control Specialist (as needed)	TBD	TBD	TBD	TBD
Behavioral Health Services Group				
Behavioral Health Group Supervisor	1	1	1-2	2-3
Behavioral Health Group Staff	3-4	0	0	0
Mental Health Unit				
Mental Health Team Lead	0	1	1-3	3-5
Mental Health Workers	0	1-4	4-20	20-30
Spiritual Care Unit				
Spiritual Care Team Lead	0	1	1-3	3-5
Spiritual Care Workers	0	1-4	4-20	20-30
Reception Branch				
Reception Branch Director	1	1	1	1
Deputy Reception Branch Director	0	0	1	2
Reception Branch Staff	3	0	0	0
Registration Group				
Registration Group Supervisor	0	1-2	2	2-3
Data Management Staff	0	1	1-2	2-3
Staff Check-in Staff	0	2	2-3	3-5
Family Registration Staff	0	2-3	3-4	4-6
Badging Staff	0	2	2-4	4-6
Runners	As Needed	As Needed	As Needed	As Needed
Family Host Group				
Family Host Supervisor	0	1	2	2
Family Host Staff	0	1-2	2-4	4-6
Operations Section Total				
Finance/Administration Section				
Finance/Administration Section Chief	1	1	1	1
Deputy Finance/Administration Section Chief	0	0	1	1
Finance/Administration Staff	2	2	2-3	3-4
Scribes/Note takers/Runners	As Needed	As Needed	As Needed	As Needed

Phone Receptionists	1	1-2	2-3	3-4
Signage/Graphics Specialist	0	0	1	2
Finance/Administration Section Total				
Grand Total				

B-5 Equipment and Supplies

Prior Agreements or Stock piles of Supplies: *list any prior agreements with suppliers for the quick delivery of necessary supplies, or any stock piles that will be accessed*

Supplier	General Contents of shipment

General/Scalable guideline for supplies: *Use the Resource Breakdown by Functional Areas listed below and the Staffing Overview to estimate the supply and equipment needs of the appropriate sized FAC*

Supplies/Equipment Item	Small	Medium	Large	Catastrophic	Number Available On-Site
Potential Fatalities	**<20**	**20-100**	**101-500**	**>500**	
Family and Friends	**<160**	**160-800**	**800-4,000**	**>4,000**	
Administrative Supplies					
AED					
Age Appropriate Toys					
Audio/Visual Equipment (projectors, microphones, screens, speakers, remote control)					
Badge processing equipment					
Barrier Tape (Caution, restricted, etc.)					
Cell phone charging station					
Cell Phones (with chargers)					
Chairs					
Clipboards (1 per client at registration)					
Comfort Items					
Communication Boards/White Boards					
Computers					
Conference Call Phones					
Cribs/cots					
Diaper Changing Tables					
Digital Camera					
Extension Cords [3 pronged]					
FAX machines					
File Storage (e.g. file cabinets, crates, boxes)					
Fire Extinguishers					
First Aid Kits					

Flashlights					
Folding Screens/Partitions					
Hygiene Supplies (Tissues)					
Ink Cartridges					
Internet					
Internet and Power Cables					
Janitorial Supplies					
Language Boards					
Linens, blankets, pillows					
Lockable boxes					
Maps (local area, facility, incident site)					
Paper (boxes)					
Paper Shredders/ Burn bags					
Parking/Food Passes (If applicable)					
Photocopiers					
Podium					
Printers					
Radio (2 way radios)					
Radio 800MHz					
Religious resources					
Rest Mats					
Scanners					
Signs (see signage list)					
Slot-top collection box					
Small Refrigerator					
Surge Protectors					
Tables					
Telephone books (if no internet)					
Telephone Lists					
Telephones					
Televisions					
Transportation vehicles					
Trash Cans					
Whiteboards or Easels with Poster paper					
Window Covering					

Resource Breakdown by Functional Area[5]

Resource	Scaling Guide	Quantity Required	Description/Comment
Reception/Registration			
Administrative Supplies	As Needed		
Badging Equipment	1 badging machine per 50 clients		
Chairs	Number of Tables x2		
Clipboards	1 per client at registration		
Extension Cords	1 per 2 computers		
FAC Forms	1 per client		
Locked Box	1 per 50 badges		To store badges in as they are returned
Staff Computer	1 per filled position		
Signage	As Needed		
Surge Protectors	1 per 2 computers		
Tables	1 per 2 filled positions		
Telephones	1 per 2 filled positions		
Telephone Lists	1 per telephone		
Family Briefing Area			
Chairs	Based on incident, enough for all clients (if no auditorium)		
Communications Boards	1 or more as needed		
Audio/Visual Equipment (microphones, speakers, projectors, remote)	2 microphones, 4 speakers, 1 projector, 2 screens,1 remote		
Podium	1 (if not already in the room)		
Signage			
Telephone	1 telephone with speaker phone and conference call capabilities		
Tables	As needed		
Family Interview/Notification Rooms			
Administrative Supplies	As Needed		
Chairs	6 for family, 1-2 for staff		
Extension Cords	1 per 2 computers		
Signage			
Staff Computer	1		
Surge Protectors	1 per 2 computers		
Tables	1		
Telephone	1		
Telephone List	1 per telephone		
Tissues	As Needed		
Child Care Area			
Age Appropriate Toys	As Appropriate		
Cribs/cots			
Diaper Changing Tables			
Digital Camera	1		
First Aid Kit	1		

[5] Adapted from Los Angeles County Operational Area Family Assistance Center Plan, March 31, 2010

Folding Screens/Partitions	As Needed		
Linens, blankets, pillows			
Rest Mats			
Small Refrigerator	1 per childcare area		
Client Computer/Telephone Bank			
Chairs	2 per computer, 2 per telephone		
Computers with internet	1 per 15 clients in the facility		
Extension Cords	1 per 2 computers		
Tables	1 per 2 computers (as resources allow), 1 per 4 telephones (as resources allow)		
Telephone	1 per 15 clients in the facility		
Signage			
Surge Protectors	1 per 2 computers		
Food Services Area			
Chairs	2 per table (rectangular), 8 per table (round)		
Food	3 meals a day throughout duration of operations		
Signage			
Tables	1 per 2 clients (rectangular) or 1 per 8 clients (round)		
Trash Cans			
Behavioral Health Services			
Administrative Supplies	As Needed		
Chairs			
Clipboards			
Computers	1:8 Staff Members		
Forms			
Tables	1 per counseling room		
Family Waiting Area			
Administrative Supplies	As Needed		
Chairs	# clients X .25		
Tables	As resources allow		
Signage			
Staff Registration/Badging/Credentialing			
Administrative Supplies	As Needed		
Badging Equipment	1 badging machine per 50 staff		
Chairs	Number of Tables x2		
Extension Cords	1 per 2 computers		
Locked Box	1 per 50 badges		To store badges in as they are returned
Staff Computer	1 per filled position		
Surge Protectors	1 per 2 computers		
Tables	1 per 2 filled positions		
Telephones	1 per 2 filled positions		
Telephone Lists	1 per telephone		
Staff Work Area			
Administrative Supplies	As Needed		

Chairs	1 per staff member		
Extension Cords			
FAX machine	1		
Paper Shredder	1		
Photocopier and supplies	1		
Printer	1		
Slot-Top Collection Box	1 per 50 tables		For paper to be shredded
Staff Computer	1 per staff member, 2 for every staff member accessing antemortem database (1 for database and 1 for internet access)		
Surge Protectors			
Tables	2 staff per table, or long oval tables		
Telephone	1 per 2 staff		
Telephone List	1 per telephone		
Command Staff Area			
Administrative Supplies	As Needed		
Chairs	1 per staff		
Conference Call Phones	1		
Extension Cords	3		
FAX machine	1		
ICS Forms	2 sets per operational period		
Audio/Visual Equipment	2 microphones, 4 speakers		
Photocopier and supplies (ink cartridges, paper, etc.)	1		
Printer	1		
Radio	1 for each member command staff, section chief, branch directors and group leaders. Others if resources allow		
Staff Computers	1 per staff member		
Signage	1		
Surge Protectors	3		
Tables	Long oval table or equivalent to seat all command staff		
Telephone	3		
Telephone List	1 per telephone		
Staff Break Room			
Chairs	2 per table (rectangular) 1 8 per table (round)		
Food	3 meals a day for the duration of operations		
Signage			
Tables	1 per 4 staff (rectangular), 1 per 8 staff (round)		
Trash Cans			
Other Supplies			
AED	1		
First Aid Kit	2		

Fire Extinguisher	1		
Janitorial Supplies			
Flashlight			

Attach to this sheet any invoices or order forms for supplies

Supplier	Invoice Attached Y/N

Signage

Required Signs for the FAC:

- ☐ signs for each service
  - ☐ reception
  - ☐ waiting areas
  - ☐ interview areas
  - ☐ quiet rooms
  - ☐ staff work space, staff only spaces
  - ☐ storage rooms
  - ☐ staff break rooms
  - ☐ family briefing rooms
  - ☐ child care areas
  - ☐ memorial area
  - ☐ social services
  - ☐ Behavioral Health services areas
  - ☐ Medical/First Aid services areas
- ☐ signs for client movement through services (arrows, station signs, etc)
- ☐ signs for any urgent or important updates about the incident
- ☐ signs for entrances and exits
- ☐ signs for handicapped areas, parking, and services
- ☐ signs for bathrooms
- ☐ signs for food and beverage
- ☐ signs for security personnel
- ☐ signs for public transportation/parking lots
- ☐ Language Board
- ☐ Signs in American Sign language
- ☐ Incident map/Diagram
- ☐ Local area maps

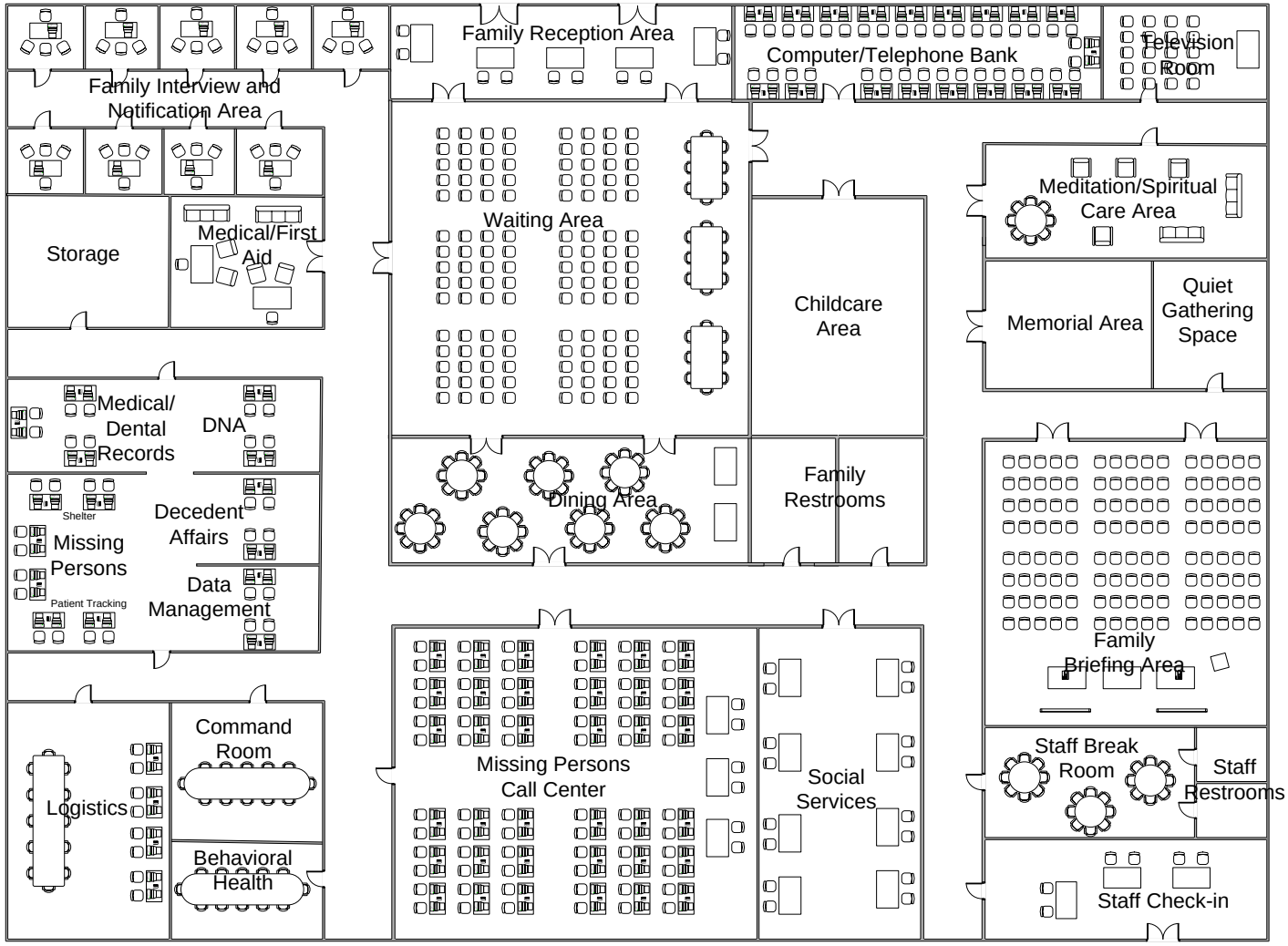
B-6 Facility Floor Plan Set-up Guidelines

Below are important guidelines to consider when setting up the floor plan for a Family Assistance Center

1. Childcare area, dining area, and family restrooms should be situated close to waiting areas.
2. Childcare areas should have a single point of ingress/egress if possible.
3. Family Interview/notification areas should not be located directly adjacent to quiet rooms or waiting areas
4. Families and staff should have separate reception/check-in areas and separate entrances if possible
5. Staff should have separate restrooms and dining areas if possible. Staff dining areas can be combined with a staff break room.
6. Medical/First Aid area should be close to the family interview/notification area and the waiting area.
7. The television room should be far enough away from the waiting area that families who do not need to hear the news if they do not wish to.
8. The media should be in a secured location far enough away from the FAC but sufficient for briefings
9. Any time a staff area is adjacent to a family are, out of respect for the families staff should be aware of their noise level and laughter

B-7 Sample FAC Floor Plan

Example Family Assistance Center Facility Layout



B-8 Site Scaling Guide

Example site scaling guide is for annex purposes only, see excel document for full tool

Suggested FAC Site Specifications

** variable numbers will be changed based on number of fatalities entered in "number of fatalities". If more Meeting Rooms are need please enter the number of additional meeting rooms required into cell C26*

Mass Fatality Incident

Number of Fatalities	**150**
Total Number of Family/Friends	**1200**
Incident Size#	**Large**

#Incident Size is based on the definitions from the Plan

Room type	Number of Rooms/Areas	Capacity	Suggested Square Footage	Square Footage Scaling Key
Reception Area	1	20	200	10ft²/person
Family Interview/Notification Rooms	10	10	1000	10ft²/person
Private Counseling rooms	10	10	1000	10ft²/person
Family Waiting area	1	792	7920	10ft²/person
Family Briefing Area	1	792	7920	10ft²/person
Childcare Area	1	45	1350	30ft²/child
Meditation/Spiritual Care Area	1	75	3000	40ft²/person
Television Room	1	80	800	10ft²/person
Family Computer/phone bank room	1	80	2000	25ft²/person
Dining Service	1	600	7200	12ft²/person
Command Area	1	20	600	25ft²/person
Behavioral Health Team Office	1	10	300	25ft²/person
Behavioral Health Staff Room	1	5	150	30ft²/person
Staff Break Room	1	15	450	30ft²/person
Staff Work Areas				25ft²/person
Supplies Storage Area	1	0	500	500ft²
Other Meeting Rooms		10	100	10ft²/person
Total Number of Rooms	33		34490	

Restroom Stalls	40

Appendix C: Operational Protocols/Tools: Reception/Registration

C-1 Operations Overview

The Planning Section will complete the following operations overview once every operational period.

Victim Information Update

Missing Person Call Center Update

	Number in last operational period	Number to date
Number of calls to the missing persons call center		
Number of calls answered		
Number of calls not answered		

	Last operational period	Overall average
Average length of time of calls		

Types of Calls _____

_____

_____

_____

Missing Persons Group Update

	Number in last operational period	Number to date
Number of missing person reports received		
Number of positive identification of injured or sheltered		
Number of missing persons cases still open		
Number of missing persons cases transferred to the ME/C		

Antemortem Data and Notification Group Updates

	Number in last operational period	Number to date
Number of family interviews		
Number of families not visiting the FAC contacted		
Number of dental records, medical records that have been requested/received		

Number of positive identifications made by ME/C		
Number of families notified of positive identification		
Number of families to which remains have been released		

Family Briefings

	Number in last operational period	Number to date
Number of family briefings held		
Number of people who attended the briefings		

Support Services Update

	Number in last operational period	Number to date
Number of children in childcare		
Number of families using childcare		
Number of translation/interpretation requests		

	Age Range	Number
Children in childcare		

Languages spoken by FAC families _____

_____

_____

List types of referral services made in the last operational period _____

_____

_____

Faith Communities represented by the FAC families _____

_____

_____

Health Services Update

List general health services activities in the last operational period _____

_____

_____

_____

_____

Reception Services Update

	Number in last operational period	Number to date
Number of family members at FAC		
Number of families at FAC		

Logistics Update

	Number in last operational period	Number to date
Number of people (staff and families) dining at the FAC		

List any logistics updates from the last operational period _____

Planning Update

List any planning updates made in the last operational period _____

Finance/Administration Update

	Number in last operational period	Number to date
Number of Public Health staff at FAC		
Number of volunteers at FAC		
Number of partner agency staff at FAC		
Total number of staff at FAC		

Questions/Comments: Document below any representative feedback from families that illustrates the perspective of families, key concerns, etc.

C-2 Family Registration/Check-in Protocols

1. As families enter the facility have greeters present to show them to the reception area.
2. Families will check-in to the facility.
    a. All family members must sign-in upon arrival.
    b. Family members are required to produce government issued photo identification upon entry to ensure the identity of all visitors.
        i. In the event that a family member does not have a government issued identification (minor children, undocumented persons, identification unavailable, etc.) reception staff, with the assistance of Law Enforcement, should take reasonable steps to ensure the identity of the individual (* the FAC should be considered a safe space for victims' families. If loved ones are undocumented, every effort should be made to ensure that entering or interfacing with the FAC does put them at risk of deportation).
    c. Law Enforcement should be on hand to verify all identification and issue each person a badge based on the established local or regional credentialing protocol. Badges should have a unique feature (e.g. color coding) and have a photo.
3. If this is the family member's first visit to the FAC they must complete a Family/Friend Registration Form.
    a. If someone arrives at the FAC and is not looking for a family member notify security immediately.
4. Provide all family members with a Family Resource Packet.
5. Family Hosts should family member with a brief overview of the services provided at the FAC, a tour of the facility (if possible) and assist them with any immediate needs.
6. Translators/Interpreters should be on hand to provide assistance with the registration process if necessary.
7. Behavioral Health providers should be on hand at all times to provide assistance to families.
8. Security Personnel should be available for assistance if necessary.
9. All family member must return their badge upon leaving the FAC.

Forms to be completed:

1. Family/Friend Daily Sign-in Sheet
2. Family/Friend Registration Form

C-3 Family/Friend Daily Sign-in Sheet

Use this form if a digital credentialing/ badging system is not available

Victim Name

Last Name _____ First Name _____ MI _____

Date	Time of Arrival	Family Member Name (please print)	Signature	Time of Departure

C-4 Family/Friend Registration Form[6]

Use this form if no electronic/database registration system is available

Disaster Victim Information

Last Name _____ First Name _____ MI _____

For Multiple Disaster Victims of the Same Family, Use Additional Forms and Cross Reference with Victims Name at Bottom of this Page

1. Presenting Family Member/Friend Name

Last Name _____ First Name _____ MI _____

SS# (optional) _____ Relationship to Victim _____

Permanent Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Photo Identification Verification (type/#/State/County) _____

Medications/Medical Needs? ☐ Yes ☐ No

It Yes, Indicate Medication Needs _____

_____

Physician's Name _____ Physician's Phone # _____

Next of Kin to Disaster Victim? ☐ Yes ☐ No

If No, Name of Next of Kin _____

Notes _____

_____

_____

2. Presenting Family Member/Friend Name

Last Name _____ First Name _____ MI _____

SS# (optional) _____ Relationship to Victim _____

Permanent Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Photo Identification Verification (type/#/State/County) _____

Medications/Medical Needs? ☐ Yes ☐ No

[6] Adapted from the Santa Clara Advanced Practice Center Toolkit: "Managing Mass Fatalities: A Toolkit for Planning"

It Yes, Indicate Medication Needs _____

_____

Physician's Name _____

Victim Name _____ _____

Physician's Phone # _____

_____

Notes _____

_____

_____

3. Presenting Family Member/Friend Name

Last Name _____ First Name _____ MI _____

SS# (optional) _____ Relationship to Victim _____

Permanent Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Photo Identification Verification (type/#/State/County) _____

Medications/Medical Needs? ☐ Yes ☐ No

It Yes, Indicate Medication Needs _____

_____

Physician's Name _____ Physician's Phone # _____

Notes _____

_____

_____

4. Presenting Family Member/Friend Name

Last Name _____ First Name _____ MI _____

SS# (optional) _____ Relationship to Victim _____

Permanent Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Photo Identification Verification (type/#/State/County) _____

Medications/Medical Needs? ☐ Yes ☐ No

It Yes, Indicate Medication Needs _____

_____

Physician's Name _____ Physician's Phone # _____

Notes _____

_____

_____

Victim Name _____

5. Presenting Family

Member/Friend Name

Last Name _____ First Name _____ MI _____

SS# (optional) _____ Relationship to Victim _____

Permanent Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Photo Identification Verification (type/#/State/County) _____

Medications/Medical Needs? ☐ Yes ☐ No

It Yes, Indicate Medication Needs _____

_____

Physician's Name _____ Physician's Phone # _____

Notes _____

_____

_____

Next of Kin Information

Has Next of Kin arrived at the Family Assistance Center? ☐ Yes ☐ No

NOK Last Name _____ First Name _____

SS# (optional) _____ Relationship to Victim _____

Current Address _____

City _____ County _____ State _____ Zip _____

Phone numbers _____ _____

Medications/Medical Needs? ☐ Yes ☐ No

It Yes, Indicate Medication Needs _____

_____

Physician's Name _____ Physician's Phone # _____

Notes _____

_____

_____

_____

_____

_____

_____

Victim Name _____

Source

Information regarding Next of Kin provided by: _____

_____

Relationship to Next of Kin: _____

C-5 Staff Daily Sign-in Sheet

Use this form if a digital credentialing/badging system is not available

Name:_____ Job Title _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

ID Badge # _____

Date	Time of Arrival	Time of Departure	Area Assigned	Signature

C-6 Staff Confidentiality Agreement[7]

As a staff member at the Family Assistance Center, I understand that I may come into possession of confidential client information, even though I may not be directly involved in providing client services. Client information may be in the form of files, paperwork, reports, records, documents, electronic data or oral communications. Access to client information is limited to authorized persons per Public Health policy, and state and federal law. My signature on this agreement indicates that I understand and agree to the following:

1. Any information I obtain on clients of the Family Assistance Center will be kept strictly confidential. This includes the knowledge of their visits to this facility and financial as well as clinical data.
2. Unless directed by my supervisor, I will not disclose any client information to any person whatsoever or permit any person whatsoever to examine or make copies of any client reports or other documents prepared by me, coming into my possession, or under my control, or use client information other than as necessary in the course of my business with the Family Assistance Center.
3. I will not remove client information or records from the Family Assistance Center
4. When client information must be discussed with other healthcare practitioners in the course of my assignment, I will use discretion to ensure that such conversations cannot be overheard by others who are not involved in the client's case.
5. I will use only that information which is minimally necessary to conduct my assignment.
6. I will maintain and safeguard the security of all personally identifiable health information obtained at the Family Assistance Center for which I am responsible.

I understand that violation of this agreement, either intentionally of through carelessness, may result in one or more of the following:

1. Discharge from the business I am conducting with the Family Assistance Center, which will affect future business relationships with Public Health.
2. Prosecution by federal or state authorities if criminal or civil penalties are imposed as it relates to failure to comply with this agreement, including jail and fines of up to $250,000 or actual damages and attorney fees, for which I would be personally responsible. (RCW 68.50.105, RCW 70.24.080, RCW 70.24.084, RCW 70.02, 42 CFR Part 2, 45 CFR)
3. There may be possible additional criminal or civil sanctions taken against me for misrepresentation of facts concerning my business with the Family Assistance Center

By signing this, I acknowledge I have had the opportunity to ask questions and receive clarification on the above.

Date Signed	Signature of Staff Member
	Printed Name of Staff Member
Date Signed	Signature of Family Assistance Center Supervisor
	Printed name of Family Assistance Center Supervisor
Phone Number	

[7] Adapted from forms by the King County Medical Examiner's Office

Email Address (optional)

Family Resource Packet

Suggestions for Printing

- Should be translated into multiple languages
- Could be posted on posters in the FAC

Table of Contents

Important Information for Families

Welcome to the Family Assistance Center, a safe place for families of missing or deceased individuals to gather. Please be respectful of other families visiting the Family Assistance Center at all times. If at any time you have any questions, concerns, or requests do not hesitate to approach any staff member.

How do I Use the Family Resource Packet?

The Family Resource Packet is meant to provide you with information and resources to assist you in your time at the Family Assistance Center. At the end of the packet are several black pages; throughout your time at the Family Assistance Center it might be helpful for you to take notes or write down any questions you may have. Because emotions run high at times like these, these notes can be helpful reminders. If you have any questions about the information in this packet or anything at the Family Assistance Center do not hesitate to approach any staff member.

Who Can Come to the Family Assistance Center?

Any member of the missing or deceased person's "family" may attend the Family Assistance Center. "Family" may include any individual (family, friend, partner, distant relative) that considers them to be a part of the victim's family, even if there is not a legal familiar relationship. This may include people other family members characterize as family.

Family Members Visiting the Family Assistance Center

All family members visiting the Family Assistance Center need to bring photo identification if possible. Upon entering the facility all family members will receive a unique badge. If a family representative wishes to prohibit the entry of specific family/friend, please inform the security team of your wishes. If you have any questions or concerns please feel free to speak to any registration staff member.

Family Interviews and Family Liaison Teams [Remove reference to liaison teams if not used]

Once your family feels comfortable answering questions please make an appointment with the Family Interview Scheduler who will assign you to a Family Liaison Team. Once you receive your family interview appointment your family will be assigned to a family liaison team. The family liaison teams are created to provide you with a core group of people that will always be available to answer any question or address any concerns. There are no differences between the teams or the staff members assigned each team. Please do not hesitate to approach any member of your or other teams if you have any questions.

Who is Legal Next of Kin?

Washington state law defines the order of individuals recognized as legal next of kin. First is a spouse or registered domestic partner. Second is an adult child or children. Third is a parent and fourth is/are sibling(s).

Translation and Interpretation Services

If at any time you wish to have a translator or interpreter present do not hesitate to ask any staff member. They will ensure you receive any services you need.

Missing Family Members

If your family member is missing it is possible that they have been taken to a healthcare facility or shelter. Staff from the Family Assistance Center will work with you to gather information about the whereabouts of your missing family member. Families are encouraged to continue to search for their family members through all available channels. You should continue

checking with the missing person's friends, school, work, neighbors, relatives, or anyone else who may know their whereabouts.

Identifying and Recovering Your Family Member

If it is determined that your family member is deceased and their body is currently in the custody of the King County Medical Examiner's Office, it's important to understand that viewing is not possible until they have been taken to a private funeral home. Additional information will be provided by a representative of the Medical Examiners Office during the Family Briefing.

Should You Need a Funeral Home

The choice of a funeral home is entirely up to your family. You are welcome to contact the funeral home of your choice, whether it is local or out of state. If you chose to work with a funeral home out of state it is very common for funeral homes to contract with a local funeral home to deliver remains. If you have any questions or concerns about disposition arrangements please inform your Family Liaison Team or speak to a Decedent Affairs staff member

Talking with the Media

There will be no media allowed within the Family Assistance Center, but you may be approached by the media outside of the Family Assistance Center. You are under no obligation to speak to the media. If you do not wish to speak to the media, remain silent or state that you have no comment. If you are being harassed by members of the media please inform a member of the Family Assistance Center staff or security team immediately. If you become aware of the presence of media inside the facility, immediately notify a security staff member.

Services Provided at the Family Assistance Center

[Update last minute with any services provided, hours, or any further information]

☐ **Childcare Services**

Childcare services will be offered to all families at the Family Assistance Center. All childcare areas will be run by trained staff.

☐ **Computer/Phone Bank**

A computer and phone bank area is available to families to aid in communications. If you need assistance with using a computer or phone any member of the communications team would be happy to help.

☐ **Family Briefings**

Family Briefings will be held twice a day by the Chief Medical Examiner or their designee. All families are encouraged to attend the family briefings to receive the most up to date information regarding the recovery and identification process.

☐ **Food Services**

Meals will be provided three times a day and a variety of healthy snacks will be provided throughout the day. Please communicate to a staff member any specific dietary restrictions or preferences. We will try to accommodate all requirements and preferences.

☐ **Meditation/Spiritual Care Area**

The meditation/spiritual care area is a quiet place for meditation or spiritual worship. Please ask a spiritual care provider if you need any assistance facilitating a gathering.

☐ **Memorial Area**

A memorial area will be provided for families. Please ask any staff member if you have questions relating to the memorial area.

☐ **Mental Health Services**

Licensed Mental Health providers will be available to all families at the Family Assistance Center. If you would like to speak to a mental health provider or need a referral to outside resources any mental health provider would be happy to help you.

☐ **Quiet Gathering Areas**

Quiet gathering areas are available for families if they wish to have a private space. Please ask any staff member to coordinate a private gathering space.

☐ **Spiritual Care Services**

Trained spiritual care providers will be available to all families at the Family Assistance Center. If you would like to speak to a spiritual care provider any spiritual care provider would be happy to help you.

☐ **Secondary Services (below are examples of possible services)**

- ☐ Crime Victims Assistance
- ☐ Financial Assistance
- ☐ Foreign Nationals
- ☐ Housing Assistance
- ☐ Insurance Advocacy

- ☐ Laundry Services
- ☐ Legal Assistance
- ☐ Provision of Medications
- ☐ Public Benefits
- ☐ Relocation Assistance
- ☐ Transportation
- ☐ Veterans Affairs
- ☐ Translation/Interpretation Services

☐ **Television Room**

A television room is provided for families who wish to watch the news. Please be considerate of other families who may not wish to hear about the news, please refrain from discussing television coverage outside of the television room.

Map of Family Assistance Center

[Insert once FAC is established]

Web Resources for Finding Your Family Member

Families are encouraged to continue to search for their family members through all available channels. You should continue checking with the missing person's friends, school, work, neighbors, relatives, or anyone else who may know their whereabouts.

You should also search web based resource to locate your family member. Below are a few examples of web based resources that could be useful. You are encouraged to post and search for information on any or all of these locators to aid in finding your family member. If you have any questions or need assistance with this process please to do not hesitated to ask any Family Assistance Center staff member.

Social Networking Sites

- Following an incident, survivors may communicate their status with their family and friends through social networking pages or applications. Be sure to check with all social networking sites that your family member may communicate through.

National Emergency Family Registry and Locator System (NEFRLS)

- NEFRLS is a web-based system which, when activated, collects information from individuals for the purpose of reuniting family and household members that have been displaced as a result of a Presidentially-declared disaster or emergency. NEFRLS is hosted by Federal Emergency Management Agency (FEMA), which may be activated following a disaster declaration and operates on a 24/7 basis.
- Displaced individuals, including medical patients, can register in one of two ways during a disaster. The first is via the NEFRLS 800 number by which an operator at the Texas National Processing Center will take their information over the phone. The second option is via the internet through www.FEMA.gov or directly at https://asd.fema.gov/inter/nefrls/home.htm. Registrants can provide current contact information, list travel companions, and create a personal message. Registrants can designate up to 7 individuals to accept a Privacy Act Statement and complete an identity verification process.
- Individuals registering as or searching for a displaced child under the age of 21 will be directed to the National Emergency Child Locator Center (NECLC)

National Emergency Child Locator Center (NECLC)

- Following a Presidentially declared disaster the National Center for Missing & Exploited Children (NCMEC), with support from FEMA will establish a toll-free number and a website to assist in locating children and reunifying families.

The American Red Cross Safe and Well Program

- The American Red Cross Safe and Well Program is a web based tool that people can use to register their status and location. The website can be access via https://safeandwell.communityos.org. or at www.redcross.org click on Safe and Well link, or by phone at 1-866-GET-INFO (866-438—4636) for help with registration and the hearing impaired may call 1-800-526-1417.
- Registrant can leave brief messages, which if desired will update their Facebook or Twitter status as well.
- Next of Kin Registry (NOKR)

- The NOKR is a FREE tool for daily emergencies and national disasters. NOKR is an emergency contact system to help if an individual or family member is missing, injured or deceased. NOKR is the central depository for Emergency Contact information in the United States plus 87 other countries.
- NOKR provides the public a free proactive service to store emergency contacts, next of kin and vital medical information that would be critical to emergency response agencies. Stored information is only accessible via a secure area that is only accessible by emergency public trust agencies that have registered with NOKR. For more information on this system, visit www.pleasenotifyme.org.

Person Finder by Google

- Following a disaster the Google Crisis Response team assesses the severity and scope of a disaster to determine if they will activated its 'person finder,' which enabled people to either 'look for someone' or 'provide information about someone.' This tools has been used in many of the recent disasters across the world. For more information, visit www.google.com/crisisresponse.

Family Interview Information

A family interview will be conducted by trained interviewers in a quiet and private location. The following information will need to be gathered from you. When you feel comfortable answering these questions, please make an appointment with the Family Interview Scheduler. If you would like a translator or interpreter to be present during the interview please inform the family interview scheduler. If you have any questions or concerns about the family interview please do not hesitate to ask any staff member.

Please be ready to provide the following information about your missing family member.

- Full Name
- Address
- Employer
    - Employer's Address
- Social Security Number
- Date of Birth
- Where Born
- Physical Description
    - Hair color, eye color, height, weight, shoe size
    - Distinguishing marks, scars, tattoos, piercings [please bring photographs of any of these marks if available]
    - History of surgery, missing organs or appendages
- Dentist and Physician Contact Information [please do not bring copies or originals of dental or medical records to the Family Assistance Center]
- Military Service History
    - Branch
    - Dates of Service
- If Married or Recognized Domestic Partner: name of spouse or domestic partner, with maiden name if applicable
- Photographs of person [preferably showing front teeth]
- Location of Fingerprints if available

How Identification is Made

The Medical Examiner/Coroner may use many methods to identify victims. In the best of circumstances this may take time; in the case of a larger event it is possible that it will take weeks or even months to identify some victims. Every victim must be scientifically identified by the Medical Examiner/Coroner. This means that visual identification by family members will not be possible.

The Medical Examiner/Coroner may use one or more of the following methods to positively identify victims.

DNA

DNA can be used to identify victims in two ways. DNA gathered from the remains can be compared to DNA gathered from a biologically related family member. Or, DNA gathered from the remains can be compared to the person's own DNA taken from personal items. DNA can be gathered from these personal items used by the individual, for the purpose of identification:

- hairbrush
- tooth brush
- razor
- underwear
- blood tests
- Pap smear
- blood donation
- PKU card (if born in Washington state; if decedent is under 21 and born in another state it is possible that the state has retained the card as well)

If a person's DNA sample is not available family members may be asked to provide a family reference sample. The person contributing the reference sample must be biologically related to the decedent, preferably the mother. This DNA is gathered by a non-invasive cheek swab. All DNA collected will be used for the purposes of identification only. If family members are not able to attend the Family Assistance Center to provide DNA, arrangements will be made to collect a DNA sample in person.

Potential obstacles for using DNA for identification

There are several potential obstacles to using DNA in identification of remains.

- DNA can not always be obtained from partial remains
- DNA testing can take a long time
- Results of comparing unidentified remains to the DNA of family members are often not statistically strong enough to provide a positive identification
- Heat will destroy DNA. If the remains were exposed to fire they may not yield a useful specimen.

If you have any questions or concerns about the DNA identification process please ask any of the DNA counselors.

Fingerprints

Fingerprints are a reliable form of identification that the Medical Examiner/Coroner may use. Inform the family interviewer if your family member has ever been officially fingerprinted while alive. If possible, provide information about the location of those fingerprints. If fingerprints can be obtained from the remains of the individual the Medical Examiner/Coroner may use this to establish identification. If your family member was never officially fingerprinted, the Medical Examiner/Coroner may be able to match prints obtained from an object belonging to the individual that remains untouched by other.

Dental Records

Using dental records and dental x-rays can be a fast and reliable method of positive identification. Please provide contact information for your family member's dentist to the family interviewer. It is important to provide information on any dental work of which you are aware. If you are not aware of the existence of your family member's dental records, records may be found through payment or insurance records. If dental x-rays are not available, provide information regarding any records from the dentist:

- dental casts
- charting
- photographs

Medical Imaging

The Medical Examiner may be able to positively identify remains by comparing x-rays of ANY PART of the body. This also includes a CAT scan (often taken in cases of suspected head injury). Hospitals and physicians usually only retain hard copy x-rays seven years, but more modern technology uses digital x-rays, which may be available longer if not indefinitely. Please inform the family interviewer of the existence of any medical imaging of your family member.

Other useful information

Photos: A photo of the missing person smiling allows comparison of the front teeth and a straight-on photo of the head allows for superimposition with a skull.

Scars, marks, tattoos, surgery: Provide a description and picture if possible of any unique body markings. If the missing person is female, has she had any children? If the missing person is male, is he circumcised?

Missing organs/appendages: Provide the family interviewer with information about any removed organs (appendectomy, hysterectomy) or missing appendages (fingers, toes).

Frequently Asked Questions When your Family Member is Missing

Q. How do I report my family member missing?

A. To report a family member missing, following a disaster, call the Family Assistance Center. The Family Assistance Center will also have up to date information on the current status of the incident and the available missing person support.

Q. How can I help find my family member?

A. As a family member or friend you may have key information that can aid in finding your family member. Communicate all information to the Family Interviewer regarding your family member. You can also help by checking with the missing person's friends, school, work, neighbors, relatives, or anyone else who may know their whereabouts. Search web based programs to locate family members including social networking sites, the American Red Cross Safe and Well site, and any other internet sites set up to assist in finding family members. Follow up frequently with any contacts and keep the Family Interviewer informed of any developments.

Q. What information do you need from me to help find my family member?

A. A Family Interviewer will ask you for the information outlined on the Family Interview Information Sheet in this packet. Information will include a physical description of your family member, including any identifying marks they may have, descriptions of jewelry or clothing, and the contact information of your family member's dentist and physician. In addition, please provide any information you may have as to their last known whereabouts and anyone they may have been with.

Q. What is being done to find my family member?

A. The Family Assistance Center staff is working diligently with local law enforcement, healthcare organizations, shelters, and partners to locate your family member. If you have any questions regarding the specific steps that are being taken please do not hesitate to ask a Family Interview staff member.

Q. How long will it take to find my family member?

A. Depending on the incident it may take a prolonged period of time for the Family Assistance Center to locate your family member. We encourage you to continue to reach out through your regular channels to locate your family member.

Q. How do I know if my family member is injured, missing or deceased?

A. The Family Assistance Center staff is in close contact with local healthcare organizations and shelter organizations to identify if your family member is located at a healthcare facility or shelter. The Family Assistance Center staff is also coordinating with local law enforcement to identify if your family member is missing. If your family member is believed to be deceased, representatives of the Medical Examiner's Office will meet with you when remains that might be your family member are recovered. If you are not able to be present in person at the Family Assistance Center, arrangements will be made to notify you in person.

Q. What happens if my family member is not found?

A. If the Family Assistance Center has closed and your family member has not yet been found, your case will be transferred to local law enforcement to continue investigation.

Q. Does anyone care that my family member is missing?

A. Yes, Family Assistance Center staff is working diligently to locate your family member as quickly as possible. If you have any questions regarding the process do not hesitate to ask any member of the staff.

Frequently Asked Questions When your Family Member is Deceased

Definitions

Cause of Death: The causal agent resulting in death

Manner of Death: The manner of death can be determined to be one of five categories: natural, accidental, homicide, suicide or undetermined

Q. Where is my family member?

A. Your loved one is in the care of the Medical Examiner/Coroner. The Medical Examiner/Coroner has jurisdiction over all victims of this incident and is working to positively identify all victims and establish the cause and manner of death in accordance with Washington State law.

Q. How will I be notified if remains are identified or recovered?

A. Representatives of the Medical Examiner/Coroner's office will meet with you when remains that might be your family member are recovered. They will continue to meet with you regularly throughout the identification process. When a positive identification of your family member is made, you will be informed in person and give the opportunity to ask questions. If you are not able to be present in person at the Family Assistance Center, arrangements will be made to notify you in person. A phone number to the Family Assistance Center will be provided if you have any questions.

Q. Why can't I visually identify my family member's remains? Why must I wait for a scientific identification?

A. For legal reasons, the Medical Examiner/Coroner is required to establish positive identification on all victims of this incident. In most instances, positive identification requires scientific confirmation, either through DNA, fingerprints, or x-ray comparisons. The Medical Examiner/Coroner is working as quickly as possible to establish positive identification of your loved one.

Q. Why is it taking so long to identify the victims?

A. The first step of the identification process is to confirm, through scientific means that your family member is deceased. This requires obtaining medical or dental x-rays, or waiting for fingerprint of DNA confirmation, all of which can take some time. After positive identification establishes that your family member is deceased, the Medical Examiner/Coroner will continue the identification process to insure that as much of your family member's remains are positively identified as possible.

Q. How did my family member die?

A. The Medical Examiner/Coroner will determine the cause and manner of your loved one's death. The circumstances surrounding the death, including how it occurred, are part of the scene investigation by the Medical Examiner/Coroner and investigating law enforcement agencies. When details are available, and when they are able, the Medical Examiner/Coroner will provide you with any information regarding the death of your family member. However, details may not be available until much later in the investigative process.

Q. Did my family member suffer before they died?

A. This is very much dependent on the circumstances of your loved one's death. The Medical Examiner/Coroner will be working with the investigating agencies to understand the circumstances of the incident and will do their best to answer all of your questions regarding the death of your family member.

Q. Can I see the site of the incident?

A. The investigating agencies will determine when and if it is safe for family members to visit an incident scene. If visits are permitted, the Family Assistance Center will make arrangements to transport you to the incident scene. You are not required, or expected, to make the trip. Doing so is a personal decision.

Q. Will an autopsy be done?

A. The Medical Examiner/Coroner is required by law to determine the cause and manner of death. In almost all incidences, this will require an autopsy examination. An autopsy is a surgical procedure performed by a medical doctor (forensic pathologist). The Medical Examiner/Coroner recognized that ever decedent is a treasured member of a family and of a community and as such, treats each decedent with the highest respect and dignity.

Q. Can I choose not to have my family member's body autopsied?

A. No, the Medical Examiner/Coroner is required by law to certify the cause and manner of death; they do not require permission of the next of kin to perform an autopsy on a death under their jurisdiction.

Q. My cultural beliefs dictate that I must bury my family member's remains immediately, is this possible?

A. When made aware of time constraints, the Medical Examiner/Coroner will do their best to expedite the examination and identification process. However, the circumstances of the incident may make it impossible to meet time limits. Please inform your Family Liaison Team of any cultural considerations and every effort will be made to accommodate those requests.

Q. My cultural beliefs dictate that my loved one's body must not be marked or scared, is this possible?

A. The Medical Examiner/Coroner will do their best to honor cultural traditions but cannot do so if it impedes the ability to certify cause and manner of death.

Q. What is the condition of my family member's remains?

A. The condition of your family member's remains is dependent on the circumstances of his/her death. Medical Examiner/Coroner staff will provide you with honest answers to your questions regarding the condition of your family member's remains. How much information is requested and how detailed that information is is a personal choice and entirely up to you.

Q. Can I see my family member's remains?

A. The standard protocol is that the Medical Examiner/Coroner recommends that all viewing be done at the funeral home. Viewing prior to release to a funeral home is at the discretion of the Chief Medical Examiner/Coroner and is dependent on a number of factors related to the investigation. The ability to view your family member's remains is also dependent on the condition of the remains. Any decision regarding viewing will communicated to you by Family Assistance Center Staff.

Q. What should I do if my family member's remains are identified over a prolonged period of time?

A. Because the Medical Examiner/Coroner will do everything possible to identify as much of your family member as possible, it is entirely conceivable that the identification process will take a prolonged period of time. The Notification Team at the Family Assistance Center will discuss with you whether you would prefer to be notified each time and identification is made or whether you prefer to be notified when all identifications are complete and the remains are ready for release to a funeral home.

Q. Can my family member's remains be released to the funeral home/location of my choice?

A. Yes, the Medical Examiner/Coroner will work with whatever funeral home you choose to transfer care of your family member once the examination and identification is complete. A Decedent Affairs staff member will help coordinate any disposition arrangements.

Q. What will happen with the remains that can not be identified?

A. If there are remains that are not identified despite all efforts to the contrary, the Medical Examiner/Coroner will meet with each family to discuss the options and decisions regarding those remains.

Q. Can I receive my family member's personal affects?

A. Yes, personal effects will be released to the legal next of kin. If the legal next of kin is not local, they can designate in writing someone to act on their behalf in receiving personal effects. Personal effects may not be releasable if they are in any way contaminated or are considered evidence in a criminal investigation.

Notifying Government and Financial Agencies[8]

When a family member or friend has died, it is important to notify various government agencies, banks, creditors and credit reporting agencies of the death. To reduce the risk of identity theft, these notifications should be made promptly after the death.

To expedite notification, you should initially make the contact by telephone followed by written verification. For many of the government agencies and financial entities, you will need the decedent's social security number, a copy of the death certificate, and, if you are a personal representative (executor) of the estate, your appointment form from the probate court. Make sure to retain copies of all notices that you send.

Below is a checklist of possible agencies and businesses that should be notified of the death. Because each individual case is unique, the list may not be complete. Also, the funeral home may have notified some of the government agencies on you behalf. Please consult with the funeral director when you receive this list so you can check off those agencies which have been notified by the funeral director.

Government Agencies

- ☐ Social Security Administration, 800-772-1213 (everyone)
- ☐ Veteran's Administration (if decedent was formerly in the military)
- ☐ Defense Finance and Accounting Services, 800-269-5170 (military service retiree receiving benefits).
- ☐ Officer of Personnel management, 888-767-6738 (if decedent is a retired or former federal civil service employee).
- ☐ U.S. Citizenship and Immigration Services, 800-375-5283 (if decedent was not a U.S. citizen)
- ☐ State Department of Motor Vehicles (if decedent had a driver's license or state ID).

Financial Companies

- ☐ Credit card and merchant card companies
- ☐ Banks, savings and loan associations, and credit unions
- ☐ Mortgage companies and lenders
- ☐ Financial planners and stockbrokers
- ☐ Pension providers

Insurance and annuity companies

- ☐ Life insurers and annuity companies
- ☐ Health, medical and dental insurers
- ☐ Disability insurer
- ☐ Automotive insurer
- ☐ Mutual benefit companies

[8] Adapted from Death Notification Checklist, National Funeral Directors Association (NFDA)

Credit Reporting Agencies

There are three national credit reporting agencies which you should notify of the death and instruct them to list all accounts as: "Closed. Account Holder is Deceased." You may also request a credit report to obtain a list of all creditors and to review recent credit activities. A sample notification letter is available for you convenience.

- ☐ Experian, 888-397-3742, P.) Box 9701 Allen, Texas 75013
- ☐ Equifax, 800-525-6285, P.O. Box 105069, Atlanta, Georgia 30348
- ☐ TransUnion, 800-680-7289, P.O. Box 6790, Fullerton, California 92834

Memberships

- ☐ Professional associations and unions
- ☐ Health clubs and athletic clubs
- ☐ Automobile clubs
- ☐ Video rental stores
- ☐ Public library
- ☐ Alumni clubs
- ☐ Rotary, Kiwanis, Lions, Veterans' organizations and clubs

Do not contact lists

For a fee of $1.00, you can list the decedent's name on the Deceased Do Not Contact Lis which is maintained by the Direct Marketing Association. All members of the Direct Marketing Association will delete the decedent's name from their mailing lists once the name is posted. A website for registering the name is set forth below:

- ☐ Direct marketing Association (register at www.ims-dm.com/cgi/ddnc)

Credit Reporting Agency Notification[9]

Credit Agencies: Check below each Credit Reporting Agency you wish to send this Notification. It is recommended that you send the Notification to each Credit Reporting Agency with copies of the death certificate and, if you are the personal representative of the estate, your appointment papers from the Probate Court. Prior to sending, make copies for your records.

☐ Experian	☐ Equifax	☐ TransUnion
P.O. Box 9701	P.O. Box 105069	P.O. Box 6790
Allen, Texas 75013	Atlanta, Georgia 30348	Fullerton, CA 92834

Identification Information: Fill in the information below for yourself as Requesting Party and for the Decedent

Requesting Party

Name _____

Address _____

_____

Phone Number(s)

(w) _____

(h) _____

Decedent

Name _____

Date of Death _____

Date of Birth _____

Location of Birth _____

Social Security Number _____

Prior Addresses of Decedent: List the address of all residences of the Decedent over the past five years starting with the most recent

1. _____
2. _____
3. _____
4. _____
5. _____

Relationship of Requesting Party to Decedent: Please identify your relationship to the Decedent

☐ Spouse ☐ Personal Representative of Estate ☐ Other: _____

Directions to Credit Agency: Please initial each request you wish to make to the Credit Agency receiving this Notification.

_____ Post on the Decedent's credit report: "Deceased. Do Not Issue Credit".

_____ Please forward to me at the address listed above the current copy of the Decedent's credit report.

_____ _____

Signature of Requesting Party **Date**

[9] Adapted from Death Notification Checklist, National Funeral Directors Association (NFDA)

Resources/Contact Information

[Update with event specific information]

Family Assistance Center
Address
Phone Number

King County Medical Examiner
Address
Phone Number

Vital Statistics
Address
Phone Number

Mental Health
Phone Number

Spiritual Care
Phone Number

Social Services
Phone Number

FEMA
Phone Number

American Red Cross
Address
Phone Number

Crime Victims Assistance
Phone Number

Notes

Appendix D: Operations Protocols/Tools: Family Briefing

D-1 Family Briefing Protocols

The purpose of the family briefings is to ensure that families have current and accurate information regarding the recovery process, identification of victims, the investigations and other areas of concern. Ensure that families received information first from government agencies in a caring and supportive environment. Family Briefings may not always be possible of the FAC is primarily virtual; it is still important to have a strategy for communicating with families.

General Guidelines

- Always provide information to the families before releasing information to the media
- Provide family briefings at least twice a day. Maintain a regular schedule for briefings.
- The Medical Examiner/Coroner, or their designee, should be present at all briefings to report on victim identification processes and progress

Family Briefing Procedure

1. The PIO or the Deputy PIO Family Briefings, in coordination with the FAC Director and the Medical Examiner/Coroner schedules the time and locations of the family briefings.
2. Prepare the schedule for the family briefings.
3. Post the schedule in the FAC and inform families when there are briefings.
4. The logistics team will set up the family briefing room with chairs, conference call equipment, microphones, projectors and other audio/visual equipment as needed.
5. Ensure that there are conference call capabilities for all families not physically at the FAC.
6. The Behavioral Health team will ensure that there are mental health and spiritual care providers present at all family briefings.
7. Translation and interpretation services should be coordinated as needed.
8. Ensure there is an administrative assistance present to transcribe the briefings.
9. The Medical Examiner/Coroner or their designee will run the family briefings, with representation by the FAC Director, EOCs, and support agencies as necessary
    - Emphasize that the FAC is the best source of current information for the families.
    - Present information in terms that the family members can understand.
    - Repeat important information frequently during the briefings to accommodate families at various levels of receptiveness in the grieving process.
    - Plan for a questions and answers session that may take an hour.
    - Provide copies of transcripts of briefing notes.

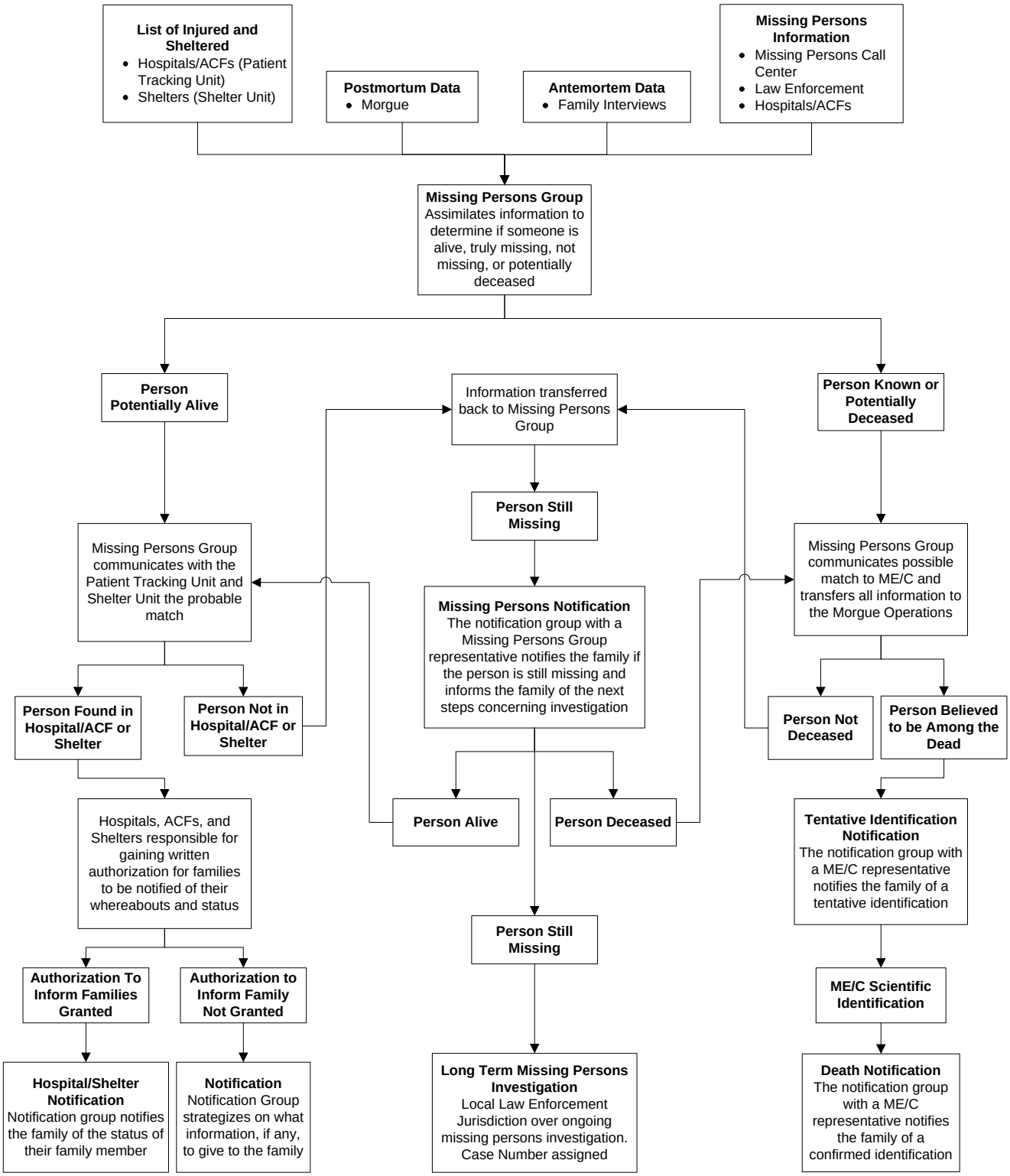
D-2 Example Family Briefing Agenda

The specific content of each family briefing will depend on the situation. The PIO or the Deputy PIO Family Briefings should work with the ME/C, the FAC Director, EOCs, and other response agencies to develop the agenda for each briefing. Below is a suggested agenda for a family briefing

- Rescue and recovery efforts
- Victim identification efforts
- Investigation updates
- Site visits, memorial services
- Disposition and return of remains
- Return of personal effects
- Description of services available at FAC

Appendix E: Operational Protocols/Tools: Victim Information

E-1 Information Flow through the Victim Information Branch



E-2 Missing Persons Call Intake Form

Use this form if a call center database is not available

Intake Information

Call Taken By _____

Date of Call _____ Time of Call _____

Caller Information

Caller's Name _____
First Middle Last

Home Phone _____ Work Phone _____

Cell Phone _____ Other Phone _____

Caller's Address _____

City _____ State _____ Zip _____

Are they the Primary Next of Kin? ☐ Yes ☐ No

If No, who is the next of Kin? _____

Missing Person Information

Name _____
First Middle Last

Age _____ Sex ☐ Male ☐ Female

Relationship of caller to person _____

Home Address of Missing Person _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Other Phone _____

Work Address _____

City _____ State _____ Zip _____

Social Security Number _____

Reason for Call

☐ Missing Person ☐ Resource Call ☐ Confirmed Death ☐ Other

Last Seen/Heard From/Where (Comments or Concerns) _____

_____

_____

_____

_____

Call Ranking

☐ Level #1: Person known to have been in the area and is unaccounted for

☐ Level #2: Person may have been in the area and is unaccounted for

☐ Level #3: No correlation to the incident area but may have been involved

Follow-up with the Caller

Best time to reach them _____

Address for the next 24 hours _____

City _____ State _____ Zip _____

Phone Number(s) _____ _____

Cell Phone Number/Pager/Email _____

Follow-up needed/FAC staff responsible _____

_____

_____

Information Logged Date _____ ***Time*** _____ ***Initials*** _____

E-3 Missing Persons Protocol

1. Gather list of injured and sheltered, missing persons reports, antemortem data, and post-mortem data from several different sources
    - Missing Persons Call Center
    - Patient Tracking Unit
    - Shelter Unit
    - Antemortem Data Unit
    - Law Enforcement Missing Persons Reports
    - Morgue Operations
2. Assimilate information to determine if someone is alive, truly missing, not missing, or potentially deceased.
3. If a possible match specifying the location of a missing persons is identified the Missing Persons Group Supervisor (or Law Enforcement Representative) will certify the probable match.
    a. If the match is a victim in the morgue the information is transferred to the ME/C for further investigation. [No further action is taken my the Missing Persons Group at this time]
    b. If the missing person is living and in a hospital or shelter communicate the probable match with the Patient Tracking Unit and Shelter Unit respectively.
4. Law Enforcement checks for any protection orders or criminal complaints concerning the missing persons or family.
5. Inform the Notification Group of the probable match.
6. A member of the Missing Persons Group will be available during the notification of the family to answer any questions.

Patient Tracking Protocol

1. The Patient Tracking Unit will coordinate with local hospitals and ACFs to receive information about patients (identified and unidentified) that are at their facilities.
2. A list of hospital patients will be provided to the Missing Persons Group
3. The Missing Persons group will work to match missing person reports with hospital patients. Once a possible match is made and the person is identified to be in a hospital the Missing Persons unit will communicate the match to the Patient Tracking Unit.
4. The Patient Tracking Unit will communicate with the hospital to inform the patient that someone is looking for them.
5. Is possible the hospital should receive written consent from the patient that the FAC may notify their family of their location and status.
    a. Once written authorization is received the Missing Persons Unit will work with the Notification Group to notify the family of the probable match provided that there are no extenuating circumstance that would make notification advisable.
    b. If the patient does not give written authorization the Notification Group will work to strategize what information to provide the family, if any.

c. If the patient is unable to provide written consent to the FAC, the Notification Group should follow hospital policy on notifying the family.

Shelter Protocol

1. The Shelter Unit will coordinate with Client Services of American Red Cross and other shelter organizations to receive information about shelter residents.
2. A list of shelter residents will be provided to the Missing Persons Group.
3. The Missing Persons group will work to match missing person reports with known shelter residents. Once a possible match is made and the person is identified to be in a shelter the Missing Persons unit will communicate the match to the Shelter unit.
4. The Shelter Unit will communicate with the shelter operations entity to inform the resident that someone is looking for them.
    a. If the resident provides written authorizes to inform their family of their location, the Shelter Unit will communicate with the Missing Persons Unit and the Notification Group to notify the family provided that there are no extenuating circumstance that would make notification advisable.
    b. If the shelter resident does not provide authorization the Notification Group will work to strategize what information to provide the family, if any.

Web Search Protocol

1. The Web Search Unit will coordinate with the Missing Persons Group to gather information about any missing person.
    a. The Web Search Unit will search databases, social networking sites, disaster assistance sites, and any other web sites that may provide information about a missing person
2. All information will be provided to the Missing Persons Group to aid in investigation.

E-4 Family Liaison Team Theory and Process

Purpose

Liaison teams should be created in larger FAC operations to provide families a core group of individuals that will be able to address their needs. This will give families a sense that there are people who are working specifically with them. This will also give staff a simple way to triage any concerns to staff that have knowledge of each family and can better support their needs.

Core Concepts

- Only Family Interviewers and Notification Group staff members will be assigned to a liaison team. All other back office staff will be able to work on any case and behavioral health staff will be available to work with any family as needed.
- Creates a core group of people that will interact with each family during the interview and notification processes.
    - The family will feel that they have a group of people to go to with questions or concerns.
    - The staff will intimately know the family and be better able to address their concerns or needs.
- Reduces confusion within the FAC facility on who is working with which family
- Separates operations into manageable portions to better coordinate with each family and liaison team.
- Reduces the stress on any one individual by providing families with a group of people that will be able to appropriately handle their needs.
- Liaison Teams will complement (not trump) ICS structure and span of control
- Can aid in identifying visitors and maintain security

Process

- A family will be assigned to a liaison team when they schedule a family interview.
- There will be a group of interviewers and notification staff assigned to each group. No family will be assigned to an individual but to a team to maintain a continuity of support through multiple shifts.
- All missing persons/antemortem data files will be coded according to the liaison team to which the family is assigned.
- When the ME/C is prepared to notify the family they will coordinate directly with the family's liaison team.
- During notification a staff member from the family liaison team should be present (according to the notification protocol).
- If at any time during FAC operations a question arises about a family concerning antemortem data or notification it will be the responsibility of the family's liaison team to help gather any information and connect the family to any appropriate resources.

E-5 Family Interview Protocol

1. Upon registration at the FAC provide families with a list of information that may be required during a family interview.
2. When families feel they have the information to provide interviewers, each family must schedule an appointment with the Family Interview Coordinator.
3. Allow for 3 hours for each interview, which includes a 30 minute break period for the interviewer and any necessary information checks.
4. All antemortem information is obtained through in-person or telephone interviews by trained interviewers
5. Supervisors orient/brief all interviewers on the procedures and antemortem data collection forms.
6. Conduct family interviews in private and quiet rooms.
    - Reassure families that all information will remain confidential.
    - Be prepared to address concerns that giving antemortem data or DNA samples imply that they have given up hope.
7. Collect antemortem information using the ME/C approved forms.
    - Dissuade families from acquiring and bringing medical or dental record to the FAC. Instead, obtain a signed release form to allow for the release of medical and dental records.
    - Provide translation/interpretation services if needed
8. A ME/C advisor will be available for questions from interviewers or families during family interviews. Interviewers may have questions what may be useful information for identification.

    Family Questions could consist of:
    - Why do I need to provide that information?
    - Why is that information helpful?
    - How would this information aid in the identification process?
9. If family members are not able to attend the FAC family interviews can be done by an interviewer over the phone.
10. Families should provide a signed release of medical and dental records form
11. All forms should be copies/printed and kept in the case file. All data should be entered into an electronic records system.

Forms to be completed:

1. Missing Persons Form/VIP Form as directed by ME/C
2. Dental Records and DNA Sample Release Form

E-6 Antemortem Data Collect Form

Use Missing Persons Form or VIP Form as directed by ME/C

E-6.1 See Below for Missing Persons Form

E-6.2 See Attached File for DMORT VIP Form

Disaster Missing Person Form

Use this form following a mass casualty or mass fatality incident to collect family information regarding a missing person

Facility Name_____

Information Collected By (Print name and title) _____

Date _____ **Time** _____AM/PM

Phone Number _____ **FAX Number** _____

Information Given By

Last Name	First Name	Middle Name	
Phone Number	Email	Relationship	
Address	City	State	Zip
Contact Person for Missing Person – If different from above (include Name/Contact details)			
When was the last known contact with the missing person?			

Missing Person Information

Last Name	First Name	Middle Name	Maiden Name
Phone Number	Email	Relationship	
Address	City	State	Zip
Marital Status	DOB	Age	
Does the person require any medications?	Does the person have any major medical or mental health issues?		

Legal Next of Kin

Last Name	First Name	Middle Name	
Phone Number	Email	Relationship	
Address	City	State	Zip

Physician/Dentist Information

1. _____
Name Phone Number(s) City State

2. _____
Name Phone Number(s) City State

Other Contacts

1. _____
Name Relationship Phone Number(s)

2. _____
Name Relationship Phone Number(s)

Name:

DOB:

Physical Description

Mark with an **X** the most appropriate response and add additional information in the space provided

Approximate Height										**Approximate Weight**
Sex	Male ☐	Female ☐	Unknown ☐							
Age Group	Infant ☐	Child ☐	Adolescent ☐	Adult:	20's ☐	30's ☐	40's ☐	50's ☐	60's ☐	70's ☐ 80's ☐ >80' ☐
	Unknown ☐	Other ☐ _____								
Race/ Ethnicity	White ☐	Black/African American ☐	Asian ☐	Native American ☐	Hispanic/Latino ☐					
	Unknown ☐	Other ☐ _____								
Skin Color	Light ☐	Medium ☐	Tan ☐	Dark ☐	Freckles ☐	Unknown ☐	Other ☐			
Hair Color	Blonde ☐	Brown ☐	Black ☐	Grey ☐	White ☐	Red ☐	Dyed ☐			
	Unknown ☐	Other ☐ _____								
Hair Length	Short-chin level ☐	Medium – shoulder level ☐	Long – below shoulder ☐	Unknown ☐	Other ☐					
Hair Type	Straight ☐	Curly ☐	Wavy ☐	Shaved ☐	Bald ☐	Pattern of Baldness ☐				
	Unknown ☐	Other ☐ _____								
Facial Hair	None ☐	Beard ☐	Moustache ☐	Stubble ☐	Sideburns ☐	Goatee ☐	Unknown ☐			
	Other ☐ _____									
Eye Color	Brown ☐	Blue ☐	Green ☐	Hazel ☐	Black ☐	Grey ☐	Unknown ☐			
	Other ☐ _____									
Eye Wear	Contact Lenses	Yes ☐	No ☐	Glasses	Yes ☐	No ☐				
				Describe Frames _____						
Dental Characteristics	Dentures	Yes ☐	No ☐	Bridge ☐	Braces ☐	Crowns ☐	Missing ☐			
	Partials	Yes ☐	No ☐	Chipped ☐	Gaps ☐	Other ☐				
Unique Features	Shape of face _____			Shape of Ears						
	Eyebrows _____			Attached	Yes ☐	No ☐				
	Nose _____			Detached	Yes ☐	No ☐				
	Chin _____									
	Hands _____									
	Feet _____									
Toenails	Manicured	Yes ☐	No ☐	Color _____			Other _____			
	Decorated	Yes ☐	No ☐	Describe _____						
Fingernails	Manicured	Yes ☐	No ☐	Color _____			Other _____			
	Decorated	Yes ☐	No ☐	Describe _____						

Name:

DOB:

Distinguishing Body Marks

Provide a brief description and location of the following distinguishing body marks and mark its location on the body sketch

Tattoos (description and location)
1.
2.
3.
4.
5.

Scars/Surgeries (description and location)
1.
2.
3.
4.
5.

Birthmarks (description and location)
1.
2.
3.
4.
5.

Missing Organs/Amputations (description and location)
1.
2.
3.
4.
5.

Piercings (description and location)
1.
2.
3.
4.
5.

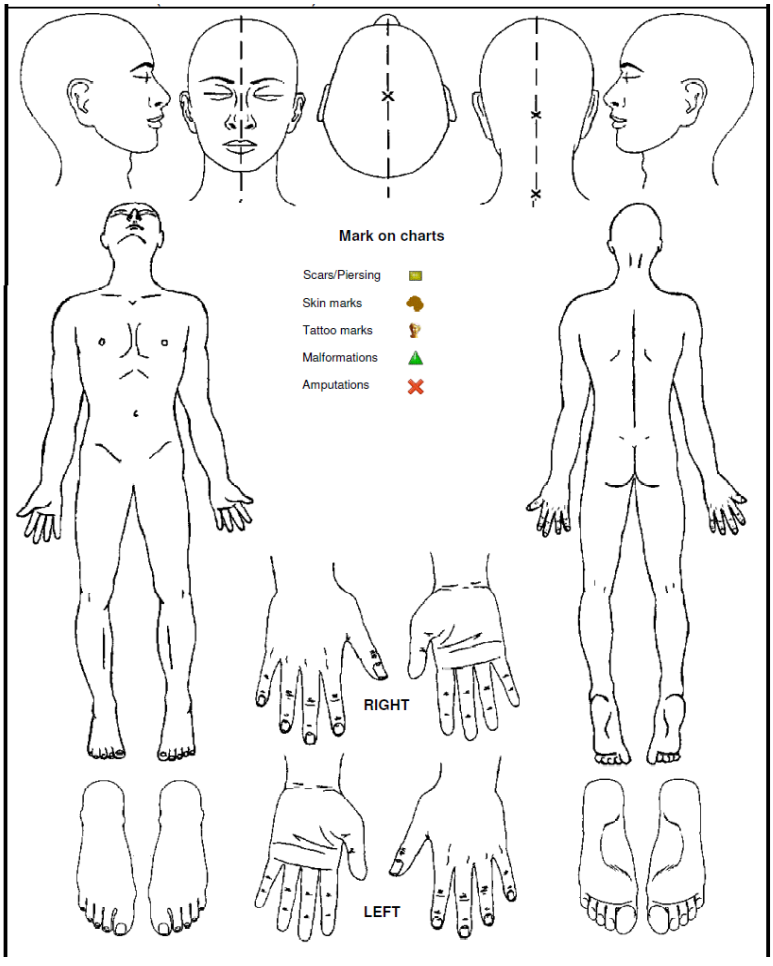
Name:

DOB:

Mark on body sketch the presence of:

Scars	**S**
Tattoos	**T**
Piercings	**P**
Birthmarks	**B**
Amputations	**A**

Circumcision	Yes ☐	No ☐	Unknown ☐
If Female, has she given birth			
	Yes ☐	No ☐	Unknown ☐



Photographs

List and describe all photographs attached below (or attached to this form)

1. _____

2. _____

3. _____

4. _____

Photo #1

Place Photo Here

Photo #2

Place Photo Here

Photo #3

Place Photo Here

Photo #4

Place Photo Here

Name:

DOB:

Personal Effects

Description of clothing: Describe type of clothes worn in as much detail as possible. Include **size, color, material and any inscription**.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Description of Footwear: Describe type of footwear worn in as much detail as possible. Include **size, material, color and any inscription**.

1. _____
2. _____

What is their shoe size? _____

Description of Jewelry Items: Describe the type, color, stone and any inscription in as much detail as possible. (e.g. yellow metal ring with clear stone)

Worn at Time of Disaster:

1. _____
2. _____
3. _____
4. _____

Jewelry Items "Always Worn"

5. _____
6. _____
7. _____
8. _____

Other Personal Items Found on Patient: Such as wallet, purse, keys, cell phone, contents of pockets, etc. Provide as much detail as possible

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Additional Comments

_____

_____

_____

_____

Name:

DOB:

E-7 Dental Records and DNA Sample Release Form[10]

Name of Missing Person _____

Name of Person Making Report _____

Under Washington State Law RCW 60.50.320 law enforcement must initiate the collection of DNA samples from the known missing person and their family members, as well as ask the missing person's family or next of kin to give written consent to contact the dentist or dentists of the missing person and request the person's dental records.

Please see list of items that are suitable for DNA extraction. If it is determined that nothing is available from which the missing person's DNA may be extracted, a DNA sample from a biologically related family member, preferably the mother, will be required.

We are requesting that you sign this authorization and return it to us, so that we may contact the dentist and secure the dental records for submission to law enforcement and/or the Medical Examiner/Coroner.

If the missing person has been located please call local law enforcement or the Family Assistance Center immediately

AUTHORIZATION TO RELEASE DENTAL INFORMATION

I am the family member or next of kin of the above missing person, of the individual who reported said person missing, and I hereby authorize the release of all dental records to assist law enforcement agencies in locating the missing person.

Signature of Family Member _____ **Date** _____

Name of Family Member (please print) _____

Relationship to Missing Person _____

Address _____

City _____ State _____ Zip _____

Name of Dentist _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

[10] Adapted from forms by the King County Medical Examiner's Office

E-8 Medical/Dental Record Request Form[11]

Request for Health Care Records from Health Care Provider

<Insert Name and Address of ME/C Office>

Date: **<Insert Date Here>**

TO: **<Insert Name and Address of Healthcare Provider Here>**

In Re the matter of: **<Insert Decedent's Name Here>** (deceased) Date of Birth: **<Insert DOB Here>**

Pursuant to the Revised Code of Washington (R.C.W.) Title 70.02.050 which states (2) A health care provider shall disclose health care information about a patient without the patient's authorization if the disclosure is: (c) To county coroners and medical examiner's for the investigation of death.

I hereby request the following:

<List items requested here>

Your prompt response will be most appreciated.

<Insert name of Chief Medical Examiner/Coroner>
Chief Medical Examiner/Coroner

By:

<Insert your name here>
Medical Investigator

[11] Adapted from forms by the King County Medical Examiner's Office

E-9 Medical/Dental Records Protocol

1. Obtain signed medical/dental records release form from Family Interviewer or case file. According to RCW 70.02.050 the ME/C has the authority to access medical/dental records for the purpose of investigation of death without family consent.
2. Contact each Physician or Dentist and confirm what types of records they have (dental records, dental x-rays, medical records, medical imaging [x-rays, CT scans]).
3. FAX an official request for records and arrange for pick-up or delivery
    - If records are mailed they should be sent via FedEx.
    - If records are picked up in person a chain of evidence form should accompany the records and be signed by those releasing and those receiving the records.
    - Records can also be emailed to the ME/C
4. Document all requests for records and receipt of records in records request notebook.
    a. When records are received remove the request from the note book and place the page with the case file.
5. Route the records to the appropriate person according to the Identification Protocol.
6. Monitor the status of incoming records and make additional request as necessary.
    a. Inform families when records and samples have been received
7. Have victims records in foreign languages translated as needed.

Forms to be completed:

1. Medical/Dental Records Request form
2. Chain of Evidence Form (as necessary)

E-10 DNA Protocol

1. A DNA Counselor should be present to provide information about the DNA identification process and answer any questions.
    - Explain why DNA may be necessary in identification
    - Explain the differences between Forensic DNA and Kinship DNA samples
    - Maintain an open, honest, and sensitive approach to questions surrounding lineage when requesting samples for Kinship DNA analysis (e.g. Adopted Children)
    - Inform expectations on how long it may take for DNA identification to be complete
    - Explain what happens to the DNA samples that are collected
2. Collect DNA samples from personal items used by the individual, or from family members.
    - Sources of Forensic DNA
        - Hairbrush
        - Toothbrush
        - Razor
        - Underwear
        - Blood Tests
        - Blood Donation
        - Pap Smear
        - PKU Cards
    - Sources of Kinship DNA
        - Cheek swab of biologically related family member (preferably the mother)
3. For family members that do not visit the FAC DNA samples can be arranged through the ME/C, FAC and local law enforcement.
    a. Consent forms and letter should be sent to family that does not visit the FAC.
    b. Be prepared to gather samples from all across the world. Coordinate with foreign embassies/consulates.
    c. Work through appropriate consulates or local law enforcement to collect samples. If not possible, provide families with kits to take their own cheek swabs.
4. Send collected samples to the laboratory according to protocol of receiving agency.
5. Get daily status reports from the laboratory.

E-11 Requested Records Log

Case Number _____

Last First Middle

Victim Name _____

Last First Middle

Informant Name _____

Informant Address _____

Informant Phone(s) _____

Location	*Contact*	*Phone*	*Data Ordered*	*Data Received*
Dental				
Fingerprints				
Radiographs				
Medical Records				
Photo Requests				
Notes				

E-12 Data Management Protocol

No central data management program:

1. All antemortem data will be collected by hand.
2. Make copies/scan all information (antemortem data forms, dental records, medical records, postmortem information)and keep a paper case file as well as a digit case file for every missing person.
3. Code all case files according to the Family Liaison Team to which the family is assigned.
4. Input all antemortem information into a master excel spreadsheet.
5. Input all postmortem information into a separate tab of the master excel spreadsheet.

Central data management program:
(to be determined)

E-13 Case File Cover Sheet

Use this cover sheet if keeping paper files

Name _____ Case File Number _____

Check-out		Check-in				
Date	**Time**	**Date**	**Time**	**Name**	**Additions/Changes**	**Initials**

E-14 Notification Protocol

General Guidelines for Notifications

1. Notifications should be made by trained individuals. All staff should be sensitive, mature, and reliable.
2. If possible, all notification teams should consist of at least 2 people.
2. All notification staff should be briefed on their role and responsibilities.
3. All notifications should be made in a private and quiet place.

Hospital/Shelter Notification

1. Notifications Teams can consist of:
    - Notification staff member
    - Missing Persons Group Representative (Law Enforcement or their designee)
    - Behavioral Health Staff (if requested)
    - Translation/Interpretation staff (if necessary)
    - Medical staff (on stand-by only)
2. The notification team will brief the family on a probable match of their loved one. The notification team should explain how the match was made.
    a. If the patient or resident did not give written authorization to notify the family of their location and status minimal information, if any, should be given to the family.
3. Arrangements for transportation and any other necessary services should be made for the family.

Missing Person Notification (notification that the person remains missing)

1. Notifications Teams can consist of:
    - Notification staff member
    - Missing Persons Group Representative (Law Enforcement or their designee)
    - Behavioral Health Staff (if requested)
    - Translation/Interpretation staff (if necessary)
    - Medical staff (on stand-by only)
1. The Notification Team will brief the family on the current state of their investigation as well as any further actions that will be taken.
2. The Notifications Team should allow the family to ask questions.
3. All communication with the family should be clear and honest. Communications may need to be repeated several times.
4. Families should be encouraged to continue to proactively search for their missing loved ones.
5. Offer to have a mental health or spiritual care worker speak to them.
6. Referrals should be made to any services that the family may need.

Tentative Identification Notification

1. A tentative identification notification should only be made when a probable match has been made by the Missing Persons Group and verified by the ME/C.
2. Notifications Team can consist of:
    - Notification staff member
    - ME/C representative or their designee
    - Behavioral Health Staff (if requested)
    - Translation/Interpretation staff (if necessary)
    - Medical staff (on stand-by only)
2. All notification staff should be briefed by the ME/C prior to notification as to the stage of identification.
3. Families will be notified of the tentative notification and any further steps that are required or in process. Do not inform families that their loved one has been absolutely identified.
4. If possible, provide families will a timeline on when they may receive more information regarding the scientific identification of their loved one.
5. Interpretation/translation staff should be available for the families when necessary.
6. All communication with the family should be clear and honest. Communications may need to be repeated several times.
7. Offer to have a mental health or spiritual care worker speak to them.

Death Notification

1. Ideally have at lease one person who is experienced or well trained at giving death notifications.

    Notifications Teams can consist of:

    - Notification staff member
    - ME/C representative or their designee
    - Behavioral Health Staff (if requested)
    - Translation/Interpretation staff (if necessary)
    - Medical staff (on stand-by only)
2. All notification staff should be briefed by the ME/C prior to notification as to how the identification was made.
3. A large family group may wish to accompany the legal NOK for notifications. The notification staff should make a decision on who should be present for the notification.
4. All notification should be made in a private and quiet place, further away from the main FAC waiting areas.
5. Notify family members in person at the FAC if at all possible.
    b. If notification at the FAC is not possible make arrangement for the family to be notified in person at their home by the ME/C or their designee (could be other Medical Examiners/Coroners or local law enforcement)
    c. If families are over seas work with the local embassies or consulates to make notifications

6. Behavioral health staff and a ME/C representative should be available during all notifications.
7. Interpretation/translation staff should be available for the families when necessary.
8. All communication with the family should be clear and honest. Communications may need to be repeated several times.
9. Notification staff should be ready and aware of the following:
    - Let the family respond and ask questions
    - Greif manifests in different ways, there are a wide variety of possible responses.
        - Have medical staff on stand-by if families experience a crisis reaction.
        - Do not restrain a person unless they are a danger to themselves or others.
    - Have resources for the families on hand, including tissues, water, and a place to sit or lie down.
10. Notification staff should avoid saying the following to families:
    - I know how you feel.
    - Time heals all wounds.
    - You must go on with your life.
    - He did not know what hit him.
    - You will get over this.
    - You can always find someone worse off than yourself.
    - You must focus on your precious memories.
    - It is better to have loved and lost than never to have loved at all.
    - You do not need to know that.
    - What you do now know will not hurt you.
    - I cannot tell you that.
    - It must have been his time.
    - Someday you will understand why this happened.
    - It was actually a blessing.
    - God never gives us more than we can handle.
    - Only the good die young.
    - You must be strong for your spouse/children/parents/co-workers.
    - You must get a hold of yourself.
    - You will have another child/find another spouse.
11. Offer to have a mental health or spiritual care worker speak to them.
12. During the notification families should receive a letter officially stating that their loved one was identified and the method of identification.
13. Bring in Decedent Affairs Unit to discuss remains release, personal effects release, and disposition services.
14. Give the family the contact information of the notification team if they have any further questions or concerns.
15. Ensure that the family has safe transportation home.

Forms to be completed

1. Official identification letter

E-15 Decedent Affairs Protocol

1. Following the notification of the family, the notification staff will inform a Decedent Affairs staff member when the family is ready and willing to discuss remains release, personal effects release, and disposition services.
2. Explain to the family their options concerning remains release. Document their choices and fill out the Remains Release Authorization Form.
3. Discuss with the family the procedures around personal effects release.
4. Make arrangement to release any remains or personal effects.
5. Give families a copy of all forms and fact sheets concerning remains and personal effects.
6. Answer any question the family has concerning remains, personal effects or disposition services (including Vital Statistics, funeral arrangements, etc.).
7. Give referrals to the family for other disposition services they may need assistance with (e.g. Crime Victims Assistance).

Forms to be completed

1. Remains Release Authorization
2. Personal Effects Release Form

E-16 Remains Release Authorization[12]

Name of Deceased _____

Please be advised unidentified human tissue will be buried in an appropriate manner

In the event any additional tissue(s) are recovered in the future and are identified as belonging to the above names deceased. I/We request the following:

☐ I/We do not wish to be notified. I/We are authorizing the appropriate officials to dispose of said tissue(s) by methods deemed appropriate by said officials.

☐ I/We wish to be notified and will make a decision regarding disposition at that time. I/We the undersigned hereby authorize _____(Name of ME/Coroner office) to release the remains of _____(Name of Deceased) to the designated Disaster Mortuary Team or other authorized agent.

I/We further authorize the designated funeral home or another authorized agent to embalm and perform post mortem reconstructive surgery techniques, and otherwise prepare as they deem necessary and upon completion to release said remains to:

_____

_____

_____

(Name, address & phone of Funeral Home or Agent)

I/We certify that I/We have read and understand this document. I/We further state that I/We are all of the next of kin, or represent all of the next of kin and am/are legally authorized and/or charged with the responsibility of burial and/or final disposition of above said deceased.

Signed _____ Relationship to Deceased _____

Print Name _____ Date Signed _____ Time _____

Complete Address _____

Telephone Number(s) _____

Signed _____ Relationship to Deceased _____

Print Name _____ Date Signed _____ Time _____

Complete Address _____

Telephone Number(s) _____

Witness _____

[12] Adapted from Santa Clara Advanced Practice Toolkit: "Managing Mass Fatalities: A Toolkit for Planning"

E-17 Personal Effect Release Form

Name of Decedent _____

Date _____ Time _____

Location _____

Name of Person Completing Form (print) _____

Signature _____ ***Date*** _____

List all personal effects being released to family; be as specific as possible (e.g. yellow metal ring with clear stone**)**

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Name of person receiving personal effects _____

Relationship to decedent _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Alternate Phone Number _____

Signature (of person receiving property) _____

Date _____

Witness (print) _____

Signature _____ Date _____

Appendix F: Operations Protocols/Tools: Health Services

F-1 Behavioral Health Annex

Purpose
The purpose of providing Behavioral Health Services resources in a Family Assistance Center is to provide short term emotional support, spiritual/pastoral care, and assessment and referral services for individuals and families impacted by disasters or other emergencies and for FAC staff/volunteers deployed to assist these individuals.

Scope of Care
Qualified BH Responders will:

- Provide psychological triage and conduct informal risk assessments of families and FAC staff.
- Provide Psychological First Aid (PFA), including psych-education, referrals and advocacy.
- Provide spiritual support / pastoral care when requested or indicated. This includes assisting families concerned with cultural end of life practices and multi-denominational memorial services.
- Provide crisis intervention / mental health support when requested or indicated.

Team Structure
Crisis Counseling and Spiritual/Pastoral Support services will be provided by members of the Behavioral Health (BH) Team. The BH Team may be comprised of members of the following organizations: Medical Reserve Corps, the American Red Cross Disaster Mental Health Team, staff from local county mental health, other non-governmental organizations that provide mental health services and the Green Cross.

Spontaneous / unaffiliated volunteers are prohibited from the BH Team unless properly screened and vetted.

BH Services will be organized in teams, each team having a BH Team Leader. Team Leaders will have no more than five (5) Crisis Counselors or Spiritual Care Workers reporting to them at a time. If needed, there will be one team dedicated to supporting FAC workers only. Team Leaders will report to a Behavioral Health Services Group Supervisor.

To determine staffing levels, a recommended ratio of 1:25 BH Responders to families, assuming 8 family members reporting to the FAC per victim, will be used.

Minimum Qualifications/Requirements

Behavioral Health Responder
BH Responders will consist of crisis counselor and spiritual care/pastoral professionals.

Crisis Counselors must meet the following requirements:

- Registered or licensed psychologist, psychiatrist, mental health counselor, social worker, marriage & family therapist, or psychiatric nurse in good standing with the State of Washington.
- A minimum of 3 years of clinically supervised mental health experience
- Pass a criminal background check
- Successful completion of an approved Psychological First Aid (PFA) training curriculum

Spiritual Care Workers must meet the following requirements:

- Volunteer Chaplain for a local jurisdiction and/or actively serve as a Chaplain or Spiritual Care worker at a house of worship or healthcare facility
- A minimum of 3 years experience as a Chaplain or Spiritual Care worker

- Pass a criminal background check
- Successful completion of an approved Psychological First Aid (PFA) training curriculum

Behavioral Health Team Leader
Behavioral Health Team Leaders must meet the following requirements:

- Licensed psychologist, psychiatrist, mental health counselor, social worker, or marriage & family therapist in the State of Washington
- Completed ICS 100 & 200
- 3+ years of clinical supervisory experience
- Pass a criminal background check
- Successful completion of a Psychological First Aid (PFA) curriculum
- Successful completion of a Psychological First Aid (PFA) Instructor course

Behavioral Health Branch Chief
Behavioral Health Branch Chief must meet the following requirements:

- Licensed psychologist, psychiatrist, mental health counselor, social worker, or marriage & family therapist in the State of Washington
- Completed ICS 100 & 200
- 3+ years of clinical supervisory experience
- Pass a criminal background check
- Successful completion of a Psychological First Aid (PFA) Instructor course

Activation Plan
Behavioral Health assistance is one of the most fundamental and critical operations in a FAC. In the event that a FAC is activated, the Incident Commander is responsible for assigning a Behavioral Health Services Group Supervisor, who will then assemble of team of qualified BH Responders based on the size and magnitude of the event.

Demobilization
As a component of demobilizing a FAC, the BH Services Group Supervisor is responsible for ensuring self-care and reintegration information is provided to FAC staff,/volunteers as well as private individual exit interviews with a BH Responder are made available to all FAC staff/volunteers.

Resource Needs
To assure that the privacy of the individuals assisted by the BH Team is maintained and the BH Team has the necessary tools to provide such services, the following resources will be provided.
Note: resources will be scaled based on size of event and facility.

- Family waiting area
- Private family rooms: used by BH Responders for meeting with families and FAC staff.
    - Recommended ratio: 1:15 room to families
- Behavioral Health Team meeting room: capacity to hold all team members, used as a private/confidential space for BH Team debrief and sharing of sensitive information
- Behavioral Health Team Leader office: Capacity to accommodate use by all Team Leaders
- BH Responder office: Capacity to accommodate use by 50% of team members at once
- Adequate phones, desks, chairs, pens, paper, printer, copier, fax for all team rooms
- Computers w/Internet access in BH Team Leader and BH Responder offices.
    - Access to 2-1-1 online resource database
    - Recommended ratio: 1:8 computers to BH Team Members
- Electronic and hard copies of Psychological First Aid Field Operations Guide (The National Center for PTSD / The National Child Traumatic Stress Network)

    - Ratio: 1:1 Operations Guide to BH Team member
- Electronic and hard copies of Family Assistance Center Operational Plan: Behavioral Health Services Appendix

Shift Procedures

All BH Team Members must:

- Follow FAC check-in and check-out procedures.
- Follow provider self care tips including taking regular breaks.
- Follow all appropriate procedures, professional codes of conduct and laws.
    - BH Team Leader and BH Services Group Supervisor must be notified if a mandated reporting incident occurs.

Attachments:

- Job Action Sheets
- FAC Behavioral Health Referral Form
- Psychological First Aid Field Operations Guide (The National Center for PTSD / The National Child Traumatic Stress Network)

F-2 PHRC Disaster Behavioral Health Response Team Qualifications

Chaplain/Spiritual Care Worker

1. Volunteer Chaplain for County or a City within and/or Paid or volunteer pastor, or pastor equivalent, at a congregation in the County.
2. A minimum of 3 years experience as a Chaplain or Spiritual Care worker.

Licensed Mental Health Counselor

1. Current Washington State Mental Health Counselor License in good standing; Washington State Drivers License and auto insurance coverage.
2. A minimum of 3 years post license clinical experience

Psychologist

1. Current Washington State Psychologist License in good standing; Washington State Drivers Registration and auto insurance coverage.
2. A minimum of 2 years post license clinical experience.

Marriage & Family Therapist

1. Current Washington State Marriage & Family Therapist License in good standing; Washington State Drivers License and auto insurance coverage.
2. A minimum of 3 years post license clinical experience.

Psychiatric Nurse

1. Current Washington State Nursing License in good standing; Washington State Drivers License and auto insurance coverage.
2. A minimum of 2 years psychiatric nursing experience in a hospital or clinic setting.

Psychiatrist

1. Current Washington State Medical License in good standing; Washington State Drivers Registration and auto insurance coverage.
2. Board Certification.

Registered Mental Health Counselor

1. Current Washington State Mental Health Counselor Registration in good standing; Washington State Drivers Registration and auto insurance coverage.
2. A minimum of 5 years of post registration clinical experience.

Social Worker

1. Current Washington State Social Work License in good standing; Washington State Drivers License and auto insurance coverage.
2. A minimum of 3 years post license clinical experience.

All applicants must pass a criminal background check, participate in a phone interview and will be subject to reference checks.

F-3 Behavioral Health Services Referral Form

Date: _____

Person completing form: _____

Referral # 1: *Indicate category of referral*

- ☐ Spiritual / Pastoral support
- ☐ Professional mental health services
- ☐ Substance abuse treatment
- ☐ Medical care
- ☐ Other disaster services: _____
- ☐ Other: _____

Referral contact information:

Name: _____

Phone (Business): _____ Phone (Cell): _____

Phone (Other): _____ Email: _____

Website: _____

Address: _____

_____

Referral # 2: *Indicate category of referral*

- ☐ Spiritual / Pastoral support
- ☐ Professional mental health services
- ☐ Substance abuse treatment
- ☐ Medical care
- ☐ Other disaster services: _____
- ☐ Other: _____

Referral contact information:

Name: _____

Phone (Business): _____ Phone (Cell): _____

Phone (Other): _____ Email: _____

Website: _____

Address: _____

_____

Referral # 3: *Indicate category of referral*

- ☐ Spiritual / Pastoral support
- ☐ Professional mental health services
- ☐ Substance abuse treatment
- ☐ Medical care
- ☐ Other disaster services: _____
- ☐ Other: _____

Referral contact information:

Name: _____

Phone (Business): _____ Phone (Cell): _____

Phone (Other): _____ Email: _____

Website: _____

Address: _____

_____

Referral # 4: *Indicate category of referral*

- ☐ Spiritual / Pastoral support
- ☐ Professional mental health services
- ☐ Substance abuse treatment
- ☐ Medical care
- ☐ Other disaster services: _____
- ☐ Other: _____

Referral contact information:

Name: _____

Phone (Business): _____ Phone (Cell): _____

Phone (Other): _____ Email: _____

Website: _____

Address: _____

_____

Appendix G: Operations Protocols/Tools: Support Services

G-1 Child Care Set-up Guidelines

Pediatric Safe Area Checklist

YES	NO	ITEM
		Needle boxes are at least 48 inches off the floor?
		Do the windows open?
		Are the windows locked?
		Do you have window guards?
		Plug-in covers or safety wiring for electrical outlets?
		Strangulation hazards removed (cords, wires, tubing, curtain/blinds drawstrings)?
		Can you contain children in this area (consider stairwells, elevators, doors)?
		Do you have distractions for the children (age and gender appropriate videos, games, toys)?
		Poison-proof the area (cleaning supplies, Hemoccult developer, choking hazards, cords should be removed or locked)
		Are your med carts and supply carts locked?
		Do you need to create separate areas for various age groups?
		Have you conducted drills of the plans for this area with all relevant departments?
		Do you have a plan for security for the unit?
		Do you have a plan to identify the children?
		Do you have a plan for assessing mental health needs of these children?
		Are there any fans or heaters in use? Are they safe?
		Do you have an onsite or nearby daycare? Could they help you?
		Do you have enough staff to supervise the number of children (Younger children will require more staff)?
		Do you have a sign-in, sign-out sheet for all children and adults who enter the area?
		Will children need to be escorted away from safe area to bathrooms?
		Are age-appropriate meals and snacks available for children?
		Are various-sized diapers available?
		Does the PSA have hand hygiene supplies?
		Are there cribs, cots or beds available for children who need to sleep?
		Does the PSA have a policy/protocol for handling minor illness in children (Tylenol dosing, administering routine meds, etc)
		Do you have an evacuation plan?

Pediatric Safe Area Registry Sheet

#	Name of Child	Age	Arrival Time	Discharge Time	Disposition	Responsible Adult Name	Responsible Adult Signature	Contact Phone Number
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								

Disposition: Admit to Hospital (A) Discharged to Parent (D-P) Discharged to relative (D-R) Discharged to Other (D-O) Social Services Placement (SS) Police (PD)

Responsible Adult: Adult responsible for child at time of discharge. PSA Coordinator should determine if child can be discharged to this adult based on hospital policy.

Appendix H: Communications Protocols/Tools

H-1 Media Frequently Asked Question about Family Assistance Centers

Q. What is a Family Assistance Center?

A. The Family Assistance Center is a secure facility established to serve as a centralized location to provide information and assistance about missing or unaccounted for persons and the deceased. It is also established to support the reunification of the missing or deceased with their family members.

Q. Who Can Come to the Family Assistance Center?

A. Any member of the missing or deceased person's "family" may attend the Family Assistance Center. "Family" may include any individual (family, friend, partner, distant relative) that considers them to be a part of the victim's family, even if there is not a legal familiar relationship. This may include people other family members characterize as family.

Q. What do family members need to bring to the Family Assistance Center

A. All family members visiting the Family Assistance Center need to bring photo identification if possible. Upon entering the facility all family members will receive a unique badge. Each family will be interviewed at the Family Assistance Center. Information necessary for a family interview will include a physical description of your family member, including any identifying marks they may have with photographs if available, descriptions of jewelry or clothing, and the contact information of your family member's dentist and physician. Do not bring original or photocopies of any medical or dental records. In addition, please provide any information you may have as to their last known whereabouts and anyone they may have been with.

Q. Who is Legal Next of Kin?

A. Washington state law defines the order of individuals recognized as legal next of kin. First is a spouse or registered domestic partner. Second is an adult child or children. Third is a parent and fourth is/are sibling(s).

Q: How do people report their family members missing?

A. To report a family member missing, following a disaster, call the Family Assistance Center. The Family Assistance Center will also have up to date information on the current status of the incident and the available missing person support.

Q. How can people help find their family member?

A. As a family member or friend they may have key information that can aid in finding your family member. Communicate all information to the Family Interviewer regarding their family member. They can also help by checking with the missing person's friends, school, work, neighbors, relatives, or anyone else who may know their whereabouts. Search web based programs to locate family members including social networking sites, the American Red Cross Safe and Well site, and any other internet sites set up to assist in finding family members. Follow up frequently with any contacts and keep the Family Interviewer informed of any developments.

Q. What happens if victims are not found?

A. If the Family Assistance Center has closed and people have not yet been found, their case will be transferred to local law enforcement to continue investigation.

Q. Why can't people visually identify my family member's remains? Why must they wait for a scientific identification?

A. For legal reasons, the Medical Examiner's Office is required to establish positive identification on all victims of this incident. In most instances, positive identification requires scientific confirmation, either through DNA, fingerprints, or x-ray comparisons. The Medical Examiner's Office is working as quickly as possible to establish positive identification of decedents.

R. Why is it taking so long to identify the victims?

A. The first step of the identification process is to confirm, through scientific means that your family member is deceased. This requires obtaining medical or dental x-rays, or waiting for fingerprint or DNA confirmation, all of which can take some time. After positive identification establishes that someone is deceased, the Medical Examiner will continue the identification process to insure that as much of the decedents remains are positively identified as possible.

R. Will autopsies be done? Can someone choose not to have their family member's body autopsied?

A. The Medical Examiner's Office is required by law to determine the cause and manner of death. In almost all incidences, this will require an autopsy examination. An autopsy is a surgical procedure performed by a medical doctor (forensic pathologist). The Medical Examiner's Office recognized that every decedent is a treasured member of a family and of a community and as such, treats each decedent with the highest respect and dignity. The Medical Examiner is required by law to certify the cause and manner of death; they do not require permission of the next of kin to perform an autopsy on a death under their jurisdiction.

Q. How are cultural beliefs being honored by the Medical Examiner?

A. The Medical Examiner's Office will do their best to honor cultural traditions but cannot do so if it impedes the ability to certify cause and manner of death.

H-2 PIO Cheat Sheet

This document is to be used to inform press briefings and media updates, but it is NOT a stand-alone document to be shared with the press. It should be completed using the judgment of the response staff, as not all items will be reported. All of the information below can be obtained from the Planning Chief of the Family Assistance Center

	Number in last operational period	Number to date
Number of families at the Family Assistance Center		
Number of families communicating with the FAC but not onsite		
Date/Time of last family briefing		
Number of calls to the Missing Persons Call Center		
Number of Missing Persons Reports received		
Number of reunifications facilitated through the FAC		

Services Provided at the Family Assistance Center

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Referral Services Provided Through the Family Assistance Center

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Number of Remains Recovered _____

Number of decedents identified and their families notified _____

Language that should not be used in communications

- We know how you feel.
- Time heals all wounds.
- You should go on with your life.
- You will get over it.
- Others are worse off.
- Focus on the good times.
- The County cannot share that information. (Acceptable only if followed by why, and when the information will be available.)
- You do not need to know that
- What you do not know can't hurt you
- It was actually a blessing.
- You must be strong.
- It could have been worse.
- God never gives us more than we can handle

Talking points concerning victim identification procedures

- Fatality numbers are released only by PHSKC and only after confirmation with KCMEO.
- PIOs should not speculate on any KCMEO procedures, including the need for an autopsy.
- PIOs should not assign timeframes for victim identification.
- Victims' names are only released after positive identification and notification of the family.
- Cultural considerations will be accommodated as often as practical

Additional Comments _____

Appendix I: Demobilization Protocols/Tools

I-1 Demobilization Checklist

General Guidelines that should be considered

- ☐ # clients seen/day
- ☐ # victims still to identify/locate
- ☐ Ability for other organization to handle current operation needs off site
- ☐ Need for daily briefings

Criteria to consider for demobilization

- ☐ Family briefings are no longer needed
- ☐ Rescue, recovery investigations and identification have decreased to be able to be handled by another ongoing operation
- ☐ Less than 5 clients per day register at the FAC three days in a row
- ☐ Memorial services have been arranged for family and friends
- ☐ Provision for the return of personal effects has been arranged
- ☐ Ongoing case management and/or hotline number has been established if needed

Reason for demobilization: _____

_____

_____

Location/Name of FAC: _____

Date/Time of Demobilization: _____

Demobilization Tasks

- ☐ Create a demobilization plan for the FAC and get approval
- ☐ Set a date and time for closure and communicate this with all partners and client's families
- ☐ Address outstanding case management needs and long-term follow-up with families
- ☐ Coordinate final meeting with partners and government agencies
- ☐ Coordinate messaging for public about demobilization
- ☐ Update missing persons call center or recorded message
- ☐ Break down the FAC facility
    - assign partners to demobilization tasks
- ☐ Follow-up report of FAC operations
- ☐ Debrief staff and volunteers

Appendix J: Position Matrix

Position/Section/Branch/ Group/Unit	Mission	Possible Source of Staff examples for a local State-led FAC- not intended as exhaustive list
Family Assistance Center Director	• Oversee all FAC operations • Oversee strategic decision concerning FAC operations • Coordinate with HMAC on all FAC/HMAC operations	ME/C personnel, Public Health, Human Services, Mental Health, Law Enforcement, DMORT, State DOH, DSHS, WSP, Incident Management Team, city or county employee requested to work as a state asset under state mission
PIO	• Coordinate all public messaging concerning the FAC • Coordinate with PHSKC PIO and Hospital PIOs to provide information to the public and the media concerning FAC operations	PIO from local Public Health, Human Services, Mental Health, Law Enforcement; PIO from DOH, DSHS, WSP, EMD, Incident Management Team, city or county employee requested to work as a state asset under state mission
Deputy PIO Family Briefings	• Coordinate all Family Briefings • Is a point of contact for families concerning family briefings	PIO from local Public Health, Human Services, Mental Health, Law Enforcement; PIO from DOH, DSHS, WSP, EMD, Incident Management Team, city or county employee requested to work as a state asset under state mission
Safety Officer	• To ensure the safety of all staff and families at the FAC	Safety Officer from local agency or state agency such as DNRP, DOE, DOA, WSP, Incident Management Team, city or county employee requested to work as a state asset under state mission
Liaison Officer	• Coordinate information sharing with partner agencies working in other areas of the response	Liaison officer from local agency or state agency such as DOH, WSP, Incident Management Team, city or county employee requested to work as a state asset under state mission
Planning Section	• Provide an overall picture of FAC operations • Make strategic decisions on FAC operations, procedures, and policy	Local planning section representatives – expertise in Health, Mass Fatality, Human Services and Mental Health are valuable or state agency representatives from agencies such as DOH, DSHS, WSP, Incident Management Team, city or county employee requested to work as a state asset under state mission, EMAC request

Documentation Branch	• Document all decisions and content created by the FAC	See Planning Section
Demobilization Branch	• Demobilize the FAC once operations are no longer necessary	See Planning Section
Situation Status Branch	• Create situational awareness of the current operations and impacts of the FAC • Provide awareness of other response activities occurring related to the event that may impact FAC operations	See Planning Section
Resource Status Branch	• Monitor the resource needs and utilizations within the FAC. • Approve all resource requests and route requests to logistics to fill	See Planning Section
Logistics	• Oversee and coordinates all resource, technical, and facility needs for the FAC	EMD, DOH, DOE, DOA, DNRP, Incident Management Team, DMORT, city or county employee requested to work as a state asset under state mission, EMAC request
Services Branch	• Coordinate all Services Branch activities	See Logistics
Staff Medical/Safety Group	• Ensure the health and safety of all staff working at the FAC	DOH, DMAT, ESAR-VHP, city or county employee requested to work as a state asset under state mission
Food Group	• Determine the number of person to be fed, and the best method of providing food services • Provide three meals a day and health snack to families and staff at the FAC	TBD
Communications Group	• Coordinate all communication set-up, management and support for the FAC • Coordinate any resource needs of the Group or supporting Units	TBD
IT Support Unit	• Provide networking set-up, management, and support for the FAC • Responsible for working to fix any IT connectivity issues	TBD
Telecommunications Unit	• Provide support for telephone and messaging communications at the FAC	TBD
Radio Unit	• Provide support for radio communications at the FAC	TBD
Support Branch	• Coordinate all Support Branch activities	See Logistics
Transportation Group	• Provide transportation to family member to and from the facility (to residence, hotel, hospitals, shelters) **(may not be applicable in catastrophic incident)** • Provide staff transportation to and from the facility if needed	TBD
Facilities Group	• Communicate with facility owners	TBD

	• Ensure upkeep of FAC facility • Coordinate any resource or service need concerning the physical facility	
Security Unit	• Coordinate FAC site security • Coordinate badging protocol and operations • Provide FAC site security • Ensure only authorized visitors are allowed into the facility	Law Enforcement, contracted security, National Guard
Resource Group	• Coordinate the provision of all resource needs for the FAC	TBD
Ordering Unit	• Order all necessary supplies for the FAC	TBD
Equipment and Supply Unit	• Maintain and inventory all necessary supplies for the FAC • Determine the type and amount of all resources required at the FAC • Communicate with Ordering Unit all needed supply or equipment ordering	TBD
Personnel Team	• Acquire and coordinate all staff for the FAC • Log personnel time and payment (if necessary) • Verify all credentials and licensing of all staff and volunteers working at the FAC	TBD
Victim Information Branch	• Coordinate all Victim Information Services at the FAC • Provide antemortem data to Missing Persons Group and KCMEO for matching and identification • Serve as a liaison with the Morgue Operations	Local ME/C personnel, Law Enforcement, DMORT, EMAC request for State Mortuary Teams;
Call Center Group	• Answer calls from the public concerning missing persons, victims, FAC operations and hours, public messaging concerning the incident, etc.	DMORT, Law Enforcement, WAVOAD members, mental health professionals, crime victims advocacy groups
Missing Persons Group	• Collect all missing persons information and antemortem data and work to match all missing persons	Local, WSP or federal aw enforcement assets, National Center for Missing and Exploited Children, National Center for Missing Adults, city or county employee requested to work as a state asset under state mission, crime victims' advocacy groups
Patient Tracking Unit	• Coordinate with the local hospitals to receive information on missing persons and injured victims (known and unknown) • Communicate to the hospitals all possible matches made by the Missing Persons Group	Local Public Health, Healthcare, Human Services, American Red Cross, DOH, DSHS, Medical Reserve Corps

Shelter Unit	• Coordinate with local sheltering organizations to receive information on shelter residents and missing persons reports • Communicate to shelters all possible matches made by the Missing Persons Group	Local jurisdiction sheltering or mass care representatives; American Red Cross
Web Search Unit	• Search web resources for information on any missing person cases.	TBD
Antemortem Data Group	• Coordinate the collection of all antemortem data and provide information to the ME/C and the Missing Persons Group	Local ME/C personnel, Forensic specialists, Forensic dentists, DMORT, EMAC Request for State Mortuary Teams
Family Interview Unit	• Collect antemortem data via family interviews from all the family members of probable victims	Local ME/C personnel, Forensic Specialists, DMORT, EMAC Request for State Mortuary Teams, ESAR-VHP, Nurses with experience taking medical histories, forensic nurses, Funeral Directors, USPHS
Medical/Dental Unit	• Collect the medical and dental record of the probable victims to aid in the identification by the ME/C	DMORT, EMAC Request for State Mortuary Teams, USPHS, State Forensic Odontology volunteers; other Forensic Specialists, Medical Reserve Corps
DNA Unit	• Collect DNA samples form family members and victim's personal effects to aid in identification by the ME/C	Local ME/C personnel, DMORT, WSP (Crime Lab), local, state or Federal Law Enforcement
Data Management Unit	• Manage all antemortem data received and provide it to the ME/C for identification	Local ME/C personnel, DMORT, EMAC Request for State Mortuary Teams
Notification Group	• Perform notifications to families regarding the status and/or location of their loved ones • Notification staff serve on the notification team during hospital/shelter notifications, missing persons notifications, and death notifications • Act as a family representative/point of contact for families during the notification and family affairs process	Local ME/C personnel, DMORT, Chaplains, State or local law enforcement
Decedent Affairs Unit	• Coordinate remains release, personal effects release, and disposition services for the families following notification • Provide referrals to disposition services not provided at the FAC	Local ME/C personnel, DMORT, Washington Funeral Directors Association, EMAC request for State Mortuary Teams
Support Services Branch	• Coordinate all support services need of the FAC	Local Public Health, local Human Services department or providers, DSHS, WAVOAD, city or county employee requested to work as a state asset under state mission (e.g. human services),

		crime victims advocacy groups, Dept of Commerce – Office of Crime Victim's Assistance
Child Care Group	• Provide childcare and respite care for families at the FAC	American Red Cross
Social Services Group	• Provide social services or referrals to families as needed	Local Public Health, local Human Services department or providers, DSHS, WAVOAD, city or county employee requested to work as a state asset under state mission (e.g. human services), crime victims advocacy groups, Dept of Commerce – Office of Crime Victim's Assistance
Interpretation/Translation Services Group	• Provide interpretation/translation services to families during all FAC processes (interviews, notifications, registration, family briefings, etc.)	Local Human Services, Local Public Health, Community Based Organizations, Medical Reserve Corps, DSHS, WAVOAD, WA Labor and Industries, American Red Cross
Health Services Branch	• Coordinate all health service needs of the FAC	DMAT, ESAR-VHP, Medical Reserve Corps, USPHS
Medical/First Aid Group	• Provide basic health services and first aid to all FAC families. • Provide referrals to outside medical services if necessary	DMAT, ESAR-VHP, Medical Reserve Corps, USPHS
Behavioral Health Services Group	• Oversee the mental health unit and the spiritual care unit and ensures all mental and spiritual health needs of the families are met.	DMAT, ESAR-VHP, Medical Reserve Corps, USPHS American Red Cross, Green Cross, Chaplains, WAVOAD
Mental Health Unit	• Ensure mental health services are available to family members at all stages of the FAC process (registration, meals, waiting times, interviews, notifications, family briefings, etc.)	
Spiritual Care Unit	• Ensure spiritual care services are available to family members at all stages of the FAC process (registration, meals, waiting times, interviews, notifications, family briefings, etc.)	
Reception Branch	• Coordinate all Reception Services for the FAC	Local Medical Reserve Corps, Human Services department staff or providers, American Red Cross, WAVOAD, DSHS, city or county employee requested to work as a state asset under state mission (e.g. human services), crime victims advocacy groups, Dept of Commerce – Office of Crime Victim's Assistance
Registration Group	• Intake and register all family members upon arrival at the FAC which will include, checking identification, answering questions, ensuring all paperwork is completed, issuing badges, and assessing for any immediate	Local Medical Reserve Corps, Human Services department staff or providers, American Red Cross, WAVOAD, DSHS, city or county

	service needs • Sign-in/out all family members returning to the FAC • Sign-in/out all staff	employee requested to work as a state asset under state mission (e.g. human services), crime victims advocacy groups, Dept of Commerce – Office of Crime Victim's Assistance
Family Host Group	• Greet family members upon entry into the FAC • Answer questions concerning services and procedures • Provide a tour of the facility if possible (may not be applicable in catastrophic incident) • Connect families with any resources they request	Local Medical Reserve Corps, Human Services department staff or providers, American Red Cross, WAVOAD, DSHS, city or county employee requested to work as a state asset under state mission (e.g. human services), crime victims advocacy groups, Dept of Commerce – Office of Crime Victim's AssistanceCommerce – Office of Crime Victim's Assistance
Finance/Administration Section	• Coordinate all Finance and Admin services needed at the FAC • Provide admin assistances, note-takers, and runners as requested	TBD

Appendix K: Position Checklists

K-1 Family Assistance Center Director Position Checklist

Mission: The Family Assistance Center Director provides leadership and direction for all FAC operations and ensures coordination with the regional health and medical response, through HMAC, and with local response agencies and partners.

Direct Supervisor
Health and Medical Area Operations Chief

Supervisory Responsibilities
Planning Section Chief
Logistics Section Chief
Operations Section Chief
Finance/Administration Section Chief
PIO
Safety Officer
Liaison Officer

Responsibilities
- ☐ Serve as the Family Assistance Center Director for all FAC operations
- ☐ Oversee all FAC operations
- ☐ Develop the FAC objectives for each operational period
- ☐ Oversee strategic decision concerning FAC operations
- ☐ Coordinate with HMAC on all FAC/HMAC operations

Activation Duties
Review the King County Family Assistance Center Plan
Review position checklist
Determine scale and functions of the Family Assistance Center • Determine the scale of the FAC • Determine the services that will be provided at the FAC • Determine the FAC organization chart for the facility • Determine the logistical needs of the FAC • Determine the staffing needs of the FAC • Determine the FAC location • Identify expectations, needs and challenges
Coordinate with Finance and Administration Section Chief to provide activation information to responding staff • Reporting time • Travel instructions • Any special instructions
Oversee and direct set-up of the FAC facility

Establish coordination and communications protocols with HMAC
Establish coordination and communications protocols with the Morgue Operations (if applicable)
Establish coordination and communications protocols with On-Site Incident Command
Coordinate with FAC PIO to ensure key stakeholders are notified of the FAC activation; may include the public, political officials, the media, partner organizations
Official activate the FAC

Beginning of Shift Duties
Review previous operational period activities
Receive briefing from FAC Director from previous operational period
Develop objectives for current operational period. Ensure the preparation of the current Incident Action Plan
Conduct initial command staff meeting/briefing
Establish communications with current Health and Medical Incident Commander
Establish communications with current Morgue Operations Chief
Establish a briefing schedule for Command Briefings and General Staff Briefings

During Shift Duties
Exercise responsibility for overall FAC operations
Coordinate activity of all command staff and section chiefs • Identify, review and communicate goals and objectives for FAC operation with command staff and section chiefs • Provide direction to command staff and section chiefs as needed • Ensure accurate and timely information is being released through the PIO • Coordinate with key stakeholders through the Liaison Officer • Ensure, with Safety Officer, the continued safety of the facility and staff • Ensure sections are activated and staffed appropriately as needed
Maintain communications with Health and Medical Area Commander
Provide periodic updates to HMAC
Review and approve all requests for additional resources or staff
Maintain a written log of all important actions and decisions

End of Shift Duties
Brief the incoming FAC Director and Command staff
Identify operational priorities and urgent missions currently underway or planned

Demobilization Duties
In coordination with HMAC, Morgue Operations, Scene Operations and partner organizations determine when to begin to demobilize the FAC
Create a demobilization plan • Determine how outstanding case management needs will be handled • Determine how outstanding behavioral health needs will be handled
Conduct a demobilization meeting with Command Staff
Communicate with all key stakeholders the date and time of demobolization
Communicate the date and time of demobilization to the public
Oversee the break-down of the FAC facility and the Missing Persons Call Center
Coordinate staff and volunteer debrief

K-2 Public Information Officer (PIO) Position Checklist

Mission: Provide accurate, consistent, and comprehensive information about FAC operations to key stakeholders including, HMAC, response staff, the public, the media, and partner organizations. Coordinate all messaging about FAC operations.

Direct Supervisor
Family Assistance Center Director

Supervisory Responsibilities
Deputy PIO Family Briefing

Responsibilities
- ☐ Coordinate all messaging to the public and the media concerning FAC operations
- ☐ Coordinate with PHSKC PIO concerning FAC messaging
- ☐ Provide messaging to key stakeholders about FAC operations

Activation Duties
Provide a formal notification of the date, time, location, and services of the FAC to key stakeholders, families, the public, and the media
Conduct comprehensive outreach regarding the FAC activation announcement.
Provide messaging to healthcare facilities, call centers, community organizations, government agencies, foreign diplomats, etc. Messaging should include • A brief synopsis of the incident • An overview of the services provided at the FAC • The date, time, location of the FAC • The type of information the families will be asked to provide
Develop a document to provide guidance to families on what to expect and how to handle media inquiries
Develop rules of engagement for media personnel
Develop standardized messaging and briefing templates

Beginning of Shift Duties
Receive briefing from previous PIO
Read the current operational objective and Incident Action Plan
Attend Command Staff briefings and General Staff Briefings

During Shift Duties
Coordinate the release of all information to key stakeholder, the public, and the media. Ensure all command staff and the Missing Persons Call Center have copies of the briefings.
Maintain a regular schedule for briefing key stakeholders

Maintain a regular schedule for briefing the media
Develop FAC messaging as appropriate
Develop messaging for the Missing Persons Call Center as appropriate
Instruct all staff to refer media inquiries to the PIO
Coordinate all messaging with the PHSKC PIO
Monitor media reports to ensure the reporting of accurate information concerning the FAC
Maintain situational awareness on the status of FAC operations
Maintain a written log of all actions and decisions

End of Shift Duties
Brief the incoming PIO

Demobilization Duties
Communicate demobilization information to all key stakeholders • Ensure information regarding follow-up services is clearly communicated to key stakeholders
Coordinate the demobilization of the media center (if necessary)
Participate in staff debriefing
Develop items for after action report

K-3 Deputy PIO Family Briefings Position Checklist

Mission: The Deputy PIO Family Briefings is responsible for coordinating all briefings to families at the FAC and overseeing all communication to families not at the FAC.

Direct Supervisor
Family Assistance Center PIO

Supervisory Responsibilities

Responsibilities
- ☐ Coordinate all Family Briefings
- ☐ Coordinate all key stakeholders for family briefings
- ☐ Coordinate information sharing with families not at the FAC

Activation Duties
Establish communications protocols with Morgue Operations, HMAC, On-Site Incident Command and any other key stakeholders
Establish a daily briefing schedule for families (once established, do not alter the schedule)

Beginning of Shift Duties
Receive briefing from previous Deputy PIO Family Briefings
Read the current operational objectives and the Incident Action Plan
Attend all Command and General Staff Briefings

During Shift Duties
Communicate dates, times, and locations of families briefings to families, FAC staff, and key stakeholders
Coordinate all family briefings
Answer all family questions concerning family briefings and current operations
Coordinate all messaging to families with the FAC PIO
Communicate any family concerns to the FAC PIO and the FAC Director
Ensure all families not present at the FAC are receiving timely information regarding updates

End of Shift Duties
Brief the incoming Deputy PIO Family Briefings.

Demobilization Duties
Establish communications protocols for communicating any on-going information to families
Participate in staff debriefing
Develop items for after action report

K-4 Safety Officer Position Checklist

Mission: Ensure the health and safety of all FAC staff, volunteers, families, and visitors at the Family Assistance Center facility.

Direct Supervisor
Family Assistance Center Director

Supervisory Responsibilities

Responsibilities
- ☐ Ensure the safety of all staff, volunteers, families, and visitors of the FAC
- ☐ Make recommendations concerning safety and health issues
- ☐ Conduct all safety briefings

Activation Duties
Ensure the structural integrity of the FAC facility if necessary • Conduct a site inspection of the FAC facility • Consult with professionals concerning any safety concerns if necessary
Ensure the FAC facility is compliant with all regulations (Fire, OSHA, ADA, etc.)
Ensure all staff and volunteers are provided a safety training before beginning work
Ensure that there are no hazards in any of the work area or family areas
If there is not one already, prepare a facility evacuation plan

Beginning of Shift Duties
Receive a briefings from the outgoing Safety Officer
Read the current operational objectives and Incident Action Plan
Attend all Command and General Staff Briefings
Perform hazard/risk assessment and make recommendations

During Shift Duties
Continually monitor the conditions at the FAC facility
Advice the FAC Director of any safety concerns
Ensure all safety concerns are identified and remedied
Conduct all safety briefings

Ensure arrangements are made for the proper disposal of biohazard waste
Serve as a resource for staff and volunteers regarding safety and health topics
Consult with KC Safety & Claims and KC Security Unit as appropriate for issues requiring industrial hygiene/ergonomics and physical security expertise respectively

End of Shift Duties
Brief incoming Safety Officer

Demobilization Duties
Review the Demobilization Plan for safety implications
Monitor the demobilization process to ensure safe practices
Participate in staff debriefing
Develop items for after action report

K-5 Liaison Officer Position Checklist

Mission: Coordinates all information sharing and requests to assisting and cooperating agencies, responders, and stakeholders. Communicates and issues or concerns to the FAC Director.

Direct Supervisor
Family Assistance Center Director

Supervisory Responsibilities

Responsibilities
- ☐ Coordinates all information sharing and requests with outside agencies
- ☐ Provides update, issues, concerns from outside agencies or responders to the FAC Command Staff.

Activation Duties
In cooperation with the PIO, ensure all key stakeholders, partners, and response agencies are aware of the date, time, and location of the FAC activation
Contact Liaisons at partners agencies and establish communications and coordination protocols

Beginning of Shift Duties
Receive a briefings from the outgoing Liaison Officer
Read the current operational objectives and Incident Action Plan
Attend all Command and General Staff Briefings
Establish and maintain communications with key stakeholders, partners and response agencies

During Shift Duties
Serve as a support agency for all outside stakeholders, partners, and response agencies
Relay requests, questions, and concerns to FAC staff as appropriate
Monitor FAC operations to identify potential inter-agency operational issues
Maintain a log of contacts, agreements, and issues
Organize briefings with stakeholders, partners, and response agencies as necessary

End of Shift Duties
Brief incoming Liaison Officer

Demobilization Duties
Participate in staff debriefing
Develop items for after action report
Communicate demobilization information to relevant stakeholders, partners and response agencies
Ensure that information concerning follow up services is clearly communicated to stakeholders, partners, and response agencies

K-6 Operations Section Chief Position Checklist

Mission: The Operations Section Chief manages on-site FAC operations and objectives established by the FAC Director.

Direct Supervisor
Family Assistance Center Director

Supervisory Responsibilities
Victim Information Branch Director
Support Services Branch Director
Health Services Branch Director
Reception Branch Director

Responsibilities
- ☐ Coordinate operations with Section representatives and ensure that resource deployment is consistent with objective priorities.
- ☐ Participate in planning meetings to bring an operations perspective.
- ☐ Conduct Section briefings as necessary.
- ☐ Maintain coordination with Planning, Logistics, and Finance and Administration Chiefs.
- ☐ Inform FAC Director of section activities and status of response activities.

Activation Duties
Review checklists of subordinate positions
Assign and brief subordinate staff
Coordinate with each subordinate Group to develop a strategy to carry out the mission of their Group.
Coordinate and conduct Just-in-Time training for section staff

Beginning of Shift Duties
Receive a briefing from the outgoing Operations Section Chief, including information on the state of the incident and the FAC operations.
Read the current Operational Objectives and Incident Action Plan
Ensure a staffing schedule for the Operations Section is established for at least the next 3 days
Ensure there is sufficient support and resources to carry out operations for the section
Attend all Command and General Staff Briefings

During Shift Duties
Oversee and make decisions regarding operations at the FAC

Carry out operational objectives for the FAC
Provide supervision and support to subordinate positions
Participate in Command and General Staff briefings
Make changes as necessary to the Operations Section staff, structure, and procedures
Maintain incident awareness throughout operations
Coordinate with Logistics regarding short and long term objectives for the FAC
Initiate and maintain communication with partners, response agencies and outside operations.
Communicate important operational information to subordinate staff
Provide recommendations and assist the Incident Commander on Operations issues

End of Shift Duties
Brief incoming Operations Section Chief
Identify operational priorities and urgent missions currently underway
Ensure outgoing Group Supervisors briefing their incoming counterparts

Demobilization Duties
Participate in staff debriefing
Develop items for after action report
Coordinate demobilization activities with the FAC Director and the Planning Section Chief
Inform all subordinate staff about demobilization activities and priorities
Debrief Operations Section staff and document all after action items

K-7 Victim Information Branch Director Position Checklist

Mission: The Victim Information Branch Director coordinates and supports all victim information operations, maintains communications with on and off-site operations, and assesses the state of victim information services.

Direct Supervisor
Operations Section Chief

Supervisory Responsibilities
Missing Persons Call center Group Supervisor
Missing Persons Group Supervisor
Antemortem Data Group Supervisor
Notification Group Supervisor

Responsibilities
- ☐ Coordinate and support Victim Information Services operations.
- ☐ Maintain communications with on and off-site operations concerning victim information services and any operational issues
- ☐ Continually assess the needs, support and staffing of the Victim Information Branch
- ☐ Provide recommendations and assistance to the Operational Section Chief

Activation Duties
Assess the operational needs required by the incident in terms of victim information services
Activate the Victim Information Operations Groups as necessary
Assess the logistic and staffing needs of the Victim Information Branch and communicate them to the Logistics Section and Finance/Administration Section
Coordinate and conduct Just-in-Time training for branch staff

Beginning of Shift Duties
Receive briefing from outgoing Victim Information Branch Director
Read the current Operational Objectives and Incident Action Plan
Brief subordinate staff concerning any information relating to victim information services
Establish communication with on and off-site operations concerning victim information services and any operational issues
Ensure there is sufficient support and resources to carry out operations for the Victim Information Group
Attend all General Staff Briefings

During Shift Duties
Oversee all Victim Information Service operations

Continually assess the needs, support, and staffing of the Victim Information Services
Provide supervision and support to subordinate positions
Provide recommendations and assistance to the Operations Section Chief concerning Victim Information Services
Maintain communications with on and off-site operations concerning victim information services and any operational issues
Ensure families' Victim Information needs are being properly met

End of Shift Duties
Brief incoming Victim Information Branch Director
Identify operational priorities and urgent missions currently underway
Ensure outgoing Group Supervisors briefing their incoming counterparts

Demobilization Duties
Participate in staff debriefing
Develop items for after action report
Debrief Victim Information Branch Staff and collect after action items
Ensure ongoing Victim Information Services are transferred to the KCMEO, Law Enforcement and other appropriate authorities
Ensure ongoing Victim Information Service resources are properly communicated to families, the FAC Director, and the PIO

K-8 Missing Persons Call Center Group Supervisor Position Checklist

Mission: The Missing Persons Call Center Group Supervisor develops, implements, and oversees all Missing Persons Call Center Operations. Ensure that call center operations achieve operational objectives.

Direct Supervisor
Victim Information Branch Director

Supervisory Responsibilities
Missing Persons Call Center, Call Takers and Staff

Responsibilities
- ☐ Develop implement and oversee all Missing Persons Operations
- ☐ Ensure call center operations achieve operational objectives
- ☐ Ensure the Missing Persons Call Center has all of the assets, staff and support it needs
- ☐ Provide recommendations and assistance to the Victim Information Branch Director concerning Missing Persons Call Center operations

Activation Duties
Receive initial briefing from FAC Director, Victim Information Branch Director and the FAC PIO
Conduct Just-in-Time training of call center staff
Establish communications with FAC facility (if off-site or in a separate area)
Oversee the set-up and activation of the call center

Beginning of Shift Duties
Receive briefing from outgoing Missing Person Call Center Group Supervisor
Read the current Operational Objectives and Incident Action Plan
Ensure a staffing schedule for the Missing Persons Call Center is established for at least the next 3 days
Attend all General Staff Briefings
Review all Operator Guide information and protocols to ensure that information is up to date

During Shift Duties
Brief call center staff on all relevant information
Maintain communications with the Victim Information Branch Director and the PIO concerning Missing Persons Call Center operations
Continually communicate with call center staff to ensure timely and appropriate information flow
Provide updates, recommendations, and assistance to the Victim Information Branch Director concerning Missing

Persons Call Center operations
Ensure the collection and review of missing persons reports and call center data
Transfer all missing persons information to the Missing Persons Group
Ensure the privacy, confidentiality, and security of all protected health information
Update the Operator Guides with new information as necessary
Communicate all concerns concerning Missing Persons Call Center Operations to the Victim Information Branch Director

End of Shift Duties
Brief incoming Missing Persons Call Center Group Supervisor
Identify operational priorities and urgent missions currently underway

Demobilization Duties
Participate in staff debriefing
Develop items for after action report
Debrief Missing Persons Call Takers and collect after action items
Ensure ongoing Missing Person Call Center operations are transferred to the appropriate authorities
Ensure ongoing Missing Persons Call Center responsibilities are properly communicated to families, the FAC Director, and the PIO

K-9 Antemortem Data Group Supervisor Position Checklist

Mission: The Antemortem Data Group Supervisor oversees and evaluates all antemortem data collection, analysis, and communication to the KCMEO and Missing Persons Group.

Direct Supervisor
Victim Information Branch Director

Supervisory Responsibilities
Family Interview Unit
Medical/Dental Records Unit
DNA Unit
Data Management Unit

Responsibilities
- ☐ Oversee and maintain the integrity of all antemortem data collection
- ☐ Oversee and maintain the mental and physical health/safety of all subordinate staff
- ☐ Establish and maintain communications with the KCMEO, Missing Persons Group and the Victim Information Branch Director
- ☐ Ensure the privacy, confidentiality, and security of all protected health information
- ☐ Maintain accurate and secure records of all antemortem data

Activation Duties
Receive incident briefing and assess the needs of the Antemortem data group
Conduct Just-in-Time training of all subordinate staff
In consultation with the KCMEO, FAC Director, and Victim Information Branch Director establish the mode of antemortem data collection
Ensure the support, resources, and staff needs of the Antemortem data Group are met

Beginning of Shift Duties
Receive briefing from outgoing Antemortem Data Group Supervisor
Read the current Operational Objectives and Incident Action Plan
Attend all General Staff Briefings
Brief subordinate staff of all important information
Establish communications with the KCMEO, Missing Persons Group and the Victim Information Branch Director

During Shift Duties
Oversee the collection of all antemortem data from families

Trouble shoot any issues concerning antemortem data collection
Provide recommendations and assistance to the Victim Information Branch Director as necessary
Maintain communications with the KCMEO, Missing Persons Group and the Victim Information Branch Director
Ensure the privacy, confidentiality, and security of all protected health information
Oversee and maintain the mental and physical health/safety of all subordinate staff
Ensure that all antemortem data is accurate and secure

End of Shift Duties
Brief incoming Antemortem Data Group Supervisor
Identify operational priorities and urgent missions currently underway

Demobilization Duties
Participate in staff debriefing
Develop items for after action report
Debrief Antemortem Data Group and subordinate staff and collect after action items
Ensure ongoing Antemortem Data operations are transferred to the KCMEO

K-10 Family Interview Unit Lead Position Checklist

Mission: The Family Interview Unit Lead oversees and conducts family interview for the collection of antemortem data. If Family Liaison Teams are activated, serve on a Family Liaison Team.

Direct Supervisor
Antemortem Data Group Supervisor

Supervisory Responsibilities
Family Interview Staff

Responsibilities
- ☐ Collect antemortem data via family interviews from all the family members of probable victims
- ☐ Oversee and maintain the mental and physical health/safety of all subordinate staff
- ☐ Serve on a Family Liaison Team (if activated)
- ☐ Work collaboratively with Medical/Dental Records Unit, DNA Unit and the Data Management Unit to collect all necessary antemortem data

Activation Duties
Confirm the established mode of antemortem data collection with the Antemortem Data Group Supervisor
Conduct Just-in-Time training for Family Interview Staff
Ensure all support, resource, and staff needs are met for Family Interview operations

Beginning of Shift Duties
Receive briefing from outgoing Family Interview Unit Lead
Read the current Operational Objectives and Incident Action Plan
Attend all General Staff Briefings
Brief subordinate staff of all important information
Establish a regular unit meeting schedule

During Shift Duties
Collect antemortem data via family interviews
Oversee and maintain the mental and physical health/safety of all subordinate staff
Ensure the privacy, confidentiality, and security of all protected health information
Serve on a Family Liaison Team (if activated)
Maintain communications and information sharing with the Mental/Dental Records Unit, the DNA Unit, and the Data Management Unit

Provide recommendations and assistance to the Antemortem Data Group Supervisor concerning Family Interview operations
Conduct unit meetings

End of Shift Duties
Brief incoming Family Interview Unit Lead
Identify operational priorities and urgent missions currently underway

Demobilization Duties
Participate in staff debriefing
Develop items for after action report
Debrief Family Interview staff and collect after action items
Ensure ongoing Family Interview operations are transferred to the KCMEO

K-11 Medical/Dental Records Unit Lead Position Checklist

Mission: The Medical Dental Records Unit Lead will request and collect all medical/dental records and communicate all receipts to the KCMEO.

Direct Supervisor
Antemorted Data Group Supervisor

Supervisory Responsibilities
Medical/Dental Records Unit Staff

Responsibilities
- ☐ Request and collect the medical and dental record of the probable victims
- ☐ Maintain communications with KCMEO about requested and received Medical/Dental records
- ☐ Work collaboratively with the Family Interview Unit, the DNA Unit, and the Data Management Unit

Activation Duties
Confirm the medical/dental records request and acquisition protocols
Conduct Just-in-Time training for Medical/Dental Records Staff
Ensure all support, resource, and staff needs are met for Medical/Dental Records operations

Beginning of Shift Duties
Receive briefing from outgoing Medical/Dental Records Unit Lead
Read the current Operational Objectives and Incident Action Plan
Attend all General Staff Briefings
Brief subordinate staff of all important information
Establish a regular unit meeting schedule
Establish communications with the KCMEO concerning medical/dental records

During Shift Duties
Request and collect the medical and dental record of the probable victims
Maintain communications with KCMEO about requested and received Medical/Dental records
Work collaboratively with the Family Interview Unit, the DNA Unit, and the Data Management Unit
Provide recommendations and assistance to the Antemortem Data Group Supervisor concerning Medical/Dental Records operations
Ensure the privacy, confidentiality, and security of all protected health information

Conduct unit meetings

End of Shift Duties
Brief incoming Medical/Dental Records Unit Lead
Identify operational priorities and urgent missions currently underway

Demobilization Duties
Participate in staff debriefing
Develop items for after action report
Debrief Medical/Dental Records staff and collect after action items
Ensure ongoing Medical/Dental Records operations are transferred to the KCMEO

K-12 DNA Unit Lead Position Checklist

Mission: The DNA Unit Lead collects DNA samples from family members and victim's personal effects. Coordinate with the KCMEO and the contracted laboratory to ensure the proper handling of all DNA samples. Council family members on the purposes of DNA identification and answer any questions.

Direct Supervisor
Antemorted Data Group Supervisor

Supervisory Responsibilities
DNA Unit Staff

Responsibilities
- ☐ Collect DNA samples form family members and victim's personal effects
- ☐ Coordinate with the KCMEO and the contracted laboratory concerning collection and analysis of DNA samples
- ☐ Council family members on the purposes of DNA identification and answer any questions

Activation Duties
Confirm the DNA collection and analysis protocols
Conduct Just-in-Time training for DNA Unit staff
Ensure all support, resource, and staff needs are met for DNA operations

Beginning of Shift Duties
Receive briefing from outgoing DNA Unit Lead
Read the current Operational Objectives and Incident Action Plan
Attend all General Staff Briefings
Brief subordinate staff of all important information
Establish a regular unit meeting schedule
Establish communications with the KCMEO and the contracted laboratory concerning DNA collection and analysis

During Shift Duties
Collect DNA samples form family members and victim's personal effects
Coordinate with the KCMEO and the contracted laboratory concerning collection and analysis of DNA samples
Council family members on the purposes of DNA identification and answer any questions
Check in with laboratory once per operational period on the progress of DNA analysis

Ensure the privacy, confidentiality, and security of all protected health information
Provide recommendations and assistance to the Antemoretem Data Group Supervisor concerning DNA operations
Conduct unit meetings

End of Shift Duties
Brief incoming DNA Unit Lead
Identify operational priorities and urgent missions currently underway

Demobilization Duties
Participate in staff debriefing
Develop items for after action report
Debrief DNA staff and collect after action items
Ensure ongoing DNA operations are transferred to Law Enforcement and the KCMEO

K-13 Data Management Unit Lead Position Checklist

Mission: Manage all antemortem data received and provide information to the KCMEO for identification. Coordinate with the Missing Persons Group to share information when appropriate. Maintain the integrity and security of all antemortem data.

Direct Supervisor
Antemortem Data Group Supervisor

Supervisory Responsibilities
Data Management Unit Staff

Responsibilities
- ☐ Manage all antemortem data received and provide it to KCMEO for identification
- ☐ Coordinate information sharing with the Missing Persons Group, the Family Interview Unit, the Medical/Dental Records Unit, and the DNA Unit as appropriate
- ☐ Ensure the integrity, privacy, confidentiality, and security of all antemortem data and protected health information

Activation Duties
Confirm the Data Management protocols
Conduct Just-in-Time training for Data Management Unit staff
Ensure all support, resource, and staff needs are met for Data Management operations

Beginning of Shift Duties
Receive briefing from outgoing Data Management Unit Lead
Read the current Operational Objectives and Incident Action Plan
Attend all General Staff Briefings
Brief subordinate staff of all important information
Establish a regular unit meeting schedule

During Shift Duties
Manage all data according to the established protocol
Coordinate information sharing with the Missing Persons Group, the Family Interview Unit, the Medical/Dental Records Unit, and the DNA Unit as appropriate
Ensure the integrity, privacy, confidentiality, and security of all antemortem data and protected health information
Provide recommendations and assistance to the Antemortem Data Group Supervisor on Data Management operations

Conduct unit meetings

End of Shift Duties
Brief incoming Data Management Unit Lead
Identify operational priorities and urgent missions currently underway

Demobilization Duties
Participate in staff debriefing
Develop items for after action report
Debrief Data Management staff and collect after action items
Ensure ongoing Data Management operations are transferred to the appropriate authority

K-14 Missing Persons Group Supervisor Position Checklist

Mission: The Missing Persons Group Supervisor gathers and assimilates all information on missing persons. Certify all probable matches made by the Missing Persons Group.

Direct Supervisor
Victim Information Branch Director

Supervisory Responsibilities
Patient Tracking Unit Lead
Shelter Unit Lead
Web Search Unit Lead

Responsibilities
- ☐ Collect all missing persons information and antemortem data and work to match all missing persons
- ☐ Certify all probable matches
- ☐ Transfer all information concerning a probably match to a decedent to the KCMEO
- ☐ Monitor the number of missing persons
- ☐ Ensure the privacy, confidentiality, and security of all protected health information

Activation Duties
Assess the need for a Missing Persons Group during activation and activate all necessary units
Conduct Just-in-Time training of Missing Persons Group staff
Establish communications and protocols with the KCMEO and the Antemortem Data Group to share antemortem and postmortem data
Oversee the establishment of communications and protocols with local Hosptials/ACFs and Shelters to share information concerning injured or sheltered individuals
Establish communications and protocols with the Missing Persons Call Center to gather missing persons information

Beginning of Shift Duties
Receive briefing from outgoing Missing Persons Group Supervisor
Read the current Operational Objectives and Incident Action Plan
Attend all General Staff Briefings
Brief subordinate staff of all important information

During Shift Duties
Gather information from the Patient Tracking Unit, the Shelter Unit, the Web Search Unit, the KCMEO, the Missing Persons Call Center, and the Antemortem Data Group concerning missing perosns
Assimilate missing persons information and certify all probable matches

Communicate probably matches with the appropriate parties (Patient Tracking Unit, Shelter Unit, KCMEO, other as appropriate) • Transfer all information concerning probable matches to decedents to the KCMEO
Participate in notifications to families concerning injured/sheltered individuals or those who are still missing
Ensure that law enforcement does all necessary checks for protection orders concerning missing persons
Monitor and track the number of missing persons and report this information to the Victim Information Branch Director
Provide recommendations and assistance to the Victim Information Branch Director on Missing Persons operations
Ensure the privacy, confidentiality, and security of all protected health information

End of Shift Duties
Brief incoming Missing Persons Group Supervisor
Identify operational priorities and urgent missions currently underway

Demobilization Duties
Participate in staff debriefing
Develop items for after action report
Debrief Missing Persons Group staff and collect after action items
Ensure ongoing Missing Persons Group operations are transferred to local law enforcement agencies

K-15 Patient Tracking Unit Lead Position Checklist

Mission: The Patient Tracking Unit Lead coordinates with local hospitals/ACFs for information concerning missing persons and injured victims. Communicates all probable matches certified by the Missing Persons Group to the local hospitals/ACFs.

Direct Supervisor
Missing Persons Group Supervisor

Supervisory Responsibilities
Patient Tracking Unit Staff

Responsibilities
- ☐ Coordinate with the local hospitals/ACFs to receive information on missing persons and injured victims (known and unknown)
- ☐ Communicate to the hospitals/ACFs all possible matches made by the Missing Persons Group
- ☐ Ensure the privacy, confidentiality, and security of all protected health information
- ☐ Coordinate information sharing with Family Reception Services at local hospitals/ACFs if established

Activation Duties
Conduct Just-in-Time training of Patient Tracking Unit staff
Establish communications and protocols with the local hospitals/ACFs
Verify communications and protocols with the Missing Persons Group

Beginning of Shift Duties
Receive briefing from outgoing Patient Tracking Unit Lead
Read the current Operational Objectives and Incident Action Plan
Attend all General Staff Briefings
Brief subordinate staff of all important information
Establish a schedule for conducting unit briefings

During Shift Duties
Coordinate with the local hospitals/ACFs to receive information on missing persons and injured victims (known and unknown)
Provide a list of injured victims at hospitals/ACFs to the Missing Persons Group Supervisor
Communicate probable match made by the Missing Persons Group to the local hospitals/ACFs
Inform local hospitals/ACFs when families are on their way to the facility

If possible, receive written authorization from injured victims at the local hospitals/ACFs to provide information to their family that is looking for them
Provide recommendations and assistance to the Missing Persons Group Supervisor concerning patient tracking operations
Ensure the privacy, confidentiality, and security of all protected health information
Maintain records of all injured victims as local hospitals/ACFs
Serve as a liaison for information sharing with Family Reception Services at local hospitals/ACFs if established
Conduct unit briefings

End of Shift Duties
Brief incoming Patient Tracking Unit Lead
Identify operational priorities and urgent missions currently underway

Demobilization Duties
Participate in staff debriefing
Develop items for after action report
Debrief Patient Tracking Unit staff and collect after action items
Ensure ongoing Patient Tracking operations are transferred to the appropriate authorities

K-16 Shelter Unit Lead Position Checklist

Mission: The Shelter Unit Lead coordinates with shelters for information concerning missing persons and shelter residents. Communicates all probable matches certified by the Missing Persons Group to the shelters.

Direct Supervisor
Missing Persons Group Supervisor

Supervisory Responsibilities
Shelter Unit Staff

Responsibilities
- ☐ Coordinate with the shelters to receive information on missing and sheltered persons
- ☐ Communicate to the shelters all possible matches made by the Missing Persons Group
- ☐ Ensure the privacy, confidentiality, and security of all private information

Activation Duties
Conduct Just-in-Time training of Shelter Unit staff
Establish communications and protocols with the shelters
Verify communications and protocols with the Missing Persons Group

Beginning of Shift Duties
Receive briefing from outgoing Shelter Unit Lead
Read the current Operational Objectives and Incident Action Plan
Attend all General Staff Briefings
Brief subordinate staff of all important information
Establish a schedule for conducting unit briefings

During Shift Duties
Coordinate with the shelters to receive information on missing persons and shelter residents
Provide a list of sheltered individuals to the Missing Persons Group Supervisor
Communicate to the shelters all possible matches made by the Missing Persons Group
Inform shelters when families are on their way to the facility
If possible, receive written authorization from shelter residents to provide information to their family that is looking for them
Provide recommendations and assistance to the Missing Persons Group Supervisor concerning shelter unit operations

Ensure the privacy, confidentiality, and security of all private information
Maintain records of all shelter residents
Serve as a liaison for information sharing with shelters
Conduct unit briefings

End of Shift Duties
Brief incoming Patient Tracking Unit Lead
Identify operational priorities and urgent missions currently underway

Demobilization Duties
Participate in staff debriefing
Develop items for after action report
Debrief Shelter Unit staff and collect after action items
Ensure ongoing Shelter operations are transferred to the appropriate authorities

K-17 Web Search Unit Lead Position Checklist

Mission: The Web Search Unit Lead will search all available web databases to provide information about missing persons to the Missing Persons Group.

Direct Supervisor
Missing Persons Group Supervisor

Supervisory Responsibilities
Web Search Unit Staff

Responsibilities
- ☐ Search databases, social networking sites, disaster assistance sites, and any other web sites that may provide information about a missing person.
- ☐ Assist the Missing Persons Group in investigation.

Activation Duties
Conduct Just-in-Time training of Shelter Unit staff
Establish communications and protocols with any relevant partner agencies
Develop a list of web resources useful in gathering information on missing persons

Beginning of Shift Duties
Receive briefing from outgoing Web Search Unit Lead
Read the current Operational Objectives and Incident Action Plan
Attend all General Staff Briefings
Brief subordinate staff of all important information
Establish a schedule for conducting unit briefings

During Shift Duties
Search databases, social networking sites, disaster assistance sites, and any other web sites that may provide information about a missing person.
Assist the Missing Persons Group in investigation.
Communicate with partner agencies as necessary
Provide recommendations and assistance to the Missing Persons Group Supervisor on Web Search operations

End of Shift Duties

Brief incoming Patient Tracking Unit Lead
Identify operational priorities and urgent missions currently underway

Demobilization Duties
Participate in staff debriefing
Develop items for after action report
Debrief Web Search Unit staff and collect after action items
Ensure ongoing Web Search operations are transferred to the appropriate authorities

K-18 Notification Group Supervisor Position Checklist

Mission: The Notification Group Supervisor oversees all notifications for family members concerning missing or deceased persons. The supervisor acts as a liaison to families concerning notification and decedent affairs issues.

Direct Supervisor
Victim Information Branch Director

Supervisory Responsibilities
Decedent Affairs Unit Lead

Responsibilities
- ☐ Perform notifications to families regarding the status and/or location of their loved ones
- ☐ Coordinates with the KCMEO when the KCMEO is prepared to notify families
- ☐ Serve on the notification team during hospital/shelter notifications, missing persons notifications, and death notifications
- ☐ Serve on a Family Liaison Team; act as a family representative/point of contact for families during the notification and decedent affairs process

Activation Duties
Conduct Just-in-Time training of Notification Group staff
Establish communications and protocols with the KCMEO and Missing Persons Group
Establish communications and protocols with the Decedent Affairs Unit

Beginning of Shift Duties
Receive briefing from outgoing Notification Group Supervisor
Read the current Operational Objectives and Incident Action Plan
Attend all General Staff Briefings
Brief subordinate staff of all important information

During Shift Duties
Perform notifications to families regarding the status and/or location of their loved ones
Coordinates with the KCMEO when the KCMEO is prepared to notify families
Serve on the notification team during hospital/shelter notifications, missing persons notifications, and death notifications
Serve on a Family Liaison Team; act as a family representative/point of contact for families during the notification and decedent affairs process
Provide recommendations and assistance to the Victim Information Branch Director on Notification operations

Coordinate with the Decedent Affairs group
Continue communication with KCMEO and the Missing Persons Group regarding notifications
Ensure the privacy, confidentiality, and security of all protected health information
Continually assess the mental health and spiritual care needs of Notification Staff

End of Shift Duties
Brief incoming Notification Group Supervisor
Identify operational priorities and urgent missions currently underway
Debrief Notification Staff at the end of each operational period

Demobilization Duties
Participate in staff debriefing
Develop items for after action report
Debrief Notification Group staff and collect after action items
Ensure ongoing Notification Group operations are transferred to KCMEO

K-19 Decedent Affairs Unit Lead Position Checklist

Mission: The Decedent Affairs Unit Lead coordinates all decedent affairs services including remains/personal effects realeas, disposition services, death certificate services, and referrals to any other necessary services.

Direct Supervisor
Notification Group Supervisor

Supervisory Responsibilities
Decedent Affairs Unit Staff

Responsibilities
- ☐ Coordinate closely with the Notification Teams to assess Decedent Affairs needs of families
- ☐ Coordinate remains release, personal effects release, and disposition services for the families following notification
- ☐ Provide referrals to disposition services not provided at the FAC

Activation Duties
Conduct Just-in-Time training of Decedent Affairs staff
Establish communications and protocols with the Notification Group

Beginning of Shift Duties
Receive briefing from outgoing Decedent Affairs Unit Lead
Read the current Operational Objectives and Incident Action Plan
Attend all General Staff Briefings
Brief subordinate staff of all important information

During Shift Duties
Coordinate closely with the Notification Teams to assess Decedent Affairs needs of families
Coordinate remains release, personal effects release, and disposition services for the families following notification
Provide referrals to disposition services not provided at the FAC
Ensure the privacy, confidentiality, and security of all protected health information
Continually assess the mental health and spiritual care needs of Decedent Affairs Staff
Provide recommendations and assistance to the Notification Group Supervisor on Decedent Affairs operations

End of Shift Duties

Brief incoming Decedent Affairs Unit Lead
Identify operational priorities and urgent missions currently underway

Demobilization Duties
Participate in staff debriefing
Develop items for after action report
Debrief Decedent Affairs staff and collect after action items
Ensure ongoing Decedent Affairs operations are transferred to KCMEO

K-20 Support Services Branch Director Position Checklist

Mission: The Support Services Branch Director coordinates all support service needs of families at the Family Assistance Center.

Direct Supervisor
Operations Section Chief

Supervisory Responsibilities
Child Care Group Supervisor
Social Services Group Supervisor
Interpretation/Translation Services Group Supervisor

Responsibilities
- ☐ Continually assess the Support Services needs of the families at the FAC
- ☐ Coordinate all Support Services at the FAC
- ☐ Continually assess the needs, support and services needed by the Support Services Branch
- ☐ Provide recommendations and assistance to the Operations Section Chief concerning Support Services as needed

Activation Duties
Assess the operational needs required by the incident in terms of victim information services
Activate the Support Service Groups as necessary
Assess the logistic and staffing needs of the Support Service Branch and communicate them to the Logistics Section and Finance/Administration Section
Coordinate and conduct Just-in-Time training for branch staff

Beginning of Shift Duties
Receive briefing from outgoing Support Services Branch Director
Read the current Operational Objectives and Incident Action Plan
Brief subordinate staff concerning any information relating to support services
Ensure there is sufficient support and resources to carry out operations for the Support Services branch
Attend all General Staff Briefings

During Shift Duties
Coordinate and oversee all Support Services operations
Continually assess the needs, support, and staffing of the Support Services operations

Continually assess the Support Service needs of families at the FAC and activate/demobilize groups as necessary
Provide supervision and support to subordinate positions
Provide recommendations and assistance to the Operations Section Chief concerning Support Services
Maintain communications with on and off-site operations concerning victim information services and any operational issues
Ensure families' Support Services needs are being properly met

End of Shift Duties
Brief incoming Support Services Branch Director
Identify operational priorities and urgent missions currently underway
Ensure outgoing Group Supervisors briefing their incoming counterparts

Demobilization Duties
Participate in staff debriefing
Develop items for after action report
Debrief Support Services Branch Staff and collect after action items
Ensure ongoing Support Services are transferred to the appropriate authorities
Ensure ongoing Support Services resources are properly communicated to families, the FAC Director, and the PIO

K-21 Child Care Group Supervisor Position Checklist

Mission: The Child Care Group Supervisor oversees the provision of child care for all children of families at the FAC facility.

Direct Supervisor
Support Services Branch Director

Supervisory Responsibilities
Child Care Group Staff

Responsibilities
- ☐ Oversee the provision of child care at the FAC
- ☐ Review names, qualifications and criminal background checks of all Child Care Providers on shift.
- ☐ Continually assess the child care needs of families at the FAC
- ☐ Ensure the safety of children under the care of child care providers at the FAC

Activation Duties
Conduct Just-in-Time training of Child Care staff
Assess the potential child care needs of the families at the FAC and coordinate staffing and resources as necessary
Verify child care protocols and train staff on check-in/out procedures

Beginning of Shift Duties
Receive briefing from outgoing Child Care Group Supervisor
Read the current Operational Objectives and Incident Action Plan
Attend all General Staff Briefings
Brief subordinate staff of all important information

During Shift Duties
Oversee the provision of child care at the FAC
Review names, qualifications and criminal background checks of all Child Care Providers on shift.
Continually assess the child care needs of families at the FAC
Ensure all check-in/out protocols are being followed
Provide recommendations and assistance to the Support Services Branch Director concerning Child Care operations
Ensure the safety of children under the care of child care providers at the FAC

Ensure only authorized individuals are allowed in the child care areas
Provide age appropriate care and activities for children as applicable

End of Shift Duties
Brief incoming Child Care Group Supervisor
Identify operational priorities and urgent missions currently underway

Demobilization Duties
Participate in staff debriefing
Develop items for after action report
Debrief Child Care Staff and collect after action items
Provide referrals to outside child care resources if necessary

K-22 Social Services Group Supervisor Position Checklist

Mission: The Social Services Group Supervisor coordinates and oversees all social services at the FAC. If a separate disaster assistance center is established for those effected from the disaster but are not at the FAC, serve as a liaison with the services at the facility.

Direct Supervisor
Support Services Branch Director

Supervisory Responsibilities
Social Services Group Staff

Responsibilities
- ☐ Coordinate and oversee all social services at the FAC
- ☐ Act as a liaison to a separate disaster assistance center if established
- ☐ Continually assess the social services needs of the families at the FAC
- ☐ Provide referrals to outside services if necessary

Activation Duties
Conduct Just-in-Time training of Social Services staff
Assess the potential social service needs of the families at the FAC and coordinate staffing and resources as necessary
Establish contact with outside organizations as appropriate, concerning social services

Beginning of Shift Duties
Receive briefing from outgoing Social Services Group Supervisor
Read the current Operational Objectives and Incident Action Plan
Attend all General Staff Briefings
Brief subordinate staff of all important information

During Shift Duties
Provide social services information and make referrals to appropriate external resources
Maintain communications with a disaster assistance center if established. If services are provided off site or at another disaster assistance center coordinate the following • Scheduling appointments between family members and services providers • Arrange transportation for family members or provide driving/transit directions
Coordinate the provision of animal care if family members bring pets or services animals
Continually assess the social services needs of the families at the FAC

Provide referrals to outside services if necessary
Provide recommendations and assistance to the Support Services Branch Director on Social Service operations

End of Shift Duties
Brief incoming Social Services Group Supervisor
Identify operational priorities and urgent missions currently underway

Demobilization Duties
Participate in staff debriefing
Develop items for after action report
Debrief Social Services Staff and collect after action items
Provide referrals to outside child care resources if necessary

K-23 Interpretation/Translation Services Group Supervisor Position Checklist

Mission: The Interpretation/Translation Services Group Supervisor coordinates and oversees the provision of interpretation and translation services to families at the FAC

Direct Supervisor
Support Services Branch Director

Supervisory Responsibilities
Interpreters and Translators

Responsibilities
- ☐ Continually assess the interpretation and translation needs of families visiting the FAC or calling the Missing Persons Call Center.
- ☐ Coordinate and provide interpretation and translation services to families at the FAC
- ☐ Make recommendation and requests to the Support Services Branch Director for additional translators and interpreters as necessary
- ☐ Ensure the privacy, confidentiality, and security of all protected health information

Activation Duties
Conduct Just-in-Time training of Interpretation/Translation staff
Assess the potential interpretation/translation needs of the families that are coming to the FAC and coordinate staffing and resources as necessary
Establish contact with outside organizations as appropriate, concerning interpretation/translation

Beginning of Shift Duties
Receive briefing from outgoing Interpretation/Translation Services Group Supervisor
Read the current Operational Objectives and Incident Action Plan
Attend all General Staff Briefings
Brief subordinate staff of all important information

During Shift Duties
Continually assess the interpretation and translation needs of families during all FAC processes: (interviews, notifications, registration, family briefings, etc.), whether they be in person or via phone.
Coordinate and provide interpretation and translation services to families at the FAC
Make recommendation and requests to the Support Services Branch Director for additional translators and interpreters as necessary
Ensure there is proper signage for all families visiting the FAC

Ensure the privacy, confidentiality, and security of all protected health information
Provide recommendations and assistance to the Support Services Branch Director concerning Interpretations/Translation operations

End of Shift Duties
Brief incoming Social Services Group Supervisor
Identify operational priorities and urgent missions currently underway

Demobilization Duties
Participate in staff debriefing
Develop items for after action report
Debrief Social Services Staff and collect after action items
Provide referrals to outside child care resources if necessary

K-24 Health Services Branch Director Position Checklist

Mission: The Health Services Branch Director oversees and coordinates the provision of all health services at the FAC.

Direct Supervisor
Operations Section Chief

Supervisory Responsibilities
Medical/First Aid Group Supervisor
Behavioral Health Services Group Supervisor

Responsibilities
- ☐ Continually assess the needs, support, and staffing of the Health Services Branch
- ☐ Coordinate and oversee the provision of all health services at the FAC
- ☐ Continually assess the health services needs of the families at the FAC
- ☐ Ensure the privacy, confidentiality, and security of all protected health information

Activation Duties
Assess the operational needs required by the incident in terms of medical and behavioral health services
Activate the Health Services Groups as necessary
Assess the logistic and staffing needs of the Health Services Branch and communicate them to the Logistics Section and Finance/Administration Section
Coordinate and conduct Just-in-Time training for branch staff

Beginning of Shift Duties
Receive briefing from outgoing Health Services Branch Director
Read the current Operational Objectives and Incident Action Plan
Brief subordinate staff concerning any information relating to health services
Ensure there is sufficient support and resources to carry out operations for the Health Services branch
Attend all General Staff Briefings

During Shift Duties
Continually assess the needs, support, and staffing of the Health Services Branch
Coordinate and oversee all health services at the FAC
Continually assess the health services needs of the families at the FAC
Ensure the privacy, confidentiality, and security of all protected health information

Provide recommendations and assistance to the Operations Section Chief concerning Health Services operations

End of Shift Duties
Brief incoming Health Services Branch Director
Identify operational priorities and urgent missions currently underway
Ensure outgoing Group Supervisors briefing their incoming counterparts

Demobilization Duties
Participate in staff debriefing
Develop items for after action report
Debrief Health Services Branch Staff and collect after action items
Ensure ongoing Health Services are transferred to the appropriate authorities
Ensure ongoing Health Services resources are properly communicated to families, the FAC Director, and the PIO

K-25 Medical/First Aid Group Supervisor Position Checklist

Mission: The Medical/First Aid Group Supervisor coordinates and provides basic health services and first aid to all FAC Families. If further care is necessary, provide referrals to outside health services.

Direct Supervisor
Health Services Branch Director

Supervisory Responsibilities
Medical/First Aid Group Staff

Responsibilities
- ☐ Coordinate and provide basic health services and first aid to all FAC families.
- ☐ Provide referrals to outside medical or pharmaceutical services if necessary
- ☐ Continually assess the medical/first aid needs of the families at the FAC
- ☐ Ensure the privacy, confidentiality, and security of all protected health information

Activation Duties
Based on the incident assess the potential medical/first aid services necessary and make recommendations to the Health Services Branch Director
Conduct Just-in-Time training of Medical/First Aid staff
Establish contact and procedures with outside organizations for follow-up medical care

Beginning of Shift Duties
Receive briefing from outgoing Medical/First Aid Group Supervisor
Read the current Operational Objectives and Incident Action Plan
Attend all General Staff Briefings
Brief subordinate staff of all important information

During Shift Duties
Coordinate and provide basic health services and first aid to all FAC families.
Provide referrals to outside medical or pharmaceutical services if necessary
Continually assess the medical/first aid needs of the families at the FAC
Provide recommendations and assistance to the Health Services Branch Director concerning Medical/First Aid operations.
Ensure the privacy, confidentiality, and security of all protected health information

End of Shift Duties
Brief incoming Medical/First Aid Group Supervisor
Identify operational priorities and urgent missions currently underway

Demobilization Duties
Participate in staff debriefing
Develop items for after action report
Debrief Medical/First Aid staff and collect after action items
Provide referrals to outside/ongoing medical care if necessary

K-26 Behavioral Health Group Supervisor Position Checklist

Mission: The Behavioral Health Group Supervisor coordinates the behavioral health response to provide for and respond to the emotional, psychological and spiritual needs of families and FAC staff.

Direct Supervisor
Health Services Branch Director

Supervisory Responsibilities
Mental Health Unit Lead
Spiritual Health Unit Lead

Responsibilities
- ☐ Coordinate the overall behavioral health response for FAC families and staff
- ☐ Ensure the mental and spiritual health of all behavioral health staff members
- ☐ Ensure the provision of mental health and spiritual care services
- ☐ Ensure the privacy, confidentiality, and security of all protected health information
- ☐ Provide assistance in coordinating a memorial or site visit for the families

Activation Duties
Assess the possible behavioral health implications of the incident and ensure the proper resource and staff needs are met to respond
Assess the needs of the Behavioral Health Group and activate all necessary units
Conduct Just-in-Time training of Behavioral Health Group staff

Beginning of Shift Duties
Receive briefing from outgoing Behavioral Health Group Supervisor
Read the current Operational Objectives and Incident Action Plan
Attend all General Staff Briefings
Brief subordinate staff of all important information
Review names, qualifications and criminal background checks of all Behavioral Health Team Leaders and Responders on shift.
Review Behavioral Health Services Team forms completed since last review.
Lead meeting with Behavioral Health Team Leaders and Responders in a confidential environment to review objectives and assignments for the shift, determine team communication plan, coordinate tasks, review protocols, procedures, documentations and tools, distribute equipment and answer questions.

During Shift Duties
Follow all procedures, professional codes of conduct and laws and ensures Behavioral Health Team Leaders follow all procedures, professional codes of conduct and laws.

Convene and lead Behavioral Health Team meetings and shift change briefings as scheduled.
Conduct meetings with Mental Health and Spiritual Care Unit Leads individually or as a team, as needed.
Ensure Behavioral Health Team Leaders receive relevant and up-to-date situational information in a timely manner. Information may include available resources for families and staff, changes in FAC procedures, response actions currently underway and planned, and specific religious or cultural resources available to families and staff.
Provide clinical oversight of psychological triage, informal risk assessments and PFA provided to families and FAC staff.
Liaison with qualified advisors to ensure care and support given by Behavioral Health Response Team members is culturally competent.
Ensure the provision of spiritual / pastoral care, crisis intervention / mental health care when indicated.
Monitor demand for Behavioral Health Services to determine appropriate staffing level.
Monitor and anticipate emerging unmet needs / resources for families, FAC staff and BH Team. Lead initiative to fulfill needs / acquire resources.
Liaison with Disaster Behavioral Health provider organizations.
Ensure the privacy and confidentiality of all verbal and written Behavioral Health interaction and documentation concerning families and FAC staff.
Provide consultation to Mental Health and Spiritual Care Unit Leads assigned to you regarding clinical and/or administrative concerns or matters.
In consultation with Health Services Branch Director, dismiss BH Team members of duty who fail to follow FAC procedures, protocols, professional codes of conduct or violate laws. Document dismissal in writing and submit original to Operations Section Chief/Deputy Chief
Provide recommendations and assistance to the Health Services Branch Director concerning Behavioral Health operations
Provide assistance in coordinating a memorial or site visit for families

End of Shift Duties
Brief incoming Missing Persons Group Supervisor
Identify operational priorities and urgent missions currently underway
Debrief individually with the Mental Health and Spiritual Care Unit Leads for you to assess how they are reacting to the work. Determine if a group debriefing is necessary.
Review all documentation generated during shift and submitted by Mental Health and Spiritual Care Unit Leads. File documentation in a secure, locked location as approved by the Health Services Branch Director

Demobilization Duties
Participate in staff debriefing
Develop items for after action report
Debrief Behavioral Health Group staff and collect after action items
Ensure ongoing Behavioral Health Group operations are transferred to appropriate local agencies
Meet with Mental Health and Spiritual Care Unit Leads to ensure all new and ongoing requests for behavioral health

assistance to families and FAC staff has been resolved.
Participate in other section debriefs as requested

K-27 Mental Health Unit Lead Position Checklist

Mission: The Mental Health Unit Lead will oversee all mental health operations and provide psychological triage, risk assessment, Psychological First Aid and referrals as necessary.

Direct Supervisor
Behavioral Health Branch Director

Supervisory Responsibilities
Mental Health Responders

Responsibilities
- ☐ Provide psychological triage and conduct informal risk assessments of families and FAC staff.
- ☐ Provide Psychological First Aid (PFA), including psych-education, referrals and advocacy.
- ☐ Assist with the provision of crisis intervention / mental health care when indicated.
- ☐ Ensure the privacy and confidentiality of all verbal and written Mental Health interaction and documentation concerning families and FAC staff.
- ☐ Provide consultation to Mental Health Responders assigned to you regarding clinical and/or administrative concerns or matters.

Activation Duties
Assess the possible mental health implications of the incident and work with the Behavioral Health Group Supervisor to ensure the proper resource and staff needs are met to respond
Assess the needs of the Mental Health Group and activate all necessary units
Conduct Just-in-Time training of Mental Health Responders

Beginning of Shift Duties
Receive briefing from outgoing Mental Health Unit Lead
Read the current Operational Objectives and Incident Action Plan
Attend all General Staff Briefings
Brief subordinate staff of all important information
Review names, qualifications and criminal background checks of all Mental Health Responders on shift.
Review Mental Health Services Team forms completed since last review.
Meet with Mental Health Responders assigned to you in a confidential environment to review objectives and assignments for the shift, determine team communication plan, coordinate tasks, review protocols, documentations and tools, distribute equipment and answer questions.

During Shift Duties
Follow all procedures, professional codes of conduct and laws and ensures Mental Health Responders assigned to them follow all procedures, professional codes of conduct and laws.

Convene and lead Mental Health Team meetings and shift change briefings as scheduled.
Ensure Mental Health Responders receive relevant and up-to-date situational information in a timely manner. Information may include available resources for families and staff, changes in FAC procedures, response actions currently underway and planned, and specific religious or cultural resources available to families and staff.
Provide psychological triage and conduct informal risk assessments of families and FAC staff.
Provide Psychological First Aid (PFA), including psych-education, referrals and advocacy.
Assist with the provision of crisis intervention / mental health care when indicated.
Ensure the privacy and confidentiality of all verbal and written Mental Health interaction and documentation concerning families and FAC staff.
Provide consultation to Mental Health Responders assigned to you regarding clinical and/or administrative concerns or matters.
Consult with Behavioral Health Branch Director regarding clinical and/or administrative concerns or matters.
Provide recommendation and assistance to the Behavioral Health Branch Director concerning Mental Health operations

End of Shift Duties
Brief incoming Mental Health Unit Lead
Receive briefing from each Mental Health Responders assigned to you on issues that were managed during the shift, individuals / issues of concern, unmet needs, and tasks that require further action or follow up.
Debrief individually with each Mental Health Responder assigned to you to assess how they are reacting to the work. Group debriefings will be offered as decided by the Mental Health Branch Chief.
Brief Behavioral Health Branch Director on issues that were managed during the shift, individuals / issues of concern, unmet needs, tasks that require further action or follow up and information on Responders under your supervision.
Submit all documentation generated during shift to Behavioral Health Branch Director.

Demobilization Duties
Participate in staff debriefing
Develop items for after action report
Debrief Mental Health Unit staff and collect after action items
Ensure ongoing Mental Health Unit operations are transferred to appropriate local agencies
Ensure all new and ongoing requests for mental health assistance to families and FAC staff has been resolved.
Participate in other section debriefs as requested

K-28 Spiritual Care Unit Lead Position Checklist

Mission: The Spiritual Care Unit Lead will oversee all spiritual care operations and provide psychological triage, Psychological First Aid, spiritual care and referrals as necessary.

Direct Supervisor
Behavioral Health Branch Director

Supervisory Responsibilities
Spiritual Care Responders

Responsibilities
- ☐ Provide psychological triage and conduct informal risk assessments of families and FAC staff.
- ☐ Provide Psychological First Aid (PFA), including psych-education, referrals and advocacy.
- ☐ Provide spiritual support/pastoral care when requested
- ☐ Ensure the privacy and confidentiality of all verbal and written Mental Health interaction and documentation concerning families and FAC staff.
- ☐ Provide consultation to Spiritual Care Responders assigned to you regarding clinical and/or administrative concerns or matters.

Activation Duties
Assess the possible spiritual care implications of the incident and work with the Behavioral Health Group Supervisor to ensure the proper resource and staff needs are met to respond
Assess the needs of the Spiritual Care Unit and activate all necessary units
Conduct Just-in-Time training of Spiritual Care Responders

Beginning of Shift Duties
Receive briefing from outgoing Spiritual Care Unit Lead
Read the current Operational Objectives and Incident Action Plan
Attend all General Staff Briefings
Brief subordinate staff of all important information
Review names, qualifications and criminal background checks of all Spiritual Care Responders on shift.
Review Spiritual Care Services Team forms completed since last review.
Meet with Spiritual Care Responders assigned to you in a confidential environment to review objectives and assignments for the shift, determine team communication plan, coordinate tasks, review protocols, documentations and tools, distribute equipment and answer questions.

During Shift Duties
Follow all procedures, professional codes of conduct and laws and ensures Mental Health Responders assigned to them follow all procedures, professional codes of conduct and laws.

Convene and lead Spiritual Care Unit meetings and shift change briefings as scheduled.
Ensure Spiritual Care Responders receive relevant and up-to-date situational information in a timely manner. Information may include available resources for families and staff, changes in FAC procedures, response actions currently underway and planned, and specific religious or cultural resources available to families and staff.
Provide psychological triage and conduct informal risk assessments of families and FAC staff.
Provide Psychological First Aid (PFA), including psych-education, referrals and advocacy.
Assist with provision of spiritual support / pastoral care when requested or indicated. This includes assisting families concerned with cultural end of life practices and multi-denominational memorial services.
Ensure the privacy and confidentiality of all verbal and written Spiritual Care interaction and documentation concerning families and FAC staff.
Provide consultation to Spiritual Care Responders assigned to you regarding clinical and/or administrative concerns or matters.
Consult with Behavioral Health Branch Director regarding clinical and/or administrative concerns or matters.
Provide recommendation and assistance to the Behavioral Health Branch Director concerning Spiritual Care operations

End of Shift Duties
Brief incoming Spiritual Care Unit Lead
Receive briefing from each Spiritual Care Responder assigned to you on issues that were managed during the shift, individuals / issues of concern, unmet needs, and tasks that require further action or follow up.
Debrief individually with each Spiritual Care Responder assigned to you to assess how they are reacting to the work. Group debriefings will be offered as decided by the Mental Health Branch Chief.
Brief Behavioral Health Branch Director on issues that were managed during the shift, individuals / issues of concern, unmet needs, tasks that require further action or follow up and information on Responders under your supervision.
Submit all documentation generated during shift to Behavioral Health Branch Director.

Demobilization Duties
Participate in staff debriefing
Develop items for after action report
Debrief Spiritual Care Unit staff and collect after action items
Ensure ongoing Spiritual Care Unit operations are transferred to appropriate local agencies
Ensure all new and ongoing requests for mental health assistance to families and FAC staff has been resolved.
Participate in other section debriefs as requested

K-29 Reception Branch Director Position Checklist

Mission: The Reception Branch Director coordinates and oversees all reception services operations, ensuring that all families and staff are properly checked in and credentialed.

Direct Supervisor
Operations Section Chief

Supervisory Responsibilities
Registration Group Supervisor
Family Host Group Supervisor

Responsibilities
- ☐ Coordinate and oversee all reception operations including registration and family host operations
- ☐ Coordinate with security and law enforcement to ensure only authorized individuals are granted access to the FAC. Keep all media and press representatives out of the FAC.
- ☐ Coordinate with security and law enforcement to ensure all staff and families are properly credentialed
- ☐ Ensure the privacy, confidentiality, and security of all protected health information

Activation Duties
Set up and establish the reception and registration areas of the FAC
Assign Greeters, family hosts, and registration personnel
Assess the logistic and staffing needs of the Reception Branch and communicate them to the Logistics Section and Finance/Administration Section
Coordinate and conduct Just-in-Time training for branch staff
Review all Reception Branch protocols including registration, family host, and credentialing
Coordinate with the Registration Group Supervisor and the Family Host Group Supervisor to develop registration and flow strategies and a strategy to maintain a comfortable environment for clients respectively

Beginning of Shift Duties
Receive briefing from outgoing Reception Branch Director
Read the current Operational Objectives and Incident Action Plan
Brief subordinate staff concerning any information relating to reception services
Ensure there is sufficient support and resources to carry out operations for the Reception branch
Attend all General Staff Briefings

During Shift Duties
Coordinate and oversee all reception operations including registration and family host operations

Coordinate with security and law enforcement to ensure only authorized individuals are granted access to the FAC.
Keep all media and press representatives out of the FAC.
Coordinate with security and law enforcement to ensure all staff and families are properly credentialed
Ensure the forms received by the Registration Group are complete
Ensure the privacy, confidentiality, and security of all protected health information
Continually assess the resource and staffing needs of the reception branch
Provide guidance to subordinate staff as necessary
Provide recommendations and assistance to the Operations Section Chief concerning reception operations

End of Shift Duties
Brief incoming Reception Branch Director
Identify operational priorities and urgent missions currently underway
Ensure outgoing Group Supervisors briefing their incoming counterparts

Demobilization Duties
Participate in staff debriefing
Develop items for after action report
Debrief Reception Branch Staff and collect after action items

K-30 Registration Group Supervisor Position Checklist

Mission: The Registration Group Supervisor oversees all registration activities, ensures all registration forms are completed and all staff and families are properly credentialed.

Direct Supervisor
Reception Branch Director

Supervisory Responsibilities
Registration Group Staff

Responsibilities
- ☐ Oversee all registration activities
- ☐ Ensure all forms are properly completed by families registering at the FAC
- ☐ Ensure all families and staff are properly credentialed
- ☐ Keep all media and press representatives out of the FAC
- ☐ Ensure the privacy, confidentiality, and security of all protected health information
- ☐ Maintain current roster of families and staff at the FAC

Activation Duties
Set up and activate the registration operations
Conduct Just-in-Time training of Registration staff
Review establish protocols with Security and Law Enforcement concerning badging and credentialing
Review all registration protocols
Establish a separate check-in area for FAC staff

Beginning of Shift Duties
Receive briefing from outgoing Registration Group Supervisor
Read the current Operational Objectives and Incident Action Plan
Attend all General Staff Briefings
Brief subordinate staff of all important information

During Shift Duties
Oversee all registration activities
Ensure all forms are properly completed by families registering at the FAC
Ensure all families and staff are properly credentialed

Keep all media and press representatives out of the FAC
Ensure the privacy, confidentiality, and security of all protected health information
Refer all families and staff requiring immediate assistance to the appropriate resources
Ensure there are appropriate interpretation/translation and behavioral health staff available during registration as necessary
Provide each family with a Family Resource Packet
Coordinate staff check-in at a separate location within the FAC
Coordinate Greeter to welcome visiting families
Maintain a current roster of all families and staff at the FAC
Ensure all families and staff check-out as they leave the FAC facility
Provide recommendations and assistance to the Reception Branch Director on registration operations

End of Shift Duties
Brief incoming Registration Group Supervisor
Identify operational priorities and urgent missions currently underway

Demobilization Duties
Participate in staff debriefing
Develop items for after action report
Debrief Registration staff and collect after action items

K-31 Family Host Group Supervisor Position Checklist

Mission: The Family Host Group Supervisor oversees the provision of family host services including greeting and providing a brief orientation to families and ensuring the immediate needs of families are met.

Direct Supervisor
Reception Branch Director

Supervisory Responsibilities
Family Host Group Staff

Responsibilities
- ☐ Greet family members upon entry into the FAC
- ☐ Answer questions concerning services and procedures
- ☐ Provide a brief orientation and tour of the FAC facility if possible
- ☐ Connect families with any resources they request

Activation Duties
Assess the needs, resources and staffing of the Family Host Group
Conduct Just-in-Time training of Family Host staff
Review all Family Host protocols
Based on the incident determine the possible resource needs and request families my have

Beginning of Shift Duties
Receive briefing from outgoing Family Host Group Supervisor
Read the current Operational Objectives and Incident Action Plan
Attend all General Staff Briefings
Brief subordinate staff of all important information

During Shift Duties
Greet family members upon entry into the FAC
Answer questions concerning services and procedures
Provide a brief orientation and tour of the FAC facility if possible. Ensure families are aware of the services available at the FAC
Ensure families have the appropriate resources (chairs, tables, tissues, etc.)
Connect families with any resources they request

Inspect and organize client areas (waiting rooms, television room, food service areas, meditation/spiritual care areas, etc.)
Provide recommendations and assistance to the Reception Branch Director on family host operations
Provide the Reception Branch Director an overview of the type of requests and resource needs of the families

End of Shift Duties
Brief incoming Family Host Group Supervisor
Identify operational priorities and urgent missions currently underway

Demobilization Duties
Participate in staff debriefing
Develop items for after action report
Debrief Family Host staff and collect after action items

Appendix L: Cultural Considerations

L-1 Cultural/Religious Considerations in FAC Planning and Operations

Each community is unique with many cultures and faiths. Accommodating cultural and religious practices is a critical part of Family Assistance Center planning and operations. It is critical to understand the needs of different cultures and faiths by taking into consideration different aspects of their practices, to better serve the community at the family assistance center.

- Language
- Diet (including fasting)
- Dress
- Physical contact
- Medical treatment
- Daily acts of faith, major events
- Dying and death customs
- Resources (e.g. texts, facilities, etc.)
- Names

Assumptions should not be made about the particular practices of individual families based on religion or ethnicity.

Below is a list of instances in which cultural or religious practices should be considered and incorporated to better serve the community affected by the disaster.

- Memorial ceremonies, services and anniversaries
- Food preparation and consumption
- Communications with families (e.g. family interviews, family briefings, notifications)
- Resources (e.g. texts, cultural/religious leaders)
- Space for cultural or religious practices
- Behavioral Health and Spiritual Care

Numerous languages are spoken throughout Washington. Family resources, signs and translators should be available in several languages for all families at the Family Assistance Center. Below are some of the common languages spoken in Washington.

- Amharic
- Arabic
- Bosnian
- Burmese
- Cambodian/Khmer
- Chinese
- Farsi
- French
- Hmong
- Japanese
- Karen
- Korean
- Laotian
- Nepali
- Oromo
- Portuguese
- Punjabi
- Russian
- Samoan
- Serbo-Croatian
- Somali
- Spanish
- Swahili
- Tagalog (Filipino)
- Tigrigna
- Ukrainian
- Vietnamese

L-2 Cultures and Religions in Washington

Adapted from: The Needs of Faith Communities in Major Emergencies: Some Guidelines. Home Office and Cabinet Office, UK. July 2005

Bahá'í

Language	Main language is English, but elderly (from Iran) may not speak much.
Diet **Fasting**	Bahá'ís abstain from alcohol, but can take it in Medicine. They fast from sunrise (approx. 6.30am) to sunset (approx. 5.45pm) on 2 to 20 March. This fast is only practised by people aged 15 years and over and who are not ill, pregnant, breast-feeding, menstruating or who have been travelling substantial distances.
Dress	There are no special requirements other than moderation and modesty.
Physical contact, **Medical treatment** **Hospital stays, rest centres**	Bahá'ís believe in the healing power of modern medicine for both physical and mental ills, while recognizing the role of the spirit, of prayer and of turning to God. There is no objection to being touched or treated by members of the opposite sex. Blood transfusions, organ donations, the administration of prescription drugs and the like are all perfectly acceptable. There is no objection to mixed wards, but older Bahá'ís may prefer single-sex wards. Bahá'í patients will be ministered to by friends, by family and by those appointed as spiritual caregivers by the community. Because the Bahá'í faith has no sacraments, these spiritual care givers do not have a sacramental or priestly/ministerial role nor do they have any authority over the patient.
Daily acts of faith & major annual events	Every Bahá'í aged 15 years and over must recite daily one of three obligatory prayers each day, as well as reading a passage from the Bahá'í scriptures each morning and evening. Prayers are said privately and facing the 'Point of Adoration' (the Shrine of Bahá'u'lláh, roughly south east from the UK). Before reciting the prayers, Bahá'ís wash their hands and face, but ablutions do not require special facilities. Timing of the Bahá'í day starts at the sunset of the previous day (e.g. Naw- Ruz begins at sunset on 20 March and finishes at sunset on 21 March, but the date is always shown as 21 March). Bahá'í holy days always fall on the same dates each year and are: ◆ *Naw Ruz*: New Year (21 March) ◆ *1st day of Ridvan* (21 April) ◆ *9th day of Ridvan* (29 April) ◆ *12th day of Ridvan* (2 May) ◆ *Anniversary of the Declaration of the Bab* (23 May) ◆ *Anniversary of the Ascension of Baha'u'llah* (29 May) ◆ *Anniversary of the Martyrdom of the Bab* (9 July) ◆ *Anniversary of the Birth of the Bab* (20 October) ◆ *Anniversary of the Birth of Baha'u'llah* (12 November)

Dying **Death customs**	There are no special religious requirements for Bahá'ís who are dying, but they may wish to have a family member or friend to pray and read the Bahá'í scriptures with them. While there is no concept of ritual purity or defilement relating to the Treatment of the body of a deceased person, there are a few simple and specific requirements relating to Bahá'í burial and the Bahá'í funeral service, which the family will wish to arrange: * the body is carefully washed and wrapped in white silk or cotton - this may be done by family members or by others, according to the family's preference; the family may choose to allow others to observe the preparation of the body; *a special burial ring may be placed on the finger of a Bahá'í aged 15 or over; * the body is not cremated but is buried within an hour's travelling time from the place of death; * unless required by law, the body should not be embalmed; * it is buried in a coffin of as durable a material as possible; and * at some time before interment a special prayer for the dead, the only specific requirement of a Bahá'í funeral service, is recited for Bahá'í deceased aged 15 or over. While it is preferable that the body should be buried with the head pointing towards the Point of Adoration, this is not an absolute requirement, and may be impossible in some cemeteries without using two burial plots. This is a matter for the family.
Resources (texts, community facilities etc)	The Bahá'í scriptures comprise the Writings of Bahá'u'lláh, Founder of the Faith, and of his forerunner, the Báb. The Writings of 'Abdu'l-Bahá, Bahá'u'lláh's eldest son and successor, are also included in the Bahá'í Canon. Bahá'ís may read the scriptures in any language, so it is preferable in the UK to provide English-language editions. The Bahá'í scriptures belong to all and there are no restrictions on who may touch or handle the books, provided they are treated with respect. Larger Bahá'í communities may have a Bahá'í centre, but most Bahá'í Communities currently have no such facilities.
Names	Bahá'ís follow the practice of the wider community in naming. There are no Specific religious names. It is very important to check the spelling of the Names of Iranians, which may be transliterated in different ways. For Example, the name Masoud may also be spelt Massoud or Masood.

Buddhist

Language	Members in the UK may speak several languages other than English, including Tibetan, Cantonese, Hakka, Japanese, Thai and Sinhalese.
Diet **Fasting**	Often vegetarian, salads, rice, vegetables and fruit are usually acceptable foods to offer. Some Buddhists do not eat onions or garlic, but this is more a matter of personal choice or cultural habit, rather than religious restriction. Buddhists who are vegetarian may eat fish and eggs. Full moon days & new moon days are often fast days for many Buddhists, as are some festival days for various schools of Buddhism. On days of fasting, a Buddhist may eat before noon, but not afterwards.
Dress	Generally, no religious requirements for forms of every-day dress for lay Buddhists. Buddhist monks or nuns of the Theravada school shave their heads and wear orange or ochre-coloured robes.
Physical contact **Medical treatment** **Hospital stays, rest centres**	In the case of medical examination and treatment and comforting by strangers, a Buddhist may be touched by a person of either sex. There are no religious objections to blood transfusions, or transplants. In cases of hospital stays, the use of either a bath or a shower is a personal matter. Provision of a quiet space set aside in a hospital or rest centre is not a necessity, but if available it can be used for silent reflection and meditation.
Daily acts of faith & major annual events	Buddhists do not pray in the generally-accepted sense, but meditate regularly. Other than in Zen Buddhism, the Buddhist calendar is lunar; the dates will therefore vary from year to year. Traditional observance days are the full moon, new moon and quarter days. There are different special events during the year, but those celebrated by all schools of Buddhism are: ◆ *Wesak* ◆ *Full moon days* The calendar observed by Buddhists is not standardised and different traditions within Buddhism may observe the same Festival on significantly different dates. It is therefore wise to ask about the practice within the tradition involved, rather than making an assumption that for instance, Wesak, is observed on the same date by all Buddhists.
Dying **Death customs**	Many Buddhists wish to maintain a clear mind when dying. There is respect for the doctors' views on medical treatment, but there may sometimes be a refusal of pain-relieving drugs if these impair mental alertness. This is a matter of individual choice. It is helpful for someone who is dying to have some quiet, and it is customary to summon a monk to perform some chanting of sacred texts in order to engender wholesome thoughts in the mind of the dying person. After death, the body of the deceased may be handled by non-Buddhists. In some cases a monk may perform some additional chanting, but this is not a universal practice. There are no objections to post-mortems. Preparation of the body for the funeral is generally left to the undertaker, but in some instances relatives may also wish to be involved. The body may be put in a coffin, or wrapped in cloth (sometimes white), or dressed in the deceased's own clothes. It may be surrounded by candles, flowers, incense, photographs and coloured lights, but this is a matter of individual choice and there are no hard-and-fast rules. The body is usually cremated, at a time dependent upon the undertaker and the availability of the crematorium's facilities.
Resources (texts, community facilities etc)	The Pali Canon contains the teachings of the Buddha and his disciples and is used in the Theravada school of Buddhism. Mahayana schools use texts either in Sanskrit or their own languages, such as Chinese, Korean, Japanese and Tibetan. Books of Scripture, liturgy etc should, at all times, be handled with the utmost respect. In many traditions it is considered disrespectful to place them on the ground or to cover them.

Names	Buddhists usually have two or more names. The last name is the family name, and the preceding name(s) is/are given at the time of birth.

Chinese (Confucianism, Taoism, Astrology, Christianity)

Half the Chinese in the UK do not profess any religious belief. 1 in 4 are Christians and worship in Chinese language churches, and 1 in 5 observe Buddhist/Taoist/Confucian ceremonies and practices. Belief in astrology is widespread. Some 200 Chinese Christian churches exist in cities and towns, each having congregations worshipping in Cantonese, English and Mandarin to cater for linguistic preferences. Some are denominational but most are non-denominational and evangelical. Pastors are bilingual in English and Cantonese or Mandarin. More than half of the UK's Chinese churches have fraternal links with the Chinese Overseas Christian Mission (COCM) that runs a Bible College (in Mandarin) in Milton Keynes. The COCM has long-standing links with the Overseas Missionary Fellowship, formerly the China Inland Mission. The COCM also has links with some 200 congregations of
Chinese Christian churches in continental Europe.

Language	Cantonese, Mandarin, Hakka, Hokkien, English
Diet **Fasting**	Southern Chinese (Cantonese and Fujian): seafood, fish, pork, poultry, green vegetables, soup, rice, rice noodles and fresh fruit. Northern Chinese:bread, wheat dumplings, meat dumplings, noodles, pork, lamb, chicken, cabbage, green vegetables. Beef and cheese are least preferred food. Drink: Soya milk is preferred to cow's milk as some Chinese are allergic to cow's milk. China tea (without milk and sugar). Buddhist/Taoist Chinese will eat a vegetarian diet before major festivals.
Dress	Men and women prefer shirt/blouse and trousers/slacks.
Physical contact **Medical treatment,** **Hospital stays, rest centres**	Although there is no gender barrier, women prefer to be medically examined by women health professionals. Single gender wards are preferred. Showers are preferred as Chinese people are not accustomed to bathtubs. Washing is done personally or by a spouse, parent or offspring of the same gender as the patient. Injections are preferred in the belief that they are more effective than pills. Chinese food should be offered to patients. Family units stay together and do not like being separated in emergencies, and this includes extended family members.
Daily acts of faith & major annual events	Buddhists and Christian Chinese will pray or meditate in similar ways to their co-religionists. In addition to the two main Christian festivals of Christmas and Easter, Chinese Christians celebrate the Chinese New Year. ◆ *Lunar New Year:* The biggest family occasion and honour/reverence is paid to ancestors and parents. A time for family reunions, visiting friends and relatives and exchanging monetary gifts in red envelopes. ◆ *Teng Chieh* (Lantern Festival at first full moon of the year) ◆ *Ching Ming:* A public holiday in China and Hong Kong - a time for people to visit their ancestral graves (April) ◆ *Dragon Boat Festival* (June) ▲ *Mid Autumn Festival* (September)

Dying **Death customs**	All family members gather at the bedside. A Chinese Christian pastor is called to pray for and to counsel the dying person. In the UK this practice is also common among Chinese with no religious convictions or who are traditional Confucian/Taoist. Buddhists call for a priest/monk from a Buddhist association or temple with links to Taiwan or Hong Kong. After death, undertakers handle the deceased. Some undertakers in areas with long established Chinese populations (e.g. Merseyside) are accustomed to Chinese needs such as embalming and the deceased being fully dressed in best clothes including shoes and jewellery. In such areas some cemeteries have a Chinese section. Burial or cremation may take place a week after the person has died. Friends and relatives visit the bereaved family, usually in the evenings prior to the funeral when gifts of money or flowers are given and help offered. Sweets are offered to visitors when they leave. If the deceased is the head of the family, all children and their families are expected to observe a period of mourning for about a month. Headstones may have a picture of the deceased. If the deceased is a child, parents usually do not want to visit the mortuary. A sibling or close relative would be asked to identify the body in the mortuary.
Resources (texts, community facilities etc)	Chinese Christians read bilingual bibles printed in English and Chinese. Bibles printed in the traditional script are preferred by Chinese from Hong Kong and Taiwan whilst the simplified script is read by people from China and Singapore. Buddhist scriptures are available in traditional script. At least one Chinese community association, community centre or church exists in every town and city in the UK. Local Councils should have the names, addresses and telephone numbers. Religious bodies in the Chinese community are usually found in local telephone directories.
Names	Chinese names start with the family name first, followed by the generation name and the personal name. Chinese Christians usually have Christian names in addition. Always ask the person how (s)he would like to be addressed.

Christian

Christians belong to a number of denominations and some groups which run across denominations. The most numerous in the UK are Anglicans (Church of England, Church in Wales, Church of Ireland, Scottish Episcopal Church); Roman Catholics, Church of Scotland and Free Church (including Baptist, Methodists, United Reformed, Pentecostal, Presbyterians, etc) and Quakers. Independent churches; in large cities especially there are communities of Orthodox Christians (from the historic churches of Greece, Russia, etc. Seventh-day Adventists are part of the Christian tradition but differ in some key respects from mainstream Churches and so have a separate section - see below. See the Chinese Christian section for specific needs of Chinese Christians.

Language	Christians in the UK may be from any ethnic group. Church services usually take place in English, (or in Welsh and Gaellic).
Diet **Fasting**	In general, Christians are not religiously forbidden to eat any foods, but this must be checked with the individual. Some will not consume alcohol. Roman Catholics may abstain from meat on Fridays; Orthodox will abstain from meat in the fasting seasons of Advent and Lent. Those of African and African Caribbean origin may fast at other times.
Dress	No special code of dress for Christians except for clergy and members of religious orders.
Physical contact **Medical treatment** **Hospital stays, rest centres**	Most would have no objections to being touched by members of the opposite sex for medical purposes. Treatment such as blood transfusions, surgery, organ transplants or the administration of drugs is permissible. Jehovah's Witnesses (not regarded as Christians by most Christian organisations) are forbidden to receive blood transfusions and transplants – see below. If a person is terminally ill, or dying, they may wish to keep a copy of the Bible close at hand. Survivors, their families and friends, should be allocated a quiet place at survivor and reception centres, which can be used for private prayer or to talk to a priest or minister.
Daily acts of faith & major annual events	Many Christians pray daily, and often use the Lord's Prayer. Daily reading from the Bible, and/or other aids to prayer such as a Cross or Crucifix (a Cross with the figure of Christ), a hymnbook or prayer book, a rosary (prayer beads with a small crucifix), or an icon of Christ or the Virgin Mary are all widely used, though preferences should be checked with the individual. All of these could helpfully be provided in a chapel or quiet place. Sunday is the special day, set apart for prayer, reflection, and church attendance. Christians pray in congregations, small groups or individually. The most important event for most congregations is the Eucharist (the Mass, Communion Service, Lord's Supper), when Christians share bread and wine. The most widely celebrated Christian festivals are: - ◆ *Christmas* ◆ *Holy Week and Easter* (including Palm Sunday, Maundy Thursday, Good Friday and Easter Sunday) ◆ *Pentecost/Whitsun* ◆ *Ascension Day* ◆ The seasons of *Advent* (leading up to Christmas) and *Lent* (leading up to Easter) ◆ Remembrance Sunday
Dying **Death customs**	Christians involved in a disaster will value prayers being said for them, or with them, and short readings from scripture, such as the Lord's Prayer and the 23rd Psalm. Those who are injured or distressed may wish to receive Holy Communion and/or the Sacrament of the Sick (which used to be called Extreme Unction). The Sacrament of the Sick is not limited to those who are dying, but is part of the healing ministry of the Church. Other Christians may ask for prayer for healing with the laying on of hands. The choice between cremation and burial can either be a matter of personal choice or a denominational requirement. In all cases, the wishes of the deceased's family, or friends, should be sought if possible. If this cannot be done, then Christians should be buried.

Resources (texts, community facilities etc)	The sacred text is the Bible, which for Christians consists of the Old Testament (or Hebrew Scriptures), and the New Testament, bound as a single book. Of the translations of the Bible, the New Revised Standard Version, the Authorised version and the Jerusalem Bible are recognised by Catholics, Protestants and Orthodox Christians. Other versions are favoured by evangelical Christians. Emergency Planners should discuss with church authorities the possible use of church facilities in a major emergency.
Names	Christians have one or more given names, usually called Christian names because for most Christians these were given historically at the service of baptism, which for most happened when the infant was a few weeks old. These names are followed by the surname or family name, which is constant for men. Many women change to their husband's surname on marriage, though this custom is changing. Individuals may not be known by their first Christian name, so it is always wise to ask, "What should I call you?" or for a funeral "What name should I use?"

Christian Science

Christian Science is a prayer-based system of healing that is fully explained in Mary Baker Eddy's book *Science and Health with Key to the Scriptures*, currently published in 17 languages. Some people who follow the practices of Christian Science choose to become members of the Church of Christ, Scientist, the organisation Eddy established to make these teachings available and accessible, but others do not.

Language	Christian Science has been practised around the world for over a century by individuals of various faith traditions, as well as by those with no formal faith tradition. Consequently, people of diverse cultures and languages practice Christian Science.
Diet **Fasting**	Individuals make their own decisions regarding diet. Individuals make their own decisions regarding fasting.
Dress	No particular requirements.
Physical contact **Medical treatment** **Hospital stays, rest centres**	In the practise of Christian Science, respect for individual choice in questions of healthcare or any other aspect of daily life is paramount. Many Christian Scientists rely on their own prayer for healing of adverse health conditions. Some may also ask for help from a Christian Science practitioner - a professional spiritual healer who employs the Christian Science method of healing. (There is a world-wide directory of practitioners in each issue of *The Christian Science Journal*, a monthly magazine.) However, individuals are always free to choose conventional medical treatment or other complementary and alternative therapies. If a Christian Scientist were taken to a hospital because of an accident, for example, and chose to decline conventional medical treatment, this would ordinarily mean that the individual was choosing instead, as a competent adult, to rely on prayer for healing (individually or with the help of a Christian Science practitioner). Such an individual would co-operate with authorities to take appropriate actions, such as quarantine, which may be considered necessary to protect others. Individuals relying on Christian Science may ask to be re-tested, or to have a pending procedure re-evaluated after having had time to pray for healing. If a Christian Scientist entered a hospital voluntarily, the individual would probably accept conventional medical treatment. He/she might ask that drugs/therapy be kept to a minimum. Individuals make their own decisions about blood transfusions and organ/tissue donation. Doctors, nurses, mental health professionals and chaplains will find that there are many meaningful ways they can show support for patients relying on Christian Science. Where possible, the best way to ascertain what would be most helpful in any circumstance is to ask the individual patient. Some of the following might be requested by a patient, or could be offered by the healthcare worker: ◆ Providing the patient time and a quiet space to pray, during the various stages of diagnosis and treatment. ◆ Facilitating the patient's contact with a Christian Science practitioner. ◆ Making sure that the patient has access to the Bible and *Science and Health*. ◆ Reading aloud to the patient requested passages from these books (or other Christian Science literature).
Daily acts of faith & major annual events	There are no prescribed holy days. Members would normally attend services and meetings at Church on Sundays and Wednesday evenings. Christian Scientists study a weekly Bible Lesson, a collection of topic-specific passages from the Bible and *Science and Health*.

Dying **Death customs**	There are no specified last rites. Such issues are an individual/family decision. Questions relating to care of the body should be answered by the individual's partner/ family. In general, Christian Scientists request that, whenever possible, the body of a female should be prepared for burial by a female. The individual's family should answer questions relating to post mortem examinations.

Church of Jesus Christ of Latter - day Saints (Mormons)

Language	Usually English
Dress	Those who have been endowed in a Temple of the Church of Jesus Christ of Latter-day Saints wear a special undergarment next to the skin. Mormons are always soberly dressed.
Physical contact, medical treatment, hospital stays, rest centres	Necessary medical treatment can be carried out without delay and surgery and blood transfusions may be carried out as necessary. Transplants and organ donation are an individual and family matter; there are no religious objections.
Daily acts of faith & major annual events	Scripture reading is considered an important part of daily life. The Sabbath is observed on Sundays, with services conducted by lay leaders called bishops. Christmas and Easter are important celebrations in the Church.
Dying **Death customs**	Members may request a priesthood blessing. A quiet private place is appropriate for the blessing The Church takes no position on post mortem examinations. Church or family members will usually arrange for the body to be clothed for burial. Burial rather than cremation is recommended by the Church, but the final decision is left for the family of the deceased.
Resources (texts, community facilities etc)	The Bible and the *Book of Mormon: Another Testament of Jesus Christ* – are regarded as the word of God. Although Mormon individuals and families are advised to be prepared spiritually and temporally to meet both problems of everyday life and emergencies that may arise, local Church leaders have the responsibility to organise proper responses to assist individuals and families in an emergency. Church branches are encouraged to prepare detailed *Emergency Preparedness and Response Plans*, based on principles contained in *Providing in the Lord's Way*. Branch Welfare Committees are identified as the co-ordinators if disaster strikes.

Hindu

Language	In addition to English, Hindus in the UK generally speak Gujerati (most common), Hindi, Punjabi, Bengali or Tamil.
Diet **Fasting**	Hindus regard the cow as sacred and do not eat beef. Orthodox Hindus are strictly vegetarian, which also excludes fish, eggs and animal fat for cooking. Some may also prefer to refrain from alcohol, and some very orthodox Hindus may refrain from garlic and in extreme cases onion. Salt- free salads, rice, vegetables, yoghurt and milk products and fruit are quite acceptable foods to offer. Fasting is commonplace and frequent but fasts generally last just one day or one day a week (e.g. Lord Shiva's fasting every Monday for 17 weeks, where yoghurt at lunch with water or fruit juice and a normal light meal in the evening is permitted). Hindu women keeping the *Karvachauth* fast in Autumn cannot even drink water until the moon is seen at night.
Dress	Generally, modesty and decency are considered essential factors in dress code. The sari is a one-piece female garment wound around the lower body in different styles to suit the occasion and the tradition from which the person comes. (NB Older Bangladeshi and Indian Muslim women also wear saris. Women also wear a dress and baggy trousers (*shalwar*). Men may sometimes wear a loose shirt (*Kurta*) and baggy trousers but generally they wear Western clothes.
Physical contact **Medical treatment** **Hospital stays, rest centres**	A Hindu would prefer to be comforted by a person of the same sex. There is no stated preference in respect of medical examination and treatment. Blood transfusions, organ transplants, and all types of medicine for the purpose of saving life are permitted. Hindus traditionally live in extended families, so information or requests (e.g. for organ donation) should be made by the authorities to the head of the family to be passed on without delay to the rest of the family unit, where this is practicable. Some groupings within the Hindu community are men only or women-only and the authorities should always appoint a person of the appropriate sex to liaise with such a grouping.
Daily acts of faith & major annual events	Hindus will generally perform a daily act of personal devotion at home, either alone or with others. Ritual washing normally accompanies prayer. The most widely celebrated Hindu festivals are: ◆ *Holi:* A celebration at the start of spring, with much use of colour ◆ *Rama Navami* ◆ *Janamashtami*: there is fasting until midnight ◆ *Divali*: the festival of lights ◆ *Shivaratri:* the night is spent in prayer, fasting and meditation.
Dying **Death customs**	Most fatally ill Hindus would prefer to pray with a *mala* (rosary). A Hindu will appreciate being with someone, preferably of the same sex. It is preferred if all Hindu bodies can be kept together after death. A dead body should be placed with the head facing north and the feet south. Cleanliness is important and the body can be undressed and cleaned, but the family should be consulted where possible. The arms should be placed to the sides and the legs should be straightened. The face should be pointed upward with eyes closed and the whole body must be covered with white cloth. Any detached body parts must be treated with respect as if they were a complete body. Post mortems are permitted, usually with prior agreement of the immediate family. The bereavement in the family lasts a minimum of two weeks during which several rituals are followed. Hindus believe in cremating the body so that the soul is completely free of any attachment to the past physical matter.
Resources (texts, community facilities etc)	The Hindu ancient scriptures are called the Vedas and contain, amongst other texts, the *Upanishads,* philosophical works discussing the purpose of life, and the *Brahmanas*, which contain advice on ritual. The *Bhagawad Gita* is a prominent holy book with condensed spiritual teachings, and the *Ramayana* sets the highest ideals.

Names	Members of Hindu families may have three or four names, depending on cultural background and tradition. Suffixes to the first name are used, e.g.,'Bhai' or 'Ji' for males and 'Ben' for females. In some traditions the father's first name is one of the middle names. Other middle names, which may be used as surnames are Kumar, Pal or Paul, Dev, Lal etc. Sometimes the surname is clan based as Patel or in case of Rajputs, Singh. Some Hindu women may adopt 'Devi', 'Kumari' or 'Wati' in place of a family surname. For records, it is advisable to ask the individual's family name and use that as surname. Hindu equivalents to Mr and Mrs are Shri and Shrimati, commonly used, but for Miss one can use Sushai/Kumari/Devi but rarely used. In written records and invitations the practice is to say Shrimati and Shri (surname), i.e. Mrs and Mr (surname).

Humanists

Humanism is not a faith. It is the belief that people can live good lives without religious or superstitious beliefs. Most humanists would describe their beliefs as either atheist or agnostic, and humanists reject the idea of any god or other supernatural agency and do not believe in an afterlife. However, Humanism is more than a simple rejection of religious beliefs. Humanists believe that moral values are founded on human nature and experience, and base their moral principles on reason, shared human values and respect for others. They believe that people can and will continue to solve problems, and should work together to improve the quality of life and make it more equitable.

Language	English, or any other language depending on the individual's background.
Diet **Fasting**	No particular requirements. Some humanists are vegetarian or vegan, and many who do eat meat would refuse meat that has been slaughtered by methods they consider inhumane (Halal or Kosher meat). None
Dress	No special requirements
Physical contact, medical treatment, hospital stays, rest centres	No specific restrictions on physical contact, or on medical treatments.
Daily acts of faith & major annual events	No daily acts of faith or worship, and no annual festivals.
Dying **Death customs**	Many humanists will want to have family or a close friend with them if they are dying, or the support of another caring individual. Some may appreciate the support of a secular counsellor or a fellow humanist. Humanists may refuse treatment that they see simply as prolonging suffering. Some may strongly resent prayers being said for them or any reassurances based on belief in god or an afterlife. No specific requirements. The choice between cremation and burial is a personal one, although cremation is more common. Most will want a humanist funeral, and crosses and other religious emblems should be avoided. However, since many humanists believe that when someone dies the needs of the bereaved are more important than their own beliefs, some may wish decisions about their funeral and related matters to be left to their closest relatives.
Resources (texts, community facilities etc)	There are no humanist scriptures or religious texts.
Names	No particular traditions: names may vary according to ethnic or cultural background.

Jain

Language	Apart from some of the elderly, Jains speak and understand English. The majority in the UK are Gujerati speaking, but a minority speaks Hindi, Rajasthani, Tamil, or Punjabi.
Diet	Jains are pure vegetarians, and do not consume meat, fish, seafood, poultry or eggs. In addition, those Jains who adhere to the stricter code of conduct do not eat any root vegetables, particularly onions and garlic but also potatoes, carrots, beets, etc. Jains do not consume alcohol. Salads, fruits, cooked grain of all types, cooked vegetables, bread or biscuits made without the use of eggs and dairy products are generally acceptable.
Fasting	There are fasts with (a) no meal (b) one meal (c) two meals within 24 hours. Water, if used in a fast, must be boiled. Some Jains observe fasts without any intake of food or water. Abstention from fruit and vegetables is practised on many days. Fasts are undertaken on various days throughout the lunar month. They are more popular during the festival of *Paryushana* during August or September, which lasts for 8 or 10 days. Two special 9-day periods called *Ayambil* are observed during June and December during which only one meal is taken. This meal is prepared using only grain, flour, water, rock salt and pepper. Use of dairy products, fruits, vegetables, nuts, oils and fats, and any raw food is forbidden.
Dress	Jain males have adapted the western dress code for everyday use whereas females may be orthodox or modern. The elderly usually wear Indian dresses such as saris and kurta-pyjama, whilst the younger generation wear all sorts of dresses.
Physical contact	Ideally, same-sex contact and separate male and female wards are preferred but there is no taboo where medical and/or specialist personnel are involved.
Medical treatment	Blood transfusions and organ transplants are acceptable if these are not obtained at the expense of another life. Medication for the purpose of saving life is usually accepted without question.
Hospital stays, rest centres	If the toilet and bathroom are separate, a water supply and beaker should be provided in the toilet for cleaning purposes. Diet restrictions should be observed during stays in hospital or rest centre.
Daily acts of faith & Major annual events	The *Namokkara* mantra is recited on waking up, going to bed and at meal times. Jains may observe the ritual of *pratikramana* once or twice a day, and meditate as often as desired. Festivals (based on the lunar calendar): ◆ *Paryushana*: 8 or 10 days during August or September. The most significant Jain event. Prayers are recited with confession of sins, forgiveness is sought from all living beings and penances are undertaken. ◆ *Mahavira Jayanti*: the Birthday of Lord Mahavira, the last Tirthankara (One who re-establishes the ford), in 599 BCE. Celebrated during April. This is a joyous occasion and the experiences of Lord Mahavira's mother before and after his birth are recounted. ◆ *Mahavira Nirvana*: Liberation of Lord Mahavira. Most Jains celebrate the eve of the Hindu New Year with Deepavali, the festival of lights. However, some observe this day as the day of liberation of Lord Mahavira followed by the day of enlightenment of his first disciple Gautam Svami around October. ◆ *Ayambil* : Two periods are observed. (see Fasting section)
Dying	If death is certain and there is nothing to benefit by staying in the hospital, the Jain would prefer to spend the last moments at home. Ideally, the subject would wish for mental detachment of all desires and concentrate on the inner self. Family members or others would assist by reciting text or chanting verses from the canon. As much peace and quiet should be maintained as possible.
Death customs	There are no specific rituals in Jain philosophy for this event. Bodies are always cremated and never buried except for infants. Cremation must be performed as soon as practicable, even within hours if possible, without any pomp. Many Jains still pursue Hindu customs as a family preference. All normal practises of UK undertakers are acceptable if handled with respect. The family normally provide the dress and accessories for the preparation and final placement in the coffin.

Resources (texts, community facilities, etc.)	The Jain scriptures are called Agamas and although the texts vary according to sects, the basic philosophy is the same. The Jains believe that the mission of the human birth is to achieve liberation from mundane life, and the cycle of death and rebirth. This is achieved through the practise of non-violence and equanimity as preached by Lord Mahavira in the Agamas.
Names	All names are made up of 3 or 4 words in a definite sequence: the person's given name comes first. Sometimes this is appended with a gloss such as -Kumar, -ray, -lal, -chandra, -bhai, -kumari, -bhen etc. which is usually written with the given name but sometimes becomes the second name. The following name (usually the middle) is the father's first name for males and the husband's first name for the females. The last name is the surname or family name, which is usually common to all members of the family.

Japanese (Shinto)

Shinto is Japan's indigenous religion: a complex of ancient folk belief and rituals which perceive the presence of gods or of the sacred in animals, in plants, and even in things which have no life, such as stones and waterfalls. As well as Shinto, individuals of Japanese origin may adhere to Buddhism - see separate Buddhist section.

Language	Generally Shintonists in the UK speak Japanese and English as a second language.
Diet **Fasting**	Generally Japanese people prefer to eat rice. Japanese people do not have a custom of fasting.
Dress	There are no religious requirements for the form of every-day dress. For particular annual events such as New Year's Day and the Bon Festival (and for local shrine festivals in Japan) some wear traditional dress (*kimono*).
Physical contact, **Medical treatment,** **Hospital stays, rest centres**	When undergoing medical examination and treatment or being comforted by strangers, Japanese people would prefer to be touched by a person of the same sex. There are no religious objections to blood transfusions or transplants. During hospital stays, baths are considered preferable to showers and the bathroom should be separated from the toilet.
Daily acts of faith & major annual events	Shinto has little theology and no congregational worship. Its unifying concept is *Kami,* inadequately translated as "god". There are no Shinto prayers as such but many Japanese will follow Buddhist meditative practices. In addition to Buddhist festivals, Shintonists will celebrate: ◆ *New Year:* 1 January ◆ *Bon Festival:* respect to ancestors (13-16 August)
Dying **Death customs**	Dying Japanese will wish to meditate. Generally Japanese would prefer cremation to burial. Funeral services are administered according to Buddhist rites.
Resources (texts, community facilities etc)	No specific Shinto texts. See Buddhism. Those requiring further information on Shinto should contact the Japanese Embassy or the International Shinto Foundation (www.shinto.org).
Names	It is usual for Japanese people to have two names. The first may be the family name and the second may be the given name. When names are required for record purposes it is advisable to ask first for the family name and to use this as the surname.

Jehovah's Witnesses

Language	Usually English.
Diet **Fasting**	While Jehovah's Witnesses believe that Christians are required to abstain from blood and the meat of animals from which blood has not been properly drained, there are no religious restrictions on what they can eat. Use of alcohol is a personal matter. No religious requirement.
Dress	No special religious dress.
Physical contact, medical treatment, hospital stays, rest centres	For deeply-held reasons of religious faith there are basically only two medical interventions that Jehovah's Witnesses object to: elective termination of pregnancy and allogeneic blood transfusion. Baptised Jehovah's Witnesses usually carry on their person an *Advance Medical Directive/Release* document directing that no blood transfusions be given under any circumstances, and this document is renewed annually. A more detailed *Health-Care Advance Directive* form outlining their personal treatment choices may also be carried. Jehovah's Witness are happy to sign hospital forms that direct that no allogeneic blood transfusion or primary blood components be administered under any circumstances, while releasing doctors, medical personnel and hospitals from liability for any damages that might result from such refusal despite otherwise competent care. They understand the challenge that their decisions can sometimes pose for doctors and nurses. In an effort to alleviate these situations they have established a network of Hospital Liaison Committees throughout Britain. Members of these groups are trained to facilitate communication between medical staff and Jehovah's Witness patients and are available at any time, night or day, to assist with difficulties either at the request of the treating team or the patient.
Daily acts of faith & major annual events	Reading the Bible daily. Witnesses commemorate the death of Jesus according to the Hebrew calendar (late March/April). They do not celebrate other traditional festivals, nor do they celebrate birthdays.
Dying **Death customs**	There are no special rituals to perform for those who are dying, nor last rites to be administered to those *in extremis*. Pastoral visits from elders will be welcomed. An appropriate relative can decide if a limited post mortem is acceptable to determine cause of death. The dead may be buried or cremated, depending on personal or family preferences and local circumstances.
Resources (texts, community facilities etc)	The Bible.
Names	No particular tradition.

Jewish

Language	English is generally used although Hebrew or Yiddish are also spoken.
Diet **Fasting**	Observant Jews are required to uphold the *Kashrut*, a series of dietary laws. Jews do not eat pork in any form. Fish must have both fins and scales: shellfish is not permitted. Red meat and poultry must comply with *kosher* standards of slaughter. Meat and milk products must not be cooked together, and separate dishes must be kept. Milk products must not be eaten during or after a meat meal, and most observant Jews will wait three to six hours before dairy products are eaten or drunk. A vegetarian meal is often acceptable, since this ensures no doubt over the utensils used for its preparation, with dairy-free dressings or sauces if available. *Yom Kippur* is a major annual 25-hour fast observed by the majority of Jews. There are other fast days during the year which are less widely observed. Jews are not permitted to eat or drink on fast days. Additionally, no leavened bread is eaten during the period of Passover, when unleavened bread known as *matzah* may be consumed instead.
Dress	Devout Jewish men and women will keep their heads covered at all times. Men wear a hat or skull-cap (the *yarmulka* or *kippa*). Orthodox women will wear a hat, scarf or wig. Orthodox women and girls are required to keep the body and limbs covered with modest clothing. Strictly Orthodox men are likely to wear black clothes (sometimes 18th century dress) and may have ringlets and beards.
Physical contact **Medical treatment** **Hospital stays, rest centres**	Strictly Orthodox men and women actively avoid physical contact with people of the opposite sex and will not welcome being comforted by someone touching or putting an arm around them. All laws normally applying on the Sabbath or festival can be overruled for the purpose of saving life or safeguarding health. Blood transfusion is permitted and is a matter of personal choice. Transplants and organ donation are usually permissible, but may require advice from a Rabbi. A quiet area for prayer should be provided if possible.
Daily acts of faith & major annual events	All practising Jews say prayers three times a day. The Sabbath (*Shabbat*) is observed from sunset on Friday evening until sunset on Saturday evening. Prayers and a family meal are part of the observance. The observance of festivals is very important. The major ones are: ◆ *Days of Awe: Rosh Hashanah* (New Year) and *Yom Kippur* (Day of Atonement) ◆ The *Three Foot Festivals: Sukkot, Pesach* and *Shavuot* ◆ *Chanukah* ◆ *Purim* ◆ *Tishah B'Av*
Dying **Death customs**	It is usual for a companion to remain with a dying Jewish person until death, reading or saying prayers. The dying person should not be touched or moved, since it is considered that such action will hasten death, which is not permitted in any circumstances. He or she may wish to recite the *Shema.* The prompt and accurate identification of the dead is particularly important for the position of a widow in Jewish law. Post mortems are forbidden unless ordered by the civil authorities. Body parts must be treated with respect and remain with the corpse if possible. When a person dies, eyes should be closed and the jaws tied; fingers should be straight. The body is washed and wrapped in a plain white sheet, and placed with the feet towards the doorway. If possible it should not be
Resources (texts, community facilities etc)	The Jewish scriptures are known as the *Tanakh* and include the *Torah,* the *Nevi'im* and the *Ketuvim.*

Names	Individuals usually have one or more Hebrew names, often taken from Biblical sources, followed by the Hebrew names(s) of their father.

Muslim

Language	Muslims may speak several languages other than English; the most common are Punjabi, Urdu, Gujarati, Arabic and Turkish.
Diet	Muslims do not eat pork in any form, and foods and utensils that have come into contact with pork should not touch any food to be eaten by a Muslim. Consumption of alcohol in any form (e.g. desserts) is strictly forbidden. Muslims may eat fish, they can eat poultry, mutton and beef, providing the meat is *halal*, i.e. killed and prepared according to Islamic law. *Halal* food and drink should be clearly labelled where other food is being served. Vegetarian meals and fresh fruit/vegetables are acceptable. Food is eaten with the right hand only.
Fasting	Muslims fast from dawn to sunset to mark the month of *Ramadan*, and some will fast at other times during the year. Fasting during *Ramadan* is compulsory for all except menstruating, pregnant or lactating women, pre- pubertal children and the infirm.
Dress	Observant Muslim women usually have at least a head covering (*Hijab*), and are often covered from head to toe when in public or in the presence of men who are not family members. Covering the area between the navel and knees is a requirement for Muslim men and some devout male Muslims may prefer to keep their heads covered at all times.
Physical contact	Treatment by medical staff of any religion is permissible, but men and women prefer to be treated by staff of the same sex where possible.
Medical treatment	The views of the family/Imam on whether organ donation, transplants and blood transfusions are acceptable should be sought in each case.
Hospital stays, rest centres	In hospital, a shower is preferred to a bath. Muslims ritually wash after using the toilet, so a tap or container of water for washing should be provided whenever the toilet area is separate from the bathroom. In a rest centre, suitable facilities for pre-prayer washing, time to conduct prayer, and a clean prayer room with a prayer mat and a compass or sign pointing to Makkah (Mecca) - south-east in the United Kingdom - are appreciated.
Daily acts of faith & major annual events	Muslims pray five times a day, facing Makkah: before dawn, around midday, late afternoon, after sunset and late evening. Sunrise and sunset determine the exact timings. Ritual washing (*Wudu*) is performed before praying. Men and women will not usually pray together, though in emergencies this is acceptable if a temporary partition is erected. Major events in the Muslim 12 month lunar-based calendar are: ◆ *The First of Muharram:* Begins the Islamic New Year ◆ *Milad-un-Nabi* (not celebrated by orthodox Sunni) ◆ *Lail-ul-Qadr:* A time of fasting and all-night prayer during Ramadan ◆ *Eid-ul-Fitr:* The end of the month of Ramadan. A day of celebration ◆ *Eid-ul-Adha:* The end of the time of the annual *Hajj* pilgrimage
Dying	If a Muslim is terminally ill or dying, the face should be turned towards Makkah. The patient's head should be above the rest of the body. The dying person will try and say the *Shahadah* prayer (the testimony of faith).
Death customs	Muslim dead should be placed in body-holding areas or temporary mortuaries, and ideally be kept together in a designated area (with male and female bodies separated). Post mortems are acceptable only where necessary for the issue of a death certificate or if required by the coroner. Ideally only male Muslims should handle a male body, and female Muslims a female body. The body should be laid on a clean surface and covered with a plain cloth, three pieces for a man and five for a woman. The head should be turned on the right shoulder and the face positioned towards Makkah. Detached body parts must be treated with respect. Next of kin or the local Muslim community will make arrangements to prepare the body for burial. Muslims believe in burying their dead and would never cremate a body. Burial takes place quickly, preferably within 24 hours.
Resources (texts, community facilities etc)	The Qur'an is a source of guidance for life. If in the original Arabic it should not be touched by non-Muslims except with a cloth (translations may be handled by all, with respect), or by menstruating women. Many

	mosques have private mortuaries which may be available in an emergency.
Names	Muslims usually have several personal or religious names. The name of the family into which someone has been born is not necessarily used. Where names are required for record purposes, it is advisable to register the most used personal name as a surname, followed by the lesser used names.

Pagans

Language	Mainly English.
Diet **Fasting**	Dietary practice varies but many Pagans are vegetarian and some may be vegan. Dietary choices are, however, a matter for the individual who should be consulted on their preferences. None.
Dress	In everyday life, Pagans do not usually wear special forms of dress. Ritual jewellery is however very common and may have deep personal religious significance. In some traditions, the wearing of a ring, which symbolises the person's adherence to Paganism or a particular Pagan path, is common. The removal of such a ring may cause considerable distress.
Physical contact, medical treatment, hospital stays, rest centres	There are no specific restraints on types of physical contact and no religious objections to blood transfusion and organ transplants.
Daily acts of faith & major annual events	Private practice: Most Pagans will keep an altar, shrine or a devotional room (often called a temple) in their own homes. Private devotions take place whenever the individual wishes and may include prayer, meditation, chanting, reading of religious texts and ritual. Ritual practice and items used on the Altar in Pagan worship are described below. Group practice: This often occurs on the lunar observance days and on the seasonal festivals celebrated by most Pagans. Many Pagans will celebrate these on the most convenient date rather than on the exact date, although the latter is preferred. Festivals: ◆ *Samhain*: 31st October ◆ *Yule (Midwinter)*: 21st December ◆ *Imbolc*: 1st February ◆ *Spring Equinox*: 21st March ◆ *Beltane*: 30th April ◆ *Midsummer*: 21st June: ◆ *Lammas or Lughnasadh*: 1st August ◆ *Autumn Equinox*: 21 September
Death customs	Most Pagans believe in reincarnation. The emphasis in funerals is on the joyfulness for the departed in passing on to a new life, but also consolation for relatives and friends that the person will be reborn. Disposal of the body may be by burning (cremation) or burial. Funeral services will take place in crematorium chapels, at the graveside or at the deceased's home. In some traditions, any religious items of significance to the deceased must be buried or burned with the body. Ritual jewellery, personal ritual items such as the Witch's athame, and the person's religious writings (such as the Book of Shadows) are commonly buried with or burned with the body. A wake (mourning ceremony) carried out around the body by friends and relatives is common in some traditions.
Resources (texts, community facilities etc)	The Pagan Federation is the largest and oldest Pagan body in Europe. It publishes an informative quarterly journal (Pagan Dawn), and has a useful information pack which gives basic facts about modern European Paganism. There are also information packs on Witchcraft, Druidry and the Northern Tradition.
Names	No specific directions as to use of names

Rastafarians

Language	The vocabulary is largely that of the Jamaican patois of English.
Diet **Fasting**	Most Rastafarians are vegetarian and avoid stimulants such as alcohol, tea and coffee. Sacred food is called I-TAL (organic vegetarian food). Some Rastafarians will eat fish, but only certain types. Fasting is observed, and can take place at any time. Nothing is consumed from noon until evening.
Dress	Rastafarians wear standard Western dress, except that some Rasta men will wear crowns or *tams* (hats) and Rasta women, wraps (headscarves). The wearing of headwear can be deemed as part of a Rastafarian's attire, with some Rastafarian men and especially women never uncovering their heads in public.
Physical contact, medical treatment, hospital stays, rest centres	Cutting of hair is prohibited in any circumstances. Dreadlocks symbolise the 'mane of the Lion of Judah' (reference to the divine title of Emperor Haile Selassie). In a medical emergency this issue would need to be discussed with the patient.
Daily acts of faith & major annual events	Worship takes place at various times depending upon each Rastafarian commune. A service is conducted at least once a week. Rastafarians consider Saturday to be the Sabbath day. *Nyahbinghi* drumming and chanting is an important part of Rastafarian culture. It is used for spiritual upliftment and can last for many days. At the start of this spiritual time a *Firekey* also takes place: a fire is lit and must be kept burning until the drumming and chanting have stopped. Festivals: ◆ *Ethiopian Constitution Day* (16 July) ◆ *Birthday of Haile Selassie* (23 July): one of the holiest days of the Rastafarian year ◆ *Birthday of Marcus Garvey* (17 August) ◆ *Ethiopian New Year's Day* (early September): a four-year cycle, with each year named after a Biblical evangelist. ◆ *Anniversary of the crowning of Haile Selassie/Ethiopian Christmas*: 2 November
Dying **Death customs**	No particular rituals are observed. The dying person will wish to pray. When a Rastafarian person passes (dies) a gathering takes place where there is drumming, singing, scriptures read and praises given. Usual on 9^{th} and or 40^{th} night of person passing.
Resources (texts, community facilities etc)	Books: *My Life and Ethiopia* (autobiography of Emperor Haile Selassie of Ethiopia); *Important Utterances of His Imperial Majesty Emperor Haile Selassie I*; *Philosophy and Opinions of Marcus Garvey* (ed. Amy Jacque Garvey). DVDs: *Time and Judgement* (by Ras Menelik); *The Journey of the Lion* (by Brother Howie). CDs: *Churchial Chants of the Nyahbinghi*; *Prince Teban and the Sons of Thunder* communication drumming. Information about Rastafarianism can be found at www.encyclopedia.thefreedictionary.com/Rastafarianism
Names	No particular tradition. Older men may take the prefix Jah or Ras.

Seventh-day Adventists

Language	Usually English, though there are a number of different language groups within the Adventist Church in the UK, including Filipino, Ghanaian, Russian, Bulgarian, Portuguese etc.
Diet **Fasting**	Seventh-day Adventists do not smoke, drink alcohol or use non-medicinal drugs. Some even avoid foods and drinks containing caffeine and other stimulants. Many are vegetarian but those that do eat meat avoid pork or shellfish products. Some are vegan. Some Adventists may have a personal period of fasting in conjunction with special prayer projects.
Dress	No special dress.
Physical contact, medical treatment, hospital stays, rest centres	In a rest centre, provision of vegetarian food from outlets not handling meat would be required. Provision of a room for Sabbath worship would be requested, and access to a Bible.
Daily acts of faith & major annual events	The Seventh-day Adventist Sabbath is kept from sunset on Friday to sunset on Saturday. It is a day of rest and worship, when Adventists like to practice fellowship and worship together. During this time most Adventists avoid secular activities such as watching television. Communion, or the Eucharist, is celebrated once every three months. Adventists celebrate Christmas and Easter as commemorative events, usually marking the occasions by a special service on the closest Sabbath day.
Dying **Death customs**	Adventists would prefer to have an Adventist clergyman or woman present when facing death. However they would appreciate general prayers and other spiritual care from clergy of other Christian denominations if Adventist clergy were not available. Adventists do not hold the sacraments as required rituals; hence Sacrament of the Sick would not be necessary. Cremation or burial is a matter of personal or family preference.
Resources (texts, community facilities etc)	As with other Christians Adventists accept the Bible as the inspired word of God. Many Adventist also cherish books by Ellen G White, who they believe had the spiritual gift of prophecy. The Seventh-day Adventist Church in the UK is a fairly close knit community and most members will have friends or family to call on for temporary accommodation.
Names	No particular tradition.

Sikh

Language	The Punjabi and English languages are widely spoken and used. Swahili, Urdu and Hindi may be understood
Diet	Dietary practice varies, but devout Sikhs do not use tobacco, alcohol or drugs and are vegetarians, who will also exclude eggs. Those who do eat meat, fish and eggs will refrain from eating beef, halal and kosher meat. Salads, rice, dahl (lentils), vegetables and fruit are generally acceptable.
Dress	All initiated male Sikhs wear the five K symbols: *Kesh* (uncut hair); *Kangha* (a comb to keep the hair neat); *Kara* (a steel bangle which symbolises the unity of God); *Kirpan* (a short dagger which symbolises the readiness of the Sikh to fight against injustice); and *Kachhera* (breeches or shorts to symbolise modesty). Women will wear all others except for the Turban, obligatory for men, it is optional for women who may instead wear a *chunni* (a long Punjabi scarf) to cover the Kesh. The removal of the Turban or the *Kachhera* will cause great embarrassment to a Sikh and should be avoided.
Physical contact **Medical treatment** **Hospital stays, rest centres**	Treatment by medical staff of any religion is permissible, but men and women prefer to be treated by staff of the same sex where possible. There are no specific medical requirements and no religious objections to blood transfusion and organ transplants. The views of the family/ individual concerned should be sought. A Sikh in hospital may wish to have all five faith symbols within reach. *Kachhera* (shorts) should on no account be changed or removed other than by the individual concerned. A shower is preferred to a bath. Sikhs wash after using the toilet, so access to a tap and a container of water for washing should be provided in the toilet area.
Daily acts of faith & major annual events	Sikhs are required to shower or bathe daily, especially before conducting their dawn prayers. Prayers are said three times a day: at sunrise, sunset and before going to bed. There is no set day for collective worship, though in the UK this usually takes place on Sundays. Festivals are normally celebrated with a continuous reading of the Guru Granth Sahib (Holy Scriptures) over a period of 48 hours. Major annual festivals are: ◆ *Guru Nanak's Birthday:* A three-day celebration ◆ *The Martyrdom of Guru Tegh Bahadur* ◆ *Guru Gobind Singh's Birthday* ◆ *The Martyrdom of Guru Arjan Dev* ◆ *Baisakhi* ◆ Divali
Dying **Death customs**	The dying person will want to have access to the Sikh scriptures where possible. The five Ks should be left on the dead body, which should, if possible, be cleaned and clothed, in clean garments before being placed in a coffin or on a bier. According to Sikh etiquette, comforting a member of the opposite sex by physical contact should be avoided, unless those involved are closely related. Deliberate expressions of grief or mourning by bereaved relatives are discouraged, though the bereaved will want to seek comfort from the Sikh scriptures. The dead person should always be cremated, with a close relative lighting the funeral pyre or activating the machinery. This may be carried out at any convenient time. The ashes of the deceased may be disposed of through immersion in flowing water or dispersal.

Resources (texts, community facilities etc)	The Sikh Scriptures *(Adi Granth)* are treated with the utmost respect and reverence. Additionally, Sikhs may refer to the writings of Guru Gobind Singh (Dasam Granthland the Sikh Code of Conduct (Rahil *MatVada).*
Names	Sikhs generally have three names: their given name; a title (Singh (Lion) for all males and Kaur (Princess) for all females); and a family name. Where names are required for records, the family name can tactfully be asked for, bearing in mind that Sikhs generally prefer to use and will usually offer, their first name alone or their first name together with their title (Sinqh or Kaur).

Zoroastrian (Parsee)	
Language	Zoroastrians almost always speak English. Those from the Indian sub- continent speak Gujarati and Iranian Zoroastrians speak Persian or Farsi.
Diet **Fasting**	Zoroastrians have no particular dietary requirements. They are non- vegetarian. On certain days in the year Zoroastrians may abstain from meat.
Dress	Zoroastrians almost always wear western clothes: traditional dress is for ceremonial occasions only. As part of their inner garments, most adult Zoroastrians will wear a vest made of fine muslin cloth called a *Sudra*. They also tie a girdle around the waist and this is called the *Kusti*. It is important to wear a clean *Sudra*, to change it daily and to remove it only for medical reasons.
Physical contact, medical treatment, hospital stays, rest centres	It is believed that many Zoroastrians are prone to Glucose-6-Phosphate Dehydrogenase deficiency, a common human enzyme deficiency. There are no taboos on medical treatment or physical contact.
Daily acts of faith & major annual events	Zoroastrians should untie their girdle and tie it back whilst saying their prayers, at least once a day. They may wish to cover their head whilst praying. Zoroastrians follow two different calendars; some follow the Shenshai calendar and others the Fasli calendar. Main days of observance: ◆ *Jamshedi Noruz* (Fasli): New Year's Day according to the Fasli calendar used in Iran. ◆ *Khordad Sal* (Fasli) ◆ *Farvandigan* (Fasli) ◆ *Zartusht-no-Diso* (Shenshai) ◆ *Farvardigan* ◆ *No Ruz* (Shenshai): New Year's Day on the Shenshai calendar. ◆ *Khordad Sal* (Shenshai) ◆ *Fravardin* (Shenshai) ◆ *Zartusht-no-Diso* (Fasli)
Dying **Death customs**	Zoroastrians prefer to die quietly and without being disturbed. In the UK, Zoroastrians are either cremated or buried. It is important to dispose of the body as soon as possible after due paperwork and prayers for the dead have been performed. At least one priest should perform these prayers which can last for about one hour, prior to the funeral. Zoroastrian priests can be contacted at Zoroastrian Trust Funds of Europe in London (contact details in Annex B).
Resources (texts, community facilities etc)	The Zoroastrian faith is headquartered at Zoroastrian Centre, 440 Alexandra Avenue, Harrow HA2 9TL, where an extensive library is located. The website is also useful (see Annex B). Zoroastrian prayer books are only available from Zoroastrians or from the Zoroastrian Trust Funds of Europe.
Names	Each Zoroastrian has one first name. The father's name appears as the second name. The family name serves as the surname.

Appendix M: Recommended Minimum Data Elements for Patient Tracking

The Puget Sound RGPGP Region Patient Tracking Steering Committee convened to determine minimum patient tracking data elements for relevant stakeholders.

The following are recommended minimum data elements that should be considered for patient tracking.

Responsible Agency		EMS	Hospital	Alternate Care Facility	Other Healthcare	County Coordinating Entity	State Coordinating Entity
Data Elements **X** = minimum data element for first/initial encounter **X** = secondary data points to be collected as time and information allow (should be gathered as soon as practically possible)	Unique Identifier	X	X	X	X	X	X
	Triage Code/Patient Condition	X	X	X	X	X	X
	Current location/point of access to system	X	X	X	X	X	X
	Date/Time of Encounter	X	X	X	X	X	X
	Disposition	X	X	X	X	X	X
	Mode of Arrival	X	X	X	X	X	X
	Gender	X	X	X	X	X	X
	Age (approx)	X	X	X	X	X	X
	Date of Birth	X	X	X	X	X	X
	Legal Full Name (Middle Initial)	X	X	X	X	X	X
	Social Security Number	X	X	X	X	X	X
	Legal Guardian or Responsible Party		X	X	X	X	X

The ***Unidentified Patient Form*** should be used to collect descriptors of any patient for whom identification information is not available. This may be used by healthcare facilities, at Alternate Care Facilities or Field Treatment Sites (as applicable). If a Family Assistance Center is established, information from the Unidentified Patient Forms should be shared with the Missing Persons Unit and those collecting antemortem information.

Appendix N: Family Reunification Resources

This summary has been adapted from Evacuation and Sheltering Annex and is provided here for coordination and consistency

Following a mass casualty or mass fatality incident, a concerted effort should be made by the Joint Information Center or Public Information Officers to provide rapid information to the public about the means they can use to try and identify the location of a loved one before calling 911 or emergency assistance. As a part of this messaging, survivors should also be encouraged to post information via one or more of these mechanisms to help loved ones know they are okay. In addition to social networking sites such as Facebook and Twitter, there are several systems that have been used in past disasters to help facilitate or assist with family reunification. Below are some examples. If a Family Assistance Center (FAC) is established, coordination with these systems will be essential. This may occur through the web search team or other entities in the Missing Persons Group at the FAC.

National Emergency Family Registry and Locator System (NEFRLS)

- System, hosted by FEMA, which may be activated following a disaster declaration and operates on a 24/7 basis
- Displaced individuals, including medical patients, voluntarily register by telephone or Internet
- Registrants can provide current contact information, list travel companions, and create a personal message.
- Registrants and the 7 individuals they designate are required to accept a Privacy Act Statement and complete an identity verification process
- Individuals registering as or searching for a displaced child under the age of 21 will be directed to the National Emergency Child Locator Center (NECLC)

National Emergency Child Locator Center (NECLC)

- Established to assist governments and law enforcement agencies track and locate children separated from their parents or guardians as a result of a major incidents
- Managed by the National Center for Missing & Exploited Children (NCMEC), with support from FEMA
- Assists in locating separated children by:

Operating a telephone bank

Coordinating efforts with law enforcement and human service agencies

Deploying Team Adam to the field to assist with investigations

Helps shelters ensure the safety of dislocated children

The American Red Cross Safe and Well Program

- Helps people communicate from inside the disaster affected areas to loved ones outside
- People within a disaster area can register themselves as “Safe and Well” and leave brief messages, which if desired will update their Facebook or Twitter status

- Concerned family members can search for messages posted by those who register
- Publically accessible on the internet 24/7/365,
- The site can be reached directly at https://safeandwell.communityos.org. or at www.redcross.org click on Safe and Well link
- Those without internet, in need of translation service may call 1-866-GET-INFO (866-438—4636) for help with registration and the hearing impaired may call 1-800-526-1417

Next of Kin Registry (NOKR)

The Emergency Contact Registry (NOKR) is a non-partisan; non-profit 501(c)(3) humanitarian organization dedicated to bridging rapid emergency contact information. NOKR was established in January 2004 as a public service for daily emergency situations. NOKR is the central depository for Emergency Contact information in the United States plus 87 other countries.

The NOKR is a FREE tool for daily emergencies and national disasters. NOKR is an emergency contact system to help if an individual or family member is missing, injured or deceased. NOKR provides the public a free proactive service to store emergency contacts, next of kin and vital medical information that would be critical to emergency response agencies. Stored information is only accessible via a secure area that is only accessible by emergency public trust agencies that have registered with NOKR. For more information on this system, visit www.pleasenotifyme.org.

Person Finder by Google

Created after Hurricane Katrina, Google Crisis Response team assesses the severity and scope of a disaster to determine whether or not Google is able to uniquely contribute tools or content to the response efforts. As an example, after the Christchurch, NZ earthquake and Japanese earthquakes in early 2011, Google activated its 'person finder,' which enabled people to either 'look for someone' or 'provide information about someone.' During the response to the Japanese earthquake, many news stations were reporting that people were using the person finder to locate their loved ones. For more information, visit www.google.com/crisisresponse.

Family Reception Services Guidelines for Hospitals

Version 1, January 2011

A. **Purpose**

The purpose of this document is to provide guidelines and tools for hospitals to activate and operate a Family Reception Services area within their hospital following a mass casualty or mass fatality event.

B. **Scope**

The Family Reception Services Guidelines are applicable for mass casualty or mass fatality events when hospitals experience an influx of inquiries about injured or missing patients. Hospitals should be prepared to operate a Family Reception Services area for up to 48 hours following an event, before a local, regional, or state Family Assistance Center (hereafter Family Assistance Center) may be established.

C. **Situation Overview**

Following a mass casualty or mass fatality event families will seek information about their family members through many different avenues. Hospitals may see an influx of family/friends and unaccompanied children calling or arriving at their facility immediately following an event. Confusion, fear and anxiety levels may be high as people search for their family members.

D. **Definition of Family Reception Services**

Family Reception Services is an area within a hospital that will collect and provide up to date and accurate information to families concerning the event, injured patients, as well as referrals to behavioral health services.

E. **Function/Goals of Family Reception Services**

- Provide families with a safe, private, and comfortable place to give and receive information concerning injured or missing family members.
- Provide accurate and up to date information concerning the disaster and recovery process
- Collect information about unidentified patients or children
- Provide access to behavioral health services
- Provide a pediatric safe are for unidentified or unaccompanied minors
- Facilitate family reunification
- Allow critical medical staff to focus on patient care needs
- Provide information about and refer families to the Family Assistance Center
- Coordinate messaging with local hospitals, law enforcement and the Family Assistance Center

F. **Planning Assumptions**

- Many families will call or show up at hospitals to inquire about a family member that might be injured or missing
- Family members may be confused and anxious if they are unable to immediately locate their family member.
- Anticipate 8-10 family members per potential victim
- As many as 100-200 additional family members may arrive at the hospital to seek information
- The volume of phone calls to hospitals will greatly increase following a disaster

- A Family Reception Services area should be able to activate immediately following a disaster and may need to be in operation for 48 hours before a Family Assistance Center can be established.

G. **Family Reception Services overview**

1. *Family Briefings/Information Updates*

Briefings should be held on a regular schedule for families at the Family Reception Services area to provide accurate information on the event, the status of patients, and the recovery process. Briefings on event information and the identification process can be done with all of the families. Individual briefings for families on the status of patients should be help in a quiet, private location.

2. *Patient Identification/Family Reunification*

Information about missing and injured persons will be gathered to aid in the identification of patients or deceased individuals. If possible families should be reunified with their family members.

3. *Behavioral Health*

Behavioral health services will provide Psychological First Aid, mental health care and spiritual care to families and friends at the Family Reception Services area. Behavioral health staff should be available during family briefings, patient identifications notifications and for counseling services.

4. *Pediatric Safe Area Services*

Provides a safe area for children who arrive at the hospital unaccompanied, are accompanied by a single care giver who is receiving care, or who is with a family attending the Family Reception Services area. Children will have access to age appropriate toys and food along with any needed behavioral health or spiritual health services.

H. **Activation**

- The Family Reception Services should be activated immediately following a notification of a disaster and at the direction of the Hospital Incident Command Center.
- The Family Reception Services Unit Lead/Coordinator along with directors of human resources, telecommunications, and housekeeping should establish a location for the services
- Staff should be assigned to designated roles within the Family Reception Services. If needed consider calling up staff currently not on shift, or staff from other non-critical departments.
- Resources should be allocated to the Family Reception Services area, and any resource needs should be assessed
- Send communications to other departments within the hospital and to the Regional Family Assistance Center team regarding the activation of the Family Reception Services

I. **Patient Identification and Family Reunification Process**

1. Unidentified Patient

Data Collection

- Collect information on patient using the Unidentified Patient form (Appendix F)
- Document as early as possible the physical characteristics of the injured or missing individual
- Pay special attention to identifying marks such as tattoos, surgical scars, birthmarks, and body piercing

- Check for markings on the patient's back
- Carefully document the patient's belongings
- Document any orthopedic implants (nails, screws, plates, etc.) or implanted devices (AICD, insulin pump, IUD, etc.)
- Take photos of the patient.

Information Sharing

- Photos should be sent to the Family Reception Services area.
- Unidentified Patient forms on deceased/missing individuals should be sent to the Regional Family Assistance Center and will require the involvement of the Medical Examiner's Office

2. Family Interviews/notifications

- Using the missing persons form, collect as much information from family members as possible (Appendix G). Anticipate that the process could take several hours
- If patient is present at the hospital reunify the family member with the patient in accordance with the hospital's normal protocol. Consideration should be giving to
    - Cross checking information given by the family from descriptions of the missing person
    - Confirming with the family the identity of the missing person by presenting them with a photo or personal belongings
        - Describe the photo and what they may see before hand
- If the missing person is not present at the hospital, refer them to another facility they are at or to the Family Assistance Center

J. **Demobilization**

- At the recommendation of the Hospital Incident Command Center, the Family Reception Services Unit Lead/Coordinator, and the Family Assistance Center, demobilization of the Family Reception Services should occur once a Family Assistance Centers has been established.
- Once demobilized, families should be referred to the Family Assistance Center for further information.
- Refer all inquiries regarding missing persons to the regional call center, if established, or Family Assistance Center
- Refer all questions concerning victim identification to the local Coroner/Medical Examiner

K. **Communication/Information Flow**

1. *Internal Communications*

The Family Reception Services area will need to communicate frequently with critical areas of the hospital to provide accurate information to the families.

- <u>Hospital Incident Command Center</u>
    - Most of the information relating to the disaster and the recovery effort will come from the Hospital Incident Command Center

- Information relating to the families and patients should be communicated to the Hospital Incident Command Center to then be given to agencies coordinating the regional disaster response

- Emergency Department
  - All information gathered during patient interviews should be communicated to the Family Reception Services area to aid in family reunification.
  - Information on unidentified patients will be gathered in the Emergency Department and communicated to the Family Reception Services area
- Intensive Care Unit
  - Information gathering will continue once patients are moved out of the Emergency Department into the Intensive Care Unit. All information on unidentified patients should be communicated to the Family Reception Services area

2. *External Communications*

- Family Assistance Center
  - Provide information gathered on any missing persons not identified at the hospital
  - Provide contact information for any family member or unaccompanied child that has presented at the hospital
  - Provide information to the Family Assistance Center about the identity and status of the patients at the hospital
- Medical Examiner/Coroner
  - All deaths that are a result of a mass fatality incident must be reported to the local coroner/Medical Examiner
  - Reporting should occur once every operational period unless otherwise instructed
- Local Health Jurisdiction
  - Provide information on current hospital operations and general status
- Media/General Public
  - Coordinate with hospital and ESF 8 PIOs to create public messaging concerning the event.

L. **Facility Specifications**

1. *Location of Family Reception Services*

When choosing an area within the hospital to locate the Family Reception Services it is important to consider these elements:

- Should not be within visual distance of the Emergency Room or the Intensive Care Unit, but they should be close enough to facilitate communications
- Ability to secure the location
- Accessible to elderly or disabled family members (ADA compliant)
- Easy access to restrooms
- Access to nearby consultation/interview rooms
- Access to food and drinks

- Press should not have access to this area or the families

2. *Reception/Sign-in*

The reception desk will be the first stop for families entering the Family Reception Services area. Families and staff should be signed in and credentialed as they enter the area. If applicable, assign a family representative or escort to the family upon sign-in.

Special Considerations

- Area should be large enough to accommodate multiple family members at the same time
- Keep out the press and others not eligible to gain access
- Should have a computer, phone, fax/copier, message board

3. *Consultation/Interview rooms*

Consultation/Interview rooms should be used to gather information from families about missing or injured family member and notification of family of a positive identification of their family member. These rooms can also be used for behavioral health consultations and as quiet rooms for family member to gather.

Special Considerations

- Rooms should be large enough to accommodate family members and staff, approximately 10 people
- Rooms should be private and quiet
- Should have a table and enough chair for all family members

4. *Waiting Area*

The waiting area is where families will congregate while waiting for information updates or notifications. Family briefings by hospital staff will also take place here.

Special Considerations

- Should be large enough to accommodate all family members present at the Family Reception Services area
- Should have access to a television and computer/phone bank
- Easy access to restrooms
- Easy access to food and drink

5. *Pediatric Safe Area*

Children who uninjured, displaced or released children awaiting adult caregivers can be placed in the Pediatric Safe Area (Appendix B). This is a safe area for children to await reunification with their care givers.

Security Considerations

- The pediatric safe area should be a secured area where access in and out can be monitored
- Children should be sign-in and given identification upon entering the area
- Create a Child ID document to record any key identifying information about children or use in later tracking or reunion with caregivers.
    - Children and care givers can be photographed to aid in identification

Special Considerations

- Toys and food should be age appropriate, if possible have designated area for different age levels

M. **Staffing**

1. ***Family Reception Services Unit Leader/Coordinator:*** Organize and manage the operations of the Family Information Support Center, including personnel, equipment, and supplies.
2. Family Briefing Lead
3. Public Information Officer
4. Translation/Interpretation Services
5. ***Behavioral Health Unit Leader:*** Manage and coordinate behavioral health services in the Family Reception Services area
6. ***Pediatric Safe Area Coordinator***: will assume the responsibility of setting up and supervising the pediatric safe area in the event of a disaster. Consider using non-medical personnel such as social work, child life or a qualified volunteer. To ensure that the pediatric safe area is properly staffed and stocked for implementation during an emergency, and to insure the safety of children requiring the PSA until an appropriate disposition can be made.
7. ***Security:*** Ensure the security of the Family Reception Services area, personnel and visitors by monitoring individuals entering and exiting the area.
8. Volunteers

N. Staff Training

Appendices

A. Psychological First Aid Tools
B. Pediatric Safe Area Checklist
C. Pediatric Tracking Protocol
D. Child ID Form
E. Pediatric Safe Area Registry Sheet
F. Unidentified Patient Form
G. Missing Person Form
H. Family Reception Services Sign-in and Tracking Sheet for Family Members
I. Job Action Sheets
    a. Unit Leader
    b. Mental Health and Spiritual Care
    c. Pediatric Safe Area Coordinator
    d. Security

Psychological First Aid Tools

1. Psychological First Aid for Disaster Survivors

Re-create sense of safety

- Provide for basic needs (food, clothing, medical care)
- Ensure that survivors are safe and protected from reminders of the event
- Protect them from on-lookers and the media
- Help them establish a "personal space" and preserve privacy and modesty

Encourage social support

- Help survivors connect with family and friends (most urgently, children with parents)
- Educate family and friends about survivors' normal reactions and how they can help

Re-establish sense of efficacy

- Give survivors accurate simple information about plans and events
- Allow survivors to discuss events and feelings, but do not probe
- Encourage them to re-establish normal routines and roles when possible
- Help resolve practical problems, such as getting transportation or relief vouchers
- Discuss self-care and strategies to reduce anxiety, such as grounding and relaxation techniques
- Encourage survivors to support and assist others

Helpful hints to assist children during a disaster

For children under age 5:

- Ask what makes them feel better
- Give plenty of hugs and physical reassurance

For children older than age 5:

- Don't be afraid to ask them what is on their mind and answer their questions honestly
- Talk to them about the news and any adult conversations they have heard
- Make sure they have opportunities to talk with peers if possible
- Set gentle but firm limits for acting out behavior
- Listen to child's repeated retelling of the event

2. Normal Reactions to Disaster for Adults and Children

All Ages

Emotional Shock, fear, grief, anger, guilt, shame helplessness, hopelessness, numbness, emptiness. Decreased ability to feel interest, pleasure, love.
Cognitive Confusion, disorientation, indecisiveness, worry, shortened attention span, poor concentration, memory difficulties, unwanted memories, self-blame.
Physical Tension, fatigue, edginess, insomnia, generalized aches and pains, starling easily, rapid heartbeat, nausea, decreased appetite and sex drive.
Interpersonal Difficulties being intimate, being over-controlling, feeling rejected or abandoned.

Children's age-specific disaster response

Pre-school Separation fears, regression, fussiness, temper tantrums, somatization. Sleep disturbances including nightmares, somnambulism and night terrors.
School-Age May still have the above, as well as excessive guilt and worries about others safety poor concentration and loss of school performance, repetitious re-telling or play related to trauma.
Adolescent Depression, acting out, which for revenge, sleeping and eating disturbances, altered view of the future.

(Family Reception Services tools draw from toolkit materials from New York City Department of Health and Mental Hygiene and King County Health Care Coalition Pediatric Task Force)

Pediatric Safe Area Checklist

YES	NO	ITEM
		Needle boxes are at least 48 inches off the floor?
		Do the windows open?
		Are the windows locked?
		Do you have window guards?
		Plug-in covers or safety wiring for electrical outlets?
		Strangulation hazards removed (cords, wires, tubing, curtain/blinds drawstrings)?
		Can you contain children in this area (consider stairwells, elevators, doors)?
		Do you have distractions for the children (age and gender appropriate videos, games, toys)?
		Poison-proof the area (cleaning supplies, Hemoccult developer, choking hazards, cords should be removed or locked)
		Are your med carts and supply carts locked?
		Do you need to create separate areas for various age groups?
		Have you conducted drills of the plans for this area with all relevant departments?
		Do you have a plan for security for the unit?
		Do you have a plan to identify the children?
		Do you have a plan for assessing mental health needs of these children?
		Are there any fans or heaters in use? Are they safe?
		Do you have an onsite or nearby daycare? Could they help you?
		Do you have enough staff to supervise the number of children (Younger children will require more staff)?
		Do you have a sign-in, sign-out sheet for all children and adults who enter the area?
		Will children need to be escorted away from safe area to bathrooms?
		Are age-appropriate meals and snacks available for children?
		Are various-sized diapers available?
		Does the PSA have hand hygiene supplies?
		Are there cribs, cots or beds available for children who need to sleep?
		Does the PSA have a policy/protocol for handling minor illness in children (Tylenol dosing, administering routine meds, etc)
		Do you have an evacuation plan?

Tracking Protocol

Unaccompanied Child or Child with Lone Adult Patient

This form should be filled out for every child who is either:
an unaccompanied child OR
a minor (< 18 yrs) who accompanies a lone adult who is a patient.

- Fill out the "Child ID Form."

- If the child is a minor or a patient who arrives with an adult who is a patient, place identical identification bands on both the child and the adult with the following information:

    - Name of child with DOB
    - "P" (patient) or "V" (visitor)
    - Date
    - Name of adult with DOB
    - "P" and location

If child is unaccompanied and < 18 years

- Fill out "Child ID Form," if possible. Include any information from the child or anyone who brought the child in, such as address or where found, circumstances at the location, etc.

- Place ID band on child that includes name, DOB, "P" or "V" status and date

- Take digital photograph, print photo, write ID info on back and attach to form

- Catalogue with any information obtained

- Report child immediately to:

    1) Law enforcement in local jurisdiction OR
    2) When activated, the regional Family Assistance Center (FAC). The FAC will report the child to the National Center for Missing and Exploited Children (NCMEC) according to established protocols

If the child is cleared medically, the child should be taken to the pre-determined Pediatric Safe Area for further disposition.

Child ID Form

PHOTO

□ **Child is unaccompanied**

□ **Child is patient with lone adult who is a patient**

□ **Child is visitor with lone adult who is a patient**

Date _____

Name of child: _____

Age: _____ DOB _____ Male _____ Female _____

Address, if available _____ Phone number _____

If unaccompanied minor, circumstances (who, where, when, clothing, etc.) _____

_____

_____

Eye color _____ Hair color _____ Distinguishing marks _____

Name of adult _____DOB _____

Male _____Female _____Relationship to child _____

Accompanying adult treated for illness or injury? Yes _____ No _____

Admitted? No _____ Yes _____Where? _____

Child was treated for illness or injury? Yes _____ No _____
Describe _____

Admitted? No _____ Yes _____Where? _____

If "No," disposition (include Safe Area): _____

Identification bands placed
□ Child _____(initial when completed)
□ Adult _____(initial when completed)

Unaccompanied minor
□ Photographed and catalogued _(initial when completed)
□ Reported to EOC _____ (initial when completed)

Pediatric Safe Area Registry Sheet

#	Name of Child	Age	Arrival Time	Discharge Time	Disposition	Responsible Adult Name	Responsible Adult Signature	Contact Phone Number
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								

Disposition: Admit to Hospital (A) Discharged to Parent (D-P) Discharged to relative (D-R) Discharged to Other (D-O) Social Services Placement (SS) Police (PD)

Responsible Adult: Adult responsible for child at time of discharge. PSA Coordinator should determine if child can be discharged to this adult based on hospital policy.

Unidentified Patient Form

Facility Name _____

Person Completing Form (Print name and title) _____

Date _____ **Time** _____AM/PM

Phone Number _____ **FAX Number** _____

Mode of Arrival _____ **Location Arrived From** _____

Severity of Injury ☐ Critical ☐ Serious ☐ Stable ☐ Deceased

Triage Code ☐ Red ☐ Yellow ☐ Green ☐ Black ☐ Expectant

Patient Identification Status ☐ Identified ☐ Tentatively Identified ☐ Unidentified

Please indicate any method by which the patient's identification was verified, and mark all that apply

- ☐ Self identification to EMS or hospital staff
- ☐ Personal effects
- ☐ Identified by friend/family accompanying patient
- ☐ Family visually identified
- ☐ Fingerprints run by Law Enforcement
- ☐ EMS provided name on arrival
- ☐ Patient recognized by hospital staff
- ☐ Law Enforcement provided name
- ☐ Other, please describe: _____ _____

Identity Documents

Please complete the fields below for any identification found on the person

Identify Documents (Mark an **X** if any of the following documents were found on the patient)	**Describe the identification document:** I) Provide the name listed on the identification II) Provide the issuing entity III) Describe where the identification was found IV) Was it reported that the documents belong to the patient? ***(Do not provide the number on the identification document)***
☐ Driver's License	
☐ Passport	
☐ Identity Card	
☐ Credit Card	
☐ Membership Card	
☐ Health Card	
☐ Travelers Checks	
☐ Personal Checks	
☐ Student Card	
☐ Other	

Patient Tracking Unique Identifier

_____

Place Patient Identification Sticker Here *or*

MRN: _____

Physical Description

Mark with an **X** the most appropriate response and add additional information in the space provided

Approximate Height				**Approximate Weight**								
Sex	Male ☐	Female ☐	Unknown ☐									
Age Group	Infant ☐	Child ☐	Adolescent ☐	Adult:	20's ☐	30's ☐	40's ☐	50's ☐	60's ☐	70's ☐	80's ☐	>80' ☐
	Unknown ☐	Other ☐ _____										
Race/ Ethnicity	White ☐	Black/African American ☐		Asian ☐		Native American ☐		Hispanic/Latino ☐				
	Unknown ☐	Other ☐ _____										
Skin Color	Light ☐	Medium ☐	Tan ☐	Dark ☐		Freckles ☐		Unknown ☐		Other ☐		
Hair Color	Blonde ☐	Brown ☐	Black ☐	Grey ☐		White ☐		Red ☐		Dyed ☐		
	Unknown ☐	Other ☐ _____										
Hair Length	Short-chin level ☐	Medium – shoulder level ☐		Long – below shoulder ☐				Unknown ☐		Other ☐		
Hair Type	Straight ☐	Curly ☐	Wavy ☐	Shaved ☐		Bald ☐		Pattern of Baldness ☐				
	Unknown ☐	Other ☐ _____										
Facial Hair	None ☐	Beard ☐	Moustache ☐	Stubble ☐		Sideburns ☐		Goatee ☐		Unknown ☐		
	Other ☐ _____											
Eye Color	Brown ☐	Blue ☐	Green ☐	Hazel ☐		Black ☐		Grey ☐		Unknown ☐		
	Other ☐ _____											
Eye Wear	Contact Lenses	Yes ☐	No ☐	Glasses	Yes ☐	No ☐						
				Describe Frames _____								
Dental Characteristics	Dentures	Yes ☐	No ☐	Bridge ☐	Braces ☐	Crowns ☐	Missing ☐					
	Partials	Yes ☐	No ☐	Chipped ☐	Gaps ☐	Other ☐						
Unique Features	Shape of face _____			Shape of Ears								
	Eyebrows _____			Attached	Yes ☐	No ☐						
	Nose _____			Detached	Yes ☐	No ☐						
	Chin _____											
	Hands _____											
	Feet _____											
Toenails	Manicured	Yes ☐	No ☐	Color _____			Other _____					
	Decorated	Yes ☐	No ☐	Describe _____								
Fingernails	Manicured	Yes ☐	No ☐	Color _____			Other _____					
	Decorated	Yes ☐	No ☐	Describe _____								

Patient Tracking Unique Identifier

_____

Place Patient Identification Sticker Here *or*

MRN: _____

Distinguishing Body Marks

Provide a brief description and location of the following distinguishing body marks and mark its location on the body sketch

Tattoos (description and location)
6.
7.
8.
9.
10.

Scars (description and location)
6.
7.
8.
9.
10.

Birthmarks (description and location)
6.
7.
8.
9.
10.

Missing Organs/Amputations (description and location)
6.
7.
8.
9.
10.

Piercings (description and location)
6.
7.
8.
9.
10.

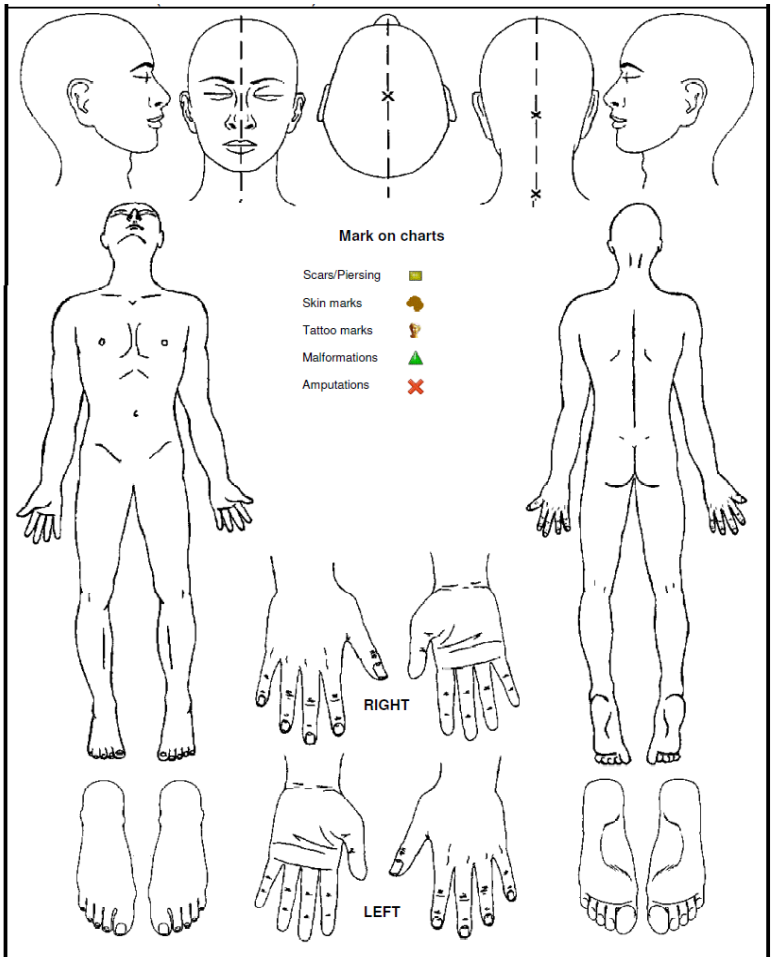
Place Patient Identification Sticker Here *or*

MRN: _____

of:

Scars	**S**
Tattoos	**T**
Piercings	**P**
Birthmarks	**B**
Amputations	**A**

Circumcision	Yes	No	Unknown
	☐	☐	☐
If Female, has she given birth			
	Yes	No	Unknown
	☐	☐	☐



Photographs

List and describe all photographs attached below (or attached to this form)

5. _____

6. _____

7. _____

8. _____

Photo #1

Place Photo Here

Photo #2

Place Photo Here

Photo #3

Place Photo Here

Photo #4

Place Photo Here

Patient Tracking Unique Identifier

_____

Place Patient Identification Sticker Here *or*

MRN: _____

Personal Effects

Description of clothing: Describe type of clothes worn in as much detail as possible. Include **size, color, material and any inscription**.

11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____

Description of Footwear: Describe type of footwear worn in as much detail as possible. Include **size, material, color and any inscription**.

3. _____
4. _____

Description of Jewelry Items: Describe the type, color, stone and any inscription in as much detail as possible. (e.g. yellow metal ring with clear stone)

9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____

Other Personal Items Found on Patient: Such as wallet, purse, keys, cell phone, contents of pockets, etc. Provide as much detail as possible

9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____

Additional Comments

_____

_____

_____

_____

_____

Patient Tracking Unique Identifier

_____

Place Patient Identification Sticker Here *or*

MRN: _____

Disaster Missing Person Form

Use this form following a mass casualty or mass fatality incident to collect family information regarding a missing person

Facility Name_____

Information Collected By (Print name and title) _____

Date _____ **Time** _____AM/PM

Phone Number _____ **FAX Number** _____

Information Given By

Last Name	First Name	Middle Name	
Phone Number	Email	Relationship	
Address	City	State	Zip
Contact Person for Missing Person – If different from above (include Name/Contact details)			
When was the last known contact with the missing person?			

Missing Person Information

Last Name	First Name	Middle Name	Maiden Name
Phone Number	Email	Relationship	
Address	City	State	Zip
Marital Status	DOB	Age	
Does the person require any medications?	Does the person have any major medical or mental health issues?		

Legal Next of Kin

Last Name	First Name	Middle Name	
Phone Number	Email	Relationship	
Address	City	State	Zip

Physician/Dentist Information

3. _____

Name Phone Number(s) City State

4. _____

Name Phone Number(s) City State

Other Contacts

3. _____

Name Relationship Phone Number(s)

4. _____

Name Relationship Phone Number(s)

Name:

DOB:

Physical Description

Mark with an **X** the most appropriate response and add additional information in the space provided

Approximate Height				**Approximate Weight**								
Sex	Male ☐	Female ☐	Unknown ☐									
Age Group	Infant ☐	Child ☐	Adolescent ☐	Adult:	20's ☐	30's ☐	40's ☐	50's ☐	60's ☐	70's ☐	80's ☐	>80' ☐
	Unknown ☐	Other ☐ _____										
Race/ Ethnicity	White ☐	Black/African American ☐		Asian ☐	Native American ☐	Hispanic/Latino ☐						
	Unknown ☐	Other ☐ _____										
Skin Color	Light ☐	Medium ☐	Tan ☐	Dark ☐	Freckles ☐	Unknown ☐	Other ☐					
Hair Color	Blonde ☐	Brown ☐	Black ☐	Grey ☐	White ☐	Red ☐	Dyed ☐					
	Unknown ☐	Other ☐ _____										
Hair Length	Short-chin level ☐	Medium – shoulder level ☐		Long – below shoulder ☐		Unknown ☐	Other ☐					
Hair Type	Straight ☐	Curly ☐	Wavy ☐	Shaved ☐	Bald ☐	Pattern of Baldness ☐						
	Unknown ☐	Other ☐ _____										
Facial Hair	None ☐	Beard ☐	Moustache ☐	Stubble ☐	Sideburns ☐	Goatee ☐	Unknown ☐					
	Other ☐ _____											
Eye Color	Brown ☐	Blue ☐	Green ☐	Hazel ☐	Black ☐	Grey ☐	Unknown ☐					
	Other ☐ _____											
Eye Wear	Contact Lenses	Yes ☐	No ☐	Glasses	Yes ☐	No ☐						
				Describe Frames _____								
Dental Characteristics	Dentures	Yes ☐	No ☐	Bridge ☐	Braces ☐	Crowns ☐	Missing ☐					
	Partials	Yes ☐	No ☐	Chipped ☐	Gaps ☐	Other ☐						
Unique Features	Shape of face _____			Shape of Ears								
	Eyebrows _____			Attached	Yes ☐	No ☐						
	Nose _____			Detached	Yes ☐	No ☐						
	Chin _____											
	Hands _____											
	Feet _____											
Toenails	Manicured	Yes ☐	No ☐	Color _____			Other _____					
	Decorated	Yes ☐	No ☐	Describe _____								
Fingernails	Manicured	Yes ☐	No ☐	Color _____			Other _____					
	Decorated	Yes ☐	No ☐	Describe _____								

Name:

DOB:

Distinguishing Body Marks

Provide a brief description and location of the following distinguishing body marks and mark its location on the body sketch

Tattoos (description and location)
11.
12.
13.
14.
15.

Scars/Surgeries (description and location)
11.
12.
13.
14.
15.

Birthmarks (description and location)
11.
12.
13.
14.
15.

Missing Organs/Amputations (description and location)
11.
12.
13.
14.
15.

Piercings (description and location)
11.
12.
13.
14.
15.

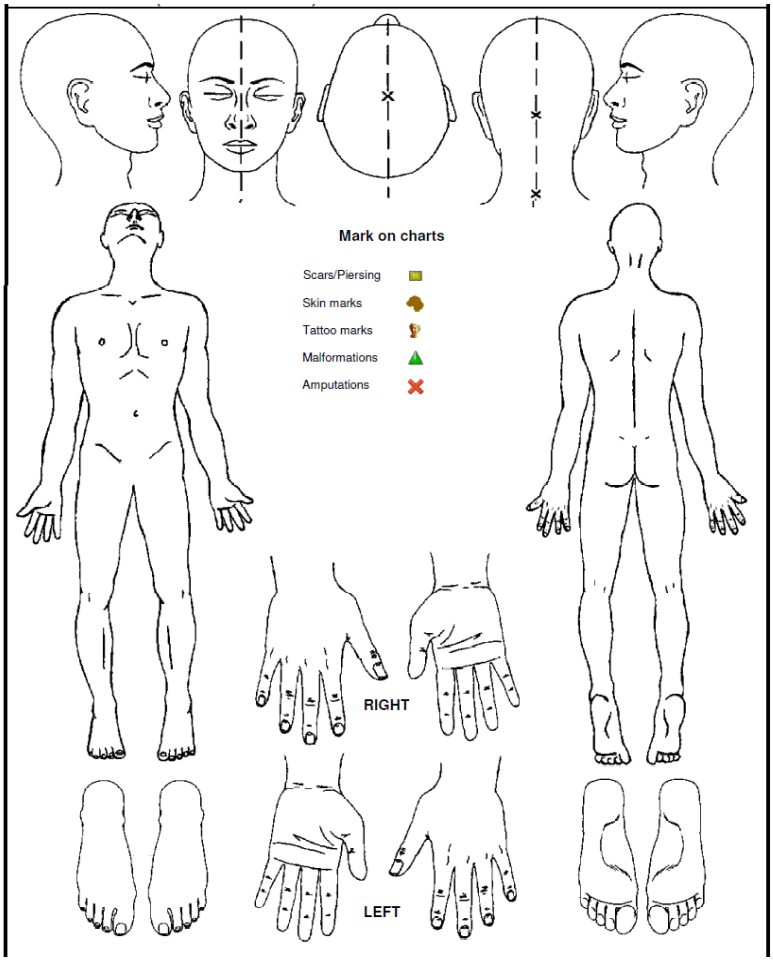
Name:

DOB:

Mark on body sketch the presence of:

Scars	**S**
Tattoos	**T**
Piercings	**P**
Birthmarks	**B**
Amputations	**A**

Circumcision	Yes ☐	No ☐	Unknown ☐
If Female, has she given birth			
	Yes ☐	No ☐	Unknown ☐



Photographs

List and describe all photographs attached below (or attached to this form)

9. _____

10. _____

11. _____

12. _____

Photo #1

Place Photo Here

Photo #2

Place Photo Here

Photo #3

Place Photo Here

Photo #4

Place Photo Here

Name:

DOB:

Personal Effects

Description of clothing: Describe type of clothes worn in as much detail as possible. Include **size, color, material and any inscription**.

21. _____
22. _____
23. _____
24. _____
25. _____
26. _____
27. _____
28. _____
29. _____
30. _____

Description of Footwear: Describe type of footwear worn in as much detail as possible. Include **size, material, color and any inscription**.

5. _____
6. _____

What is their shoe size? _____

Description of Jewelry Items: Describe the type, color, stone and any inscription in as much detail as possible. (e.g. yellow metal ring with clear stone)

Worn at Time of Disaster:

17. _____
18. _____
19. _____
20. _____

Jewelry Items "Always Worn"

21. _____
22. _____
23. _____
24. _____

Other Personal Items Found on Patient: Such as wallet, purse, keys, cell phone, contents of pockets, etc. Provide as much detail as possible

17. _____
18. _____
19. _____
20. _____
21. _____
22. _____
23. _____

Additional Comments

_____

_____

_____

_____

Name:
DOB:

FAMILY RECEPTION SERVICES SIGN-IN and TRACKING SHEET FOR FAMILY MEMBERS

INCIDENT NAME: _____ **OPERATIONAL PERIOD:** _____

#	DATE Of Arrival	TIME Of Arrival	VISITOR (please write your name, relationship to the person you are looking for, and your contact information) NAME	RELATIONSHIP	CONTACT #	LEGAL NEXT OF KIN (YES/NO)	SEEKING INFORMATION ON: NAME	DOB/AGE	
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

Family Reception Services (FRS)
Unit Leader/Coordinator
Job Action Sheet

YOU REPORT TO: _____

COMMAND CENTER LOCATION: _____ **PHONE #:** _____

Mission: Organize and manage the operations of the Family Information Support Center, including personnel, equipment, and supplies.

Immediate (Operational Period 0-2 Hours)	**Time**	**Initial**
Receive appointment and briefing from the Medical Care Branch Director. Obtain FRS activation packet.		
Read this entire Job Action Sheet and review the incident management team chart. Put on position identification.		
Notify your usual supervisor of your FRS assignment.		
Determine need for and appropriately appoint FRS unit members, distribute corresponding Job Action Sheets, FRS Information Sheets and position identification. Complete the Unit Assignment List.		
Document all key activities, actions, and decisions in an Operational Log on a continual basis.		
Brief the FRS unit members on current situation; outline unit action plan and designate time for next briefing.		
Confirm the designated FRS area is available, and begin distribution of personnel and equipment resources.		
Communicate and coordinate with Behavioral Health Unit Leader to determine ▪ Available staff (mental health, nursing, chaplains, experienced volunteers, etc.) that can be deployed to the FRS to provide psychological support, and intervention. ▪ Location and type of resources that can be used to assist with a mental health response, such as toys and coloring supplies for children, mental health disaster recovery brochures, fact sheets on specific hazards (e.g., information on chemical agents that include symptoms of exposure), private area in the facility where family members can wait for news regarding their family member, etc.		
Regularly report FRS status to Medical Care Branch Director.		
Assess problems and needs; coordinate resource management.		
Instruct all FRS unit members to periodically evaluate equipment, supply, and staff needs and report status to you; collaborate with Supply Unit Leader to address those needs; report status to Medical Care Branch Director.		
Coordinate contact with external agencies with the Liaison Officer, if necessary.		
Coordinate information with the Patient Registration Unit Leader and the Patient Tracking Manager		

Immediate (Operational Period 0-2 Hours)	Time	Initial
Document all communications (internal and external).		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Meet regularly with the Medical Care Branch Director for status reports, and relay important information to FRS unit members.		
Continue coordinating activities in the FRS.		
Ensure prioritization of problems when multiple issues are presented.		
Coordinate use of external resources; coordinate with Liaison Officer if appropriate.		
Develop and submit a FRS action plan to the Medical Care Branch Director when requested.		
Ensure documentation is completed correctly and collected.		
Advise the Medical Care Branch Director immediately of any operational issue you are not able to correct or resolve.		
Ensure staff health and safety issues being addressed; resolve with Employee Health and the Safety Officer.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue to monitor the FRS unit's ability to meet workload demands, staff health and safety, resource needs, and documentation practices.		
With the assistance of Human Resources, verify/credential external personnel sent to assist.		
Work with the Medical Care Branch Director and Liaison Officer, as appropriate on the assignment of external resources. Coordinate assignment and orientation of external personnel sent to assist.		
Rotate staff on a regular basis. Provide for staff rest periods and relief.		
Document actions and decisions on a continual basis.		
Continue to provide the Medical Care Branch Director with periodic situation updates.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
As needs for the FRS decrease, return staff to their normal jobs and combine or deactivate positions in a phased manner, in coordination with the Demobilization Unit Leader.		
Ensure the return/retrieval of equipment/supplies/personnel.		
Debrief staff on lessons learned and procedural/equipment changes needed.		

Demobilization/System Recovery	**Time**	**Initial**
Upon deactivation of your position, brief the Medical Care Branch Director on current problems, outstanding issues, and follow-up requirements.		
Upon deactivation of your position, ensure all documentation and FRS Operational Logs are submitted to the Medical Care Branch Director.		
Submit comments to the Medical Care Branch Director for discussion and possible inclusion in the after-action report; topics include: ▪ Review of pertinent position descriptions and operational checklists ▪ Recommendations for procedure changes ▪ Section accomplishments and issues		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Family Reception Services (FRS)
Behavioral Health Unit Lead
Job Action Sheet

YOU REPORT TO: _____

COMMAND CENTER LOCATION: _____ **PHONE #:** _____

Mission: Manage and coordinate behavioral health care in the Family Reception Services area.

Immediate (Operational Period 0-2 Hours)	**Time**	**Initial**
Receive appointment, briefing, and appropriate forms and materials from the FRS Unit Leader and Behavioral Health Unit Leader.		
Read this entire Job Action Sheet. Put on position identification.		
Notify your usual supervisor of your FRS assignment.		
Document all key activities, actions, and decisions in an Operational Log on a continual basis.		
Meet with the FRS Unit Leader and Behavioral Health Unit Leader to plan, project, and coordinate mental health care needs in the Family Reception Services are.		
Case worker vs itinerant care?		
Participate in briefings and meetings, as requested.		
Provide behavioral health guidance and recommendations to the FRS Unit Leader based on response needs and potential triggers of psychological effects.		
Document all communications (internal and external).		

Intermediate (Operational Period 2-12 Hours)	**Time**	**Initial**
Communicate and coordinate with the FRS Unit Leader on the availability of behavioral health staff needed to deliver psychological support and intervention		
Continue to ensure the provision of resources for behavioral health and recovery, and education to children and families.		
Ensure that appropriate behavioral health standards of care are being followed and behavioral health needs are being met.		
Communicate with local mental health department, in collaboration with the Liaison Officer, to ascertain community mental health status and assess available resources.		
Ensure patient information is kept confidential.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Advise the FRS Unit Leader immediately of any operational issue you are not able to correct or resolve.		
Report equipment and supply needs to FRS Unit Leader.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Ensure staff health and safety issues are being addressed; resolve with the FRS Unit Leader and Employee Health when appropriate.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue behavioral health care supervision, including monitoring quality of care, document completion, and safety practices.		
Continue to meet regularly with the behavioral health staff in the FRS Unit, keep the FRS Unit Leader apprised of current conditions.		
Continue to ensure the provision of resources for behavioral health and recovery, and education to children and families.		
Observe staff, volunteers, and patients for signs of stress and inappropriate behavior. Report concerns to FRS Unit Leader. Provide for staff rest periods and relief.		
Continue to document actions and decisions and send to the FRS Unit Leader at assigned intervals and as needed.		
Respond to reports or concerns from other staff regarding signs of staff stress and inappropriate behavior.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Upon deactivation of your position, brief the FRS Unit Leader on current problems, outstanding issues, and follow-up requirements.		
Upon deactivation of your position, ensure all documentation are submitted to FRS Unit Leader.		
Submit comments to FRS Unit Leader for discussion and possible inclusion in after action report. Comments should include: ▪ Review of pertinent position descriptions and operational checklists ▪ Procedures for recommended changes ▪ Section accomplishments and issues		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Family Reception Services (FRS)
Pediatric Safe Area (PSA) Coordinator
Job Action Sheet

You report to: _____(PEDIATRIC SERVICES UNIT LEADER)

Command Center location _____ Phone number _____

Mission: To ensure that the pediatric safe area is properly staffed and stocked for implementation during an emergency, and to insure the safety of children requiring the PSA until an appropriate disposition can be made.

Immediate (Operational Period 0-2 Hours)	**Time**	**Initial**
Receive appointment from Pediatric Services Unit Leader		
Read this entire job action sheet		
Obtain briefing from Pediatric Services Unit Leader		
Ascertain that the pre-designated pediatric safe area is available		
If not immediately available, take appropriate measures to make the area available as soon as possible		
Gather information about how many pediatric persons may present to the area		
Make sure that enough staff is available for PSA		
Make sure that enough security staff is available for PSA		
Make sure that there is adequate communication in PSA		
Make sure that there is a sign in/out log for PSA		
Make sure that all items in PSA checklist have been met. If there are any differences, Address them as soon as possible and report them PSUL		

Intermediate (Operational Period 2-12 Hours)	**Time**	**Initial**
Ascertain the need for ongoing staff for PSA		
Maintain registry of children in PSA as they arrive or are released to appropriate adult		
Determine estimated length of time for the expected operational period of PSA		
Maintain communication with Pediatric Services Unit Leader for planning needs		

Determine if there are any medical or non-medical needs specifically needed by pediatric persons in PSA		
Prepare an informational session for the pediatric persons in the PSA		
Prepare to make arrangements for sleeping capacities if needed		
Ascertain if there will be any additional needs required for this event (volunteers, staff, security, and equipment)		
Make sure that pediatric persons have the appropriate resources (food, water, medications, age-appropriate reading materials) and entertainment for their safety		
Report frequently to Pediatric Services Unit Leader concerning status of PSA		

Extended (Operational Period Beyond 12 Hours)	**Time**	**Initial**
Make sure that PSA staff have enough breaks, water, and food during their working periods		
Coordinate with Psychological Support for ongoing evaluations of mental health of volunteers and pediatric persons in case of need for psychosocial resources		
Document all action/decisions with a copy sent to the Pediatric Services Unit Leader		
Other concerns:		

Family Reception Services (FRS)
Security
Job Action Sheet

YOU REPORT TO: _____

COMMAND CENTER LOCATION: _____ **PHONE:** _____

Mission: Ensure the security of the Family Reception Services area, personnel and visitors by monitoring individuals entering and exiting the area.

Immediate (Operational Period 0-2 Hours)	**Time**	**Initial**
Receive appointment, briefing, and any appropriate materials from the FRS Unit Leader and the Security Unit Leader.		
Read this entire Job Action Sheet and review incident management team chart. Put on position identification.		
Notify your usual supervisor of your FRS assignment.		
Document all key activities, actions, and decisions in an Operational Log on a continual basis.		
Implement the FRS security and personnel identification policies.		
Identify and remove unauthorized persons from restricted areas.		
Document all communications (internal and external).		

Intermediate (Operational Period 2-12 Hours)	**Time**	**Initial**
Meet regularly with the FRS Unit Leader for status reports, and relay important information to FRS Security members.		
Communicate with the FRS Unit Leader to secure and post non-entry signs around secure and unsafe areas.		
Assist in verification of press credentials and ensure only authorized media representatives are allowed inside facility.		
Identify need for assistance or equipment and report to the FRS Unit Leader.		
Advise the FRS Unit Leader immediately of any operational issue you are not able to correct or resolve.		

Extended (Operational Period Beyond 12 Hours)	**Time**	**Initial**
Continue to monitor the FRS Security's ability to meet workload demands, staff health and safety, resource needs, and documentation practices.		
Document actions and decisions on a continual basis and send to the FRS Unit Leader at assigned intervals and sooner when appropriate.		
Continue to provide the FRS Unit Leader with periodic situation updates.		

Extended (Operational Period Beyond 12 Hours)	**Time**	**Initial**
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the FRS unit leader		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	**Time**	**Initial**
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Upon deactivation of your position, ensure all documentation and Operational Logs are submitted to the Security Branch Director or Operations Section Chief, as appropriate.		
Upon deactivation of your position, brief the FRS Unit Leader on current problems, outstanding issues, and follow-up requirements.		
Submit comments to the FRS Unit Leader for discussion and possible inclusion in the after-action report; topics include: ▪ Review of pertinent position descriptions and operational checklists ▪ Recommendations for procedure changes ▪ Section accomplishments and issues		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Appendix P: Example Family Assistance Center Plan

ESF 8 – FUNCTIONAL ANNEX

<Insert County Here> Family Assistance Center Plan

Version 1, **<Insert Month and Year Here>**

Record of Changes

Version No.	Description of Change	Date Entered	Posted By

Table of Contents

Purpose, Scope, Situations, and Assumptions

A. Purpose

The purpose of this plan is to guide **<Insert County Here>** in coordinated family assistance responses related to the consequences of a mass fatality or mass casualty incident resulting from natural or man-made disasters.

B. Scope

The **<Insert County Here>** Family Assistance Center Plan is applicable for all non-aviation or passenger rail, mass fatality or mass casualty incidents which require coordinated and centralized information, victim information, and behavioral health services for the family/friends of missing or deceased persons.

The **<Insert County Here>** Family Assistance Center Plan is an annex to the **<Insert County Here>** Emergency Support Function (ESF) 8 plan. The information in this plan refers to the concept of operations, roles and responsibilities, and coordinated communications for establishing and operating a Family Assistance Center. The plan outlines coordination between local, state, and federal response partners.

C. Situation Overview

When a disaster strikes, as a community, we need to be able to appropriately care for the living but also to ethically and respectfully manage the deceased and ensure availability of information and support for their survivors. Following a mass fatality or mass casualty incident families will be searching for their loved ones any way they can. This may include calling a call center, going to local hospitals or showing up at the incident site. A Family Assistance Center (FAC) will be established following these incidents to provide a safe and secure facility away from the incident site for families to gather information and assistance finding their family members.

Definitions

Family: In the context of the FAC, Family is defined as any individual (family, friend, partner, distant relatives) that considers them to be a part of the victim's family, even if there is not a legal familiar relationship. This includes individuals other family members characterize as family. This is distinguished from the legal next of kin, who are the legally authorized individual(s) with whom the Medical Examiner/Coroner (ME/C) coordinates and who is authorized to make decisions regarding the decedent.

Family Assistance Center: The Family Assistance Center is a secure facility established to serve as a centralized location to provide information and assistance about missing or unaccounted for persons and the deceased. It is also established to support the reunification of the missing or deceased with their family members.

The primary goals of a Family Assistance Center are to

- Provide a private and secure place for families to gather, receive information about the response and recovery, and grieve.
- Protect families from the media and curiosity seekers.
- Facilitate information exchange between the ME/C and families so that the ME/C can obtain information needed to assist in identifying the victims.
- Address family informational, psychological, spiritual, medical and logistical needs
- Provide death notifications and facilitate the processing of death certificates and the release of human remains for final disposition.

D. Planning Assumptions

FAC Operations

1. Incidents warranting the activation of a FAC may occur as a result of natural, human caused or technological sources.
2. Eight family members will arrive or need assistance for each potential victim.
3. After an incident family members will immediately call or self report to many agencies/locations seeking information about their loved ones. This could include the incident site, 911, 211, hospitals, clinics, fire departments, police stations, or the ME/C.
4. Not all family members will come to the FAC. Services need to be available virtually to support and provide information to those who are not physically on site at the FAC.
5. Coordination among responding agencies about family member welfare inquiries, missing persons reports and patient tracking will be necessary.
6. The FAC should be operational, at least with basic services, within 24 hours.
7. Family Reception Services may need to be provided at to give families a place to convene until a FAC is established. This may occur at a hospital, airport, or other community site.
8. The FAC will need to operate 24 hours during the initial days/weeks after an incident.
9. The FAC operations may be long-term.
10. Family members will have high expectations regarding:
    - The identification of the deceased
    - The return of their loved ones to them
    - Ongoing information and updates
11. Victim identification may take multiple days, weeks, months or a year or more depending on the nature of the incident.
12. The National Transportation Safety Board (NTSB) will be the lead agency for operating a FAC during general aviation or passenger rail incidents.

Family Concerns

1. Not all families will grieve or process information in the same way.
2. Ethnic and cultural traditions will be important factors in how the families grieve.
3. Family members who live far away may travel to the FAC and need assistance with basic resources such as lodging, toiletries, clothes, prescriptions, etc.
4. Family members that live locally may chose to stay overnight at the FAC, especially in the initial days after an incident.
5. Family interviews may need to be conducted with multiple family members in order to collect sufficient antemortem information to assist with the victim identification.
6. Mental health and spiritual care resources should be available at the FAC.
7. Responding to a mass casualty or mass fatality incident can be overwhelming and lead to traumatic stress. Support for responders and staff at the FAC will be essential.

Concept of Operations

A. Command, Control and Coordination

During a local, regional, state, national or international mass fatality or mass casualty event that affects **<Insert County Here>**, or results in the need to coordinate **<Insert County Here>** resources, **<Insert Local Authority Agency Here>** will activate ESF8 to support the ME/C operations, activate a missing persons call center, and activate a FAC. **<Insert Local Authority Agency Here>** will serve as the coordinating entity for ESF 8 agencies with local Emergency Operation Centers (EOCs), serving as the coordinating entity for State or federal entities as appropriate.

If the incident is a criminal or suspected criminal event, **<Insert Local Authority Agency Here>** will establish a unified command with Law Enforcement. Law Enforcement may consist of local, State, or federal (FBI) law

enforcement entities. In this instance the FAC operations will be directed jointly by representative from **<Insert Local Authority Agency Here>** and Law Enforcement. All information gathered by the FAC will be treated as evidence in the ongoing investigation. Law Enforcement will establish protocol for the gathering and handling of evidence at the FAC.

1. Federal Jurisdiction/Assistance

Under the Aviation Disaster Family Assistance Act of 1996 and the Rail Passenger Disaster Family Assistance Act of 2008, in the event of a commercial aviation or a non-commuter interstate intercity passenger rail incident, the NTSB will be the primary agency responsible for coordinating Family Assistance. The NTSB is also responsible for working with other government and non-government partners to provide additional services. Disaster Mortuary Operations Response Team (DMORT) may be contracted to assist the KCMEO with the victim identification, family interviews, and family notification processes.

In the event of an aviation or passenger rail accident the American Red Cross is the lead agency of family care and crisis intervention after the accident. As such they will coordinate and manage the numerous organizations and personnel offering counseling, religious and other support services to the operation. If necessary, they will also deploy a Critical Response Childcare Team to coordinate on-site childcare services.

In the case of a mass fatality resulting from a criminal event the Department of Justice (DOJ) assumes jurisdiction over the investigation of the event. In both of these instances Health and Medical Area Command will work directly with the federal partners to provide support as needed.

In non-aviation incidents **<Insert Local Authority Agency Here>** may make a request to the **<Insert County Here>** Office of Emergency Management who will in tern make a request to the Washington State Office of Emergency Management to request federal assistance. A DMORT may be necessary to assist with the ME/C with morgue operations. The DMORT FAC Team may also be requested to assist HMAC in establishing and operating a FAC.

2. Local Hospitals

Immediately following a mass fatality or mass casualty incident hospitals may see an influx of families and unaccompanied children calling or arriving at their facility. To respond to the flood of families with information needs, hospitals are advised to set up a Family Reception Services area within their hospital to specifically address these information needs. Hospitals are also advised to set up a pediatric safe area within their facility to ensure the safety and well-being of any unaccompanied children that may also arrive at their facility. Hospitals should forward all missing person inquiries and information on unidentified patients to the Family Assistance Center once a facility is established. The Family Assistance Center will maintain close communication with local hospitals to verify the whereabouts of missing persons and help identify unidentified patients.

3. Law Enforcement

Law Enforcement is responsible for investigating and securing any incident that is suspected of being criminal activity. Law Enforcement will be responsible for coordinating security at any facility opened as a response to the disaster, including a FAC. Law Enforcement will also oversee any missing persons investigations and work with **<Insert Local Authority Agency Here>** and the ME/C to provide information regarding missing or deceased persons.

B. Code of Conduct

All FAC staff members, including those who are from the public and private sector, paid employees and volunteer staff, contractors, consultants, and others who may be temporarily assigned to perform work or services for the FAC must follow the below listed code. All staff shall abide by the code of conduct and behavior policies of their agency or organization. Failure to do so can result in removal from the FAC. In addition, all staff working

at the FAC or visiting the FAC are to sign a confidentiality agreement to protect the personal information of families, missing persons, and decedents.

The purpose of the FAC is to provide a safe place for families to obtain services and information regarding victims who were missing, injured or killed during a disaster. FAC staff should make every effort to conduct themselves in a discrete and helpful manner, with the traumatic nature of the event and the client's high level of emotional stress in mind.

- Protect the privacy of the victims and clients. Do not share any information or provide access to the media without specific permission from your supervisor and express consent of the families. Follow principles outlined in Health Insurance Portability and Accountability Act (HIPAA) policies.
- Communicate openly, respectfully, and directly with families and staff in order to optimize services and to promote mutual trust and understanding. Handle conflict promptly, appropriately and in the correct environment by asking for help and offering positive solutions to problems that are identified.
- Conduct FAC related business with integrity and in an ethical manner.
- Be sensitive to an environment where a number of family members will be grieving. Refrain from engaging in loud conversations, laughter, and other social conversations in family areas.
- Assist others in providing care and/or services promptly. Act as an ambassador of the FAC by maintaining positive communication regarding the FAC, both inside and outside the facility.
- Clearly identify yourself and your position to family members and staff and wear your nametag at eye level.
- Be understanding and sensitive to the difficult situation that family members face. Do not criticize decisions in the presence of families.
- Protect the property and other assets entrusted to you by families and others against loss, theft, or abuse.
- Take responsibility and be accountable for your entire job requirements as outlined in job action sheets and organizational policies.

C. **Activation and Set-up**

The FAC will be activated as part of the local ESF-8 plan. In a mass fatality or mass casualty incident **<Insert Local Authority Agency Here>** staff will begin taking the steps necessary to stand up a missing persons call center and FAC. Activation of the plan will occur following a discussion between the Chief Medical Examiner/Coroner, the Health Officer, the **<Insert Local Authority Agency Here>** Incident Commander and other relevant parties. The FAC plan may be activated in coordination with the **<Insert County Here>** Mass Fatality Plan following a mass fatality incident or independently of the mass fatality plan following a mass casualty incident.

<Insert Local Authority Agency Here> will activate a FAC in a variety of mass casualty or mass fatality scenarios to:

- Provide a private and secure place for families to gather, receive information about the response and recovery, and grieve.
- Protect families from the media and curiosity seekers.
- Facilitate information sharing with hospitals, to support family reunification with the injured.
- Address family informational, psychological, spiritual, medical and logistical needs.
- Centralize and coordinate missing person inquiries
- Collect antemortem information on the missing or known deceased
- Facilitate information exchange between the ME/C and families.
- Provide death notifications and facilitate the processing of death certificates and the release of human remains for final disposition as needed.

1. Incident Scale

Following an incident the approximate scale should be assessed to determine the need for and magnitude of a FAC. Determination of the scale of an incident will inform the selection of a FAC site as well as the staffing and equipment/supplies planning.

Table: FAC Scaling Guide*

Scenario	**1**	**2**	**3**	**4**
Scale of Incident	**Small**	**Medium**	**Large**	**Catastrophic**
Potential Fatalities	<20	20-100	101-500	>500
Family and Friends	<160	160-800	800-4,000	>4,000
Daily Capacity for Critical Services (family interviews, processing, and staff break time: average 3 hours)	3-5 interviewers/12 hours a day = 12-20 interviews per day	5-10 interviewers/12 hours a day = 20-40 interviews per day	10-30 interviews/12 hours a day = 40-120 interviews per day	30-50 interviewers/12 hours a day = 120-200 interviews per day

**This Table should be considered guidance; many factors may influence these figures.*

Scaling Calculations

Victims **X** 8 **=** Potential Number of Family Members

Interviewers **X** 4 **=** # Interviews per day *(assuming 3 hours per interview and a 12 hour work day)*

Other factors that may influence the magnitude and duration of operations

- The condition of the disaster site
- Access to the disaster site
- The condition of the remains
- The duration of the Mortuary Operations
- Whether or not there are other organization that can continue ongoing case management needs
- Whether or not the disaster is an ongoing event
- Open vs. closed population

2. Selecting a Location

Potential FAC locations will be assessed as part of the pre-incident planning efforts. A FAC location should be selected from the pre-determined locations if possible. Potential FAC locations should be assessed/reviewed with the Prospective Site Assessment Worksheet at the time of activation. The organization and operation of the FAC should create an atmosphere of calmness, professionalism, concern, and care.

Important criteria to consider while selecting a site

- One large FAC is preferred over several smaller ones.
- Unless specifically requesting only primary services are recommended at the FAC.
  - A separate location should be established to provide social service needs for affected residents, workers, business owners, and those who have not lost a friend or family. If possible the FAC should be located close to this facility so families visiting the FAC can easily access those services.
  - If the facilities are in the same building they should have completely separate entrances.
- The FAC should be located close enough to the incident that allows personnel to move easily between the response site and the FAC but far enough away that clients are not continually exposed to the scene.
  - Families should not pass the incident site on their way to and from the FAC.

- The facility must conform with local and federal regulations.
  - Occupancy capacity regulations
  - Occupational Safety and Health Administration (OSHA) facility requirements
  - Americans with Disabilities Act (ADA) compliant or modifiable to be compliant
- The FAC site should, if at all possible, have easy access to public transportation (buses, trains, subways, etc) as well as easy access to local hospitals and healthcare facilities.

3. Assessing Staffing Needs

The Logistics Section is responsible for coordinating, acquiring, and deploying staff to the FAC. The Logistics Section should work with **<Insert Local Authority Agency Here>** and the FAC Director to assess the needs of establishing the FAC. Logistics will work through channels outlined in the Volunteer Management Plan to provide internal, volunteer, and partner staff to the FAC operations.

4. Assessing Equipment and Supply Needs

The Logistics Section is responsible for identifying and acquiring resources necessary for the operation of the FAC. Using the equipment and supplies guide, logistics should determine the necessary supplies and work with emergency management, if necessary, to set-up the FAC. If required, the logistics team should also acquire resources and set-up a Missing Persons Call Center for in-coming and out-going calls related to missing persons and Family Assistance.

D. Operations

1. Reception and Registration

Families entering the FAC families will be greeted and directed to the reception and registration desk to check in. Reception and registration will set the tone for the FAC and serve will serve provide families with the information regarding the FAC, missing persons, victim information, behavioral health, and support services. Throughout the registration process translation and interpretation services should be on hand to assist with any translation/interpretation needs. Behavioral health providers should also be on hand during client welcoming and registration to provide services as needed.

- Family Host

  If resources allow there should be family hosts available to all families visiting the FAC. Family Hosts will provide clients a brief overview of the services provided at the FAC, a tour of the facility, and answer any questions the family may have. The family hosts will also coordinate all necessary resource and information needs families may have. This may include physical resources (chairs, tables, tissues, etc.) as well as informational resources (time of briefings, contact information for social services, etc.).

2. Family Briefings

Family briefings are a core component of FAC operations, and provide a structured and routine mechanism for providing informational updates to families and addressing their questions. This consistency and process can help provide a sense of structure and familiarity for families when many things around them feel chaotic. Failure to meet families' informational needs in a timely manner can erode the trust that is essential to successful response and recovery operations.

Family briefings will be coordinated by the PIO or the Deputy PIO Family Briefings. Family briefings should be held twice a day by the Chief Medical Examiner/Coroner or their designee. In general the briefings will include information on the progress of recovery efforts (human remains recovery), the identification of victims, missing person investigation, the incident investigation, and other areas of concern.

Important considerations for family briefings

- Briefings should be conducted by individuals in charge of key areas of response, such as the FAC Director, Chief Medical Examiner/Coroner, Chief of Police, etc (or their high level designees). Consistency among the individuals conducting briefings should be maintained when possible.
- Establish a regular schedule for briefings and communicate this information to the families. In general, briefings should occur at least twice daily (e.g. morning and afternoon), but as frequently as necessary. Maintain a consistent briefing schedule even if there is no new information to report.
- Briefings should be provided to families physically at the FAC as well as those away from the FAC. A conference call capability should be made available for families to call in if they are not on site; transcription services are also recommended.
- Information must be communicated to families before statements are made to the media. Briefing messages should be coordinated with the Joint Information Center (JIC) to ensure talking points are coordinated among relevant agencies and that information being given to families is consistent with messages given to the public.
- Emphasize to families that the FAC is the best source of current and accurate information at each briefing.
- Present information in terms family members can understand.
- Repeat information frequently during briefings to accommodate the different levels of receptiveness, information processing and grieving among family members
- Include question and answer periods after each briefing; this could take up to an hour.
- Be honest with family members if a question cannot be answered, but try to get an answer as quickly as possible, ideally by the next briefing.
- Provide copies of transcripts or notes and any related information sheets or handouts for families to help keep track of the information they are receiving.

3. Victim Information

The victim information branch coordinates all information gathering and reconciliation concerning missing persons, potential victims, unidentified patients, and portmortem information from ME/C. The victim information branch works to reconcile all missing persons and antemortem information to appropriately reunite families.

- Missing Persons Call Center Operations

Following an incident **<Insert Local Authority Agency Here>** will activate a Missing Persons Call Center to provide a critical communication link to families and the public that are seeking information about missing family members. The missing persons call center could be a section of a larger Public Information Call Center (PICC) or could be operated as a distinctive entity. The missing persons call center will be activated as soon as possible following an incident, ideally within two hours, and will operate 24/7 in the initial phases of the response. The missing persons call center may not be physically located at the FAC.

Primary functions of a missing persons call center

- To provide a centralized number for families or the public to call regarding inquires about missing or potentially deceased persons. This helps reduce the burden of calls to other local emergency lines, such as 911 and hospitals.
- To collect missing person reports regarding individuals who are unaccounted for following a mass casualty or mass fatality incident.
- To serve as the primary communications point for families
- To funnel and triage all calls to the FAC. They can be referred to the appropriate units within the FAC when needed.

Missing Persons Call Center Staffing and Resource Guidelines

- The missing person call center messaging should be coordinated with the JIC and approved by the FAC PIO.
- Call center operations involve interacting with callers who may in a high state of stress, trauma or grief. Call takers should be appropriately trained to handle basic crisis intervention strategies, strategies for talking to individuals about death and should understand the sensitive and confidential nature of the calls.
- Call takers should log each call and have forms or a database available to document information about each caller, the person they are calling in regards to, and how the call was managed.
- Call takers should have access to the most current information about the incident including:
  - Services available at the FAC
  - Daily family briefing updates
  - Press releases
  - Resource information such as lodging and transportation
  - Lists of injured, unaccounted for and known deceased
  - Updated on the incident investigation
- The call center should have access to a resource guide that includes local community resources as well as services available specifically as a result of the disaster.
- Thorough documentation of all call center activities should be maintained on a daily basis and summary information or key issues/problems/concerns should be brought to the attention of the FAC Director.
- Call takers should have resources available to refer callers needing immediate assistance such as by a spiritual care or mental health provider

- Missing Persons

The Missing Persons Group is responsible for collecting all information on missing persons to reunite families. The Missing Persons Group will be receiving information from missing persons reports from the Missing Persons Call Center, hospitals, alternate care facilities (ACFs), Law Enforcement, and family interviews. The Missing Persons Group will also be receiving unknown patient reports from local hospitals and ACFs; lists of shelter residents and antemortem data from family interviewers. The Missing Persons Group will receive postmortem data from the ME/C. The missing persons group will assimilate all of the information to identify the location and status of missing persons and reunite families.

- Patient Tracking

The Patient Tracking Unit is responsible for working with local hospitals and ACFs to collect all unknown patient information. This information will then be used by the Missing Persons Groups to work to assimilate information and reunite families. The Patient Tracking Unit will communicate information back to hospitals or ACFs once a probable match is made.

- Shelter

The Shelter Unit is responsible for coordinating with the local shelters to identify who is present at these facilities to aid in reunifying families that have reported people missing. The Shelter Unit will work with local partners like American Red Cross and other shelter organizations to receive information about shelter residents. Once a probable match is made by the Missing Persons Group the Shelter Unit will communicate information back to the shelter partners to reunite families.

- Web Search

The Web Search Unit is responsible for searching databases, social networking sites, disaster assistance sites, and any other web sites that may provide information about a missing person to aid in missing person investigations. All information will be communicated to the Missing Persons Group.

- Antemortem Data Collection

Antemortem data is collected from family members of victims to aid in the identification of their family members. Antemortem data is collected through family interviews, medical/dental records and DNA samples. Anticipate that families will have questions concerning antemortem data collection and the identification process. A representative from the ME/C will be available at the FAC to answer questions from the families and interviewers. The collection of all antemortem data will be done by trained personnel only.

To better manage and serve family needs, families will be assigned to a Family Liaison Teams in larger FAC operations. For the purpose of the FAC these teams may be assigned a color to identify them. Family Liaison teams will provide families with a core group of individuals that will be able to address their needs. This will give families a sense that there are people who are working specifically with them. This will also give staff a simple way to triage any concerns to staff that have knowledge of each family and can better support their needs. Family Liaison teams will only consist of family interviewers and notification staff.

- Family Interviews

Antemortem data is collected from family members and friend via in-person interview or by telephone. Interview with family members will be conducted in a quiet and private place. Because of the complexity and sensitivity in collecting antemortem information from grieving family members, interviewers should be personnel specially trained in dealing with grieving individuals. Interviewers must also be emotionally healthy, caring, compassionate individuals. Behavioral health providers should be on hand during interviews. Interviewers must be familiar with the antemortem data collection form that is being used, and form and ask questions in a concise and graceful manner. Anticipate that interviews may last as long as 3 hours.

The decision to use the Missing Persons Form or the DMORT VIP form in the place of standard ME/C protocol will be made by the Chief Medical Examiner/Coroner or their designee, and may be made depending on any of the below criteria.

- More than 20 victims.
- Whether the event was witnessed or unwitnessed.
- Open or Closed Population.
- Condition of the remains.
- Any other criteria as defined by the incident.

The range of antemortem data that may be gathered can be extensive and requires effective communication with families and having appropriate information management processes in place to support data collection. Examples of the information that may be required include:

- Physical description of victim
- Description of clothing and jewelry
- Description of unique characteristics (like tattoos, scars and birthmarks)
- Dental records, medical records, and fingerprint records
- DNA reference samples
- Photograph of the victim
- Military Service Records

- Medical/Dental Records Acquisition

Following the family interview, signed consent from the family should be obtained to collect dental record and DNA samples when investigating a missing person. According to RCW 70.02.050 the ME/C has the authority to access medical/dental records for the purpose of investigation of death without family consent, but if possible all families should sign a consent form. Family members

should be advised not to bring copies of medical, dental, or fingerprint records with them to the FAC.

- DNA Analysis

To aid in the identification process reference samples of DNA may be required from close relatives or the victim's personal effects such as a toothbrush, hairbrush, or unlaundered clothes. A DNA counselor should be on handle to advise families of the DNA identification process and answer any questions.

- Notification

Family notifications can be made at several stages in the identification process. Notifications can occur if a missing person has been identified at a hospital, ACF, or shelter. Notifications can also be made after the tentative and official identification of a victim by the ME/C. Periodic notification on the missing person investigation can also be made. All notification will be made in a quiet and private place by a notification team that can be comprised of notification staff, a ME/C representative, Missing Persons representative, behavioral health workers, translation/interpretation staff etc.

- Hospital/Shelter Notification

Families will be notified if a probable match is made in the identification of the location of their family member. The Missing Persons Group will sign off on the match and then the notification team will inform the family and make arrangements for their transportation.

- Missing Persons Notification

Families will be notified if their family member is still missing. A notification team, that includes a representative from the Missing Persons Group will notify the family, should explain all efforts taken to find their family members, and make any arrangement for the family. Families will be encouraged to continue to proactively search for their family member.

- Tentative Identification Notification

It may be necessary for families to be notified of a tentative identification before a scientific identification is complete. This could occur if there is a delay in scientific notification due to DNA processing, the body of the victim is highly fragmented or other circumstances. The notification team should include a representative from the ME/C or their designee.

- Death Notification

Death notification is the process of notifying the next of kin or family members about the positive identification of their loved one. If at all possible notification should be made in person and at the FAC by the Notification Group with a representative from the ME/C or their designee. If the family is not able to come to the FAC, notifications can be made at their home. The ME/C may enlist local law enforcement or other local Medical Examiners/Coroners to aid in the notification process.

It is important to remember that the official confirmation of a family member's death is often an important step in the family members' grieving process and allows the next of kin/family to coordinate memorial services and begin dealing with their family member's estate. The process of death notifications is a highly sensitive and should be handled by individuals with experience in these areas. A poorly managed death notification can lead to significant personal trauma or distress for both family members and personnel doing the notification.

- Decedent Affairs

The decedent affairs group is responsible for coordinating remains release, personal effects release and disposition service for family after identification is complete. Remains will be released to the families according to their selected preference identified.

Families will complete a form selecting how/when they would like to be notified of the identification of additional remains. There are two options for notification to the families

1. The family will be notified each time remains are identified.
2. The family will be notified once all remains have been identified and are ready to be released.

If the incident is a criminal event it may take longer for remains to be released. Personal effects can be released to the families following the identification of the victim. Other disposition services may include: aiding families with making disposition arrangements, coordinating with the vital statistics department, and providing referrals to social services.

4. Health Services

- Medical/First Aid Services

Basic medical services including First Aid will be provided at the FAC. At any time family members may find themselves in need of medical assistance whether due to injury, reactions to stress, grief or emotional trauma, or as a result of other chronic medical conditions. Medical staff will also serve as a liaison to other medical resources available within the community.

- Behavioral Health Services

From the onset of the FAC operations it is essential to have behavioral health services available for both the families and the responders/staff. This includes both mental health and spiritual care services. The Behavioral Health group is responsible for ensuring that mental health and spiritual health providers are on hand to provide services.

Mental health services are available to

- Assist family members and FAC staff and volunteers in understanding and managing the full range of grief reactions.
- Provide Psychological First Aid, crisis intervention, mediation, and management of 'at risk' family members, including child and adolescent counseling.
- Provide referrals, as requested, to mental health professionals and support groups that are in the family member's local area.
- Provide Psychological First Aid and grief process educational materials for the FAC

Spiritual care services are available to

- Provide interdenominational pastoral counseling and spiritual care for people of all faiths who request it.
- Conduct religious services and provide worship opportunities.
- Provide emotional support/crisis intervention and assist mental health staff as needed, including providing Psychological First Aid (PFA)
- Offer a bridge to faith resources.

Throughout FAC operations, the behavioral health providers should be available at all group meetings with families and available to meet with families or staff individually as needed. Providers should be available to circulate through all aspects of FAC operations, including at dining areas, child care areas, in the staff respite areas, family interviews, family briefings, family notification and at the reception and registration area.

5. Support Services

The need and the scale of support services will heavily depend on the type and size of the incident. Support service needs may also change throughout the duration of the FAC operations. Staff should monitor the requests and needs of families to provide the appropriate services.

- Childcare Services

Childcare services will be provided at the FAC to provide a safe and secure area for the children of families during normal FAC hours of operation. For the safety, security and well-being of the children all childcare services will be provided by licensed childcare providers. The childcare area should be a safe, friendly and healthy environment for short-term care to allow families to attend to necessary business and provide a period of respite for parent/guardians. The childcare area should provide support and activities for children representing a range of areas and should be structured and staffed to provide appropriate monitoring and support for children's needs. Childcare providers should also provide age appropriate activities when available.

As part of childcare procedures, ensure there is proper check-in/check-out procedures and documentation. Consider taking a digital picture of the child and their guardian(s) to compare to during check-out.

- Translation and Interpretation Services

Due to the diversity of the population served an important part of FAC operations will be translation and interpretation services. There may be a need for translation and interpretations at many steps throughout the FAC process, especially during family interviews, notifications and completing FAC paperwork and antemortem data records. Translation and interpretation assistance may also be necessary for behavioral health services. Due to the sensitive and scientific nature of discussions, translation and interpretation staff should be pre-identified if possible.

- Social Services

In addition to the FAC services described above there are a number of social services that may be necessary, depending on the nature of the incident and the needs of family members. If there are other individuals affected by the incident, that are not clients at the FAC, that require some of these services consider setting up a separate disaster assistance center near by. If these services are not provided at the FAC, families should be referred to social services to assist them with their needs. Examples of some of the secondary services that could be offered at the FAC are listed below.

Table 1: Suggested Social Services

• Animal Care • Banking • Basic Medical Care • Benefits Counseling/Assistance • Child/Youth and Family Services • Communications (phone and internet) • Crime Victims Assistance • Disability Information • Educational Services • Employment Services • Financial Assistance • Financial Services • Food Services • Foreign Nationals • Health Care Information Services • Housing Assistance	• Laundry Services • Legal Assistance • Mail • Material Goods/Personal Property Replacement • Medical Assessment • Physical Health • Provision of Medications • Public Benefits • Relocation Assistance • Senior Citizens Service • Small Business Assistance • Tax Benefits/Extensions • Therapy Dogs • Transportation • Unemployment benefits

- Identification Replacement Services
- Immigration Assistance
- Insurance Advocacy
- Labor Services/Union Assistance
- Veterans Affairs
- Translation/Interpretation Services
- Workers Compensation

E. **Demobilization**

Planning to demobilize the FAC should begin as soon as the facility is operational. The Planning Section in coordination with the FAC Director and the ME/C will create plans and triggers for the FAC demobilization. The Demobilization Unit is responsible for the coordination of demobilization. The time and date of demobilization should be clearly communicated to all families. Referral services should be set-up in advance to handle any further follow-up for families.

General demobilization considerations

- # clients seen/day.
- # victims still to identify/locate.
- Ability for other organization to handle current operation needs off site.
- Need for daily briefings.

Example criteria to consider for demobilization

- Daily briefings are no longer needed.
- Rescue, recovery investigations and identification have decreased, and is able to be handled by normal operations.
- Less than 5 clients per day register at the FAC three days in a row.
- Memorial services have been arranged for family and friends.
- Provision for the return of personal effects has been arranged.
- Ongoing case management and/or hotline number has been established if needed.

Organization and Assignment of Responsibilities

<Insert Local Authority Agency Here>

<Insert Local Authority Agency Here> is the lead agency responsible for establishing and operating the Family Assistance Center. In coordination with local stakeholders, including the ME/C and local Law Enforcement, **<Insert Local Authority Agency Here>** will if activate the FAC if necessary for the incident response. **<Insert Local Authority Agency Here>** is also responsible for coordinating the acquisition of the proper of location, equipment, supplies and staff.

Medical Examiner/Coroner

The ME/C is the lead agency for morgue operation. ME/C is responsible for the identification and determination of the cause and manner of death of all victims directly or indirectly associated with a disaster. The ME/C will work closely with the Family Assistance Center to share information on victim recovery, identification operations, and antemortem data. The ME/C will work closely with the notification unit at the Family Assistance center to provide notifications to families of a positive identification.

Law Enforcement

Local Law Enforcement is responsible for the investigation of any event that is a potential criminal act. Law Enforcement is also responsible for leading the missing person investigations and coordinating security and

credentialing in the FAC. Law Enforcement could potentially aid in collecting or providing information that could help facilitate victim identification.

Local Offices of Emergency Management

Local offices of emergency management include both city and county emergency management. These agencies may aid in acquiring all non-medical resources including equipment, supplies, and facilities. Local emergency management will also be a key partner in information sharing concerning the incident. **<Insert Local Authority Agency Here>** will work with **<Insert County Here>** Office of Emergency Management to request State and federal resources or assistance.

American Red Cross

In the event of a non-aviation or passenger rail accident the American Red Cross may be called on to help provide Mental Health and Spiritual Care support to the FAC. These Behavioral Health workers will provide counseling and referral services to family/friends and staff members at the FAC. The American Red Cross many also be called on to aid in providing child care services at a FAC.

Medical Reserve Corps

The Medical Reserve Corps will coordinate all volunteers at the FAC. Volunteers will be registered and their credentials will be checked at a Volunteer Management Center.

Local Hospitals

Immediately following a mass fatality or mass casualty incident hospitals may need to set up a temporary Family Reception Services area within their facilities. Family Reception Services areas should be prepared to provide incident information, behavioral health services, and collect antemortem data for up to 48 hours until a FAC can be established.

National Transportation Safety Board

In the event of an aviation or passenger rail accident the National Transportation and Safety Board will be the lead agency in establishing and operating a FAC. The NTSB will coordinate assistance efforts with local and State authorities, including the medical examiner, local/county/State law enforcement, emergency management agency, hospitals, and other emergency support personnel.

During incidents in which the NTSB does not have a legislated role to coordinate FAC services, the NTSB may serve as a technical advisor to assist local jurisdictions with FAC operations.

Disaster Mortuary Operations Response Team

DMORT may be activated, in the event of a mass fatality incident if the ME/C's resources are overwhelmed, to assist with victim identification and mortuary services. DMORT may provide mortuary staff and resources to an incident as well as a FAC Team to aid in the establishment of a FAC.

Washington State Department of Health

In the event that an incident required the assistance of state or federal resources Washington State Department of Health will work with the Washington State Office of Emergency Management (WA OEM) to request the assistance of State resources or federal assets such as DMORT and the FAC Team. In these cases Washington State may retain these assets to assist multiple jurisdictions in a coordinated response.

Washington State Emergency Management Division

The Washington State Emergency Management Division (EMD) may assist in acquiring any non-medical assets for local jurisdictions. EMD is responsible for making request for assistance of federal assets that may support FAC operations.

Department of Justice

After an incident the DOJ may be able to aid in fingerprint collection and supplementing laboratory assets. In the event that an incident is officially classified as a criminal act the DOJ may coordinate communications with families/friends to gain and provide information about the incident. The DOJ will also be the lead agency on coordinating Crime Victim Assistance for families.

Department of State

The Department of State (DOS) will assist with providing services to aid in information collection and communications with foreign countries, foreign nationals, or Americans living or traveling abroad. The DOS may assist in gathering antemortem data or DNA reference samples. DOS may also be responsible for notifying foreign governments and families of foreign citizens involved in the incident. The DOS may provide additional interpretation/translation services and assist families of foreign victims with entry into the United States.

Communications

A. Family Briefings

Family briefings will be coordinated by the PIO of the Deputy PIO Family Briefings in conjunction with the FAC Commander and the ME/C. Family briefings will be held on a regular schedule and occur at least twice a day. All families present at the FAC should be able to attend and there will be a conference call and transcript option for all families not able to attend. The Chief Medical Examiner/Coroner or their designee will attend all family briefings to provide updates and answer questions. All information concerning the recovery and identification efforts should be communicated to the families before releasing any information to the media.

B. Communications with Staff

Staff meetings should be held on a regular basis to receive updated information on FAC operations, the recovery and identification efforts, missing person investigations, and any changes. At a minimum staff should attend an All Staff FAC Briefing at the beginning of each operational period. Command staff should also attend two command briefings per operational period, one at the beginning and one towards then end of the operational period. Each section or unit may hold their own briefings periodically to communicate any pertinent information.

C. Communications with Incident Site

The FAC should maintain regular communications with the incident site through the EOC and the ME/C to monitor the recovery effort and provide any information necessary on FAC operations. All communications with the incident site should be coordinated through the Liaison Officer. Any important updates from the incident site should be communicated to the FAC Director and the PIO.

D. Coordinated Communications with Partners

1. Hospitals

Communication with hospitals will be coordinated through the Liaison Officer and the Patient Tracking Unit. Hospitals may be contacted through phone calls, email, WATrac, fax, radio, or other forms of communication. All communications should be recorded and important information should be relayed to the FAC Director. Information such as patient names, conditions, or locations should not be released to unauthorized individuals.

2. EOCs

The FAC will communicate with local EOCs through liaisons and **<Insert Local Authority Agency Here>**. The FAC Director will brief the EOC on FAC operational status. Resource requests will be communicated to the EOC Logistics Section by the FAC Logistics Chief upon approval of the FAC Director.

3. Elected Officials

Communication with elected officials will be handled by the FAC PIO in consultation with the FAC Director and the ME/C. If a JIC has been established the FAC PIO should coordinate all message with the lead JIC PIO before communicating with elected officials.

In the event an elected official appears on site at the FAC they should be greeted and briefed by the PIO and the FAC Commander. If they insist on entering, the FAC Director may, at his/her discretion allow them to enter the operations area if escorted by the FAC Director or the PIO.

E. **Public Communications**

All public communications concerning the FAC will be managed by the FAC PIO in coordination with the **<Insert Local Authority Agency Here>** PIO and the JIC, if established, and any other relevant partner agencies. All communications should be made to the families at the FAC before they are released to the public.

F. **Media**

All communications with the media will be coordinated through the FAC PIO in conjunction with the **<Insert Local Authority Agency Here>** PIO and the JIC, if established. All information concerning the official number of victims of the incident will come from the ME/C. All information concerning the number of injured from the incident will be communicated by **<Insert Local Authority Agency Here>**.

Administration, Finance & Logistics

A. **Logistics**

The Logistics Section is responsible for coordinating all equipment, supply, and services necessary to operate the FAC according to the ESF-8 Plan. Specifically logistics will coordinate Staff medical/safety, food services for staff and families, communications support including IT, telecommunications and radios, transportation services for families, facilities maintenance, security, and resource, equipment, and supplies acquisition and set-up, and staffing and volunteer management. Depending on the incident some of the logistics functions could be managed by **<Insert Local Authority Agency Here>** Logistics Section. If more resources are required the Logistics Section will make request to **<Insert Local Authority Agency Here>** and/or local EOCs according to standard protocol.

The FAC will provide families and staff with three basic meals each day as well as health snacks and beverage throughout the day. Staff and families will have separate dining areas. A behavioral health provider should be available in both the family and staff eating areas during meals. It is important to keep in mind, that food is often an important aspect of cultural and ethnic traditions. Whenever possible provide food choices that are sensitive to cultural/ethnic practices of the families/friends.

The transportation group will coordinate all transportations needs of family to and from the FAC facility as well as to any local hospitals, ACFs, or shelters as necessary.

Law Enforcement will coordinate all internal and external security at the FAC. If possible security plans should be created ahead of time for pre-determined FAC sites. Law Enforcement should review and update all protocols at the time of the incident. Law Enforcement should maintain visible presence at all high security areas including interview and child care areas. All staff and families at the FAC must be badged and have their identification

checked upon entry. Law Enforcement will be responsible for overseeing badging and credentialing all staff, clients, and other personnel at the FAC, and ensuring only those with appropriate credentials are granted access.

1. Staffing (Will vary by community)

The Logistics section is responsible for coordinating, deploying, and checking licensing/credentialing of all staff for the FAC. The Logistics section will provide support to the FAC via the processes outlined in the ESF 8 Plan and EOC functional annex in conjunction with the Volunteer Management Center and Workforce Management plans.

If staffing requirement go beyond the resources of **<Insert Local Authority Agency Here>**, the Volunteer Management Center (VMC) Plan will be activated. The Medical Reserve Corps (MRC)/Volunteer Management System Group Supervisor is responsible for fulfilling mission requests for additional staff. The Supervisor will be contacting **<Insert Local Authority Agency Here>** employees to determine availability. After staff have been contacted and instructed to respond with availability within a specified time period, MRC volunteers will be contacted via the WASecures telephone or e-mail systems. Volunteers are categorized by licensing (R.N., MD, etc) as well as location, making it possible to activate only those geographically near to the FAC. Additional volunteers from partner agencies will also be coordinated by Logistics and will be initially processed through the VMC. All requests for staff must be made through **<Insert Local Authority Agency Here>**.

All staff and volunteers who will be providing assistance at any locations will be required to initially report to the VMC. Once they are checked in and have received some basic training – primarily on safety precautions – they will either be bussed or will make their way to the FAC. All additional just-in-time training will be handled at the FAC facility by on-site staff. In subsequent days all FAC volunteers will be required to check in and out of the FAC facility directly.

The Logistics Section is responsible for ensuring that the staff members working at or visiting the FAC have access to resources to mental health and spiritual care resources.

B. Finance/Administration

The Finance/Administration Section will coordinate all finance/administration services at the FAC. In addition they will provide administrative assistance, note takers, and runners as necessary.

Plan Development and Maintenance

A. Review Process and Plan Update

1. Sections of the plan will be updated as needed based on the evolution of planning activities and partnerships or in coordination with the Regional Improvement Plan after exercises or real world events.
2. The plan will be provided review by **<Insert Local Authority Agency Here>** on a regular basis.
3. Following review necessary modifications will be made and a copy will be provided to regional partners.

B. Maintenance

The plan will be reviewed every two years or as needed following the process outlined above.

C. Training and Exercises

Authorities and References

<Insert County Here>CEMP
<Insert County Here>ESF 8 Plan