



Family Reunification Toolkit: A template to support regional family reunification

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Dear Reader,

Having an emergency operations plan that prioritizes reuniting families with patients at hospitals following a major incident is critical for several reasons. Firstly, during crises such as natural disasters or large-scale accidents, confusion and panic can disrupt normal communication channels. Families often face immense stress and anxiety when they are unable to locate or communicate with their loved ones who are hospitalized. An effective plan ensures that clear procedures are in place to quickly identify patients and their locations, establish communication lines with worried families, and provide timely updates on patient conditions. This not only helps alleviate the emotional strain on families but also contributes to maintaining calm and order within the hospital environment, allowing medical staff to focus on delivering essential care without unnecessary distractions.

Furthermore, an emergency operations plan that includes protocols for reuniting families with patients enhances overall community resilience. By fostering trust and transparency between hospitals and the community, such plans demonstrate a “whole community” approach to preparedness and responsiveness in times of crisis. Families feel reassured knowing that all those involved in responding to an emergency have thoughtfully considered their needs during emergencies and have effective systems in place to support them. This proactive approach not only supports the psychological well-being of affected families but also strengthens community cohesion, as individuals feel supported and cared for during challenging times. Ultimately, the ability to swiftly reunite families with patients promotes a sense of security and confidence in the healthcare system's ability to manage crises effectively and compassionately.

This toolkit serves as a template to further family reunification activities and has applicability to Emergency Operations Centers, School Districts and Healthcare systems/hospitals. We hope you find it valuable.

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Section 1:
Emergency Operations Center Family Reunification/Family
Assistance Center Plan

Family Reunification and Assistance Center Plan

Adapted from:
Family Assistance Guidance Plan
Metro Orlando Family Assistance Working Group
December 2017

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Background

An incident that causes mass fatalities and/or mass casualties will require a coordinated effort to provide assistance to survivors, families, and loved ones with multi-jurisdictional and multi-agency resources. The Metro Orlando Family Assistance Working Group comprised of emergency management, first responders, health and medical, private and non-governmental agencies from the tri-county (Orange, Osceola and Seminole counties) metro Orlando area collaborated to produce a strategic document to address the response and recovery aspects of the family assistance process.

Metro Orlando Family Assistance Working Group Membership:

- American Red Cross
- Central Florida Region Central Florida Disaster Medical Coalition
- Central Florida Region Domestic Security Task Force (RDSTF)
- City of Orlando Office of Emergency Management
- City of Orlando Police Department
- District Nine, Medical Examiner's Office (Orange & Osceola)
- District Seven, Medical Examiner's Office (Seminole & Volusia)
- Florida Division of Emergency Management
- Greater Orlando Aviation Authority
- Orlando International Airport
- Orange County Emergency Medical Services, Office of the Medical Director
- Orange County Office of Emergency Management
- Orlando Health, Inc.
- Orlando Sanford International Airport
- Osceola County Office of Emergency Management
- School Board of Orange County
- Seminole County Office of Emergency Management
- University of Central Florida

The Metro Orlando Family Assistance Working Group approved this guidance plan in December 2017 to assist local jurisdictions in the execution and management of family assistance services.

Document Overview

The Family Reunification and Assistance Guidance Plan was developed to provide information and guidance to jurisdictions in the development, management and execution of their jurisdiction specific family assistance plan to encompass the implementation of the Family Reunification Center (FRC) and a Family Assistance Center (FAC). The premise of the document is based upon lessons learned, best practices, National Transportation and Safety Board (NTSB) Federal planning guidance and existing plans across the country. Subject matter experts from various multi-jurisdictional agencies and organizations were consulted throughout the process to ensure an accurate and comprehensive planning approach.

The document has four sections:

Section I is the "base plan" that describes the concept of operations including suggested staffing, organization structure, and services.

Section II consists of position checklists that can be adapted and utilized to help operationalize the plan.

Section III contains references which includes additional information on sample facility layout, equipment lists, organization charts, etc.

Section IV is the appendices which will contain the jurisdiction specific planning considerations.

Jurisdictions are encouraged to utilize this document as the basis for the planning process and generate discussion of the points pertinent to the jurisdiction. It is important to note that family assistance centers have their roots in mass casualty/mass fatality incidents, most specifically aviation/transportation incidents. Family assistance operations can be scalable based on the size and scope of the incident. Concepts introduced in this document can be applied in a variety of situations and jurisdictions are encouraged to utilize the holistic family assistance operations philosophy to address the wide range of situations that may trigger the need for some or all components of this plan.

Planning Development Considerations

The National Association of County and City Health Officials, Advanced Practice Center, *Managing Mass Fatalities: A Toolkit for Planning* suggests the following considerations as part of the Family Assistance Center planning process.

- Consider the many contingencies that could impact effective response and what has been learned from previous mass fatalities.
- Recognize the importance of understanding the full range of people who have been impacted by the incident who will need assistance - families of survivors, families and individuals living in the area impacted by the incident, coworkers of victims, and families of missing persons.
- Be prepared to adjust planning based on the nature of the incident itself, in particular, the length of time recovery and identification of human remains will take.
- Plan from the perspective of the bereaved. It is important to realize that the families seeking assistance will remember how they were dealt with after the disaster for years to come.
- Careful planning and the pre-disaster relationships that you form will enable you to activate family assistance plans quickly and are the keys to successful family assistance operation.

The planning process should include a collaborative effort from the agencies and organizations that have a role in providing assistance/services in the aftermath of a mass fatality/mass casualty incident. Identifying these stakeholders and facilitating their involvement in this planning process is a critical step to developing an effective plan. Stakeholders for an FRC/FAC Plan may include, but are not limited to the following departments/agencies and partner organizations:

- Aging and Disability
- American Red Cross
- Call Center
- County Health Department
- Disaster Medical Coalition
- Disaster Mortuary Operations Response Team (DMORT)
- Economic Development
- Elected officials
- Emergency Management
- Emergency Mortuary Operations Response System
- Faith-based organizations
- Fire and Emergency Medical Services
- Foreign Missions (Embassies & Consulates)
- Hospitals
- Hotel & Lodging Association
- Human Services
- Immigration Services
- Law Enforcement
- Medical Examiner
- Morticians, funeral directors, and cemetery, cremation and funeral associations
- Non-government/volunteer organization(s)*
- Private sector partners
- Regional Domestic Security Task

- Force
- Salvation Army
- Social Security/Department of Motor Vehicles/ Vital Statistics
- Social Services/Mental Health
- Transportation carriers/providers
- United Way
- Utility Providers
- Victim services organizations

*Examples of non-government/volunteer organizations that may be considered include: Community Emergency Response Team (CERT), Medical Reserve Corps (MRC), etc.

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Section I Base Plan

Purpose

The Family Assistance Guidance Plan was developed to establish the framework for Family Reunification and Family Assistance Center operations within the metro area. While all emergencies are unique; this plan provides a concept of operations that allows for flexibility and scalability depending on the scope, complexity, and the needs of the situation. The plan identifies potential situations and triggers for establishing a FRC and transitioning to a FAC, if the incident warrants. In addition, the plan outlines the direction control, staffing, and organization of FRC/FAC operations, including virtual operations, and identifies potential essential and secondary services that may be offered in a FAC. The plan also provides resources and job aids such as forms and position checklists. The Appendices address the jurisdiction specific planning considerations to execute both FRC and FAC operations.

Applicability and Scope

In the event of a mass casualty/mass fatality incident, a Family Reunification and/or Family Assistance Center can be established to facilitate the process of identifying fatalities and survivors of an incident, reuniting them with family, and ensuring the provision of emergency social services to survivors and families during the aftermath of an incident. These centers provide a centrally located venue for authorities and organizations to provide information to survivors, family, and friends, coordinate access to support services, and facilitate the collection of information from families that is necessary for identification while providing a responsive and sensitive environment for those affected. In the immediate aftermath, a FRC may be established to provide a secure initial gathering location for family and friends immediately after an incident. The FRC may provide for basic needs and should provide an avenue for sharing initial information about the incident and the next steps in the process to include the transition to a FAC. Establishing a FAC requires coordination of personnel and logistics and may take time to open. Survivors of the incident and their families should be able to receive an array of services, including family reunification aid, identification of loved ones, basic needs and support services, and other assistance through this overall family assistance process.

Effective family assistance operations will require the coordination, cooperation, and participation of local, state, and Federal government agencies, NGOs and private sector partners. This plan engages the support and services of the following functions/agencies:

- Aging and Disability
- American Red Cross
- Behavioral Healthcare
- Call Center
- Child and Family Services
- Disaster Mortuary Operations Response Team (DMORT)
- Economic Development
- Elected officials
- Emergency Management
- Faith-based organizations
- Fire and Emergency Medical Services
- Florida Emergency Mortuary Operations Response System (FEMORS)

- Florida morticians, funeral directors, and cemetery, cremation and funeral associations
- Hospitals
- Human Services
- Law Enforcement
- Medical Examiner's Offices (MEO)
- Non-government/volunteer organization(s)
- Private sector partners
- Transportation carriers/providers
- Victim services organizations

Authorities

All “disasters” begin at the local level. When an incident occurs in a jurisdiction, the local authorities will be responsible for the initial response and will remain responsible for the duration of the response and recovery operations for coordination with all responding regional, state, and Federal agencies. Regardless of the cause of the incident or the state and Federal agencies or transportation organizations that may become involved, the local jurisdiction will always remain responsible for the overall initial response that establishes the direction, control, and coordination of the response.

The legal authorities that guide the structure and implementation of a FRC and/or FAC include Federal, state, and local plans, systems, acts, and select Emergency Support Functions (ESFs). In many situations a variety of agencies/organizations have “jurisdiction” or authority for certain aspects of a response to a mass fatality/mass casualty incident which will require a coordinated effort, in a unified command structure, among the local, state, and Federal agencies supporting the response.

Federal

- Emergency Management Accreditation Program (EMAP) Standards, 2016
- Incident Command System (ICS), 2008
- National Incident Management System (NIMS), 2008
- National Response Framework (NRF), 2013
- Public Law 104-264, Aviation Disaster Family Assistance Act of 1996, as amended
- Public Law 105-148, Foreign Air Carrier Family Support Act of 1997, as amended
- Public Law 110-432 Rail Passenger Disaster Assistance Act of 2008
- Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended, 2013

State

- State Statutes – Emergency Management
- State Statutes Medical Examiners (Jurisdiction)

Local

- Comprehensive Emergency Management Plans (CEMPs)
- Emergency Operations Plans (EOP) and functional annexes
- Local Mass Casualty Plans

National Incident Management System

On February 28, 2003, the President issued Homeland Security Presidential Directive 5 (HSPD-5), "Management of Domestic Incidents," which directed the Secretary of Homeland Security to develop and administer a National Incident Management System (NIMS). This system provides a consistent nationwide template to enable Federal, State, tribal, and local governments, non-governmental organizations (NGOs), and the private sector to work together to prevent, protect against, respond to, recover from, and mitigate the effects of incidents, regardless of cause, size, location, or complexity. This consistency provides the foundation for utilization of NIMS for all incidents, ranging from daily occurrences to incidents requiring a coordinated Federal response.

In accordance with Homeland Security Presidential Directive (HSPD)-5 local jurisdictions are required to adopt the National Incident Management System (NIMS) and implement NIMS for incident management and emergency prevention, preparedness, response, recovery, and mitigation activities. The adoption of NIMS provides a consistent approach to the effective management of situations involving natural or man-made disasters, or terrorism. NIMS allows for the integration of response activities using a set of standardized organizational structures designed to improve interoperability between all levels of government, private sector, and non-governmental organizations and it incorporates the Incident Command System (ICS) as the national standard for incident management. This plan has been developed utilizing NIMS concepts and assumes all FRC, FAC and other emergency response and recovery operations should be conducted in accordance with the NIMS.

Situation and Planning Assumptions

Situation

Many disasters result in at least some fatalities, and several types of hazards have the potential to produce multiple fatalities. Based on the Homeland Security Presidential Policy Directive – 8, the National Preparedness Goals National Planning Scenarios, and local hazard and vulnerability assessments, there are more than 20 scenarios that have the potential to result in multiple fatalities for which the metro area must plan to respond, including:

- Natural Disasters
 - Hurricanes
 - Floods

- Tornadoes
- Natural biological disease outbreak
- Weapons of Mass Destruction Events
 - Chemical Attack: Toxic Industrial Chemicals; Chlorine Tank Explosion; Blister Agent; Nerve Agent
 - Biological Attack: Aerosolized Anthrax; Plague, Food Contamination
 - Radiological Attack: Radiological Dispersal Device
 - Nuclear Detonation: 10 Kiloton Improvised Nuclear Device
 - Explosives Attack: Bombing using an improvised explosive device
- Technical or Human-Caused Disasters
 - Fires
 - Airliner jet crash
 - Small plane crash
 - Cruise ship crash
 - Multiple homicide / shooting
 - Building collapse
 - Train crash
 - Bus crash
 - Cyber attack

The size of the disaster will help guide expected resource needs, but the number of fatalities is not necessarily the best measure. When establishing how to classify the disaster from a mass fatality standpoint, the jurisdiction will consider the estimated number of fatalities as well as other factors, including:

- Magnitude: Overall size
- Type: Hurricane, bombing, pandemic, etc.
- Population (open vs. closed)
- Condition of Remains: Burned, severely traumatized
- Rate of Recovery: Speed at which remains can be brought to the morgue from the scene
- Contamination: Special precautions necessary
- Location of Incident: Roadway, water, building, etc.

Assumptions and Considerations

- This plan does not supersede existing plans maintained by the entity that has jurisdiction and the authority for providing family assistance services but does provide a framework for the jurisdiction to provide support to these response operations.
- The command structure for the FRC and FAC should follow the NIMS/ICS structure.
- The FRC and FAC operations should follow all local credentialing policies and procedures in regards to staff and volunteers.
- FRC and FAC service requirements may differ depending on type of incident. One or both of these centers could be needed.
- The jurisdiction should be prepared to initiate support to survivors and families of all affected when a mass casualty/fatality incident occurs even if the event falls under the authority or jurisdiction of another entity, e.g. National Transportation Safety Board (NTSB), school system, etc.
- The jurisdiction should employ existing protocols, agreements, and data systems that are relevant to the functioning of the FRC and/or FAC and should develop new protocols, agreements, and data systems when required to successfully execute all duties described in this plan.
- A mass casualty/fatality incident may be caused by a variety of naturally occurring (weather related), accidental or intentional human-caused events including but not limited to tornados, floods, transportation incidents (such as a plane crash, train derailment, or multiple vehicle highway accident) or criminal/terrorist events (such as active shooter and bombings).
- In the event of an act of terrorism, the affected jurisdiction should consider contacting the Region 5 Regional Domestic Security Taskforce (RDSTF) to provide additional support.
- Family members will have high expectations regarding the identification of the deceased, notifications, the return of loved ones to them, and ongoing information and updates.
- Family members and friends may begin congregating at the incident site or at local hospitals and will begin to seek information almost immediately. Plans should take into account the need to receive family and friends in a safe and secure environment located away from the immediate incident scene as soon as possible after the incident. (See Reference E – Family Reunification Center Set-up Considerations).
- Hospitals will likely be overwhelmed by a massive surge of patients. They will be pressed to perform family reunification activities in conjunction with providing life-saving care and will be heavily reliant on rapid, continued support from the local/area authorities.
- A FRC is designed to be short-term and has short-term tasks, goals, and expectations, while FAC operations may be long-term (1-2 weeks).
- Responding to a mass fatality incident can be overwhelming, leading to traumatic stress. Support for responders is essential to monitoring and minimizing the impact.
- Although often limited to the location of the incident it is not uncommon for

adjacent residential areas to be damaged and casualties/fatalities identified.

- An incident may occur in neighboring jurisdictions that quickly overwhelms the capability of the jurisdiction to provide FAC operations. Surrounding jurisdictions may consider providing support directly to the impacted jurisdiction or operating a FAC within their own jurisdiction on behalf of the impacted jurisdiction. Appropriate coordination should be available to ensure survivor and family briefings are live and interactive and services can be applied equally to all.
- Family and survivors in the FAC may or may not be residents of the affected jurisdiction. It is likely family and survivors from outside of the affected area will descend on the incident site seeking information and services.
- Should the emergency preclude the establishment of a physical FAC, a virtual FAC may be established if deemed necessary.
- If a FAC is activated, other plans may also be activated. Families who do not travel to the FAC may expect to receive the same services and information as those in the FAC. Resources need to be in place to ensure interface via internet, telephone bridging for briefings and other needed technology. Coordination with the appropriate organizations/agencies in the families' communities may be necessary to provide resources outside of the impacted area.
- Families who reside outside of the affected area may travel to the incident site and may require accommodations coordinated by the FAC. At the same time a number of people who live in the impacted area may also be seeking accommodations.
- There may be family members who will not travel to the FAC. Support for these family members should be considered in the planning and response process.
- The ratio of family members seeking assistance from the FAC to victims is estimated to be 10 to 1. Based on this ratio, if 1,000 casualties occur due to man-made or natural disaster, 10,000 family members and friends could seek FAC services and information.
- For purposes of family assistance, family member should be defined broadly and include the many individuals that consider themselves to be the victim's 'family,' even when the law does not formally recognize the relationship. Any time family is used in this document, it includes all friends and loved ones that have identified themselves as 'family' to the victim.
- A mass casualty/fatality event may generate an extraordinary interest by unaffiliated persons offering to volunteer time and/or services. It is likely there will be a large influx of donations as well. Volunteers and donations should be managed according to the jurisdiction's Donations and Volunteer Management plans.
- The incident may generate witness reports and other information as well as inquiries that could overwhelm existing systems such as 911 and information and referral organizations and agencies. A call center may be needed.
- In addition to local media interest, national and international media outlets are likely to descend on the incident area seeking interviews from officials, survivors and family/loved ones. Public information officers (PIO), through established procedures (e.g. joint information center (JIC) operations), in collaboration with FAC management should coordinate official public information releases and news

conferences. Families and survivors in the FAC should not be restricted from speaking with the media, however media access to families and survivors should not be done within the FAC. A designated location outside the FAC should be available if family and survivors choose to speak with the media.

- The services provided at a FAC are scalable depending upon the size, scope, and needs of the situation.
- Financial responsibility for the support to the survivors and family members of all affected may rest with transportation carrier or government aid, but in many cases there are no specific requirements for the provision of services or financial compensation. This may include but is not limited to the financial requirements of the FAC, transportation, lodging, meals, and other miscellaneous expenses.
- Staff members should have the appropriate capability, training, and experience to deliver assistance or make referrals to appropriate resources. Credentialing for these staff members should be considered for additional safety and security.
- The ability to establish and support FAC operations will be dependent on the scope of the incident and the resources available. In a widespread incident, jurisdiction resources may be directly impacted and/or the incident priorities may require allocation of resources that precludes the establishment of a FAC.
- This plan assumes that there is one event for which a FAC will be implemented. However, if there are multiple events or incidents to which the jurisdiction must respond, the staffing plans may require more staffing resources beyond the capabilities of the impacted jurisdictions.
- State and Federal agencies will normally participate in the FAC in support and coordination roles. In some circumstances, state and Federal agencies may be the lead agency for functional tasks inside the FAC.
- A liaison may be provided to state/Federal agencies that establish separate facilities for their operations. In aviation incidents, a jurisdiction liaison may be sent to the impacted airport(s).
- Family assistance in response to aviation incidents will be handled in accordance with the National Transportation Safety Board Federal Family Assistance Plan for Aviation Disasters which adheres to the Aviation Disaster Family Assistance Act of 1996 and the Foreign Air Carrier Family Support Act of 1997.
- Family assistance in response to rail incidents will be handled in accordance with the Rail Passenger Disaster Assistance Act of 2008.
- The Federal Bureau of Investigation's (FBI) Office for Victim Assistance may be deployed to a terrorist incident and assist in establishing a FAC.
- The American Red Cross (ARC), the Salvation Army, and other nationally organized volunteer groups active in disaster may also provide assistance to family and survivors.
- Local professional and volunteer organizations and charitable groups, including religious groups that normally respond to emergency situations will do so if requested.
- The jurisdiction should train on and exercise this plan to refine its execution and applications.
- Agencies with roles and responsibilities in FAC operations should develop policies

and procedures that provide further detail on the execution of those responsibilities.

- When the incident grows outside of the jurisdiction's capabilities/resources it is important to request outside assistance via mutual aid agreement or memorandums of understanding. Localities have the responsibility to establish and seek support for a FAC through existing resource request/management processes.
- A FAC may be established by another agency having jurisdiction, such as when a mass casualty incident occurs on state or federally owned property. Local resources may be incorporated into this type of FAC.
- Elected officials and their representatives should be included in the planning process and should be provided a copy of the plan to ensure their familiarity with how their jurisdictions will respond to an incident that requires a family assistance operation.

Plan, Development, Maintenance and Distribution

This plan has been developed through a collaborative effort of the following agencies:

- American Red Cross, Central Florida Region
- Central Florida Disaster Medical Coalition
- Central Florida Region Domestic Security Task Force
- City of Orlando Office of Emergency Management
- City of Orlando Police Department (OPD)
- District Nine, Medical Examiner's Office (Orange & Osceola)
- District Seven, Medical Examiner's Office (Seminole & Volusia)
- Florida Division of Emergency Management
- Greater Orlando Aviation Authority, Orlando International Airport
- Orange County Emergency Medical Services, Office of the Medical Director
- Orange County Office of Emergency Management
- Orange County Public School System
- Orlando Health, Inc.
- Orlando Sanford International Airport
- Osceola County Office of Emergency Management
- Seminole County Office of Emergency Management
- University of Central Florida

The above agencies formed the Metro Orlando Family Assistance Working Group and are responsible for developing and maintaining the base plan. This plan should be reviewed after each implementation, training, or exercise and/or at least every two years and updated accordingly. Those individuals charged with responsibilities for managing various activities are responsible for developing standard operating procedures and supporting plans for the implementation of those activities.

Training and Exercises

- A comprehensive training and exercise program is essential for the effective operation of a Family Reunification Center (FRC) and a Family Assistance Center (FAC). Each department and organization with assigned roles and responsibilities should ensure that staff members are trained for their emergency roles and responsibilities and provided the opportunity to participate in exercises.
- The FRC and FAC operations should be exercised regularly. When possible it should be incorporated into comprehensive response exercises as a component of an overall mass casualty/fatality incident response. Exercises should be evaluated so that shortcomings in the plans, training, coordination, and operational procedures can be identified and corrected accordingly.

References

Below is a list of references utilized in the development of this plan:

- Family Assistance Center Plan, Virginia Department of Emergency Management, October 2012
- Family Reception Center Exercise Guidelines, Disaster Mental Health: A Critical Response Instructor's Guide, University of Rochester, 2006.
- Los Angeles County Family Assistance Center Plan, December 2010
- Napa Valley Local Assistance Center Plan, January 2009
- National Association of County and City Health Officials, Managing Mass Fatalities: A Toolkit for Planning
- National Capital Region Family Assistance Center Planning Template and Guidance Document, May 2016
- National Incident Management System (NIMS), 2008
- National Response Framework (NRF), 2013
- National Transportation Safety Board, Federal Family Assistance Plan for Aviation Disasters, 2008 (<https://www.nts.gov/tda/TDADocuments/Federal-Family-Plan-Aviation-Disasters-rev-12-2008.pdf>)
- Response to the Terrorist Attack on the Pentagon: Pentagon Family Assistance Center (PFAC)
 - After Action Report;
 - Appendix A, PFAC Management Component Source Documents;
 - Appendix B, PFAC Administrative Component Source Documents; and
 - Appendix C, PFAC Operations Component Source Documents, Department of Defense, 2003 (<http://www.defenselink.mil/mapcentral/actionrpt.html>).
- Reuniting the Families of Katrina and Rita: Final Report of the Louisiana Family Assistance Center, Louisiana Department of Health and Hospitals, 2006 (<http://www.dhh.louisiana.gov/offices/publications/pubs-303/Full%20Report.pdf>).
- Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended, 2013
- State of Florida, Fatality Management Response Plan of the Florida Medical Examiners Commission, Version 3.0, May 25, 2012 (<http://www.fdle.state.fl.us/cms/MEC/Publications-and-Forms/Documents/MEC-Fl-Mass-Fatality-Plan-2012-Ver-3-Final.aspx>)
- State of Florida, Florida Emergency Mortuary Operations Response System (FEMORS), Field Operation Guide (FOG), Sixth Edition, May 15, 2013
- US Department of Justice and the National Transportation and Safety Board, Mass Fatality Incident Family Assistance Operations: Recommended Strategies for Local and State Agencies (<https://nts.gov/tda/TDADocuments/Mass%20Fatality%20Incident%20Family%20Assistance%20Operations.pdf>)

Concept of Operations

Over the duration of the incident, the FRC and/or FAC should be modified both operationally and structurally/physically. The demands on the FRC and/or FAC will change as the response efforts move through different stages. At the beginning of the response, there will be a surge of requests, calls, families, and survivors to the FRC and/or FAC. The ability to accommodate this surge will require an analysis of the incident and the anticipated needs of the affected public. Once these needs have been identified, the appropriate FRC and/or FAC organizational structures can be determined and adequate staffing, facilities, and other resources can be acquired and operations implemented.

Guiding Principles

- Maintain a single focus—supporting the families and survivors.
- Convey this single focus in all communications and actions, both internally and externally.
- Deliver only unequivocal, accurate information to families and survivors with honesty and empathy—although painful, the truth is always most supportive to the families.
- Guide family and survivor expectations from the beginning of the operation.
- Accommodate family and survivor requests—group or individual situations—to the maximum extent possible and recognize that some requests cannot be met. Understand limitations and set boundaries by establishing realistic expectations with families and survivors from the beginning.
- Work closely with area hospitals, who are caring for survivors and helping with family reunification, to ensure they receive the maximum level of support.
- Remain flexible, allowing room to adapt and evolve to meet new requirements and needs.
- Provide every opportunity for family and survivors to make decisions to regain control of their lives to support individual resiliency.

Call Center

A single, centralized call center, staffed by qualified, trained call coordinators is vital to successfully and effectively managing the reunification process and assisting those in need of incident information. Not all families will travel to the jurisdiction and a call center offers the opportunity for them to provide information and to receive information just as those present at a physical FRC and/or FAC. The call center should screen callers, provide initial telephone intake, and refer appropriate callers to a physical FRC and/or FAC. The call center may also assist with reunification by entering basic data provided by family on victims to send to the Medical Examiner's Victim Identification Team, referring callers to appropriate services, and helping family locate injured victims in local hospitals. All information provided through a call center should be validated through a predetermined process so that only official information is provided to callers. A call center should be established as early in the incident as possible to facilitate communication with those not on-site.

Each jurisdiction should develop a call center activation process (see Section IV: Appendices – Appendix D: Call Center Procedures). The following functions/organizations may have roles and responsibilities within a call center: 311, American Red Cross, information technology, mental and behavioral health, and public information. This call center should have a liaison that works directly and communicates with the EOC.

County 311 may be an available resource in your region. County 311 is able to provide trained crisis staff to answer phone calls and provide information following a mass casualty incident.

*Note in the aftermath of a major transportation accident that falls under Federal family assistance legislation, the affected carrier is required to establish a toll-free number. It is important for local agencies to understand that this is happening and there needs to be communication and a flow of information between the local agencies collecting information and the carrier that is also collecting information, especially victim information that needs to be forwarded to the district medical examiner's victim identification team.

Information Portal (website)

A web-based information system may be established to provide and collect information. The jurisdiction website may be utilized and frequently updated with bulletins containing available information and links to local, state, and Federal resources. These web pages should be designed ahead of time and activated immediately after the incident occurs or when the FRC and/or FAC is established.

The information portal should be operational as soon as possible after an incident. Plans and processes for the use of social media platforms such as Facebook, Twitter, Person Finder, etc. should also be considered.

All information provided through the information portal should be validated through a predetermined process so that only official information is provided. The information portal

can direct media to the JIC and/or the PIO to help protect family and survivors from public scrutiny and from receiving information from unauthorized sources.

The following functions/organizations may have roles and responsibilities associated with this:

- Emergency Management
- ESF 14 Public Information
- ESF 16 Law Enforcement
- Human Services
- Information Technology
- Legal

Definitions

The Family Assistance Planning Working Group developed and adopted the definitions of a Family Reunification Center and a Family Assistance Center found below. Each jurisdiction is encouraged to utilize these definitions to promote consistency throughout the metro area.

*“A **FRC** is established in the immediate hours after a mass casualty or mass fatality incident. This designated community space is established as a centralized location for families (and friends) to gather, receive information about the victims and grieve, protect families from the media and curiosity seekers, facilitate information sharing to support family reunification (e.g., direct families to Hospital if victims are known to have been transported to the location), and provide death notification when patients die and identity is known. This Center is short-term and may be replaced by a Family Assistance Center in the event the jurisdiction/agency deems this to be necessary. (A FRC transition to a FAC may be time or task driven. For example, a FRC may close when the last death notification is made to the next of kin or simply whenever the FAC is staffed and ready to open.)”*

*“A **FAC** is established following a large mass casualty or mass fatality incident. This designated space is established as a centralized location for families (and friends) to gather, receive information about the victims and grieve, protect families from the media and curiosity seekers, facilitate information sharing to support victim and family needs, and to provide necessary social services. This Center can be intermediate or long-term in scope and may target delivery of a range of services and/or may focus on families and friends of missing or deceased victims.”*

Family Reunification Center (FRC) Operations

Below are the general procedures and goals of an FRC. Additional set-up considerations for a FRC can be found in Section III: Reference E.

Purpose

- Protection and privacy from general public, media immediately after an incident occurs; serves as a buffer, but not a sequester
- Introduce order during a chaotic time
- Establish positive rapport early in the operation
- Information sharing from the source(s)
- Place to brief initial information
- Begin to establish accountability
- Support reunification effort

Goals

- Reunify persons affected by or involved in a disaster or emergency incident with loved ones (friends and family) in a thoughtful and timely manner and with concern for those who are still searching.
- Provide supportive services in a safe location while friends and family are waiting for information.
- Coordinate with the responsible agencies (i.e. Medical Examiner, Emergency Management, Social Services, etc.) to assess the situation and determine if there is a need to establish a family assistance center or other services.
- Collection of missing person reports and subsequent collection of ante-mortem data, if necessary.
- Coordinate the collection of available data from incident shelters, hospitals, or other medical treatment facilities, as well as search and rescue operations, to compare with the missing persons list in order to reunite families.
- Ensure availability of psychological, spiritual, and logistical support and services to survivors and family in a continuous manner; 24 hours a day while the FRC is operational.
- Assist law enforcement and/or crisis counselors in making initial notification to family members of victims that their loved ones might have/or have been confirmed to have been injured or deceased from the incident based on available information.
- Ensure accurate information is being received in a timely and consistent manner and is only provided by qualified individuals who will control the information flow outside of the FRC
- Provide briefings to families, prior to briefings to the media on a regular daily schedule, on the progress of recovery efforts, identification of victims, the investigation, and any other areas of concern.

Reunification operations considerations

- Upon arriving at the FRC, survivors should be directed to go through a registration process and then be directed to a waiting area where they will have access to basic needs, medical care, behavioral health resources, and other forms of support.
- As family members and friends arrive seeking information they should also go through registration and then directed to a separate waiting area. Staff members who are responsible for accountability should try to determine if the person they are looking for is on site, in a hospital, or whereabouts unknown.
- Verification of all survivors and family members should always be carried out. Especially if it involves a minor. (picture ID):
 - Contact National Center for Missing and Exploited children
 - Child Protection Services

FRC Base Services

Essential base services are the services that should be available when the FRC opens and becomes operational. They include the following:

Reunification Services

A FRC should house services for family attempting to locate and reunify with loved ones missing as a result of the incident. Reunification includes persons injured or uninjured and living or deceased. Services should be provided to family to locate a missing person after the emergency and persons who may have been found but remain unidentified and separated from family.

Consideration may be given to establishing a FRC separate from the FAC for reunification of incident survivors and their family, especially when fatalities have occurred, as not all family will be reunited with a survivor.

The following functions/organizations may have roles and responsibilities associated with this essential base service located at the FRC:

- Law enforcement
- Local emergency management agency
- Fire department and emergency medical services
- Family Services
- Public Schools
- Health and Human Services
- Hospital(s)
- District Medical Examiner's Office
- Emergency Mortuary Operations Response System
- Disaster Medical Coalition
- State morticians, funeral directors, and cemetery, cremation and funeral associations

- Division of Emergency Management (FDEM)
- Department of State (if foreign nationals are involved)

Fatality Information and Collection Services

A FRC should serve as the primary area where information is collected from families to assist in the identification of victims. Information collected should include basic demographic information, personal body identification markers, dental records, and deoxyribonucleic acid (DNA). The following functions/organizations may have roles and responsibilities associated with this essential base service:

- Disaster Medical Coalition
- District Medical Examiner's Office
- Emergency Mortuary Operations Response System
- Law enforcement (Sheriff, municipal police, State Police)
- State morticians, funeral directors, and cemetery, cremation and funeral associations

Communication Management Services

A FRC should serve as a reliable source of information regarding incident-related information and services. The FRC should receive information from the EOC (Mass Care, PIO, etc.), callers, and families and survivors, and release information only as it is verified by the appropriate agency representatives and the FRC Manager. Multiple briefings should be provided to family and survivors daily at the FRC to share all relevant emergency status information and services, and family assistance processes.

These briefings should be conducted by the FRC Manager or their designee in coordination with the jurisdiction's public information officer (PIO) and consist of updates from officials involved in the many different aspects of the incident such as law enforcement (local, state, Federal), fire and rescue, District Medical Examiner's (ME) office, and human services. These briefings are independent of incident or media briefings provided by the jurisdiction PIO and officials regarding the overall incident situation.

Security and Credentialing

The FRC should be a secure facility that provides a safe environment for the families, survivors, and the staff. A credentialing system that includes badge creation and card reader capabilities is useful to have in place prior to an event. In the absence of equipment for this a standard operating procedure should be in place pre-event that describes the types of identification that should be recognized and a system for tracking entrance and departure from the facility.

The following functions/organizations may have roles and responsibilities associated with this essential base service:

- Law enforcement
- Site security

Staffing

While the staffing for the FRC will be limited in services and scope and designed to fill an immediate need and be a short-term facility, it is the most essential component of FRC operations. The FRC is a highly sensitive environment. It is critical that all staff – employed or volunteer – are appropriately trained and qualified to provide services as dictated by their respective roles and responsibilities within the FRC. It is suggested that all staff working in a FRC environment review and sign a confidentiality agreement. A confidentiality agreement can be found in Section III: Reference I.

The quantity or number of staff needed should be determined at the time of the incident, based on its complexity and the estimated number of potential victims. Government and nonprofit organizations are ideally the primary providers of FRC services. A core staff from the FRC managing agency and from the local District ME Office is important to ensuring continuity for families. Involving additional agencies with experience in providing family assistance for mass fatalities is strongly recommended. The remainder of the staffing will be from multiple agencies and organizations. Reference Section III contains position checklists for each of the identified positions. Depending on the incident all positions may not need to be filled.

Management Team: The Management Team should be responsible for the overall coordination and maintenance of records for all activity that occurs within a FRC. The FRC Manager should oversee the entire FRC operation. The Management Team is scalable in that for smaller operations, the FRC Manager can serve in multiple roles. The Management Team should also be responsible for internal communications both operationally and with the clients. At least two briefings should be scheduled with the families at a FRC per day. It is important to note that a cadre of individuals should be trained to serve as FRC Manager prior to FRC activation. The Management Team is comprised of (when staffed):

- FRC Manager
- Public Information Officer
- Safety Officer
- FRC Support Team
- Liaison Officer(s)

Intake/Processing Team: The Intake Processing Team should be responsible for registering individuals as they enter the facility and identifying a caseworker who should serve as that person's primary POC for the duration of his or her time at the FRC. The Intake Processing Team may be on-site and may coordinate with the virtual FRC/Call Center on screening and intake, or be off-site as part of the virtual FRC/Call Center if a physical FAC is not feasible due to the nature of the incident.

The Intake/Processing Team is comprised of the following positions (when staffed):

- Intake Processing Team Lead
- Intake Receptionist
- Intake Coordinator
- Intake and Processing Caseworker

- National Center for Missing and Exploited Children (child reunification)

Fatality Management Team: The Fatality Management Team, established by the District Medical Examiner's Office, should be responsible for collecting information from family members about their missing loved ones. Team members should conduct interviews to obtain ante-mortem (preceding death) information to assist in victim identification as well as having other team members perform DNA collection. The ante-mortem interview should be facilitated by one person to ask questions and another to record this information after the interview is conducted. The interviewers must be trained specifically for FRC information collection as well as in principles of psychological trauma and crisis intervention. The interview team members become the case managers for that family for any aspect of victim identification. Certain fatality management team members must be trained in DNA swab collection.

The Fatality Management Team is comprised of the following positions (when staffed):

- Unit leader
- Medical Examiner liaison
- Administrative specialist
- Behavioral health specialist
- Call taker specialists
- Data entry specialists
- Data/records coordinator
- Dental/Medical records acquisition specialists
- Documentation specialist
- Family History DNA specialists
- Information Collection coordinator
- Interview specialists
- Records Management Specialists
- Volunteer training specialist

Reunification Team (for injured victims): The Reunification Team (for injured victims) should assist in helping victims and their families reconnect. This may be at a hospital or at the reunification center.

- Reunification Team Lead
- Hospital Liaison
- Missing Persons Officer

Integration with Healthcare:

For mass casualty incidents, the County Office of Emergency Management should consider setting up an area FRC immediately upon notification of the incident. Area hospitals will likely be receiving a significant patient surge; performing family reunification in conjunction with providing life-saving patient care may overtax their capabilities. Additionally, centralizing family reunification activities will significantly streamline information sharing as it relates to victim identities. The Area FRC, once established, should house the following:

- County personnel
- FRC personnel
- Representatives from each area hospital/healthcare system

County personnel will manage the facility and provide additional support to the FRC operations. FRC personnel will process information from families and hospital/healthcare system will run this through their electronic health record systems, looking for patient matches based on the information provided. This approach supports:

- Rapid searches across a wide geographic area
- Reduced stress on families from contacting/traveling to multiple hospitals/healthcare systems
- Reduced impact to area hospitals
- Reduced impact on County 311 services

Child Reunification/Release Team: The Child Reunification/Release Team should be responsible for ensuring that any individual seeking for a child to be released into his or her care has the legal authority to take the child. The Reunification Team is comprised of the following positions (when staffed):

- Child Reunification Team Lead
- Law Enforcement Representative
- School Representative
- Child and Family Services Representative

Death Notification Team: The Death Notification Team is responsible for notifying the legal next of kin of the death of their loved one after the medical examiner makes positive identification of the individual. The Medical Examiner is the only entity with legal responsibility for making positive identifications; therefore, the Medical Examiner or designee is an essential position of this team. The Death Notification Team is comprised of the following positions (when staffed):

- Medical Examiner or designee

- Death Notification Team Lead
- Law Enforcement Representative(s)
- Chaplain/Spiritual Advisor/Pastor/Clergy Representative(s)
- Foreign Consular Advisor, if applicable
 - Consulates/Embassies represent the interests of non-US citizens and provide direct support to their citizens during an emergency. They routinely provide services that US authorities are unable to offer, and can also reduce the number of victims seeking support from US authorities.
- Behavioral Health Provider(s)

Spiritual Support Team: The Spiritual Support Team should be available to assist victims and their families in the immediate aftermath to cope with the disaster. The Spiritual Support Team is comprised of the following positions:

- Spiritual Advisors
- Religious Leaders (pastors, rabbis, clerics, priests, etc.)

Demobilization

- The FRC is intended to be temporary and best judgment should be applied as to when it is demobilized.
- When the basic needs and the crisis has been adequately addressed the FRC can be demobilized.
- If the operations are continuing; when a family assistance center has been established and opened the FRC can be closed and the services can be transitioned to the FAC.
- When the last family has arrived and/or all families have been contacted and they know how or where to go for information the FRC can be closed.
- Once demobilized, families should be referred to the FAC for further information and more long-term support.
- Consideration should be given to providing FRC responders with critical incident stress management support, as outlined in this document.

Family Assistance Center (FAC) Operations

Purpose

A Family Assistance Center is designed to provide information and ensure the provision of emergency social services to survivors and families as they recover from the emergency.

Direction, Control, and Coordination

In accordance with the National Incident Management System the incident scene should be managed by the on-scene incident commander/unified command and an established incident command system organization. Emergency Management may activate the Emergency Operations Center (EOC) to support overall response operations to include on-scene and FAC operations.

The FAC should be organized and managed in accordance with the ICS concepts as well. The direction and control function for the FAC should be performed by the FAC Manager. The FAC Manager should coordinate with on-scene operations and the EOC as necessary.

Based on the legal authorities directing responsibility for the establishment and operation of a FAC, a variety of agencies may be involved in the management of the FAC and should operate under the direction and control in accordance with plans, policies, and procedures established by the agency with jurisdiction/authority for the FAC.

In addition to the same functions included in the FRC, the following functions and activities may apply:

- Arrange for a site visit for families and survivors if feasible and by request.
- Consider memorials when requested by family members, survivors, etc. Memorial events might occur spontaneously by community involvement or any number of other ways. Federal legislation has specific language regarding the development of a memorial by transportation carriers that fall under the legislation.
- Provide information on the procedure regarding the return of personal effects (Note: Personal effect may be held for evidence by police or the investigative agency for extended periods).
- Maintain current contact information with survivors and family in order to provide updates on the progress of the investigation, on-going resources and support, and other related matters. Maintain contact and provide above mentioned services and information to family who choose not to visit the FAC via websites, phone banks, and requests for assistance through the family's local resources (i.e. law enforcement agencies, social services, etc.)
- Provide and/or facilitate screening for available financial assistance if applicable and in accordance with established regulatory requirements (i.e. victims of crimes compensatory funds)
- Maintain security from media and other individuals not requiring the services of the FAC.
- Manage requests for sensitive information in such a way that does not hinder the purpose of having a FAC.

- Assisting people with disabilities and others with access and functional needs in participating in the family support services. This may include assistive technology and communication devices.

Notification

- On-scene incident command should notify emergency management and other jurisdiction officials of an incident that may require FRC and/or FAC operations.
- Emergency management staff should begin to assess incident-specific information and determine if emergency operations center (EOC) operations are warranted and should coordinate with Human Services and other appropriate agencies to determine the need for FRC/FAC activation.
- If FRC/FAC activation may be required, emergency management and public safety officials should initiate the appropriate internal and external notifications to staff and support agencies as outlined in standard operating procedures for notifications.

Activation

The following serve as guidelines for triggers of a FAC activation:

- Any incident where establishment of a FRC/FAC will enhance response operations.
- A FAC should be established under a variety of mass-casualty situations. FAC operations should be activated as early into the event as possible. Preliminary services or a FRC can be offered that include providing accurate information, meeting basic health and spiritual needs, and ensuring a safe place to gather while the FAC is being established.
- Emergency Management in coordination with the appropriate agencies having responsibility for FAC operations should have the decision making authority for activation of a FAC. Jurisdictions should identify the agencies having authority for activating and operating a FAC.
- If a FAC is established, activation of the Emergency Operations Center (EOC) is strongly suggested to provide necessary support to the operation.
- Emergency Management and FAC support agencies should coordinate to determine the location of the FAC. FAC locations may be pre-determined through established memoranda of understanding (MOU). The facility should be physically located away from the disaster scene, the incident morgue, and staging areas yet still close enough for staff to travel back and forth as needed.
- As staff arrive at the FAC, the designated FAC Manager should make position assignments. The position assignments may be determined prior to an incident based on day-to-day roles and responsibilities, training, and experience but may be adjusted as needed based on staff availability and incident requirements.
- The services provided at a FAC are scalable depending upon the size of the event. However, there are services that are essential to any FAC operation, as well as services that may be deemed optional.

Guidance for FAC Triggers

The numbers provided below serves as guidance only and may not necessarily be applicable or appropriate in every situation. For example, 15 victims may result in 150 family members seeking assistance at a FRC and/or FAC (based on a 1:10 ratio). In this situation 150 may be enough to require a significant FAC operation. However if the 15 victims all belong to one family it might not require a family assistance center operation. Consideration should also be given to the number of victims (survivors) vs. fatalities as the greater the number of fatalities the more likely a FAC operation will be necessary.

Number of Victims	FAC Activation	Building Size* (Sq. Footage or # of rooms)	Estimated # of family members
<15	Optional	Small	150
16-50	Automatic	Medium	160-500
50+	Automatic	Large	500+

**A small building can be an office suite or single floor of a building (individual rooms for private interviews will still be necessary).*

**A medium building can be a hotel ballroom in conjunction with one or two meeting rooms, a library, or a school building.*

**A large building can be a larger hotel utilizing all ballroom and meeting room space, or a convention center.*

FAC Activation Levels

Staffing needs will vary based on the FAC activation level. The activation levels of a FAC mirror those of an EOC activation.

FAC Activation Level	Level Determination
Level 3	Less than 15 survivors/fatalities
Level 2	16-50 survivors/fatalities
Level 1	50+ survivors/fatalities
Virtual FAC*	<ul style="list-style-type: none">• Incident type, location and/or severity prohibits traditional FAC activation• Examples include Chemical, Biological, Radiological, Nuclear or Explosive incident where assembly at a traditional FAC would be unsafe

**Should the emergency preclude the establishment of a physical FAC, a virtual FAC may be established if deemed necessary. Additional details on the operation of a virtual FAC can be found in Section III: References – Reference F: Virtual FAC Operations.*

Guidelines for a FAC Facility

The type of mass fatality incident and the number of fatalities and persons needing assistance will affect site selection. Location and functional capability are important when determining the site. Consider pre-identifying potential facilities in different geographical areas in your jurisdiction.

Selecting a facility for a FAC should be considered during the planning process. Having pre-identified facilities (Section IV: Appendix A) may assist with the decision making process when an incident occurs. However, how family assistance is managed will depend on the incident, extent of pre-planning, the resources at hand, and the jurisdiction's decisions regarding how family assistance will be provided.

Possible locations for a family assistance center are a hotel, convention center, college, or community center. In rural areas, tents may be used. A neutral, non-religious site is preferred because some families may be uncomfortable coming to a religious structure.

Site Selection Considerations

Incident Characteristics

There may be specifics of the incident that will determine site selection that will only be recognized at the time of the incident.

Availability—Immediate and Long-Term

Immediate, with flexible, long-term availability as needed.

Location in Relation to the Incident Site and the Medical Examiner's Office

Close enough to the site to allow the District Medical Examiner's Office and others to travel easily between the incident site, morgue and FAC, but far enough from the site that families are not continually exposed to the scene and to prevent sensory input (sights, sounds, and smells).

Adequate Size to Meet the Needs of Anticipated Number of Families

The FAC facility size should not be underestimated. Enough floor space is needed to conduct the many FAC functions. Sufficient space for expanding the operation as family needs evolve is required. Anticipate eight to 10 family members per potential victim, and then add staff. The building should be large enough for the needs of the situation. It is estimated that each participating agency will need 150 square feet. The total square feet needed may vary from as few as 1200 square feet to more than 5000 square feet. Consequently, it is good to identify a variety of buildings of different sizes in different locations within your jurisdiction.

Accessibility

Easily accessible for family and survivors, and for staff and volunteers or plan to provide transportation. American Disability Act (ADA) guidance should be utilized to ensure facilities and transportation services are compliant.

Needs of the Participating Agencies

Different service teams may have different needs regarding their space. The Team Leaders should communicate with the FAC Logistics Officer regarding specific team needs for furniture, equipment, and supplies.

Sufficient tables and chairs for the needs of the situation should be available. Each agency working in the facility will need at least one long table and five chairs.

Need for Overnight Facilities

If the incident is not a local event, access to overnight facilities will be critical.

Need for Transportation Services

If the location is difficult to access by public transportation and/or there are parking limitations, transportation services may be necessary.

Security Requirements

FAC security will need to be arranged. Access to the FAC should be controlled so that families and survivors have privacy and are not overwhelmed by the press, photographers, and the general public.

Security needs include:

- Site Security (external and internal with some officers in plain clothes)
- Parking Lot(s)
- Security around the Perimeter
- Traffic Control

If there will be more than one FAC site, security will be needed at all sites.

Recommendation: Have a law enforcement representative on the FAC site selection team to assess potential security issues when the site is being selected.

Basic Infrastructure Needs

When identifying potential facilities and their infrastructure capabilities, it is also important to determine and understand capacity. Base capacity requirements on the expectation of eight to 10 family members for each potential victim plus the FAC staffing requirements. Understanding the limits of a facility will lead to more effective facility selection, planning, and setup. Facility at a minimum should contain the following:

- Electrical Power
- Multiple Land Lines (telephones) and Cellular Telephone Reception
- Internet Service
- Controlled Heat/Air Conditioning (depending on climate)
- Hot and Cold Running Water
- Multiple Rest Rooms (allowing for separate areas for families and staff)
- Sewage
- Food Service Capability
- Adequate Parking
- Security Provisions (controlled access with perimeter for privacy from media and intruders)
- Accommodations for disabled family members/staff
- Screening (from view of the media)
- Generator(s) and back-up infrastructure
- Break-out rooms and designated outdoor area for service animals and/or comfort dogs for rest period
- Interview rooms and conference rooms for specialized team (Law Enforcement, Medical Examiner Victim Identifications team)

Space and Floor Plan Requirements for FAC Functions

The floor plan should accommodate simultaneous and effective performance of many services for the families and friends of victims. The space should be large enough to accommodate needed services. It is estimated that each participating agency will need 150 square feet. The total square feet may vary from as few as 1200 square feet to more

than 5000 square feet. Consequently, it is good to identify a variety of buildings of different sizes in different locations within your jurisdiction. A sample floor plan is provided in Section III: Reference G.

Separate Entrances for Staff and for Families

The entrance for families should allow protection of family privacy and be away from media access. The separate entrance for staff is important so that staff can check-in, be briefed, and receive their assignments before they interact with families.

Reception and Information Desk

The reception and information desk area serves as a gatekeeper for the FAC to ensure that only family of possible victims and invited guests come to the FAC. FAC staff should greet families, gather basic information, provide information on FAC services, and provide instructions for signing in and out of the FAC. Desks/tables with chairs, phones, and a system for creating photo identification (ID) badges for family members and friends may be needed.

Large General Assembly Room with Public Address System

This room should be large enough to accommodate all family (8-10 per potential victim) for the family briefings. It should be able to accommodate a phone and conference bridge capabilities that enables families away from the FAC to participate in the family briefings via speaker phone with a toll-free number and facilitate translation services. Sign language services may be required during the family briefing.

In the family briefing room, consider the following:

- Signs requesting attendees to turn off pagers and cellular phones during the family briefings to prevent interruptions and help keep the focus on the families.
- Displays with newspaper biographical articles about each victim, obituaries as they appear in the paper, family information needs (map of FAC, information on available services, meeting notes from family briefings, etc.).
- A long memorial table(s) where families can place photos and other remembrance items.
- Tables (on the opposite side of the room) with donated gifts, cards and letters of condolence from people and agencies.
- A question and comment box for families to express their needs and make recommendations to the FAC staff. Every comment and question should receive a response from FAC management.
- Tissue boxes on tables where families enter and exit the room.

Reflection Room

This is space for families and friends to quietly reflect, meditate, pray, seek spiritual guidance, and observe religious practices. The reflection room should be designed and furnished to respect diverse cultures and beliefs.

Interview Rooms for Ante-mortem Data Collection/Death Notifications

These rooms are used by the District Medical Examiner's Office to collect ante-mortem information for identification and for death notifications. At least some of the rooms

should be large to accommodate large families and a Notification Team. They should be quiet and private because these meetings are often emotionally charged and long.

The Victim Information Center (VIC) is often times co-located with the ante-mortem data collection area. It is recommended to provide the VIC with the following space:

- 200 sq. ft. Admin/Command
- 300 sq. ft. VIC Records Management/Computer Server
- 400 sq. ft. Data Entry/Auditing
- 100 sq. ft. Dental & Medical Records Acquisition
- 1,000 sq. ft. Call Center (@ 100 sq. ft. per call taker, depends on number of call takers) - These call takers will be fielding and vetting information from the main helpline call center.
- 2,000 sq. ft. Briefing Room for group family meetings Total size: 4,000 sq. ft.

Suggested Number of Interview Rooms for private family meetings:

- < 100 deceased and injured: 6 rooms
- 101 to 200 deceased and injured: 12 rooms
- > 201 deceased and injured: 15 rooms+

If hotel rooms are used, replace the bedroom furniture with couches and chairs. It may be preferable for Notification Teams to go to families home rather than require families to come to the FAC. Cars may need to be available to Notification Team members for families who prefer to have the Notification Team come to their homes.

Quiet Rooms for Counseling/Spiritual Care/Emotional Support

Several rooms should be available to provide a private space where families can receive counseling and emotional support from clergy, mental health professionals and grief counselors. These rooms can also be used for family members to spend time together and to use the telephone to contact other relatives and friends.

Suggested Number of Rooms for Counseling/Emotional Support:

- ≤100 fatalities: 3-5 rooms
- 101-200 fatalities: 10-12 rooms
- ≥200 fatalities: more than 15 rooms

If hotel rooms are used, replace the bedroom furniture with couches and chairs.

First Aid Station

Family and survivors may require medical attention. An ambulance should be on standby at all times to transport patients to area hospitals if necessary. This area may be very busy during the first few days.

Child Care Center

A child care center is recommended to provide an area for children to be cared for during families' lengthy, emotionally challenging stays at the FAC. Consult local licensing requirements for child care centers.

Suggested requirements based on recent mass fatalities are:

- Secluded area of the facility away from high traffic areas
- Controlled entrance
- Easily accessible bathroom facilities
- Running hot and cold water
- Area for diaper changing
- Trash storage
- Sufficient space to support children's play and movement, but limit running opportunities
- Telephone
- Secondary space should be available to support overflow, separate ages (infants, pre- K/Kindergarten aged, elementary aged, and middle school aged children), and allow for nap time.

Required safety features:

- Ground level (if possible).
- Protection for children against sharp corners.
- Covered electrical outlets.
- Controlled hot water temperature to prevent scalding.
- Toys that are age appropriate.
- Elimination of choking hazards.
- Evacuation directions (parents have responsibility re: evacuation— designate a central meeting point outside).

FAC Management Area/Office

An operations center is necessary to allow the different service groups and organizations to meet— requiring a large meeting room for daily meetings for briefings at the beginning of each shift and for debriefings at the end of each shift. This room can also be used for team trainings.

In addition, administrative offices should be available for:

- FAC leadership and support staff
- IT support
- Data entry
- Various teams including mental health professionals, clergy, and medical examiners
- Key organizations including the American Red Cross and Salvation Army

Since these administrative offices will hold files and confidential information generated by the FAC, they must be kept secure.

FAC Facility Requirements and Equipment Needs

Regardless of event size, there are a minimum of specific operational and space requirements for a FAC. Below are requirements needed for FAC operations of all sizes. Resources are listed by category: facility/building requirements, security requirements, infrastructure requirements, equipment requirements and supply requirements. These requirements are further divided into essential and optional requirements.

Facility Requirements	<15 Victims		15-50 Victims		50+ Victims	
	Yes	#	Yes	#	Yes	#
Transportation Accessibility	x		x		x	
ADA (Americans With Disabilities Act) Accessibility	x		x		x	
Electricity	x		x		x	
Heat/HVAC	x		x		x	
Parking	x		x		x	
Restrooms	x		x		x	
Security Personnel	x	2-4	x	4-8	x	16+
Reception Personnel	x	5	x	5	x	10
Registration/Intake Personnel	x	2-4	x	4-10	x	15
Child Care Area Personnel	x	2-5	x	5-10	x	15
Adult Care Area Personnel			x	2+	x	4+
Reflection Room	x		x		x	
Kitchen Area	x		x		x	
Waiting/Common Area	x		x		x	
Death Notification Area	x		x		x	
Ante-Mortem Collection Area	x		x		x	
Team Areas/Mental Health Room	x		x		x	
Outdoor relief area for service animals	x		x		x	
General Office Supplies	x		x		x	
Laptops (Staff and Public)	x	2-4	x	4-8	x	16+
Fax (high resolution)	x	1	x	1	x	2
Phone Lines	x	2	x	4	x	6-10

Internet connections for computers/laptops	x		x		x	
Copy Machine	x		x		x	
Wireless Router	x	2-4	x	4-8	x	16+

Facility Requirements	<15 Victims		15-50 Victims		50+ Victims	
	Yes	#	Yes	#	Yes	#
Wireless Cards for Laptops						
Telephones (Staff and Public)	x	3-5/10	x	5-8/10	x	10/10+
Radios	x	4-8	x	8-12	x	16+
Furniture					x	
Chairs	x	50	x	100	x	200
Cots (for staff)	x		x		x	
Tables	x	10	x	20	x	30-40
Stanchions			x	2-4	x	5+
Privacy Barriers			x		x	
Information Management Database	x		x		x	
Posters/Signage	x		x		x	
Medical Supplies						
First Aid Supplies/Kits	x		x		x	
EMS On-Site	x	0-2	x	2-4	x	6
Food	x		x		x	
Baby Food and Diapers	x		x		x	
Clothing	x		x		x	
Personal Care Products	x	10-15	x	15-50	x	50+
Paper shredder	x	1	x	2	x	2-4

FAC Base Services

Essential, yet scalable, services are those services that are important to provide to the clients; however, resources may not allow for them to be established at the time the FAC opens. These services may be established as the resources allow. Several of the services provided at a FRC will also be available at a FAC. However, the FAC will have a larger offering of social services and victim and family assistance. These services are listed below:

Victim Services

In some situations services provided through the local Victims Services office or through the state/Federal government may be available to victims of a mass casualty or mass fatality. Applicant screening, information, and referral to these services may be considered within the FAC operation.

A Crisis Response Team (CRT) may be an available resource to the region. The CRT is a state team trained using the National Organization for Victim Assistance (NOVA) model. This resource can provide trained victim assistance specialists and crisis interventionists to assist in meeting the emotional needs of traumatized victims of disasters, crime and terrorism. CRT contact information for the region is listed below:

Name:

Telephone Number:

The following functions/organizations may have roles and responsibilities associated with this essential scalable service:

- Office for Victims of Crime
- Department of Justice
- Social Services

Disaster Behavioral Health Services

The FAC should house on-site disaster behavioral health services to support family and survivors as they begin to cope with the loss of a loved one, loss of home or community, and other emergency- induced stressors. FAC staff should also be supported by counseling services as they cope with stresses from providing services to families and survivors. Behavioral health counselors should interview clients and assist those at risk of long-term psychological or emotional ramifications due to the crisis, including referrals for ongoing behavioral health support and case management or providing behavioral health support for site visit and/or memorial services for the fatalities and their loved ones. FAC staff should be trained in psychological first aid and credentialed behavioral health providers should be on-site to provide grief counseling. The following functions/organizations may have roles and responsibilities associated with this base service:

- Mental Health/Community Services Board
- Social Services

- American Red Cross
- Health Department
- Crisis Response Teams

Crisis Counselors will perform psychological first aid to support individuals and family members who may be survivors of a disaster, or have lost a loved one. Crisis Counselors offer assistance through the FRC and FAC process by providing emotional support and guidance when navigating the FAC, and often assist with completing paperwork and identifying resources critical to recovery. It is recommended to request crisis counselors during the onset in order to support victims and families entering the FRC and FAC.

Spiritual Support

The FAC should house multi-denominational spiritual support by qualified spiritual leaders. In a traumatic event, spiritual support may help alleviate suffering or facilitate coping with great loss. Consideration should be given to ensuring spiritual leaders meet agreed upon requirements such as trauma mass casualty training etc. The following functions/organizations may have roles and responsibilities associated with this essential base service:

- Emergency Management
- Faith-based organizations
- Non-governmental organizations

Security and Credentialing

The FAC should also be a secure facility that provides a safe environment for the families, survivors, and the staff. A system for tracking entrance and departure from the facility should be implemented by having clients sign in and out as part of the registration process. The following functions/organizations may have roles and responsibilities associated with this essential base service:

- Law enforcement
- Management Services
- Human Services

Personal Effects

The FAC can also provide information on the procedures regarding the return of personal effects. Personal effects may be held for evidence for extended periods. Jurisdictions are encouraged to develop a personal effects management plan. It is possible that some personal effects recovery, processing and disposition will occur at the FAC. The following functions/organizations may have roles and responsibilities associated with this essential base service:

- Law enforcement
- Medical Examiner's Office

- Transportation carrier or their contracted vendor, if involved (NTSB incident)

Day Care Services

The FAC should house a care area for the children and elders of family and survivors and staff or coordinate referrals to off-site services. On or off-site day care area should be staffed by pre- identified, qualified caretakers. It is recommended all caretakers pass a background check prior to working in the center and wear identification while working. On or off-site services should be coordinated with multiple community partners. The following functions/organizations may have roles and responsibilities associated with this essential scalable service:

- Social Services
- Parks and Recreation
- Non-governmental organizations (child and adult day care providers)

Food Services

Daily meals, including breakfast, lunch, dinner, and snacks, should be provided, and such meals should accommodate infants, children, elderly and individuals with special dietary food allergies or requirements. These services should be coordinated in conjunction with the EOC. Actual services provided will be dependent on the type of facility being utilized. There are agencies/organizations that can assist in ensuring appropriate foods are being served in the aftermath of a mass casualty/mass fatality incident. For example, certain foods may be insensitive to serve (such as barbeque meat, sauces, etc.) and foods should be ethnically appropriate when possible. The following functions/organizations may have roles and responsibilities associated with this essential scalable service:

- Adult Detention Center
- Public Schools
- American Red Cross
- Non-governmental organizations
- Private-sector

Referral Services

The FAC should provide on-site expertise for referrals to appropriate off-site services that may not be available at the FAC. The FAC should not serve as a shelter. If needs or services relating to housing or sheltering are identified, these services should be provided as described in the jurisdiction's mass care plans. Clients may also be directed to an information portal for information and referrals to off- site services. These services should be identified by FAC management based on the magnitude, scope, and needs of the incident. The following functions/organizations may have roles and responsibilities associated with this essential scalable service:

- Health and Human Services (to include the Office of Vital Statistics)
- 211 /311/(applicable jurisdiction call center, non-emergency help and

- information service line number)
- State morticians, funeral directors, and cemetery, cremation and funeral associations
 - County assistance for funeral services, if indigent
 - Military assistance for funeral services, if a veteran

Medical Services

Basic first aid care should be available within the FAC. Anyone requiring full medical attention will be transported to an appropriate medical facility. The following functions/organizations may have roles and responsibilities associated with this essential scalable service:

- Fire and Rescue Services
- Health Department
- Medical Reserve Corps
- Volunteer Agency
- American Red Cross

Non-Essential (Secondary) Services

Non-essential services are services that may be identified as necessary but may not necessarily be the responsibility of the FAC to provide as the roles and responsibilities to address these needs are detailed and assigned in other aspects of the Emergency Operations Plan. For example, housing may be a long-term recovery issue and is addressed through other jurisdictional plans. If the need for these services is identified, the FAC Manager in coordination with the EOC should determine the appropriate means for addressing these needs which may include providing them through the FAC or providing referrals to the appropriate, responsible entity.

Clothing/Personal Care Services: The FAC may provide emergency clothing and personal care hygiene items at the FAC. The American Red Cross or another community partner may assume this responsibility, if applicable.

Financial Assistance: The FAC may provide services to assist family and survivors in obtaining economic assistance from existing and emergency-initiated local, state, Federal, and non- governmental organization resources. Such assistance may include disaster assistance, rental assistance, food stamps, and victim's assistance.

Housing: The FAC may provide services to assist family and survivors in obtaining emergency housing, including pre-identified shelter sites, creation of temporary housing, and hotels.

Personal ID Services: The FAC may provide services to assist family and survivors in obtaining temporary replacement of personal identification, such as proof of birth, residency, and/or citizenship, in order to receive services and/or resume activities of daily life.

Transportation: The FAC may provide services to assist family, survivors and staff in obtaining appropriate public or private transportation as needed.

Staffing

The quantity or number of staff needed should be determined at the time of the incident, based on its complexity and the estimated number of potential victims. Government and nonprofit organizations are ideally the primary providers of FAC services. A core staff from the FAC managing agency will be important to ensuring continuity for families. The remainder of the staffing will be from multiple agencies and organizations. Involving additional agencies with experience in providing family assistance for mass fatalities is strongly recommended. It is critical that all staff – employed or volunteer – are appropriately trained and qualified to provide services as dictated by their respective roles and responsibilities within the FAC.

FAC staffing is categorized into service teams and coordinated under the ICS structure. Staffing levels and needs are dependent upon the size and scope of the incident. The FAC Manager, in conjunction with the EOC, should decide the necessary staffing levels to support the FAC in response to a particular event.

Reference Section III for position checklists for each of the identified positions.

FAC Management Team: The Management Team should be responsible for the overall coordination and maintenance of records for all activity that occurs within a FAC. The FAC Manager should oversee the entire FAC operation, while the section chiefs should have assigned responsibilities. The Management Team is scalable in that for smaller operations, the FAC Manager can serve as Planning, Operations and Logistics Section Chief. The Management Team should also be responsible for internal communications both operationally and with the clients. At least two briefings should be scheduled with the families at a FAC per day. It is important to note that a cadre of individuals should be trained to serve as FAC Manager prior to FAC activation. The Management Team is comprised of the Command and General Staff and includes (when staffed):

- FAC Manager
- Public Information Officer
- Safety Officer
- Administration and Finance Section Chief
- Logistics Section Chief
- Operations Sections Chief
- Planning Section Chief/EOC Liaison
- FAC Support Team
 - Personnel Coordinator
 - Documentation Officer
 - Procurement Officer

Behavioral Health Team: The Behavioral Health Team should provide emergency behavioral health counseling to family and survivors at the FAC. All providers are trained in psychological first aid and/or grief counseling. Adults and children should be able to receive behavioral and mental health counseling. Psychological first aid for FAC staff involved in the event should also be available on-site. The Behavioral Health Team can also make referrals for longer term counseling. The Behavioral Health Team is comprised of the following positions (when staffed):

- Behavioral Health Provider
- Behavioral Health Team Lead
- Child Behavioral Health Provider
- Spiritual Advisor

Intake/Processing Team: The Intake Processing Team should be responsible for registering individuals as they enter the facility and identifying a caseworker who should serve as that person's primary POC for the duration of his or her time at the FAC. The Intake Processing Team may be on-site and may coordinate with the virtual FAC/Call Center on screening and intake, or be off-site as part of the virtual FAC/Call Center if a physical FAC is not feasible due to the nature of the incident. The Intake/Processing Team is comprised of the following positions (when staffed):

- Intake Processing Team Lead
- Intake Receptionist
- Intake Coordinator
- Intake and Processing Caseworker
- National Center for Missing and Exploited Children (child reunification)

Site Safety Team: The Site Safety Team should be responsible for ensuring the security of FAC clients and staff. Law enforcement should staff a FAC 24 hours per day, maintaining peace among clients and preventing unauthorized people – including any and all media – and items (e.g., drugs, alcohol or weapons) from entering the facility. Medical personnel should provide first aid services to clients and staff at a FAC. For larger operations, EMS should also be on-site if at all possible. The Site Safety Team is comprised of the following positions (when staffed):

- Site Safety Team Lead
- Security Officer
- Law Enforcement Officer
- EMS and First Aid Administrator (Paramedics/EMTs)

Support Services Team: The Support Services Team should be responsible for providing the services needed for the victims and families. Depending on the incident the services provided in a FAC will vary. This team might include representatives from airlines,

Chambers of Commerce, Office of Vital Statistics, Social Security Administration, hotel/motel lodging, funeral home associations, etc. The Support Services Team is comprised of the following position (when staffed):

- Support Services Team Lead
- Support Service Agency Representative
- American Red Cross Representative (as applicable)

Facilities Management Team: The Facilities Management Team should be responsible for ensuring the facility remains clean and that infrastructure to support operations is in place. The Facilities Management Team is comprised of the following positions (when staffed):

- Facilities Management Team Lead
- Facilities Team member

Information Technology (IT) Team: The Information Technology Team should be responsible for ensuring the facility has the appropriate IT infrastructure to support operations at the FAC. The IT Team is comprised of the following positions (when staffed):

- IT Coordinator
- Technical Communications Coordinator

Day Care Team: The Day Care Team should provide child care and recreation and adult care to support clients partaking in services at a FAC. All care services are provided in accordance with jurisdiction regulations and policies. The Day Care Team is comprised of the following positions (when staffed):

- Day Care Team Lead
- Child Day Care Provider
- Adult Day Care Provider

Volunteer and Donations Management Team: The Volunteer and Donations Management Team should coordinate the volunteers, volunteer services and donations management at the FAC. The Volunteer and Donations Management Team should adhere to the established volunteer management standards and the procedures for soliciting good and services outlined in the jurisdiction's plans and policies. The Volunteer and Donations Management Team is comprised of the following positions (when staffed):

- Volunteer Coordinator
- Donations Coordinator

Referral Specialist Team: The Referral Specialist Team FAC should provide on-site expertise for referrals to appropriate off-site services such as funeral services, obtaining death

certificates, transportation, housing/shelter, and financial support. If needs or services relating to housing or sheltering are identified, these services should be provided as described in the jurisdiction's mass care plans. Clients may also be directed to an information portal for information and referrals to off- site services. These services should be identified by FAC management based on the magnitude, scope, and needs of the incident. The Referral Specialist Team is comprised of the following positions (when staffed):

- Referral Team Lead
- Financial Referral Specialist
- Housing Referral Specialist
- Transportation Referral Specialist

Food Services Team: The Food Services Team should ensure an appropriate amount of food is provided to families and staff at a FAC. This team should also be responsible for ensuring special dietary needs and baby food needs are met.

Demobilization

Planning for demobilization should begin upon activation. Demobilization can be done by scaling back services as they are no longer needed. For example, the staff of ante-mortem interviewers can be scaled back and demobilized once all interviews have been conducted and data collected. When considering closing the FAC, ensure families are given information regarding resources in their local community that can be helpful in their community such as victim advocates and behavioral health professionals.

Factors to consider when determining the closure of the FAC:

- Number of families visiting the FAC each day
- Number of victims that remain unidentified
- Need for daily briefings (rapidly changing information)

Before deciding if FAC operations will cease, the FAC Manager should ensure that all needs can be met outside of the FAC. All persons coming to the FAC should be provided the appropriate resources to continue the process once the FAC has been closed.

Roles and Responsibilities of Participating Agencies

It's critical that responding organizations have a solid understanding of their role in successful FRC/FAC operations. Activation of an FRC will involve multiple organizations and require extensive cooperation and communication to ensure the community is effectively supported.

This section lists the typical tasks to be performed by agency/position and organization. Each jurisdiction will need to assign roles and responsibilities based upon their existing agencies and resources, agency authorities and other local policies and procedures.

Emergency Management

- Following notification, immediately activate area Family Reunification Center operations to reduce the burden on family members and area hospitals
- Facilitate coordination between all entities involved in the operating of a Family Reunification/Family Assistance Center
- Activate the local Emergency Operations Center, as appropriate, to serve as the central coordination facility for all activities related to the Family Assistance Center
- Notify local, regional, and state Emergency Management Agencies of the decision to open a Family Reunification/Family Assistance Center
- Notify all agencies listed within the Family Assistance Center plan of the decision to open a FAC
- Request that agencies listed within the FAC plan provide staff and resources to the FAC and representative to the EOC, if appropriate
- Coordinate centralized communications, to include the activation of a Joint Information Center/Joint Information System (JIC/JIS), Citizen Information Lines, etc.
- Develop planning objects, operational tasks, and a demobilization plan for the Family Assistance Center
- Coordinate the activation of additional emergency response plans, as appropriate
- Provide a liaison to the Family Assistance Center, as appropriate
- Coordinate the acquisition of resources and outside support for Family Assistance Center operation
- Manage and maintain a list of pre-identified resource vendors who can be used to support Family Assistance Center operations
- Provide situational briefings to senior policy group during the activation of a Family Assistance Center
- Coordinate an After Action Meeting for all agencies involved in Family Assistance Center operations following the decision to close and demobilize the FAC
- Serve as the lead agency in writing and publishing the After Action Report in response to the activation of the Family Assistance Center

Public Health

- Provide informational updates regarding public-health issues to individuals, volunteers, and staff within the Family Assistance Center
- Conduct public-health screenings for individuals entering the Family Assistance Center
- Provide a representative to the EOC, as appropriate
- Provide information on how to obtain copies of death certificates and what is needed if someone is being removed from state.
- Participate in the After Action Meeting and the creation of the After Action Report (AAR), as appropriate

Family Services/Human Services

- Serve as the primary agency responsible for activating, managing, and updating the Family Assistance Center Plan (*depends on the locality*)
- Oversee all operations at the Family Assistance Center and coordinate all resource requests with the EOC
- Conduct registration, verification, and tracking operations of individuals entering the Family Assistance Center
- Provide general staff to support Family Assistance Center Operations
- Provide information on funeral resources within the county for next of kin within the Family Assistance Center
- Conduct family briefings and information updates for those within the Family Assistance Center
- Assist with the implementation and operation of a Call Center
- Assist with the implementation and operation of a virtual FAC, if needed
- Provide translation and cultural support resources within the Family Assistance Center
- Provide staff to manage child-care and adult-care operations within the Family Assistance Center
- Coordinate and provide information on temporary housing resources for individuals within the Family Assistance Center
- Provide a representative to the EOC, as appropriate
- Participate in the After Action Meeting and the creation of the After Action Report (AAR), as appropriate

Behavioral Health and Victim Services

- Provide mental-health support staff within the Family Assistance Center and on death notification team(s)
- Coordinate the provision of services through established victim assistance programs

Local Law Enforcement

- Provide security services for the Family Assistance Center, temporary housing facilities, and other FAC support locations
- Provide crowd control and pedestrian/vehicular traffic management for the Family Assistance Center
- Coordinate the credentialing of all Family Assistance Center staff and volunteers
- Assist with the verification, registration, and tracking of persons within the Family Assistance Center
- Conduct all criminal and missing persons investigations
- Assist medical examiner victim identification team with the collection of ante-mortem data or DNA samples from families of missing persons for reunification of human remains
- Establish death notification teams to notify the legal next of kin of the death of their loved one after the medical examiner makes positive identification of the individual.
- Provide a representative to State and Federal Law Enforcement partners, as necessary
- Provide a representative to the EOC, as appropriate
- Participate in the After Action Meeting and the creation of the After Action Report (AAR), as appropriate

Fire and Rescue Department

- Provide emergency medical services for those within the Family Assistance Center and at other FAC support facilities
- Implement patient-tracking protocols and resources, if available
- Provide a representative to the EOC, as appropriate
- Participate in the After Action Meeting and the creation of the After Action Report (AAR), as appropriate

Public Works & Transportation

- Provide traffic and crowd management resources including cones, signs, and other barricade devices at the Family Assistance Center and other FAC support facilities
- Coordinate and provide resources for debris removal at and around the Family Assistance Center, if necessary
- Provide, coordinate and track resources to transport individuals to the Family Assistance Center and other FAC operations facilities
- Provide a representative to the EOC, as appropriate
- Participate in the After Action Meeting and the creation of the After Action Report (AAR), as appropriate

Public Information Officers

- Coordinate all public messaging regarding on-going incident and Family Assistance Center operations
- Monitor social and traditional media channels and address any incorrect information being shared with or within the public
- Operate a Joint Information Center, as appropriate
- Provide a representative to the EOC to work with ESF 14, as appropriate
- Participate in the After Action Meeting and the creation of the After Action Report (AAR), as appropriate

Information Technology

- Provide IT support for FAC, call center, and virtual FAC operations
- Ensure security of all electronic personal identification information for individuals within the Family Assistance Center, FAC staff, incident victims, and the deceased as appropriate
- Provide a representative to the EOC
- Participate in the After Action Meeting and the creation of the After Action Report (AAR), as appropriate

District Medical Examiner's Office

(Note: Only listing roles at the FRC and/or FAC)

- Provide messaging and information to the PIO's/Call Center for public distribution about the role of the Medical Examiner and what actions are requested of families to assist with positive identifications and the release of the decedents to the legal next of kin.
- Once positive identifications made by Medical Examiner, notify Law Enforcement agencies to make death notifications to the next of kin. (Notifications can take place at the FRC, FAC, or off-site at family's location.)
- Coordinate and collect ante-mortem data and DNA samples from family members of potential decedents with assistance from FEMORS and local law enforcement agencies
- Coordinate with the Department of Public Health for any public health concerns related to human remains
- Coordinate the release of decedents and their personal effects to the legal surviving family member(s)
- Provide twice daily briefings to update families on medical examiner activities
- Provide information to be conveyed through PIO's, message boards, or call center to friends and families of potential decedents
- Provide a representative to the EOC, if appropriate
- Participate in the After Action Meeting and the creation of the After Action Report (AAR), as appropriate

American Red Cross

- Provide volunteers to fulfill general staffing and support roles at the Family Assistance Center
- Provide basic disaster relief services to all individuals within the Family Assistance Center, including canteen services and clothing distribution
- Coordinate with other volunteer agencies to support Family Assistance Center Operations
- Provide a representative to the EOC, as appropriate
- Participate in the After Action Meeting and the creation of the After Action Report (AAR), as appropriate

Other Volunteer Agencies

- Provide volunteers to support general Family Assistance Center operations
- Coordinate with other volunteer organizations to support Family Assistance Center operations
- Provide a representative to the EOC, as appropriate
- Participate in the After Action Meeting and the creation of the After Action Report (AAR), as appropriate

Area Hospitals

- Coordinate with the area Family Reunification Center, once activated, to identify and reunite patients with loved ones.
- Provide a representative to the EOC/area Family Reunification Center, as appropriate
- Provide patient tracking information to the Family Assistance Center, as appropriate
- Provide information on location and purpose of Family Reunification/Family Assistance Center to family members and next of kin, as appropriate
- Provide updates to the area Family Reunification Center and area JIC/JIS to support information sharing and situational awareness
- Coordinate with the Department of Health to monitor for public health issues
- Participate in the After Action Meeting and the creation of the After Action Report (AAR), as appropriate

Faith-Based Organizations

- Provide clergy to conduct spiritual and emotional support services at the FRC and/or FAC
- Coordinate with other volunteer and donation agencies, as appropriate

Foreign Consular Services

- Provide representatives to the FRC and FAC to support impacted foreign national victims and/or their families
- Assist with the identification of living/deceased foreign national victims, including coordinating in-person death notifications in the home country
- Provide bereavement support, including supporting families with repatriation of remains
- Foreign Consulates should act as liaisons to various teams within the FRC and FAC
- Participate in the After Action Meeting and the creation of the After Action Report (AAR), as appropriate

Local Education Organizations

- Coordinate and provide staffing and resources to support FAC operations, if appropriate
- Assist with patient identification of juvenile patients using student records, where appropriate
- Provide a representative to the EOC, as appropriate
- Participate in the After Action Meeting and the creation of the After Action Report, as appropriate

Post-Event Support to Responding Staff

All EOC, FRC and FAC staff should be offered support by counseling services and assistance as they cope with stresses from providing services to families and survivors.

Potential stress management techniques can include;

- a. Debriefings
- b. Emotional Support Animals
- c. Massage Programs
- d. Breaks
- e. Food
- f. Quiet room availability
- g. Seated Yoga

The Employee Assistance Program (EAP) offers programs and resources to help address these concerns, these programs include:

- a. Confidential Counseling services for help with issues including;
 - i. Stress, anxiety and depression
 - ii. Job pressures
 - iii. Grief / Loss
 - iv. Relationship / Marital conflicts
 - v. Substance abuse

The Crisis Response Team (CRT) may also available to provide services to first responders and individuals working within an EOC, FRC and FAC environment. CRT contact information is:

Name:

Telephone Number:

In addition, confidentiality is an essential component of any effective counseling or stress management sessions or meetings. Without this assurance, trust would be broken and no real healing or open communication could take place. All personnel who utilize resources offered are expected to keep incident specific information confidential. Information shared during any part of this process is confidential and will not be utilized for any purpose other than the benefit of the individual/s involved. As per Statute, any discussions between a licensed clinician and a patient during a critical incident stress debriefing shall be considered privileged communication.

Section II Position Checklists

*Checklists are developed from National Incident Management System (NIMS) principals and concepts. These checklists are designed to be flexible and scalable. Tasks can be added and removed as necessary. In addition, all positions may not be needed for every incident or FRC/FAC activation. The first line is the team the position should belong to and the second line is the position title.

Checklists:

- Administration and Finance Section Chief
- FAC Manager (Incident Commander)
- Safety Officer
- Logistics Section Chief
- Operations Section Chief
- Planning Section Chief/EOC Liaison
- Public Information Officer
- Personnel Coordinator
- Documentation Officer
- Procurement Officer
- Security Team Lead
- EMS and First Aid Administrator
- Support Service Team Lead
- American Red Cross Representative
- Support Service Agency Representative
- Behavioral Health Team Lead
- Behavioral Health Provider
- Child Behavioral Health Provider
- Spiritual Advisor/Chaplain/Clergy

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Reports to: FAC Manager

Mission: Monitor the utilization of financial assets and human resources. Ensure the documentation of all expenditures relevant to the emergency incident. Authorize expenditures to carry out the needs of the incident, the Incident Action Plan (IAP), or the Situation Report and ensure appropriate documentation.

FAC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FAC.

Immediate:	
<input type="checkbox"/>	Receive appointment from FAC Manager. Obtain packet containing Position Checklists.
<input type="checkbox"/>	Read this entire Position Checklist and review organizational chart that has been activated.
<input type="checkbox"/>	Obtain briefing from FAC Manager.
<input type="checkbox"/>	Appoint Administration and Finance Team Leaders and additional support staff as needed.
<input type="checkbox"/>	Inform Team Leaders of incident name.
<input type="checkbox"/>	Obtain unique finance code for incident from the ESF 7 - Procurement.
<input type="checkbox"/>	Confer with appointed Team Leaders and ensure the formulation and documentation of an incident-specific FAC Action Plan, as approved by the Command Staff.
<input type="checkbox"/>	Distribute the corresponding Position Checklists with incident-specific tasks.
<input type="checkbox"/>	Establish a Finance/Administration Section Operations Area and ensure adequate documentation/recording personnel.
Intermediate:	
<input type="checkbox"/>	Approve a "cost-to-date" incident financial status in agreement with the FAC Manager and/or EOC and summarize financial data as often as required, relative to personnel and hours worked, supplies and miscellaneous expenses including facilities and equipment.
<input type="checkbox"/>	Obtain briefings and updates from FAC Manager as appropriate.
<input type="checkbox"/>	Start compiling and share financial status reports.
<input type="checkbox"/>	Schedule planning meetings with Team Leaders to discuss updating the Situation Report.
<input type="checkbox"/>	Maintain contact and communication with ESF 7 – Procurement.

Extended:	
<input type="checkbox"/>	Collect information regarding potential reimbursement sources.
<input type="checkbox"/>	Observe all staff for signs of stress.
<input type="checkbox"/>	Provide rest periods and relief for staff. Review issues with the FAC Manager.

FAC Management Team
 FAC Manager (Incident Commander)

Reports to: EOC Manager

Mission: The FAC Manager oversees the entire FAC operation, while the section chiefs have assigned responsibilities. The Management Team is scalable in that for smaller operations, the FAC Manager can serve as Planning, Operations and/or Logistics Section Chief, if needed.

Immediate:	
<input type="checkbox"/>	Read this entire Position Checklist.
<input type="checkbox"/>	Obtain a full briefing of the incident.
<input type="checkbox"/>	Maintain facility site and ensure facility confidentiality.
<input type="checkbox"/>	Appoint all section chiefs that are required for the FAC; distribute section packets containing Position Checklists for each position and any forms pertinent to section and positions.
<input type="checkbox"/>	Assign Documentation Officer and a Liaison with EOC.
<input type="checkbox"/>	Appoint person to be responsible for maintaining facility essential day-to-day services.
<input type="checkbox"/>	Establish contact with Call Center.
<input type="checkbox"/>	Confer with section chiefs and consultants and develop a daily situational report for a defined period of time, establishing priorities (section chiefs will communicate situational report to each team and pertinent partners and agencies).
<input type="checkbox"/>	Confer with section chiefs to implement necessary health department services identified in the FAC Plan.
<input type="checkbox"/>	Consider and assign communication responsibilities to FAC staff, EOC and external agencies and partners.
<input type="checkbox"/>	Assure that contact has been established and resource information shared with all internal and external agencies identified in the FAC Plan.
Intermediate:	
<input type="checkbox"/>	Provide daily briefings to families regarding incident status, the victim identification process and time constraints. <i>(These briefings may be conducted by law enforcement personnel, especially early in the investigations.)</i>
<input type="checkbox"/>	Authorize resources as needed or requested by section chiefs, through the Finance/Administration Section Chief.
<input type="checkbox"/>	Provide daily morning briefing to FAC staff and service providers. Refer to the morning meeting/daily briefing format in Section III: Reference H
<input type="checkbox"/>	Schedule routine briefings with section chiefs to receive status reports and update the action

	plan regarding the continuance and/or termination of the operation.
<input type="checkbox"/>	Maintain contact with EOC and all relevant agencies, using a liaison officer.
<input type="checkbox"/>	Assist with information for media releases submitted to the Public Information Officer (PIO).

Extended:	
<input type="checkbox"/>	Observe all staff for status and signs of stress.
<input type="checkbox"/>	Provide for rest periods for staff.
<input type="checkbox"/>	Prepare end of shift report and update with incident specific information. This information could include number of persons or families assisted or amount/total services provided. At a minimum, present this information to the oncoming FAC Manager, jurisdiction leadership, current service providers, FAC staff, and the EOC.
<input type="checkbox"/>	Plan for the possibility of extended deployment or operations.
<input type="checkbox"/>	Prepare for the transition to a long-term recovery center, if required.

Reports to: FAC Manager

Mission: To maintain overall safety at the FAC facility and to keep the FAC free of physical hazards.

FAC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FAC.

Immediate:	
<input type="checkbox"/>	Receive appointment from FAC Manager. Obtain packet containing section's Position Checklists.
<input type="checkbox"/>	Read this entire Position Checklist and review organizational chart.
<input type="checkbox"/>	Obtain briefing from FAC Manager.
<input type="checkbox"/>	Establish a work area within the FAC according to the operational layout.
<input type="checkbox"/>	Interface with Facilities Team Lead to understand security precautions taken to date.
<input type="checkbox"/>	Identify important phone numbers from master contact list and give to team personnel for internal and external distribution.
<input type="checkbox"/>	Identify hazardous situations associated with the incident. Ensure adequate levels of protective equipment are available, and being used.
<input type="checkbox"/>	Identify potentially unsafe acts.
<input type="checkbox"/>	Verify that all facility operational systems are in working condition (electrical, plumbing, HVAC, fire alarm, sprinkler systems, elevator, phone, intercom, data, etc.)
<input type="checkbox"/>	Direct the test of emergency exit signs and emergency generator and battery backup systems.
<input type="checkbox"/>	Assist other team members that may not be familiar or are not normally stationed at the facility.
Intermediate:	
<input type="checkbox"/>	Ensure that direct communications links are established to communicate with law enforcement.
<input type="checkbox"/>	Conduct team transition briefings at shift change.
<input type="checkbox"/>	Correct or act upon any unsafe conditions or safety hazards at the FAC.
<input type="checkbox"/>	Ensures Situation Report is created for each operational period.
<input type="checkbox"/>	Obtain blueprints of facility to develop FAC force protection plan.

<input type="checkbox"/>	
<input type="checkbox"/>	Regulate design changes or barriers to channel families/staff into appropriate or inappropriate areas within the FAC.
Extended:	
<input type="checkbox"/>	Advise Operations Section Chief of any safety issues.
<input type="checkbox"/>	Maintain documentation of all actions and decisions on a continual basis; forward completed unit activity log (ICS 214) to Operations Section Chief.
<input type="checkbox"/>	Observe all staff for signs of stress. Report issues to Operations Section Chief.
<input type="checkbox"/>	Provide rest periods and relief for staff.
<input type="checkbox"/>	Plan for the possibility of extended deployment or operations.
<input type="checkbox"/>	Prepare end of shift report and present to oncoming Safety Officer.
<input type="checkbox"/>	Report progress of team to Operations Section Chief.

Reports to: FAC Manager

Mission: Organize and direct those operations associated with maintenance of the physical environment, and adequate levels of food, shelter, and supplies to support FAC objectives.

FAC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FAC.

Immediate:	
<input type="checkbox"/>	Obtain a briefing from the FAC Manager.
<input type="checkbox"/>	Read this entire Position Checklist and review organizational chart.
<input type="checkbox"/>	Respond to FAC site to establish physical site.
<input type="checkbox"/>	Communicate with Finance Section Chief and ESF 7 – Procurement at the EOC to order needed resources and supplies.
<input type="checkbox"/>	Appoint as needed, Team Leaders and staff to assist with Logistics.
<input type="checkbox"/>	Oversees and maintains situational awareness of the Facilities Management Team, Day Care Team, Site Safety Team and Volunteer/Donation Management Team.
Intermediate:	
<input type="checkbox"/>	Obtain needed supplies with assistance of Finance Section and ESF 7.
<input type="checkbox"/>	Brief the FAC Manager (Incident Commander) routinely on the status of the Logistics Section.
<input type="checkbox"/>	Obtain information updates regularly from Team Leaders.
Extended:	
<input type="checkbox"/>	Document all actions and decisions on a continual basis.
<input type="checkbox"/>	Observe all staff, volunteers, and others for signs of stress and/or abnormal behavior.

Reports to: FAC Manager

Mission: Activates and coordinates any units that may be required to achieve the goals of the FAC Plan. Directs the preparation of specific team operational plans and requests and identifies and dispatches resources as necessary.

FAC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FAC.

Immediate:	
<input type="checkbox"/>	Receive appointment from FAC Manager. Obtain packet containing section's Position Checklists.
<input type="checkbox"/>	Read this entire Position Checklist and review organizational chart.
<input type="checkbox"/>	Obtain briefing from FAC Manager.
<input type="checkbox"/>	Establish Operations Section Area in proximity to the FAC Manager according to operational layout.
<input type="checkbox"/>	Appoint FAC Team Leaders within the Operations Section.
<input type="checkbox"/>	Brief teams and oversees and maintains situational awareness. Brief all Operations Section Team Leaders on current situation and assistant in the development of the daily situation report.
<input type="checkbox"/>	Add additional (or delete) tasks and distribute Position Checklists.
<input type="checkbox"/>	Facilitate the exchange of accurate information between the FAC and the EOC.
<input type="checkbox"/>	Coordinate IT and data entry needs with Logistics and Planning section chiefs.
Intermediate:	
<input type="checkbox"/>	Brief the FAC Manager (Incident Commander) routinely on the status of the Operations Section.
<input type="checkbox"/>	Coordinate and monitor Operations Section and available resources needed to achieve mission and request resources as needed.
Extended:	
<input type="checkbox"/>	Maintain documentations of all actions and decisions on a continual basis; forward completed unit activity log (ICS 214) to FAC Manager.
<input type="checkbox"/>	Observe all staff for signs of stress. Report issues to Finance/Administration Section Chief.
<input type="checkbox"/>	Provide rest periods and relief for staff.
<input type="checkbox"/>	Prepare end of shift report and present to oncoming Operations Section Chief and FAC Manager.

<input type="checkbox"/>	Plan for the possibility of extended deployment.
<input type="checkbox"/>	Assist Planning Section Chief with daily situation reports for each day or operational period.

Reports to: FAC Manager

***The Planning Section Chief will often times serve as the lead liaison officer.**

Mission: Organize and direct all aspects of Planning Section operations. Ensure the distribution of critical information/data. Identify data elements and data sources and implement data collection and analysis procedures so that trends and forecasts can be identified related to the incident. Compile scenario/resource projections from all section chiefs and perform long range planning. Document and distribute daily Situation Reports.

Immediate:	
<input type="checkbox"/>	Receive appointment from FAC Manager. Obtain packet containing Section's Position Checklists.
<input type="checkbox"/>	Read this entire Position Checklist.
<input type="checkbox"/>	Obtain briefing from FAC Manager.
<input type="checkbox"/>	Activate the Planning Section team and distribute Position Checklists.
<input type="checkbox"/>	Brief Team Leaders after meeting with FAC Manager.
<input type="checkbox"/>	Determine data elements required by the Situation Report.
<input type="checkbox"/>	Serve as liaison to EOC point of contact and ensures frequent exchanges of information occur between the FAC and the EOC.
<input type="checkbox"/>	Communicate all technical support and supply needs to Logistics Section Chief.
<input type="checkbox"/>	Establish Planning/ Data Collection protocols and data entry sites as needed.
<input type="checkbox"/>	Ensure standardization of information/data collection.
Intermediate:	
<input type="checkbox"/>	Serve as liaison to EOC point of contact and ensures frequent exchanges of information occur between the FAC and the EOC.
<input type="checkbox"/>	Create and distribute daily Situation Report (SitRep).
Extended:	
<input type="checkbox"/>	Continue to receive projected activity reports from section chiefs and Planning Section at appropriate intervals.
<input type="checkbox"/>	Maintain documentation of all actions and decisions on a continual basis; forward completed unit activity log (ICS 214) to FAC Manager.
<input type="checkbox"/>	Assure all requests for data or plan information/status are routed/ documented through the EOC Public Information Officer (PIO).

Reports to: FAC Manager

Mission: The FAC spokesperson and person responsible for forwarding information regarding the incident to the media the JIC/EOC or release information to other agencies and the public if authorized to do so by the JIC/EOC.

Immediate:	
<input type="checkbox"/>	Receive appointment from FAC Manager.
<input type="checkbox"/>	Read this entire Position Checklist and review organizational chart.
<input type="checkbox"/>	Maintain restrictions in contents of sensitive information.
<input type="checkbox"/>	Establish a Public Information/Media Staging area away from FAC Manager and other activity areas.
<input type="checkbox"/>	Obtain a full briefing from the JIC and/or EOC regarding the incident and participate in planning meetings.
<input type="checkbox"/>	Coordinate all internal communications.
<input type="checkbox"/>	Conduct or assist in coordination of regular informational briefings for families.
Intermediate:	
<input type="checkbox"/>	Ensure that all news releases have the approval of the JIC/EOC/ FAC Manager.
<input type="checkbox"/>	Issue an initial incident information report to the EOC/FAC Manager
<input type="checkbox"/>	Inform on-site media of the areas which they may have access to and those which are restricted.
<input type="checkbox"/>	Coordinate with FAC Manager.
<input type="checkbox"/>	Contact other on-scene agencies to coordinate release of information with respective PIOs.
<input type="checkbox"/>	Coordinate with JIC and/or EOC on all external communications.
<input type="checkbox"/>	Monitor incident as to the need to modify or change family alerts or risk communications.
<input type="checkbox"/>	Approve initial and updated scripts for interviews, hotlines and web sites.
Extended	
<input type="checkbox"/>	Review progress reports from section chiefs as appropriate.
<input type="checkbox"/>	Serve as PIO with media at the request of the JIC/EOC.

Reports to: Administration and Finance Section Chief

Mission: Coordinates records of time served of all FAC staff.

FAC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FAC.

Immediate:	
<input type="checkbox"/>	Read this entire Position Checklist.
<input type="checkbox"/>	Obtain a full briefing of the incident.
<input type="checkbox"/>	Upon appointment by the Admin & Finance Section Chief, assume duty station.
<input type="checkbox"/>	Initiates record keeping of all FAC personnel
<input type="checkbox"/>	Maintains up to date listing of all FAC personnel assigned, available, and non-deployable.
Intermediate:	
<input type="checkbox"/>	Coordinates all personnel matters to include an accurate daily accounting of all cumulative hours worked for all FAC personnel.
<input type="checkbox"/>	Provides information and material for Finance & Administration Chief on all personnel issues for operational period briefings.
<input type="checkbox"/>	Ensures that all FAC members are eligible for deployment through their normal duty assignments as well as unique reporting issues per home station are observed.
<input type="checkbox"/>	Coordinates interagency communication on all FAC members to their normal duty agencies.
Extended:	
<input type="checkbox"/>	Maintains a master listing of all FAC personnel.
<input type="checkbox"/>	Maintains, records, and archives all FAC personnel job assignments and hours worked in each position.
<input type="checkbox"/>	Provides accurate records in both print and electronic formats, as needed.
<input type="checkbox"/>	Provides accurate records to all FAC member duty agencies for reimbursement.
<input type="checkbox"/>	Works with all local, state and federal agencies for reimbursement.

Reports to: Planning Section Chief

Mission: The purpose of this role is to maintain (or oversee) a record of all activity that occurs in the FAC.

FAC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FAC.

Immediate:	
<input type="checkbox"/>	Read this entire Position Checklist.
<input type="checkbox"/>	Obtain a full briefing of the incident.
<input type="checkbox"/>	Document the maintaining of the facility site and ensure facility confidentiality.
<input type="checkbox"/>	Record the appointment of individual responsible for maintaining facility essential day-to-day services.
<input type="checkbox"/>	Document the establishment of contact with Call Center.
<input type="checkbox"/>	Detail conference with Section Chiefs and partner agencies and develop a Situation Report for a defined periods of time, establishing priorities (Section Chiefs will communicate Situation Report to each team and pertinent consultants).
<input type="checkbox"/>	Detail conference with Section Chiefs to implement necessary health department services identified in the FAC Plan.
<input type="checkbox"/>	Record the assignment of communication responsibilities to FAC staff, EOC and external agencies.
<input type="checkbox"/>	Document that contact has been established and resource information shared with all internal and external agencies identified in the FAC Plan.
<input type="checkbox"/>	Put together arrangements for FAC Management Team meetings, recording and maintaining meeting minutes, filing of correspondence, logging telephone calls, collecting radio logs and updating the situation status monitoring board.
Intermediate:	
<input type="checkbox"/>	Chronicle the requests for resources as needed or requested by Section Chiefs, through the Finance/Administration Section Chief.
<input type="checkbox"/>	Attend and document routine briefings with Section Chiefs to receive status reports and update the action plan regarding the continuance and/or termination of the action plan.
<input type="checkbox"/>	Document the maintenance of contact with EOC and all relevant agencies.
<input type="checkbox"/>	Assure that appropriate documentation procedures/processes are being utilized for documentation by all sections.
	Remain in contact with FAC/EOC Liaison Officer

<input type="checkbox"/>	
<input type="checkbox"/>	Assist sections or teams with documentation process.
Extended:	
<input type="checkbox"/>	Observe all staff for status and signs of stress.
<input type="checkbox"/>	Provide for rest periods for staff.
<input type="checkbox"/>	Collect prepared end of shift report and update with incident tracking board. At a minimum, present this information to the oncoming FAC Manager, jurisdiction leadership, current service providers, FAC staff, and the EOC.
<input type="checkbox"/>	Plan for the possibility of extended deployment.
<input type="checkbox"/>	Prepare for the transition to a Long-term Recovery Center, if required.
<input type="checkbox"/>	Collect all documentation from the FAC to be turned over to the long-term center.

Reports to: Administration and Finance Section Chief

Mission: Facilitates all procurement processes and requests. Tracks and records all purchases.

FAC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FAC.

Immediate:	
<input type="checkbox"/>	Read this entire Position Checklist.
<input type="checkbox"/>	Obtain a full briefing of the incident from the appropriate personnel.
<input type="checkbox"/>	Upon appointment by the Admin & Finance Section Chief, assume duty station.
<input type="checkbox"/>	Facilitates all procurement processes and requests as well as tracks and records all purchases.
<input type="checkbox"/>	If available and/or proscribed, obtains and assumes emergency procurement/purchasing powers.
Intermediate:	
<input type="checkbox"/>	Initiates and maintains record keeping of all procurement processes, requests and purchases on behalf of the FAC and related operations.
<input type="checkbox"/>	Provides information and material for Finance & Administration Chief on all procurement issues for operational period briefings.
<input type="checkbox"/>	Ensures that all FAC procurement requests and purchases are done in accordance with all state and local laws, codes, regulations, and guidance.
<input type="checkbox"/>	Coordinates guidance and updates to appropriate FAC personnel related to procurement and purchases.
Extended:	
<input type="checkbox"/>	Maintains a master listing of all procurement requests and purchases made throughout the FAC activation.
<input type="checkbox"/>	Maintains, records, and archives all FAC procurement requests and purchases.
<input type="checkbox"/>	Provides accurate records in both print and electronic formats.
<input type="checkbox"/>	Completes appropriate paperwork related to any procurement processes and/or purchases.
<input type="checkbox"/>	Resolves any outstanding issues and petitions for reimbursement, if eligible.

Site Security Team
Security Team Lead

Reports to: Operation Section Chief

Mission: To maintain overall safety at the FAC facility and is specifically in charge of security and first aid and EMS support for staff and clients.

FAC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FAC.

Immediate:	
<input type="checkbox"/>	Receive appointment from FAC Manager. Obtain packet containing section's Position Checklists.
<input type="checkbox"/>	Read this entire Position Checklist and review organizational chart.
<input type="checkbox"/>	Obtain briefing from FAC Manager.
<input type="checkbox"/>	Establish a work area within the FAC according to the operational layout.
<input type="checkbox"/>	Ensures Site Security Team is staffed in an appropriate manner.
<input type="checkbox"/>	Interface with Facilities Team Lead to understand security precautions taken to date.
<input type="checkbox"/>	Determines whether sworn law enforcement or unarmed security or combination is required to protect the FAC.
<input type="checkbox"/>	Emphasize and limit the duties of security officers to the levels they are trained or certified to and not beyond.
<input type="checkbox"/>	Identify important phone numbers from master contact list and give to team personnel for internal and external distribution.
<input type="checkbox"/>	Identify the need for perimeter control of the FAC based on physical layout.
<input type="checkbox"/>	Identify the need/possibility of FAC force protection based on the crisis/incident.
<input type="checkbox"/>	Direct/activate lockdown procedures or control building exit/entrance points by limiting access/egress.
<input type="checkbox"/>	Direct the sweep of the facility to ensure that no unauthorized persons are present. This task is critical to physical FAC security.
<input type="checkbox"/>	Implement the Badge or ID system pre-planned for the crisis/incident.
<input type="checkbox"/>	Assist other team members that may not be familiar or are not normally stationed at the facility.
<input type="checkbox"/>	Facilitate the control and manage traffic pattern flows and parking areas. (This can be accomplished utilizing a combination of signage, traffic control devices or use security.)
Intermediate:	

<input type="checkbox"/>	Ensure that direct communications links are established to communicate with law enforcement, fire and EMS.
<input type="checkbox"/>	Conduct team transition briefings at shift change.
<input type="checkbox"/>	Ensures a Situation Report is created for each operational period.
<input type="checkbox"/>	Obtain blueprints/layout of facility to develop FAC force protection plan.
<input type="checkbox"/>	Regulate design changes or barriers to channel families/staff into appropriate or inappropriate areas within the FAC.
Extended:	
<input type="checkbox"/>	Advise Operations Section Chief of site safety and security issues.
<input type="checkbox"/>	Maintain documentation of all actions and decisions on a continual basis; forward completed unit activity log to Operations Section Chief.
<input type="checkbox"/>	Observe all staff for signs of stress. Report issues to Operations Section Chief.
<input type="checkbox"/>	Provide rest periods and relief for staff.
<input type="checkbox"/>	Plan for the possibility of extended deployment.
<input type="checkbox"/>	Prepare end of shift report and present to oncoming site Security Team Lead.
<input type="checkbox"/>	Review Situation Reports from Operations Section Chief as appropriate.
<input type="checkbox"/>	Report progress of team to Operations Section Chief.

Reports to: Security Team Lead

Mission: Ensures/implements overall security and safety at the FAC facility.

FAC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FAC.

Immediate:	
<input type="checkbox"/>	Receive appointment from Security Team Lead. Obtain packet containing section's Position Checklists.
<input type="checkbox"/>	Read this entire Position Checklist and review organizational chart.
<input type="checkbox"/>	Obtain briefing from Security Team Lead. Understand policies and procedures.
<input type="checkbox"/>	Understand and operate at the levels to which you are trained or certified and not beyond.
<input type="checkbox"/>	Identify important phone numbers from master contact list and give to team personnel for internal and external distribution.
<input type="checkbox"/>	Establish any perimeter control of the FAC based on physical layout.
<input type="checkbox"/>	Establish badge system and ID process check all FAC visitors for proper credentials.
<input type="checkbox"/>	Implement or assist in lockdown procedures or control building exit/entrance points by limiting access/egress.
<input type="checkbox"/>	Sweep of the facility to ensure that no unauthorized persons are present. This task is critical to physical FAC security.
<input type="checkbox"/>	Learn the facility layout if you are unfamiliar or are not normally stationed at the facility.
<input type="checkbox"/>	Understand how to request more assistance, if need.
<input type="checkbox"/>	Understand you roles and responsibility when fire alarms or fire protection systems are activated.
<input type="checkbox"/>	Institute the control and manage traffic pattern flows and parking areas. (This can be accomplished utilizing a combination of signage, traffic control devices or use security.)
Intermediate:	
<input type="checkbox"/>	Follow process established to communicate with law enforcement, Fire and EMS.
<input type="checkbox"/>	Attend team transition briefings at shift change.
<input type="checkbox"/>	Follow Situation Report created for each operational period.

<input type="checkbox"/>	Implement design changes or barriers to channel families/staff into appropriate or inappropriate areas within the FAC.
Extended:	
<input type="checkbox"/>	Advise Security Team Lead of site safety and security issues.
<input type="checkbox"/>	Mitigate safety issues where possible request assistance in taking corrective action if required.
<input type="checkbox"/>	Observe all staff for signs of stress. Report issues to Security Team Lead.
<input type="checkbox"/>	Provide rest periods and relief for staff.
<input type="checkbox"/>	Plan for the possibility of extended deployment.
<input type="checkbox"/>	Prepare end of shift report and present to oncoming site Security Officer.
<input type="checkbox"/>	Review Situation Reports from Security Team Lead, as appropriate.

Reports to: Operations Section Chief

Mission: Provides first aid as needed support including those clients needing specialized medical equipment; and coordinates EMS.

FAC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FAC.

Immediate:	
<input type="checkbox"/>	Receive appointment from Operations Section Chief. Obtain packet containing section's Position Checklists.
<input type="checkbox"/>	Read this entire Position Checklist and review organizational chart.
<input type="checkbox"/>	Obtain briefing from Operations Section Chief.
<input type="checkbox"/>	Find work area and determine if it meets requirements.
<input type="checkbox"/>	Inventory on-hand medical supplies. Determine if AED is available onsite and the location.
<input type="checkbox"/>	Determine that the layout/resources to help administer basic first aid are adequate.
<input type="checkbox"/>	Obtain important phone numbers from master contact list and give to team personnel for internal and external distribution.
<input type="checkbox"/>	Determine the procedures for notifying EMS.
<input type="checkbox"/>	Remain in constant communication with Security Team.
<input type="checkbox"/>	Learn the emergency procedures for the FAC to ensure safety of clients and staff.
<input type="checkbox"/>	Provide first aid services according to SOPs and standard of care to which you have been trained to the staff and clients of the FAC.
<input type="checkbox"/>	Provide support/assistance if special needs equipment oxygen, wheelchairs, medical alert tags etc. to clients and staff requiring those needs.
Intermediate:	
<input type="checkbox"/>	Advise Operation Section Chief when additional support staff will be required based on service demands.
<input type="checkbox"/>	Provide physical assistance to clients and staff that have medical needs at the FAC.
<input type="checkbox"/>	Ensures Situation Report is carried out for each operational period.
Extended:	
<input type="checkbox"/>	Observe all clients for signs of stress. Report issues to Site Safety Team Lead.

<input type="checkbox"/>	Take rest periods and relief.
<input type="checkbox"/>	Plan for the possibility of extended deployment.
<input type="checkbox"/>	Notify security/law enforcement regarding clients acting in an aggressive or forceful manner.
<input type="checkbox"/>	Prepare end of shift report and present to oncoming Team Lead.
<input type="checkbox"/>	Review Situation Reports from Operations Section Chief as appropriate.
<input type="checkbox"/>	Report progress of team to Operations Section Chief.

Support Services Team
 Support Service Team Lead

Reports to: Operations Section Chief

Mission: The support service providers assist in providing for the needs of victims and families.

FAC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FAC.

Immediate:	
<input type="checkbox"/>	Receive appointment from Operations Section Chief. Obtain packet containing section's Position Checklists.
<input type="checkbox"/>	Read this entire Position Checklist and review organizational chart.
<input type="checkbox"/>	Brief the Support Services Team.
<input type="checkbox"/>	Establish your assigned work area within the FAC.
<input type="checkbox"/>	Inventory equipment/tools/resources required to accomplish mission tasks. Request additional resources from Operations Section Chief.
<input type="checkbox"/>	Verify important phone numbers from master contact list that was given.
<input type="checkbox"/>	Provide those waiting for psychological first aid with comfort, care and direction.
<input type="checkbox"/>	Organize and direct all service providers working in the FAC.
Intermediate:	
<input type="checkbox"/>	Maintain coordination and contact with all service providers working in the FAC.
<input type="checkbox"/>	Notify security/law enforcement of clients acting in an aggressive or forceful manner.
<input type="checkbox"/>	Attend Operations Section briefing.
<input type="checkbox"/>	Attend team transition briefings at shift change.
<input type="checkbox"/>	Read Situation Report that is created for each operational period.
Extended:	
<input type="checkbox"/>	To be determined based on situational needs
<input type="checkbox"/>	

Reports to: Support Services Team Lead

Mission: The American Red Cross Representative serves as the ARC representative to the FAC in order to provide assistance utilizing the ARC databases.

FAC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FAC.

Immediate:	
<input type="checkbox"/>	Receive appointment from Support Services Team Lead. Obtain packet containing section's Position Checklists.
<input type="checkbox"/>	Read this entire Position Checklist and review organizational chart.
<input type="checkbox"/>	Obtain briefing from Team Lead.
<input type="checkbox"/>	Establish link to the ARC database according to policies and procedures.
<input type="checkbox"/>	Establish your assigned work area within the FAC.
<input type="checkbox"/>	Inventory equipment/tools/resources required to accomplish mission tasks. Request additional resources from Team Lead.
<input type="checkbox"/>	Verify important phone numbers from master contact list that was given.
<input type="checkbox"/>	Provide those waiting for psychological first aid with comfort caring and direction.
<input type="checkbox"/>	Provide continuous updates to families in conjunction with and cooperatively with Law Enforcement Missing Persons Officer on the team.
<input type="checkbox"/>	Work within the prescribed ARC roles and responsibilities for disaster response.
Intermediate:	
<input type="checkbox"/>	Ensure the validity of information and compare/crosscheck with LE/NCIC databases.
<input type="checkbox"/>	Notify security/law enforcement of clients acting in an aggressive or forceful manner.
<input type="checkbox"/>	Attend Support Services Team briefing.
<input type="checkbox"/>	Attend team transition briefings at shift change.
<input type="checkbox"/>	Read Situation Report that is created for each operational period.
Extended:	
<input type="checkbox"/>	To be determined based on situational needs.

Support Services Team
 Support Service Agency Representative

Reports to: Support Services Team Lead

Mission: The support service providers assist in providing for the needs of victims and families.

FAC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FAC.

Immediate:	
<input type="checkbox"/>	Receive appointment from Support Services Team Lead. Obtain packet containing section's Position Checklists.
<input type="checkbox"/>	Read this entire Position Checklist and review organizational chart.
<input type="checkbox"/>	Obtain briefing from Team Lead.
<input type="checkbox"/>	Establish your assigned work area within the FAC.
<input type="checkbox"/>	Inventory equipment/tools/resources required to accomplish mission tasks. Request additional resources from Team Lead.
<input type="checkbox"/>	Verify important phone numbers from master contact list that was given.
<input type="checkbox"/>	Provide those waiting for psychological first aid with comfort caring and direction.
Intermediate:	
<input type="checkbox"/>	Maintain contact with home agency.
<input type="checkbox"/>	Notify security/law enforcement of clients acting in an aggressive or forceful manner.
<input type="checkbox"/>	Attend Support Services Team briefing.
<input type="checkbox"/>	Review entries/records for accuracy and completeness.
<input type="checkbox"/>	Attend team transition briefings at shift change.
<input type="checkbox"/>	Read Situation Report that is created for each operational period.
Extended:	
<input type="checkbox"/>	To be determined based on situational needs.

Behavioral Health Team
 Behavioral Health Team Lead

Reports to: Operations Section Chief

Mission: The Behavioral Health Team Lead oversees all staff on the Behavioral Health Team.

FAC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FAC.

Immediate:	
<input type="checkbox"/>	Receive appointment from Operations Chief. Obtain packet containing team's Position Checklists.
<input type="checkbox"/>	Read this entire Position Checklist and review organizational chart.
<input type="checkbox"/>	Obtain briefing from Operations Chief.
<input type="checkbox"/>	Establish a work area within the FAC according to the operational layout.
<input type="checkbox"/>	Ensures FAC behavioral health is staffed in an appropriate manner.
<input type="checkbox"/>	Brief Behavioral Health Team members.
<input type="checkbox"/>	Determine resources required to accomplish mission tasks
<input type="checkbox"/>	Arrange for equipment needs through Logistics Section Chief.
<input type="checkbox"/>	Identify important phone numbers from master contact list and give to team personnel for internal and external distribution.
<input type="checkbox"/>	Ensures appropriate behavioral health services are provided to all family members and staff at the FAC.
<input type="checkbox"/>	Review entries/records for accuracy and completeness.
Intermediate:	
<input type="checkbox"/>	Conduct team transition briefings at shift change.
<input type="checkbox"/>	Identify and prioritize behavioral health needs.
<input type="checkbox"/>	Ensure Situation Report is created for each operational period.
<input type="checkbox"/>	Track deadlines for the team.
<input type="checkbox"/>	Reiterates to all FAC staff the behavioral health implications of a traumatic event.
Extended:	

<input type="checkbox"/>	Emphasizes the psychological stress brought on to internal and external stakeholders.
<input type="checkbox"/>	Maintain documentation of all actions and decisions on a continual basis; forward completed team activity log to Operations Section Chief.
<input type="checkbox"/>	Observe all staff for signs of stress. Report issues to Operations Section Chief.
<input type="checkbox"/>	Provide rest periods and relief for staff.
<input type="checkbox"/>	Plan for the possibility of extended deployment.
<input type="checkbox"/>	Store files for possible transition to a long-term recovery center or for post-incident use.
<input type="checkbox"/>	Prepare end of shift report and present to oncoming Behavioral Health Team Lead.
<input type="checkbox"/>	Review Situation Reports to/from Operations Section Chief as appropriate.
<input type="checkbox"/>	Report progress of team to Operations Chief.

Reports to: Behavioral Health Team Lead

Mission: To provide disaster behavioral health services to family members and staff in need.

FAC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FAC.

Immediate:	
<input type="checkbox"/>	Receive appointment from Behavioral Health Team Lead. Obtain packet containing section's Position Checklists.
<input type="checkbox"/>	Read this entire Position Checklist and review organizational chart.
<input type="checkbox"/>	Obtain briefing from Team Lead.
<input type="checkbox"/>	If the crisis involves the virtual FAC establish communication with the virtual Call Center.
<input type="checkbox"/>	Establish your assigned work area within the FAC.
<input type="checkbox"/>	Inventory equipment/tools/resources required to accomplish mission tasks. Request additional resources from Team Lead.
<input type="checkbox"/>	Verify important phone numbers from master contact list that was given.
<input type="checkbox"/>	Provide those waiting for psychological first aid with comfort caring and direction.
<input type="checkbox"/>	Provide and obtain disaster behavioral health services to families moving through the FAC.
<input type="checkbox"/>	Observe all internal and external customers of the FAC looking for signs and symptoms critical incident stress.
<input type="checkbox"/>	Recommend corrective action when stress is observed. Provide support where indicated.
<input type="checkbox"/>	Ensure the families of FAC workers are safe and needs are taken care of to reduce stress, anxiety and fear.
Intermediate:	
<input type="checkbox"/>	React and provide support to clients for any behavioral issues identified by you or the staff.
<input type="checkbox"/>	Consider critical incident debriefing or psychological first aid where appropriate.
<input type="checkbox"/>	Provide as much family contact and interaction as possible.
<input type="checkbox"/>	Notify security/law enforcement of clients acting in an averment manner.
<input type="checkbox"/>	Attend Behavioral Health Team briefing.

<input type="checkbox"/>	Review entries/records for accuracy and completeness.
<input type="checkbox"/>	Attend team transition briefings at shift change.
<input type="checkbox"/>	Read Situation Report that is created for each operational period.
Extended:	
<input type="checkbox"/>	Maintain your ability to deal with the public under stressful circumstances.
<input type="checkbox"/>	Act upon information reported by Team Lead regarding stress in FAC workers or families.
<input type="checkbox"/>	Take appropriate rest periods and relief.
<input type="checkbox"/>	Self-examine the stress elements that this crisis put you under. Consider critical incident debriefing or psychological first aid.
<input type="checkbox"/>	Plan for the possibility of extended deployment.
<input type="checkbox"/>	Keep and retain good notes and files for possible transition to a long-term recovery center or for post-incident use.
<input type="checkbox"/>	Prepare end of shift report and present to oncoming Disaster Behavioral Health Provider.
<input type="checkbox"/>	Report situations/problems/progress to Team Lead.

Reports to: Behavioral Health Team Lead

Mission: To provide disaster related behavioral health services to children and the FAC as needed.

FAC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FAC

Immediate:	
<input type="checkbox"/>	Receive appointment from Behavioral Health Team Lead. Obtain packet containing section's Position Checklists.
<input type="checkbox"/>	Read this entire Position Checklist and review organizational chart.
<input type="checkbox"/>	Obtain briefing from Team Lead.
<input type="checkbox"/>	If the crisis involves the virtual FAC establish communication with the virtual Call Center.
<input type="checkbox"/>	Establish your assigned work area within the FAC.
<input type="checkbox"/>	Inventory equipment/tools/resources required to accomplish mission tasks. Request additional resources from Team Lead.
<input type="checkbox"/>	Verify important phone numbers from master contact list that was given.
<input type="checkbox"/>	Provide families and children waiting for psychological first aid with comfort caring and direction.
<input type="checkbox"/>	Provide and obtain disaster behavioral health services to families moving through the FAC and children of FAC workers.
<input type="checkbox"/>	Observe all internal and external children entering the FAC looking for signs and symptoms critical incident stress.
<input type="checkbox"/>	Recommend corrective action when stress is observed. Provide support where indicated.
<input type="checkbox"/>	Ensure the off-site children of FAC workers are safe and needs are taken care of to reduce stress, anxiety and fear.
<input type="checkbox"/>	Convey to FAC workers that children attending day care at the FAC are well adjusted and report any concerns to parent.
Intermediate:	
<input type="checkbox"/>	Work collectively with other team members to ensure all behavior health considerations are met.
<input type="checkbox"/>	React and provide support to children for any behavioral issues identified by you or the staff.
<input type="checkbox"/>	Consider critical incident debriefing or psychological first aid where appropriate.

<input type="checkbox"/>	Provide as much family contact and interaction as possible.
<input type="checkbox"/>	Notify security/law enforcement of clients acting in an averment manner.
<input type="checkbox"/>	Attend Behavioral Health Team briefing.
<input type="checkbox"/>	Review entries/records for accuracy and completeness.
<input type="checkbox"/>	Attend team transition briefings at shift change.
<input type="checkbox"/>	Read Situation Report that is created for each operational period.
Extended:	
<input type="checkbox"/>	Act upon any suspicions of child abuse observed.
<input type="checkbox"/>	Maintain your ability to deal with the public under stressful circumstances.
<input type="checkbox"/>	Take appropriate rest periods and relief.
<input type="checkbox"/>	Self-examine the stress elements that this crisis put you under. Consider critical incident debriefing or psychological first aid.
<input type="checkbox"/>	Plan for the possibility of extended deployment.
<input type="checkbox"/>	Keep and retain good notes and files for possible transition to Long-term recovery center or for post-incident use.
<input type="checkbox"/>	Prepare end of shift report and present to oncoming Child Behavioral Health Provider.
<input type="checkbox"/>	Report situations/problems/progress to Team Lead.

Reports to: Behavioral Health Team Lead and supports Reunification Team Lead and Notification Team Lead

Mission: Provide multi-denominational spiritual support to help alleviate suffering or facilitate coping with great stress.

FRC/FAC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FAC.

Immediate:	
<input type="checkbox"/>	Receive appointment from Reunification, Death Notification and Behavioral Health Team Leads. Obtain packet containing section's Position Checklists.
<input type="checkbox"/>	Read this entire Position Checklist and review organizational chart.
<input type="checkbox"/>	Obtain briefing from Reunification and Notification Team Leads
<input type="checkbox"/>	Establish a designated quiet work area conducive to spiritual counseling within the FAC.
<input type="checkbox"/>	Verify important phone numbers from master contact list as provided.
<input type="checkbox"/>	Provide those waiting for psychological first aid with pastoral comfort, caring and direction.
<input type="checkbox"/>	Support/augment disaster behavioral health services to families moving through the FAC.
Intermediate:	
<input type="checkbox"/>	React and provide pastoral support to clients with any behavioral issues identified by staff if requested.
<input type="checkbox"/>	Provide as much family contact and interaction as possible.
<input type="checkbox"/>	Notify security/law enforcement of clients acting in an aggressive or forceful manner.
<input type="checkbox"/>	Attend Notification Team briefing.
<input type="checkbox"/>	Review entries/records for accuracy and completeness.
<input type="checkbox"/>	Attend team transition briefings at shift change.
<input type="checkbox"/>	Read Situation Report that is created for each operational period.
Extended:	
<input type="checkbox"/>	Maintain ability to deal with the public under stressful circumstances.

<input type="checkbox"/>	Observe co-workers for signs of stress. Report issues to Team Lead.
<input type="checkbox"/>	Extend pastoral support to all FAC personnel as needed.
<input type="checkbox"/>	Take appropriate rest periods and relief.
<input type="checkbox"/>	Self-examine the stress elements that this crisis put you under. Consider critical incident debriefing or psychological first aid.
<input type="checkbox"/>	Plan for the possibility of extended deployment.
<input type="checkbox"/>	Prepare end of shift report and present to oncoming Spiritual Advisor.
<input type="checkbox"/>	Report situations/problems/progress to Team Lead.

Reports to: Call Center Supervisor

Mission: Maintains up to date information on the 311 database as information is provided by the EOC. Periodically updates the bulletin with all information.

FRC/FAC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FAC.

Immediate:	
<input type="checkbox"/>	Read this entire Position Checklist.
<input type="checkbox"/>	Obtain a full briefing of the incident from the appropriate personnel, upon appointment by the Referral Team Lead, assume duty station.
<input type="checkbox"/>	Updates and maintains 3-1-1 web-based database of community resources in real time.
<input type="checkbox"/>	Ensures information in 3-1-1 database is official, accurate and up-to-date.
Intermediate:	
<input type="checkbox"/>	Coordinates with Call Center Specialists and other Referral Specialists to ensure needed information is available for callers.
<input type="checkbox"/>	Provides information to EOC/PIO for verification/validation.
<input type="checkbox"/>	Ensures all relevant databases and supporting platforms are up to date and running optimally.
<input type="checkbox"/>	Provides relevant information to Referral Team Lead for operational period briefings.
Extended:	
<input type="checkbox"/>	Maintains a master listing of all database issues, 311 changes, and updates to the system.
<input type="checkbox"/>	Maintains, records, and archives all 311 database and community resource information, changes, and updates made as a result of FAC activation and operations.
<input type="checkbox"/>	Provides accurate records in both print and electronic formats.
<input type="checkbox"/>	Resolves any outstanding issues and petitions for reimbursement if eligible.

Reports to: EOC

Mission: The Call Center supervisor supervises all specialists accepting calls through the helpline. Manages the operational period needs of the Call Center to include staffing, coordination, information flow to EOC and FAC Manager. Conducts briefings of Call Center staff as to changes in incident posture and information affecting the Call Center specialists and any information they provide.

Note: If utilizing the services of a 311 center some of these duties and actions may already be in place.

FAC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FAC.

Immediate:	
<input type="checkbox"/>	Read this entire Position Checklist.
<input type="checkbox"/>	Obtain a full briefing of the incident.
<input type="checkbox"/>	Maintain Call Center and ensure Call Center confidentiality.
<input type="checkbox"/>	Upon appointment by the FAC Manager, assume all operational / leadership duties of the Call Center.
<input type="checkbox"/>	Ensure appropriate scripting is in place and provide to all Call Center specialists.
<input type="checkbox"/>	Monitor calls through Call Center helpline.
<input type="checkbox"/>	Monitor functions of Call Center Specialists and intervene / provide guidance when necessary.
Intermediate:	
<input type="checkbox"/>	Ensure proper dissemination of the information collected.
<input type="checkbox"/>	Maintain all call records and information collected in accordance with established Crisis Link policies.
<input type="checkbox"/>	Maintain contact with EOC / IC and FAC Manager to provide current information and data to EOC / IC.
<input type="checkbox"/>	Continue supervision of accepting calls and providing appropriate guidance and services
Extended:	
<input type="checkbox"/>	Be aware of signs of stress by Call Center Specialists, intervene when appropriate.
<input type="checkbox"/>	Maintain appropriate rest periods and nutrition.

<input type="checkbox"/>	Prepare end of shift report to individual assuming VFCC Lead as well as end of shift report to the FAC Manager.
<input type="checkbox"/>	Be aware of the possibility of extended deployment.
<input type="checkbox"/>	Prepare for the transition to a Long-term recovery center if required.

Reports to: Call Center Lead

Mission: Call Center Specialist determines the nature of the call and the caller's relationship to the incident, and facilitates the appropriate dissemination of information available and collected.

FAC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FAC.

Immediate:	
<input type="checkbox"/>	Read this entire Position Checklist.
<input type="checkbox"/>	Obtain a full briefing of the incident.
<input type="checkbox"/>	Maintain Call Center and ensure Call Center confidentiality.
<input type="checkbox"/>	Assume call station upon appointment by Call Center supervisor.
<input type="checkbox"/>	Receive appropriate scripting from Call Center supervisor.
<input type="checkbox"/>	Accept calls through Call Center helpline.
<input type="checkbox"/>	Triage and determine nature of calls for specific need or service.
Intermediate:	
<input type="checkbox"/>	Ensure proper dissemination of information available and collected.
<input type="checkbox"/>	Maintain all call records and information collected in accordance with established helpline policies.
<input type="checkbox"/>	Maintain contact with Call Center supervisor to provide current information and data to and from the EOC/IC.
<input type="checkbox"/>	Continue to accept calls and provide appropriate guidance and services.
Extended:	
<input type="checkbox"/>	Be aware of signs of severe stress and report any issues to Call Center supervisor.
<input type="checkbox"/>	Maintain appropriate rest periods and nutrition.
<input type="checkbox"/>	Prepare end of shift report to individual assuming station as well as Call Center supervisor.
<input type="checkbox"/>	Be aware of the possibility of extended deployment.

<input type="checkbox"/>	Prepare for the transition to a long-term recovery center, if required.
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Reports to: EOC Manager

Mission: Serves as the primary liaison between the Call Center and the Emergency Operations Center (EOC), ensuring only official, accurate information is relayed to FAC clients. Also provides information to for verification by the EOC as received from callers.

FAC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FAC.

Immediate:	
<input type="checkbox"/>	Read this entire Position Checklist.
<input type="checkbox"/>	Obtain a full briefing of the incident from the appropriate personnel.
<input type="checkbox"/>	Upon appointment from the EOC, assume duty station.
<input type="checkbox"/>	Initiate two way communications between the EOC and the Call Center.
Intermediate:	
<input type="checkbox"/>	Monitors information and PIO announcements to ensure close coordination and accurate information for Call Center operations.
<input type="checkbox"/>	Provide regular and as needed briefings to Referral Team Lead and Call Center Lead regarding incident/EOC status changes that may affect Call Center operations.
<input type="checkbox"/>	Maintains an accurate log of all related traffic impacting Call Center and EOC communications.
<input type="checkbox"/>	Works with the Call Center and Referral Team Leads in conjunction with the PIO to provide any briefing material or information either for operational period briefs or public information.
Extended:	
<input type="checkbox"/>	Maintains a master listing/log of all communications between EOC and Call Center.
<input type="checkbox"/>	Maintains, records, and archives all FAC/EOC/Call Center communication.
<input type="checkbox"/>	Provides accurate records in both print and electronic formats.
<input type="checkbox"/>	Contributes to all AAR processes to better facilitate communication in the future.

Reports to: Operations Section Chief

Mission: Coordinates with Reunification Team Lead to ensure the processes and documentation adhere to the appropriate release procedures of children to guardians.

FAC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FAC.

Immediate:	
<input type="checkbox"/>	Receive appointment from Operations Chief. Obtain packet containing team's Position Checklists.
<input type="checkbox"/>	Read this entire Position Checklist and review organizational chart.
<input type="checkbox"/>	Obtain briefing from Operations Chief.
<input type="checkbox"/>	Establish a work area within the FAC according to the operational layout.
<input type="checkbox"/>	Ensure FAC child reunification team is staffed in an appropriate manner.
<input type="checkbox"/>	Converse with Reunification Team Lead regarding unique issues presented when children are reunified with parents/guardians.
<input type="checkbox"/>	Brief Child Reunification Team members.
<input type="checkbox"/>	Determine resources required to accomplish mission tasks.
<input type="checkbox"/>	Arrange for equipment needs through Logistics Section Chief.
<input type="checkbox"/>	Identify important phone numbers from master contact list and give to team personnel for internal and external distribution.
<input type="checkbox"/>	Ensure appropriate processes are in place to reunite families/guardians with their children.
<input type="checkbox"/>	Inspect credentials for persons attempting to reunify with children.
<input type="checkbox"/>	Exercise documents that will formalize child reunification with parents/guardians.
<input type="checkbox"/>	Consult with team police representative as required.
<input type="checkbox"/>	Review entries/records for accuracy and completeness.
Intermediate:	
<input type="checkbox"/>	Conduct team transition briefings at shift change.

<input type="checkbox"/>	Identify and prioritize intake and processing needs.
<input type="checkbox"/>	Ensure Situation Report information is collected for each operational period.
<input type="checkbox"/>	Track deadlines for the team.
Extended:	
<input type="checkbox"/>	Maintain documentation of all actions and decisions on a continual basis; forward completed team activity log to Operations Section Chief.
<input type="checkbox"/>	Observe all staff for signs of stress. Report issues to Operations Section Chief.
<input type="checkbox"/>	Provide rest periods and relief for staff.
<input type="checkbox"/>	Plan for the possibility of extended deployment.
<input type="checkbox"/>	Store files for possible transition to long-term recovery center or for post-incident use.
<input type="checkbox"/>	Prepare end of shift report and present to oncoming Child Reunification Team Lead.
<input type="checkbox"/>	Review Situation Reports to/from Operations Section Chief as appropriate.
<input type="checkbox"/>	Report progress of team to Operations Chief.

Reports to: Child Reunification Team Leader

Mission: Ensures the processes are adhered to for the appropriate release of children to guardians.

FAC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FAC.

Immediate:	
<input type="checkbox"/>	Receive appointment from Reunification Team Lead. Obtain packet containing section's Position Checklists.
<input type="checkbox"/>	Read this entire Position Checklist and review organizational chart.
<input type="checkbox"/>	Obtain briefing from Team Lead.
<input type="checkbox"/>	Establish communication with the virtual Call Center if the crisis involves the virtual FAC.
<input type="checkbox"/>	Establish your assigned work area within the FAC.
<input type="checkbox"/>	Inventory equipment/tools/resources required to accomplish mission tasks. Request additional resources from Team Lead.
<input type="checkbox"/>	Verify important phone numbers from master contact list that was given.
<input type="checkbox"/>	Establish communication with Child and Family Services and operate within the scope of practice and consistent with agency policies and procedures. Resolve conflicts as required.
<input type="checkbox"/>	Ensure all processes are adhered to for the appropriate release of children to guardians.
<input type="checkbox"/>	Verify that no active cases or protection orders have been placed against guardian.
<input type="checkbox"/>	Implement the appropriate completed documentation prior to release of child to guardian.
<input type="checkbox"/>	Ensure procedures from sister agencies on the team are consistent with agency guidelines. Work to resolve any discrepancies.
<input type="checkbox"/>	Substantiate release decisions.
Extended:	
<input type="checkbox"/>	Attend Child Reunification Team briefing.
<input type="checkbox"/>	Notify behavioral staff of any issues with clients.
<input type="checkbox"/>	Take appropriate action if clients are acting in an aggressive or forceful manner.

<input type="checkbox"/>	Review entries/records for accuracy and completeness.
<input type="checkbox"/>	Attend team transition briefings at shift change.
<input type="checkbox"/>	Prepare end of shift report and present to oncoming Child and Family Service Representative.
<input type="checkbox"/>	Read Situation Report that is created for each operational period.

Reports to: Child Reunification/Release Team Lead

Mission: Ensures the adopted school district processes are adhered to for the appropriate release of children to guardians.

FAC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FAC.

Immediate:	
<input type="checkbox"/>	Receive appointment from Reunification Team Lead. Obtain packet containing section's Position Checklists.
<input type="checkbox"/>	Read this entire Position Checklist and review organizational chart.
<input type="checkbox"/>	Obtain briefing from Team Lead.
<input type="checkbox"/>	If the crisis involves the virtual FAC establish communication with the virtual Call Center.
<input type="checkbox"/>	Establish your assigned work area within the FAC.
<input type="checkbox"/>	Inventory equipment/tools/resources required to accomplish mission tasks. Request additional resources from Team Lead.
<input type="checkbox"/>	Verify important phone numbers from master contact list that was given.
<input type="checkbox"/>	Determine if school district facilities are/were involved and to what extent.
<input type="checkbox"/>	Determine if custody was in the hands of school district and/or its designees when crisis occurred.
<input type="checkbox"/>	Establish communication with school district and operate within the scope of practice and consistent with school district policies and procedures. When in doubt seek guidance.
<input type="checkbox"/>	Ensure all processes are adhered to for the appropriate release of children to guardians.
<input type="checkbox"/>	Implement the appropriate completed documentation prior to release of child to guardian.
<input type="checkbox"/>	Determine according to current school policy and procedures that any individual seeking for a child to be released into his or her care has the legal authority to take the child.
Extended:	
<input type="checkbox"/>	Attend Child Reunification Team briefing.
<input type="checkbox"/>	Notify behavioral staff of any issues with clients.
<input type="checkbox"/>	Take appropriate action if clients are acting in an aggressive or forceful

<input type="checkbox"/>	manner.
<input type="checkbox"/>	Review entries/records for accuracy and completeness.
<input type="checkbox"/>	Attend team transition briefings at shift change.
<input type="checkbox"/>	Prepare end of shift report and present to oncoming School Representative.
<input type="checkbox"/>	Read Situation Report that is created for each operational period.

Reports to: Child Reunification/Release Team Lead

Mission: To ensure processes are adhered and appropriate documentation is completed for the appropriate release of children to guardians.

FAC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FAC.

Immediate:	
<input type="checkbox"/>	Receive appointment from Reunification Team Lead. Obtain packet containing section's Position Checklists.
<input type="checkbox"/>	Read this entire Position Checklist and review organizational chart.
<input type="checkbox"/>	Obtain briefing from Team Lead.
<input type="checkbox"/>	If the crisis involves the virtual FAC establish communication with the Call Center.
<input type="checkbox"/>	Establish your assigned work area within the FAC.
<input type="checkbox"/>	Inventory equipment/tools/resources required to accomplish mission tasks. Request additional resources from Team Lead.
<input type="checkbox"/>	Verify important phone numbers from master contact list that was given.
<input type="checkbox"/>	Operate within the scope of practice and consistent with jurisdiction's policies and procedures.
<input type="checkbox"/>	Ensure all processes are adhered to for the appropriate release of children to guardians.
<input type="checkbox"/>	Implement the appropriate completed documentation prior to release of child to guardian.
Intermediate:	
<input type="checkbox"/>	Partner with School Representative on the team to substantiate release decisions.
<input type="checkbox"/>	Attend Child Reunification Team briefing.
<input type="checkbox"/>	Notify behavioral staff of any issues with clients.
<input type="checkbox"/>	Take appropriate action if clients are acting in an aggressive or forceful manner.
<input type="checkbox"/>	Review entries/records for accuracy and completeness.
<input type="checkbox"/>	Prepare end of shift report and present to oncoming Police Representative.

<input type="checkbox"/>	Attend team transition briefings at shift change.
<input type="checkbox"/>	Read Situation Report that is created for each operational period.
Extended:	
<input type="checkbox"/>	Maintain ability to deal with the public under stressful circumstances.
<input type="checkbox"/>	Observe co-workers for signs of stress. Report issues to Team Lead.
<input type="checkbox"/>	Take appropriate rest periods and relief.
<input type="checkbox"/>	Self-examine the stress elements that this crisis put you under. Consider critical incident debriefing or psychological first aid.
<input type="checkbox"/>	Plan for the possibility of extended deployment.
<input type="checkbox"/>	Keep and retain good notes and files for possible transition to long-term recovery center or for post-incident use.
<input type="checkbox"/>	Prepare end of shift report and present to oncoming law enforcement representative.
<input type="checkbox"/>	Report situations/problems/progress to Team Lead.

Day Care Team
 Day Care Team Lead

Reports to: Logistics Section Chief

Mission: To oversee the operation and staff of the Day Care Team with respects to providing child and adult care at the FAC.

FAC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FAC.

Immediate:	
<input type="checkbox"/>	Receive appointment from Logistic Section Chief. Obtain packet containing section's Position Checklists.
<input type="checkbox"/>	Read this entire Position Checklist and review organizational chart.
<input type="checkbox"/>	Obtain briefing from Logistics Section Chief.
<input type="checkbox"/>	Ensures Day Care Team is staffed in an appropriate manner.
<input type="checkbox"/>	Brief adult and child coordinators.
<input type="checkbox"/>	Establish a work area within the FAC according to the operational layout.
<input type="checkbox"/>	Facilitate the opening of the respective day care operations at the FAC.
<input type="checkbox"/>	Identify important phone numbers from master contact list and give to team personnel for internal and external distribution.
<input type="checkbox"/>	Acquire resources required to sustain the day care services.
<input type="checkbox"/>	Determine number of clients from FAC staff, forecast surge from clients based on size of disaster.
Intermediate:	
<input type="checkbox"/>	Conduct team transition briefings at shift change.
<input type="checkbox"/>	Ensures Situation Report is created for each operational period.
<input type="checkbox"/>	Meet with Site Security representatives to coordinate security first aid procedures.
<input type="checkbox"/>	Develop emergency exit plan for day care staff and clients.
<input type="checkbox"/>	Arrange for appropriate procedures for pick-up of clients from day care at the FAC.
Extended:	
<input type="checkbox"/>	Maintain documentation of all actions and decisions on a continual basis; forward completed unit activity log to Logistics Section Chief.

<input type="checkbox"/>	Observe all staff for signs of stress. Report issues to Logistics Section Chief.
<input type="checkbox"/>	Provide rest periods and relief for staff.
<input type="checkbox"/>	Plan for the possibility of extended deployment.
<input type="checkbox"/>	Notify security/law enforcement regarding clients acting in an aggressive or forceful manner.
<input type="checkbox"/>	Store files for possible transition to Long-term recovery center or for post-incident use.
<input type="checkbox"/>	Prepare end of shift report and present to oncoming Day Care Team Lead.
<input type="checkbox"/>	Review Situation Reports from Logistics Section Chief as appropriate.
<input type="checkbox"/>	Report progress of team to Logistics Section Chief.

Day Care Team
 Child Care Provider

Reports to: Day Care Team Lead

Mission: Provides child care services and recreation to families at the FAC.

FAC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FAC.

Immediate:	
<input type="checkbox"/>	Receive appointment from Day Care Team Lead. Obtain packet containing section's Position Checklists.
<input type="checkbox"/>	Read this entire Position Checklist and review organizational chart.
<input type="checkbox"/>	Obtain briefing from Day Care Team Lead.
<input type="checkbox"/>	Find work area and determine if it meets requirements.
<input type="checkbox"/>	Determine that the layout/resources provided are adequate.
<input type="checkbox"/>	Provide child services according to SOPs to the staff and clients of the FAC.
<input type="checkbox"/>	Learn the emergency procedures for the FAC to ensure safety of day care clients.
<input type="checkbox"/>	Obtain important phone numbers from master contact list and give to team personnel for internal and external distribution.
<input type="checkbox"/>	Determine if special needs equipment/adjuncts will be required by day care population.
Intermediate:	
<input type="checkbox"/>	Advise Day Care Lead when additional support staff will be required based on day care participation.
<input type="checkbox"/>	Implement appropriate procedures for pick-up of clients from day care at the FAC.
<input type="checkbox"/>	Ensures Situation Report is created for each operational period.
Extended:	
<input type="checkbox"/>	Observe all clients for signs of stress. Report issues to Day Care Team Lead.
<input type="checkbox"/>	Take rest periods and relief.
<input type="checkbox"/>	Plan for the possibility of extended deployment.
<input type="checkbox"/>	Notify security/law enforcement regarding clients acting in an aggressive or forceful manner.

<input type="checkbox"/>	Store files for possible transition to Long-term recovery center or for post-incident use.
<input type="checkbox"/>	Prepare end of shift report and present to oncoming Child Day Care Team Coordinator.
<input type="checkbox"/>	Review Situation Reports from team lead as appropriate.

Day Care Team
 Adult Day Care Provider

Reports to: Day Care Team Leader

Mission: Provides adult care services and recreation to families at the FAC.

FAC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FAC.

Immediate:	
<input type="checkbox"/>	Receive appointment from Day Care Team Lead. Obtain packet containing section's Position Checklists.
<input type="checkbox"/>	Read this entire Position Checklist and review organizational chart.
<input type="checkbox"/>	Obtain briefing from Day Care Team Lead.
<input type="checkbox"/>	Find work area and determine if it meets requirements.
<input type="checkbox"/>	Determine that the layout/resources provided are adequate.
<input type="checkbox"/>	Provide adult services according to SOPs to the staff and clients of the FAC.
<input type="checkbox"/>	Learn the emergency procedures for the FAC to ensure safety of day care clients.
<input type="checkbox"/>	Obtain important phone numbers from master contact list and give to team personnel for internal and external distribution.
<input type="checkbox"/>	Determine if special needs equipment/adjuncts will be required by day care population.
<input type="checkbox"/>	Assess the cognitive ability of adults and provide for short term client needs as needed.
<input type="checkbox"/>	Determine if assistance from security will be required to assist in evacuation in an emergency
Intermediate:	
<input type="checkbox"/>	Advise Day Care Lead when additional support staff will be required based on day care participation.
<input type="checkbox"/>	Implement appropriate procedures for pick-up of clients from day care at the FAC.
<input type="checkbox"/>	Ensure Situation Report is created for each operational period.
Extended:	
<input type="checkbox"/>	Observe all clients for signs of stress. Report issues to Day Care Team Lead.
<input type="checkbox"/>	Take rest periods and relief.

<input type="checkbox"/>	Plan for the possibility of extended deployment.
<input type="checkbox"/>	Notify security/law enforcement regarding clients acting in an aggressive or forceful manner.

Reports to: Reunification Team Lead

Mission: Serves as the behavioral health representative on the Reunification Team by obtaining disaster behavioral health services for families requiring reunification with family members.

FAC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FAC.

Immediate:	
<input type="checkbox"/>	Receive appointment from Reunification Team Lead. Obtain packet containing section's Position Checklists.
<input type="checkbox"/>	Read this entire Position Checklist and review organizational chart.
<input type="checkbox"/>	Obtain briefing from Team Lead.
<input type="checkbox"/>	Establish communication with the virtual Call Center if the crisis involves the virtual FAC.
<input type="checkbox"/>	Establish your assigned work area within the FAC.
<input type="checkbox"/>	Inventory equipment/tools/resources required to accomplish mission tasks. Request additional resources from Team Lead.
<input type="checkbox"/>	Verify important phone numbers from master contact list that was given.
<input type="checkbox"/>	Provide those waiting for psychological first aid with comfort caring and direction.
<input type="checkbox"/>	Provide and obtain disaster behavioral health services to families moving through the FAC.
Intermediate:	
<input type="checkbox"/>	React and provide support to clients for any behavioral issues identified by staff.
<input type="checkbox"/>	Provide as much family contact and interaction as possible.
<input type="checkbox"/>	Notify security/law enforcement of clients acting in an aggressive or forceful manner.
<input type="checkbox"/>	Attend Reunification Team briefing.
<input type="checkbox"/>	Review entries/records for accuracy and completeness.
<input type="checkbox"/>	Attend team transition briefings at shift change.
<input type="checkbox"/>	Read Situation Report that is created for each operational period.

Extended:	
<input type="checkbox"/>	Maintain ability to deal with the public under stressful circumstances.
<input type="checkbox"/>	Observe co-workers for signs of stress. Report issues to Team Lead.
<input type="checkbox"/>	Take appropriate rest periods and relief.
<input type="checkbox"/>	Self-examine the stress elements that this crisis put you under. Consider critical incident debriefing or psychological first aid.
<input type="checkbox"/>	Plan for the possibility of extended deployment.
<input type="checkbox"/>	Keep and retain good notes and files for possible transition to long-term recovery center or for post-incident use.
<input type="checkbox"/>	Prepare end of shift report and present to oncoming Behavioral Health Provider.
<input type="checkbox"/>	Report situations/problems/progress to Team Lead.

Reports to: Notification Team Lead

Mission: Serves as primary party responsible for confirming the death of a loved one with family members.

FAC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FAC.

Immediate:	
<input type="checkbox"/>	Receive appointment from Notification Team Lead. Obtain packet containing section's Position Checklists.
<input type="checkbox"/>	Read this entire Position Checklist and review organizational chart.
<input type="checkbox"/>	Obtain briefing from Team Lead.
<input type="checkbox"/>	Establish an area with the FAC private and accommodating and is conducive to your assigned task.
<input type="checkbox"/>	Inventory equipment/tools/resources required to accomplish mission tasks. Request additional resources from Team Lead.
<input type="checkbox"/>	Verify important phone numbers from master contact list that was given.
<input type="checkbox"/>	Operate within the scope of practice and consistent with jurisdiction's policies and procedures.
<input type="checkbox"/>	Ensure all processes are adhered to for the appropriate death notification.
<input type="checkbox"/>	Implement the appropriate completed documentation.
<input type="checkbox"/>	Ensure death notification is conducted in a discreet manner.
Extended:	
<input type="checkbox"/>	Partner with Notification Team members to help the families to start the grief process.
<input type="checkbox"/>	Attend Notification Team briefing.
<input type="checkbox"/>	Take appropriate action if clients are acting in an aggressive or forceful manner.
<input type="checkbox"/>	Review entries/records for accuracy and completeness.
<input type="checkbox"/>	Prepare end of shift report and present to oncoming Death Notification Officer.
<input type="checkbox"/>	Attend team transition briefings at shift change.

Reports to: Reunification Team Lead, Notification Team Lead and Behavioral Health Team Lead

Mission: Provide multi-denominational spiritual support to help alleviate suffering or facilitate coping with great stress.

FRC/FAC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FRC/FAC.

Immediate:	
<input type="checkbox"/>	Receive appointment from Reunification, Death Notification and Behavioral Health Team Leads. Obtain packet containing section's Position Checklists.
<input type="checkbox"/>	Read this entire Position Checklist and review organizational chart.
<input type="checkbox"/>	Obtain briefing from Reunification and Notification Team Leads.
<input type="checkbox"/>	Establish a designated quiet work area conducive to spiritual counseling within the FAC.
<input type="checkbox"/>	Verify important phone numbers from master contact list as provided.
<input type="checkbox"/>	Provide those waiting for psychological first aid with pastoral comfort, caring and direction.
<input type="checkbox"/>	Support/augment disaster behavioral health services to families moving through the FAC.
Intermediate:	
<input type="checkbox"/>	React and provide pastoral support to clients with any behavioral issues identified by staff if requested.
<input type="checkbox"/>	Provide as much family contact and interaction as possible.
<input type="checkbox"/>	Notify security/law enforcement of clients acting in an aggressive or forceful manner.
<input type="checkbox"/>	Attend Notification Team briefing.
<input type="checkbox"/>	Review entries/records for accuracy and completeness.
<input type="checkbox"/>	Attend team transition briefings at shift change.
<input type="checkbox"/>	Read Situation Report that is created for each operational period.
Extended:	
<input type="checkbox"/>	Maintain ability to deal with the public under stressful circumstances.

<input type="checkbox"/>	Observe co-workers for signs of stress. Report issues to Team Lead.
<input type="checkbox"/>	Extend pastoral support to all FRC/FAC personnel as needed.
<input type="checkbox"/>	Take appropriate rest periods and relief.
<input type="checkbox"/>	Self-examine the stress elements that this crisis put you under. Consider critical incident debriefing or psychological first aid.
<input type="checkbox"/>	Plan for the possibility of extended deployment.
<input type="checkbox"/>	Prepare end of shift report and present to oncoming Spiritual Advisor.
<input type="checkbox"/>	Report situations/problems/progress to Team Lead.

Volunteer and Donations Management
 Donations Coordinator

Reports to: Logistics Section Chief

Mission: Coordinates all donations, monetary, goods and services, given to the FAC.

FAC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FAC.

Immediate:	
<input type="checkbox"/>	Read this entire Position Checklist.
<input type="checkbox"/>	Obtain a full briefing of the incident from the appropriate personnel.
<input type="checkbox"/>	Upon appointment by the Logistics Section Chief, assume duty station.
<input type="checkbox"/>	Initiates record keeping of all donations provided to the FAC.
<input type="checkbox"/>	Maintains up to date listing of all donations as well as sources of donations to the FAC.
<input type="checkbox"/>	Maintains communication with ESF 15 at the EOC to ensure coordinated efforts.
Intermediate:	
<input type="checkbox"/>	Coordinates all donations and personnel receiving donations to include an accurate daily accounting of all cumulative tangible and intangible items for the FAC.
<input type="checkbox"/>	Provides information and material for Finance & Administration Chief on all personnel issues for operational period briefings.
<input type="checkbox"/>	Ensures that all FAC donations are appropriate for the nature of the incident, in good, clean, hygienic condition and suitable for distribution.
<input type="checkbox"/>	Coordinates interagency and public communications related to donations through the Logistics Chief and the PIO.
Extended:	
<input type="checkbox"/>	Maintains a master listing of all donations received whether usable, distributed, or discarded.
<input type="checkbox"/>	Maintains, records, and archives all FAC donations, agencies, and private entity contributions for future use and/or incidents.
<input type="checkbox"/>	Provides accurate records in both print and electronic formats.
<input type="checkbox"/>	Completes appropriate "thank you" communications with all donors.
<input type="checkbox"/>	Works with the Logistics Branch to ensure any extra donations are either stored for future use or distributed to appropriate agencies, entities or individuals.

Volunteer and Donations Management
 Volunteer Coordinator

Reports to: Logistics Section Chief

Mission: Coordinates all volunteer efforts supporting FAC operations.

FAC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FAC.

Immediate:	
<input type="checkbox"/>	Read this entire Position Checklist.
<input type="checkbox"/>	Obtain a full briefing of the incident from the appropriate personnel.
<input type="checkbox"/>	Upon appointment by the Logistics Section Chief, assume duty station.
<input type="checkbox"/>	Facilitates and coordinates all volunteer efforts in support of FAC activation and operations.
<input type="checkbox"/>	Initiates all volunteer networks and communications with outside/affiliated volunteer organizations such as Volunteers Active in Disaster (VOAD).
<input type="checkbox"/>	Maintains communication with ESF 15 at the EOC to ensure coordinated efforts.
<input type="checkbox"/>	Communicate with EOC and consider opening a Volunteer Reception Center.
Intermediate:	
<input type="checkbox"/>	Initiates and maintains record keeping of all volunteer requests, positions filled and agencies/entities utilized on behalf of the FAC and related operations.
<input type="checkbox"/>	Works in conjunction with the Personnel Coordinator to ensure an accurate accounting as well as registration of all volunteers and hours worked.
<input type="checkbox"/>	Provides information and material for Logistics Section Chief on all volunteer issues for operational period briefing.
<input type="checkbox"/>	Ensures that all FAC volunteer requests and assignments are done in accordance with all local, state and Federal laws, codes, regulations, and guidance.
Extended:	
<input type="checkbox"/>	Maintains a master listing of all volunteer requests, actions, declinations, issues and personnel/agencies/entities utilized as well as contacted.
<input type="checkbox"/>	Maintains, records, and archives all FAC volunteer requests and assignments.
<input type="checkbox"/>	Provides accurate records in both print and electronic formats.
<input type="checkbox"/>	Resolves any outstanding issues and petitions for reimbursement, if eligible.

Reports to: Logistics Section Chief

Mission: To ensure that necessary items, resources, and equipment are in place.

FAC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FAC.

Immediate:	
<input type="checkbox"/>	Receive appointment from Logistic Section Chief. Obtain packet containing section's Position Checklists.
<input type="checkbox"/>	Read this entire Position Checklist and review organizational chart.
<input type="checkbox"/>	Obtain briefing from Logistics Section Chief.
<input type="checkbox"/>	Establish a work area within the FAC according to the operational layout.
<input type="checkbox"/>	Ensures FAC Facilities Management Team is staffed in an appropriate manner.
<input type="checkbox"/>	Identify important phone numbers from master contact list and give to team personnel for internal and external distribution.
<input type="checkbox"/>	Review pre-plan and determine the resources required are present to accomplish mission tasks.
<input type="checkbox"/>	Arrange for additional or overlooked equipment needs through Logistics Section Chief.
<input type="checkbox"/>	Establish/activate lockdown procedures or control building exit/entrance points by limiting access/egress.
<input type="checkbox"/>	Sweep facility to ensure that no unauthorized persons are present. <i>(This task can be delegated to security if they are present.)</i> This task is critical to physical FAC mission.
<input type="checkbox"/>	Verify that all facility operational systems are in working condition (electrical, plumbing, HVAC, fire alarm, sprinkler systems, elevator, phone, intercom, data etc.)
<input type="checkbox"/>	Test emergency exit signs and emergency generator and battery backup systems.
<input type="checkbox"/>	Assist other team members that may not be familiar or are not normally stationed at the facility.
<input type="checkbox"/>	Attempt to control or manage traffic pattern flows and parking areas. (This can be accomplished by utilizing a combination of signage, traffic control devices or use security.)
Intermediate:	
<input type="checkbox"/>	Conduct team transition briefings at shift change.

<input type="checkbox"/>	Ensure Situation Report is created for each operational period.
<input type="checkbox"/>	Utilize your facility familiarity to assist day care and food services to become sustainable/supported within the facility.
<input type="checkbox"/>	Provide security with blueprints of facility to develop FAC protection plan.
<input type="checkbox"/>	Assist security with any design changes or barriers to channel families/staff into appropriate or out of inappropriate areas within the FAC.
Extended:	
<input type="checkbox"/>	Ensure fuel, potable water, sewage systems can be maintained or replenished for long term operations.
<input type="checkbox"/>	Maintain documentation of all actions and decisions on a continual basis; forward completed unit activity log to Logistics Section Chief.
<input type="checkbox"/>	Observe all staff for signs of stress. Report issues to Logistics Section Chief.
<input type="checkbox"/>	Provide rest periods and relief for staff.
<input type="checkbox"/>	Plan for the possibility of extended deployment.
<input type="checkbox"/>	Store files for possible transition to Long-term recovery center or for post-incident use.
<input type="checkbox"/>	Prepare end of shift report and present to oncoming Facilities Management Team Lead.
<input type="checkbox"/>	Review Situation Reports from Logistics Section Chief as appropriate.
<input type="checkbox"/>	Report progress of team to Logistics Section Chief.

Reports to: Logistics Section Chief

Mission: To ensure that necessary items, resources, equipment and in place and works with the Logistics Section Chief to procure them.

FAC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FAC.

Immediate:	
<input type="checkbox"/>	Receive appointment from Facilities Management Team Leader. Obtain packet containing section's Position Checklists.
<input type="checkbox"/>	Read this entire Position Checklist and review organizational chart.
<input type="checkbox"/>	Obtain briefing from Logistics Section Chief.
<input type="checkbox"/>	Establish a work area within the FAC according to the operational layout.
<input type="checkbox"/>	Identify important phone numbers from master contact list and give to team personnel for internal and external distribution.
<input type="checkbox"/>	Review pre plan and determine the resources required are present to accomplish mission tasks.
<input type="checkbox"/>	Arrange for additional or overlooked equipment needs through Logistics Section Chief.
<input type="checkbox"/>	Know lockdown procedures or control building exit/entrance points by limiting access/egress.
<input type="checkbox"/>	Sweep facility to ensure that no unauthorized persons are present. (This task can be delegated to security if they are present.) This task is critical to physical FAC mission.
<input type="checkbox"/>	Verify that all facility operational systems are in working condition (electrical, plumbing, HVAC, fire alarm, sprinkler systems, elevator, phone, intercom, data etc.)
<input type="checkbox"/>	Test emergency exit signs and emergency generator and battery backup systems.
<input type="checkbox"/>	Assist other team members that may not be familiar or are not normally stationed at the facility.
<input type="checkbox"/>	Attempt to control or manage traffic pattern flows and parking areas. (This can be accomplished by utilizing a combination of signage, traffic control devices or use security.)
Intermediate:	
<input type="checkbox"/>	Participate in team transition briefings at shift change.

<input type="checkbox"/>	Ensure Situation Report is created for each operational period.
<input type="checkbox"/>	Utilize you facility familiarity to assist day care and food services to become sustainable/supported within the facility.
<input type="checkbox"/>	Provide security with blueprints of facility to develop FAC force protection plan.
<input type="checkbox"/>	Assist security with any design changes or barriers to channel families/staff into appropriate or inappropriate areas within the FAC.
Extended:	
<input type="checkbox"/>	Ensure fuel, potable water, sewage systems can be maintained or replenished for long term operations.
<input type="checkbox"/>	Assist in the documentation of all actions and decisions on a continual basis; forward completed unit activity log (ICS 214) to Logistics Section Chief.
<input type="checkbox"/>	Plan for the possibility of extended deployment.
<input type="checkbox"/>	Store files for possible transition to long-term recovery center or for post-incident use.
<input type="checkbox"/>	Review Situation Reports from Logistics Section Chief as appropriate.
<input type="checkbox"/>	Report progress of team to Logistics Section Chief.

Reports to: Information Collection Coordinator

Mission: Managing the referral of service options with families, acquaintances of victims and VIC personnel as needs arise.

FAC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FAC.

Immediate:	
<input type="checkbox"/>	Receive appointment from Information Collection Coordinator. Obtain packet containing section's Position Checklists.
<input type="checkbox"/>	Read this entire Position Checklist and review organizational chart.
<input type="checkbox"/>	Obtain briefing from Team Lead.
<input type="checkbox"/>	Establish your assigned work area within the FAC.
<input type="checkbox"/>	Inventory equipment/tools/resources required to accomplish mission tasks. Request additional resources from Team Lead.
<input type="checkbox"/>	Verify important phone numbers from master contact list that was given.
<input type="checkbox"/>	Coordinate information and liaison on family support service options with other appropriate agencies.
<input type="checkbox"/>	Meets with families who experience emotional difficulties during the interview process.
<input type="checkbox"/>	Offers guidance to FM personnel during times of stress.
<input type="checkbox"/>	Works to coordinate social activities and events for after-work hours to ease the stresses of long work cycles.
<input type="checkbox"/>	Provides discretion and confidentiality of all verbal and written documentation concerning the deceased, next of kin, and family members.
Intermediate:	
<input type="checkbox"/>	Review interview sheets to be completed to understand the process.
<input type="checkbox"/>	Take part in briefing of interviewers and data entry personnel to ensure all understand the overall information management system and their specific duties and responsibilities.
<input type="checkbox"/>	Develop just-in-time training modules for FM staff on signs and symptoms of stress and stress reduction techniques.
<input type="checkbox"/>	Attend team transition briefings at shift change.
<input type="checkbox"/>	Read Situation Report that is created for each operational period.

Extended:	
<input type="checkbox"/>	Maintain your ability to deal with the public under stressful circumstances.
<input type="checkbox"/>	Act upon information reported by Team Lead regarding stress in FM VIC workers or families.
<input type="checkbox"/>	Take appropriate rest periods and relief.
<input type="checkbox"/>	Self-examine the stress elements that this crisis put you under. Consider critical incident debriefing or psychological first aid.
<input type="checkbox"/>	Plan for the possibility of extended deployment.
<input type="checkbox"/>	Provide report and briefing to replacement on status of operations if rotating out prior to termination of the mission.
<input type="checkbox"/>	Ensure all personally issued equipment is returned to logistics.
<input type="checkbox"/>	Report situations/problems/progress to Team Lead.

Fatality Management Victim Information Center (FM VIC)
Information Collection Coordinator

Reports to: Unit Leader

Mission: Responsible for coordinating specific Call Center intake operators and the interview team collecting ante mortem data on victims reported missing.

FAC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FAC.

Immediate:	
<input type="checkbox"/>	Receive appointment from FM Unit Leader. Obtain packet containing section's Position Checklists.
<input type="checkbox"/>	Read this entire Position Checklist and review organizational chart.
<input type="checkbox"/>	Obtain briefing from Team Lead.
<input type="checkbox"/>	Establish your assigned work area within the FAC.
<input type="checkbox"/>	Inventory equipment/tools/resources required to accomplish mission tasks. Request additional resources from Team Lead.
<input type="checkbox"/>	Verify important phone numbers from master contact list that was given.
<input type="checkbox"/>	Oversee the needs and procedures of the specific Call Center unit, interview unit, volunteer training unit, and behavioral health/chaplaincy unit.
<input type="checkbox"/>	Ensures newly arriving FM personnel and volunteers are trained and assisted on proper call taking and interview procedures.
<input type="checkbox"/>	Oversees the collection, security, and timely transfer of interview forms to the data entry unit.
<input type="checkbox"/>	Provides discretion and confidentiality of all verbal and written documentation concerning the deceased, next of kin, and family members.
<input type="checkbox"/>	Review interview protocols to be followed.
Intermediate:	
<input type="checkbox"/>	Take part in briefing of interviewers and data entry personnel to ensure all understand the overall information management system and their specific duties and responsibilities.
<input type="checkbox"/>	Develop call taker greeting scripts to aid in prioritizing reports of missing persons.
<input type="checkbox"/>	Revise call taker scripts as situations and needs evolve.
<input type="checkbox"/>	Coordinate replacement supplies or equipment with logistics.
<input type="checkbox"/>	Coordinate family support options with other appropriate agencies.

<input type="checkbox"/>	Attend team transition briefings at shift change.
<input type="checkbox"/>	Read Situation Report that is created for each operational period.
Extended:	
<input type="checkbox"/>	Provide report and briefing to replacement on status of operations if rotating out prior to termination of the mission.
<input type="checkbox"/>	Ensure all personally issued equipment is returned to logistics.
<input type="checkbox"/>	Take appropriate rest periods and relief.
<input type="checkbox"/>	Self-examine the stress elements that this crisis put you under. Consider critical incident debriefing or psychological first aid.
<input type="checkbox"/>	Plan for the possibility of extended deployment.
<input type="checkbox"/>	Assist in the critique of the team performance.
<input type="checkbox"/>	Report situations/problems/progress to Team Lead.

Fatality Management Victim Information Center (FM VIC)
Unit Leader

Reports to: Medical Examiner Liaison

Mission: The Fatality Management Unit Leader is responsible for establishing the FM VIC, managing a specialized Call Center if activated, ensuring proper interviewing of families and acquaintances of victims using database forms, and coordinating the exchange of information between the Morgue Identification Center (MIC) and the VIC. In the absence of the FM Unit Leader, the Medical Examiner Liaison shall assume these duties. The FM Unit Leader reports directly to the Medical Examiner Liaison unless FM group supervisor activated.

FAC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FAC.

Immediate:	
<input type="checkbox"/>	Obtain packet containing sections' Position Checklist.
<input type="checkbox"/>	Read this entire Position Checklist and review organizational chart.
<input type="checkbox"/>	Obtain a full briefing from FM group supervisor or medical examiner liaison.
<input type="checkbox"/>	Establish your assigned work area and FM VIC stations within the FAC.
<input type="checkbox"/>	Coordinate with FM group supervisor or medical examiner liaison on availability and readiness of VIC Core Team and obtain 24-hour contact numbers for unit deployed.
<input type="checkbox"/>	Request necessary supplies, equipment, telephone, fax, data lines, copiers, etc., from Logistics.
<input type="checkbox"/>	In conjunction with the FM group supervisor or medical examiner liaison publish telephone contact numbers through Information Officer channels.
<input type="checkbox"/>	Monitors call volume surges and staffing levels needed (coordinated with the IC Logistics Resource Unit), especially during the first few days of the event.
<input type="checkbox"/>	Liaisons with the FM Morgue Identification Center (MIC) on form modifications, data collection techniques, and identifications made by the MIC Team.
<input type="checkbox"/>	Directs initial focus and resources to collecting missing person data while the database capabilities are being installed.
<input type="checkbox"/>	Provide systematic approach to operations.
<input type="checkbox"/>	Work with the technical support to set up and ensure proper functioning of computer equipment assigned to the FM VIC.
<input type="checkbox"/>	Brief interviewers and data entry personnel to ensure all understand the overall information management system and their specific duties and responsibilities.
Intermediate:	

<input type="checkbox"/>	Provide training as necessary
<input type="checkbox"/>	Maintain accountability and security of any documentation with the family.
<input type="checkbox"/>	Coordinate family support options with other appropriate agencies.
<input type="checkbox"/>	Provides discretion and confidentiality of all verbal and written documentation concerning the deceased, NOK, and family members.
Extended:	
<input type="checkbox"/>	Observe all staff for status and signs of stress.
<input type="checkbox"/>	Provide for rest periods for staff.
<input type="checkbox"/>	Prepare end of shift report and update with incident tracking board.
<input type="checkbox"/>	Provide input into the demobilization plan on length of time to complete family interaction.
<input type="checkbox"/>	Coordinate with Medical Examiner Liaison on transition of FM VIC operations to Medical Examiner staff following demobilization.
<input type="checkbox"/>	Provide report and briefing to replacement on status of operations if rotating out prior to termination of the FEMORS mission.
<input type="checkbox"/>	Forward all completed records to the MIC Records Management.
<input type="checkbox"/>	Ensure all personally issued equipment is returned.
<input type="checkbox"/>	Participate in a formal Team After Action Report.

Fatality Management Victim Information Center (FM VIC)
 Medical Examiner Liaison

Reports to: FAC Operations Chief

Mission: Serves as liaison between the local ME and FAC operations, and overseeing the FM VIC for the express purpose of coordinating efforts to follow the local ME office policies for identifying decedents, notifying the legal next of kin, and releasing the decedents/personnel effects to the legal next of kin.

FAC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FAC

Immediate:	
<input type="checkbox"/>	Receive appointment from local Chief ME. Obtain packet containing section's Position Checklists.
<input type="checkbox"/>	Read this entire Position Checklist and review organizational chart.
<input type="checkbox"/>	Obtain briefing from the FAC Operations Chief.
<input type="checkbox"/>	Establish your assigned work area within the FAC.
<input type="checkbox"/>	Inventory equipment/tools/resources required to accomplish mission tasks. Request additional resources from FAC Team Lead.
<input type="checkbox"/>	Verify important phone numbers from master contact list that was given.
<input type="checkbox"/>	Establish contact/communication with the Medical Examiner's office.
<input type="checkbox"/>	Arrange for the exchange of medical and dental records from missing victims to the local ME.
<input type="checkbox"/>	Operate under the rules and regulations of the jurisdiction for crime scene investigations.
<input type="checkbox"/>	Maintain chain of custody when forensic or other information is collected.
<input type="checkbox"/>	Assure the DNA and forensic evidence is collected in the prescribed manner consistent with best practices, policies and procedures.
Intermediate:	
<input type="checkbox"/>	Act as official conduit for all information exchange between the FAC and the local ME.
<input type="checkbox"/>	Attend all FAC Team briefings.
<input type="checkbox"/>	Coordinate ME participation in family briefings and/or public briefings.
<input type="checkbox"/>	Review entries/records for accuracy and completeness.
<input type="checkbox"/>	Attend team transition briefings at shift change.

<input type="checkbox"/>	
<input type="checkbox"/>	Read Situation Report that is created for each operational period.
Extended:	
<input type="checkbox"/>	Maintain your ability to deal with the public under stressful circumstances.
<input type="checkbox"/>	Observe co-workers for signs of stress. Report issues to Team Lead.
<input type="checkbox"/>	Take appropriate rest periods and relief.
<input type="checkbox"/>	Self-examine the stress elements that this crisis put you under. Consider critical incident debriefing or psychological first aid.
<input type="checkbox"/>	Plan for the possibility of extended deployment.
<input type="checkbox"/>	Keep and retain good notes and files for possible transition for post-incident use.
<input type="checkbox"/>	Prepare end of shift report and present to oncoming Medical Examiner Liaison.
<input type="checkbox"/>	Report situations/problems/progress to Team Lead.

Fatality Management Victim Information Center (FM VIC)
 Volunteer Training Specialist

Reports to: FM VIC Information Collection Coordinator

Mission: Responsible for managing the training of volunteer staff on call taking and completing the interview package with families and acquaintances of victims in the Victim Information Center.

FAC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FAC.

Immediate:	
<input type="checkbox"/>	Obtain packet containing sections' Position Checklists.
<input type="checkbox"/>	Read the entire Position Checklist and review organizational chart.
<input type="checkbox"/>	Obtain briefing from team lead.
<input type="checkbox"/>	Establish your assigned work area with the FAC.
<input type="checkbox"/>	Inventory equipment/tools/resources required to accomplish mission tasks. Request additional resources from team lead.
<input type="checkbox"/>	Review FEMORS FOG as a refresher for policy guidelines.
<input type="checkbox"/>	Review call taker scripts for missing person reports.
<input type="checkbox"/>	Review interview sheets to be completed.
<input type="checkbox"/>	Develop just-in-time training modules for volunteer interview staff.
Intermediate:	
<input type="checkbox"/>	Arranges training of newly arriving VIC volunteers on proper call taking and interview procedures.
<input type="checkbox"/>	Provides discretion and confidentiality of all verbal and written documentation concerning the deceased, NOK, and family members.
<input type="checkbox"/>	Take part in briefing of interviewers and data entry personnel to ensure all understand the overall information management system and their specific duties and responsibilities.
Extended:	
<input type="checkbox"/>	Provide report and briefing to replacement on status of operations if rotating out prior to termination of the mission.
<input type="checkbox"/>	Ensure all personally issued equipment is returned.

Fatality Management Victim Information Center (FM VIC)
Call Taker Specialist

Reports to: FM VIC Information Collection Coordinator

Mission: Responsible for completing the Call Center database page with families and acquaintances of victims in the Victim Information Center.

FAC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FAC.

Immediate:	
<input type="checkbox"/>	Obtain packet containing section's Position Checklists.
<input type="checkbox"/>	Read this entire Position Checklist and review organizational chart.
<input type="checkbox"/>	Obtain briefing from team lead.
<input type="checkbox"/>	Establish your assigned work area within the FAC.
<input type="checkbox"/>	Inventory equipment/tools/resources required to accomplish mission tasks. Request additional resources from team lead.
<input type="checkbox"/>	Review FEMORS FOG as a refresher for policy guidelines.
<input type="checkbox"/>	May serve as Lead for Call Taker staff.
<input type="checkbox"/>	Initiates database Call Center data page.
<input type="checkbox"/>	Provides discretion and confidentiality of all verbal and written documentation concerning the deceased, NOK, and family members.
<input type="checkbox"/>	Uses call taker scripts for missing person reports.
<input type="checkbox"/>	Take part in briefing of call takers, interviewers and data entry personnel to ensure all understand the overall information management system and their specific duties and responsibilities.
Intermediate:	
<input type="checkbox"/>	Receives incoming calls reporting missing persons by telephone with care and dignity for the victims to obtain VIP data.
<input type="checkbox"/>	Refers requests for additional ante-mortem information and re-contact NOK as necessary.
<input type="checkbox"/>	Maintain accountability and security of any documentation with the family.
<input type="checkbox"/>	Coordinate family support options with other appropriate agencies.
Extended:	
<input type="checkbox"/>	Ensure all personally issued equipment is returned.

<input type="checkbox"/>	
<input type="checkbox"/>	Assist in the critique of the team performance.

Fatality Management Victim Information Center (FM VIC)
Interview Specialist

Reports to: FM VIC Information Collection Coordinator

Mission: Responsible for completing the missing person interview package with families and acquaintances of victims in the Victim Information Center

FAC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FAC.

Immediate:	
<input type="checkbox"/>	Obtain packet containing section's Position Checklists.
<input type="checkbox"/>	Read this entire Position Checklist and review organizational chart.
<input type="checkbox"/>	Obtain briefing from team lead.
<input type="checkbox"/>	Establish your assigned work area within the FAC.
<input type="checkbox"/>	Inventory equipment/tools/resources required to accomplish mission tasks. Request additional resources from team lead.
<input type="checkbox"/>	Review FEMORS FOG as a refresher for policy guidelines.
<input type="checkbox"/>	May serve as Lead for Interview staff.
<input type="checkbox"/>	Take part in briefing of interviewers and data entry personnel to ensure all understand the overall information management system and their specific duties and responsibilities.
<input type="checkbox"/>	Review call taker scripts for missing person reports.
<input type="checkbox"/>	Review interview sheets to be completed.
<input type="checkbox"/>	Assists newly arriving VIC staff on proper interview procedures.
<input type="checkbox"/>	Assists with the collection, security, and timely transfer of ante mortem medical and dental records to the VIC FM Records Management Specialist.
<input type="checkbox"/>	Interviews families and acquaintances of victims to obtain ante mortem (Reported Missing) data.
<input type="checkbox"/>	Provides discretion and confidentiality of all verbal and written documentation concerning the deceased, NOK, and family members.
Intermediate:	
<input type="checkbox"/>	Receives incoming calls reporting missing persons.
<input type="checkbox"/>	Interview families in person or by telephone with care and dignity for the victims to obtain VIP data.

<input type="checkbox"/>	Receive requests for additional ante-mortem information and re-contact NOK as necessary.
<input type="checkbox"/>	Collect and document incoming additional medical and dental records; transfer to Records Management.
<input type="checkbox"/>	Maintain accountability and security of any documentation with the family.
<input type="checkbox"/>	Coordinate family support options with other appropriate agencies.
<u>Extended:</u>	
<input type="checkbox"/>	Ensure all personally issued equipment is returned.
<input type="checkbox"/>	Assist in the critique of the team performance.

Fatality Management Victim Information Center (FM VIC)
 Dental/Medical Records Acquisition Specialist

Reports to: FM VIC Data/Records Coordinator

Mission: Responsible for contacting dental/medical healthcare providers of reported missing persons to obtain copies of records.

FAC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FAC.

Immediate:	
<input type="checkbox"/>	Obtain packet containing section's Position Checklists.
<input type="checkbox"/>	Read this entire Position Checklist and review organizational chart.
<input type="checkbox"/>	Obtain briefing from team lead.
<input type="checkbox"/>	Establish your assigned work area within the FAC.
<input type="checkbox"/>	Inventory equipment/tools/resources required to accomplish mission tasks. Request additional resources from team lead.
<input type="checkbox"/>	Review FEMORS FOG as a refresher for policy guidelines.
<input type="checkbox"/>	Receives notice of potential family dental and medical healthcare providers of victims reported missing from Interview or Data Entry teams.
Intermediate:	
<input type="checkbox"/>	Initiates telephonic contact with potential dental and medical healthcare providers in order to obtain copies of ante mortem dental x-rays and charts, medical records, and body x-rays for comparison by the MIC teams.
<input type="checkbox"/>	Assists in transfer of collected dental/medical records to VIC FM Records Management Specialist for use by the MIC teams.
<input type="checkbox"/>	Contact dental/medical healthcare providers to obtain known records of missing persons and arrange for delivery to VIC.
<input type="checkbox"/>	Update VIC with contact information on dental/medical healthcare providers.
<input type="checkbox"/>	Monitor use of supplies and notify Supplies/Facilities Manager of anticipated replenishment needs.
Extended:	
<input type="checkbox"/>	Provide report and briefing to replacement on status of operations if rotating out prior to termination of the mission.
<input type="checkbox"/>	Ensure all personally issued equipment is returned.
<input type="checkbox"/>	Assist in the critique of the team performance.

Fatality Management Victim Information Center (FM VIC)
 Family History (DNA) Specialist

Reports to: FM VIC Data/Records Coordinator

Mission: Responsible for coordinating meetings with families to obtain genetic information, familial DNA samples, and missing person reference DNA specimens for testing.

FAC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FAC.

Immediate:	
<input type="checkbox"/>	Obtain packet containing section's Position Checklists.
<input type="checkbox"/>	Read this entire Position Checklist and review organizational chart.
<input type="checkbox"/>	Obtain briefing from team lead.
<input type="checkbox"/>	Establish your assigned work area within the FAC.
<input type="checkbox"/>	Inventory equipment/tools/resources required to accomplish mission tasks. Request additional resources from team lead.
<input type="checkbox"/>	Review FEMORS FOG as a refresher for policy guidelines.
<input type="checkbox"/>	Participates in the ante-mortem information and DNA materials gathering function.
<input type="checkbox"/>	Coordinates with Victim Information Center Unit Leader, FM VIC Data/Records Coordinator, and/or Medical Examiner on data and DNA materials collection requirements and the appropriate methods for documentation and delivery of materials to the DNA lab selected for testing.
<input type="checkbox"/>	May serve as lead for DNA staff.
<input type="checkbox"/>	Ensures all ante-mortem buccal swabs from families and victim reference specimens collected are properly documented as to provenance and delivered to appropriate DNA labs as approved.
<input type="checkbox"/>	Ensures all ante-mortem family tree information from families is collected and included in the case file (Reported Missing) packet.
Intermediate:	
<input type="checkbox"/>	Coordinate and log incoming additional DNA samples to the VIC Records Management Team for the DNA lab.
<input type="checkbox"/>	Handles families visiting the VIC to provide family tree lineage information and to provide Buccal swab samples for DNA testing.
<input type="checkbox"/>	Handles families visiting the VIC to provide victim reference specimens, i.e., toothbrush, razor, etc.

<input type="checkbox"/>	Handles families unable to visit the VIC to provide family tree lineage information by telephone interview with a DNA Specialist.
<input type="checkbox"/>	Handles families unable to visit the VIC to provide Buccal swab samples for DNA testing by mailing the collection kit with instructions for use and return of the kit.
<input type="checkbox"/>	Handles families unable to visit the VIC to provide victim reference specimens i.e., toothbrush, razor, etc. by mail or other delivery mode with instructions on handling, packaging and shipment.
<input type="checkbox"/>	Process delivery of collected DNA materials to the designated storage or testing laboratory facility.
<input type="checkbox"/>	Provides copies of the family tree information to appropriate DNA labs as approved.
Extended:	
<input type="checkbox"/>	Provide report and briefing to replacement on status of operations if rotating out prior to termination of the mission.
<input type="checkbox"/>	Ensure all personally issued equipment is returned.
<input type="checkbox"/>	Assist in the critique of the team performance.
<input type="checkbox"/>	Participate in a formal team after action report.

Fatality Management Victim Information Center (FM VIC)
Documentation Specialist

Reports to: FM VIC Unit Leader

Mission: Responsible for providing statistical reporting of the VIC progress for the situation reports as well as special project reports as directed.

FAC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FAC.

Immediate:	
<input type="checkbox"/>	Obtain packet containing section's Position Checklists.
<input type="checkbox"/>	Read this entire Position Checklist and review organizational chart.
<input type="checkbox"/>	Obtain briefing from team lead.
<input type="checkbox"/>	Establish your assigned work area within the FAC.
<input type="checkbox"/>	Inventory equipment/tools/resources required to accomplish mission tasks. Request additional resources from team lead.
<input type="checkbox"/>	Review FEMORS FOG as a refresher for policy guidelines.
<input type="checkbox"/>	Receives direction from the VIC Unit Leader on types of documentation required.
Intermediate:	
<input type="checkbox"/>	Creates specialized reports as directed.
<input type="checkbox"/>	Maintain personnel scheduling of staff and coordinate requests for replacements.
Extended:	
<input type="checkbox"/>	Provide report and briefing to replacement on status of operations if rotating out prior to termination of the mission.
<input type="checkbox"/>	Ensure all personally issued equipment is returned.
<input type="checkbox"/>	Assist in the critique of the team performance.

Fatality Management Victim Information Center (FM VIC)
 Administrative Specialist

Reports to: FM VIC Unit Leader

Mission: Responsible for managing attendance and travel voucher records for personnel.

FAC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FAC.

Immediate:	
<input type="checkbox"/>	Obtain packet containing section's Position Checklists.
<input type="checkbox"/>	Read this entire Position Checklist and review organizational chart.
<input type="checkbox"/>	Obtain briefing from team lead.
<input type="checkbox"/>	Establish your assigned work area within the FAC.
<input type="checkbox"/>	Inventory equipment/tools/resources required to accomplish mission tasks. Request additional resources from team lead.
<input type="checkbox"/>	Receives direction from VIC Unit leader on types of documentation required for time and travel.
<input type="checkbox"/>	Assists with maintaining staffing organizational charts.
<input type="checkbox"/>	Review FEMORS FOG as a refresher for policy guidelines.
<input type="checkbox"/>	Coordinates VIC Unit Leader requests for personnel.
Intermediate:	
<input type="checkbox"/>	Assists personnel with completion of forms required for time and travel.
<input type="checkbox"/>	Maintain personnel time and travel documentation.
Extended:	
<input type="checkbox"/>	Provide report and briefing to replacement on status of operations if rotating out prior to termination of the mission.
<input type="checkbox"/>	Ensure all personally issued equipment is returned.
<input type="checkbox"/>	Assist in the critique of the team performance.

Fatality Management Victim Information Center (FM VIC)
Data Entry Specialist

Reports to: FM VIC Data/Records Coordinator

Mission: Responsible for performing ante-mortem data entry and auditing from interview forms or similar computer data processing work in the VIC.

FAC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FAC.

Immediate:	
<input type="checkbox"/>	Obtain packet containing section's Position Checklists.
<input type="checkbox"/>	Read this entire Position Checklist and review organizational chart.
<input type="checkbox"/>	Obtain briefing from team lead.
<input type="checkbox"/>	Establish your assigned work area within the FAC.
<input type="checkbox"/>	Inventory equipment/tools/resources required to accomplish mission tasks. Request additional resources from team lead.
<input type="checkbox"/>	Receives direction from the FM VIC Data/Records Coordinator, and/or Medical Examiner on data entry requirements and the appropriate methods for documentation and verifying entered data.
<input type="checkbox"/>	Review FEMORS FOG as a refresher for policy guidelines.
<input type="checkbox"/>	Participates in the identification function.
<input type="checkbox"/>	May serve as an auditor for data entry of other personnel to check against typographical errors.
<input type="checkbox"/>	May serve as lead for data entry and auditing staff.
<input type="checkbox"/>	Begin data entry immediately upon receiving completed VIP forms from interviewers.
Intermediate:	
<input type="checkbox"/>	Ensures all ante-mortem processing data is entered in database.
<input type="checkbox"/>	Ensures all ante-mortem digitized (scanned) photographs from families are stored on the computer server and images printed for inclusion in the case file packet.
<input type="checkbox"/>	Edits computer entries to ensure accuracy and completeness of records.
<input type="checkbox"/>	Monitor use of supplies and notify Data Entry Team Leader of anticipated replenishment needs.
Extended:	

<input type="checkbox"/>	Ensure all personally issued equipment is returned.
<input type="checkbox"/>	Assist in the critique of the team performance.

Reports to: FM VIC Records Management Coordinator

Mission: Responsible for receiving direction on tracking and delivery requirements and the appropriate methods for documentation and verifying received materials.

FAC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FAC.

Immediate:	
<input type="checkbox"/>	Obtain packet containing section's Position Checklists.
<input type="checkbox"/>	Read this entire Position Checklist and review organizational chart.
<input type="checkbox"/>	Obtain briefing from team lead.
<input type="checkbox"/>	Establish your assigned work area within the FAC.
<input type="checkbox"/>	Inventory equipment/tools/resources required to accomplish mission tasks. Request additional resources from team lead.
<input type="checkbox"/>	Ensures all received file materials are properly documented.
<input type="checkbox"/>	Follows file tracking procedures account for every file folder.
<input type="checkbox"/>	Review FEMORS FOG as a refresher for policy guidelines.
<input type="checkbox"/>	Maintain records log locator systems to expedite locating and retrieving files when required for release or reexamination.
<input type="checkbox"/>	Maintain a storage system to segregate case files by reported missing, found alive, identified but unclaimed, and identified and ready for release.
Intermediate:	
<input type="checkbox"/>	Log and file materials as received (alphabetically in Last Name order) for VIP ante-mortem (RM) reports and medical records or DNA specimen authorization forms.
<input type="checkbox"/>	Ensure notification of the appropriate MIC Team when new ante-mortem records have been received for transfer.
<input type="checkbox"/>	Maintain record log-out procedures to include file release to MIC records file room for VIP ante-mortem (RM) file transfer and medical, dental, and x-ray records transfer.
<input type="checkbox"/>	Coordinate release of files systematically and with proper accounting for person receiving file in accordance with the wishes of Medical Examiner.
<input type="checkbox"/>	Coordinate delivery of ME case files to Family Affairs upon release of identified cases.
Extended:	

<input type="checkbox"/>	Provide report and briefing to replacement on status of operations if rotating out prior to termination of the mission.
<input type="checkbox"/>	Ensure all personally issued equipment is returned.
<input type="checkbox"/>	Assist in the critique of the team performance.

Fatality Management Victim Information Center (FM VIC)
Data/Records Coordinator

Reports to: FM VIC Unit Leader

Mission: Responsible for maintaining records and data for the FM VIC.

FAC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FAC.

Immediate:	
<input type="checkbox"/>	Obtain packet containing section's Position Checklists.
<input type="checkbox"/>	Read this entire Position Checklist and review organizational chart.
<input type="checkbox"/>	Obtain briefing from team lead.
<input type="checkbox"/>	Establish your assigned work area within the FAC.
<input type="checkbox"/>	Inventory equipment/tools/resources required to accomplish mission tasks. Request additional resources from team lead.
<input type="checkbox"/>	Oversee the needs and procedures of the data entry unit, dental-medical records acquisition unit, family history (DNA) unit, and records management unit.
Intermediate:	
<input type="checkbox"/>	Ensures newly arriving FM personnel and volunteers are trained and assisted on proper records collection processes and associated documentation.
<input type="checkbox"/>	Provides discretion and confidentiality of all verbal and written documentation concerning the deceased, next of kin, and family members.
<input type="checkbox"/>	Review records collection protocols to be followed.
<input type="checkbox"/>	Attend team transition briefings at shift change.
<input type="checkbox"/>	Read Situation Report that is created for each operational period.
Extended:	
<input type="checkbox"/>	Provide report and briefing to replacement on status of operations if rotating out prior to termination of the mission.
<input type="checkbox"/>	Ensure all personally issued equipment is returned.
<input type="checkbox"/>	Assist in the critique of the team performance.

Intake and Processing Team
 Intake and Processing Team Lead

Reports to: Operations Section Chief

Mission: The Intake and Processing Team Lead oversees the registration process for victims and family at the FAC and/or the virtual FAC.

FAC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FAC.

Immediate:	
<input type="checkbox"/>	Receive appointment from Operations Chief. Obtain packet containing section's Position Checklists.
<input type="checkbox"/>	Read this entire Position Checklist and review organizational chart.
<input type="checkbox"/>	Obtain briefing from Operations Chief.
<input type="checkbox"/>	Establish a work area within the FAC according to the operational layout.
<input type="checkbox"/>	Ensures FAC intake and processing team is staffed in an appropriate manner.
<input type="checkbox"/>	Brief Intake and Processing team members.
<input type="checkbox"/>	Determine resources required to accomplish mission tasks.
<input type="checkbox"/>	Arrange for equipment needs through Logistics Section Chief
<input type="checkbox"/>	Identify important phone numbers from master contact list and give to team personnel for internal and external distribution.
<input type="checkbox"/>	Review entries/records for accuracy and completeness.
Intermediate:	
<input type="checkbox"/>	Conduct team transition briefings at shift change.
<input type="checkbox"/>	Identify and prioritize intake and processing needs
<input type="checkbox"/>	Ensures Situation Report is created for each operational period.
<input type="checkbox"/>	Track deadlines for the team.
Extended:	
<input type="checkbox"/>	Maintain documentation of all actions and decisions on a continual basis; forward completed unit activity log to Operations Chief.
<input type="checkbox"/>	Observe all staff for signs of stress. Report issues to Operations Section Chief.

<input type="checkbox"/>	Provide rest periods and relief for staff.
<input type="checkbox"/>	Plan for the possibility of extended deployment
<input type="checkbox"/>	Store files for possible transition to Long-term recovery center or for post-incident use.
<input type="checkbox"/>	Prepare end of shift report and present to oncoming Intake and Processing Team Lead.
<input type="checkbox"/>	Review Situation Reports from Operations Section Chief as appropriate.
<input type="checkbox"/>	Report progress of team to Operations Chief.

Intake and Processing Team
 Intake and Processing Caseworker

Reports to: Intake and Processing Team Lead

Mission: The Intake and Processing Caseworker assists with the registration process for victims and family at the FAC and/or the virtual FAC.

FAC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FAC.

Immediate:	
<input type="checkbox"/>	Receive appointment from Intake and Processing Team Lead. Obtain packet containing section's Position Checklists.
<input type="checkbox"/>	Read this entire Position Checklist and review organizational chart.
<input type="checkbox"/>	Obtain briefing from Team Lead.
<input type="checkbox"/>	Establish your assigned work area within the FAC.
<input type="checkbox"/>	Inventory equipment/tools/resources required to accomplish mission tasks. Request additional resources from Team Lead.
<input type="checkbox"/>	Verify important phone numbers from master contact list that was given.
<input type="checkbox"/>	Obtain assignments as the primary point of contact for families for every aspect of the FAC.
<input type="checkbox"/>	Accompany family members as they partake in reunification and notification processes.
<input type="checkbox"/>	Provide those waiting for psychological first aid with comfort caring and direction.
Intermediate:	
<input type="checkbox"/>	Attend Intake and Processing Team briefing.
<input type="checkbox"/>	Notify behavioral staff of any issues with clients.
<input type="checkbox"/>	Notify security/law enforcement regarding clients acting in an aggressive or forceful manner.
<input type="checkbox"/>	Review entries/records for accuracy and completeness.
<input type="checkbox"/>	Attend team transition briefings at shift change.
<input type="checkbox"/>	Read Situation Report that is created for each operational period.
Extended:	
<input type="checkbox"/>	Maintain ability to deal with the public under stressful circumstances

<input type="checkbox"/>	Observe co-workers for signs of stress. Report issues to Team Lead.
<input type="checkbox"/>	Take appropriate rest periods and relief.
<input type="checkbox"/>	Self-examine the stress elements that this crisis put you under. Consider critical incident debriefing or psychological first aid.
<input type="checkbox"/>	Plan for the possibility of extended deployment.
<input type="checkbox"/>	Keep and retain good notes and files for possible transition to Long-term recovery center or for post-incident use.
<input type="checkbox"/>	Prepare end of shift report and present to oncoming Case Worker.
<input type="checkbox"/>	Report situations/problems/progress to Team Lead.

Reports to: Intake and Processing Team Lead

Mission: Assists Intake Lead with reception, registration and verification of new and existing clients. Intake Coordinator provides registration for families in the intake database, either on-site or through the virtual FAC/Call Center.

FAC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FAC.

Immediate:	
<input type="checkbox"/>	Receive appointment from Intake and Processing Team Lead. Obtain packet containing section's Position Checklists.
<input type="checkbox"/>	Read this entire Position Checklist and review organizational chart.
<input type="checkbox"/>	Obtain briefing from Team Lead.
<input type="checkbox"/>	Establish communication with the virtual Call Center if the crisis involves the virtual FAC.
<input type="checkbox"/>	Establish your assigned work area within the FAC.
<input type="checkbox"/>	Inventory equipment/tools/resources required to accomplish mission tasks. Request additional resources from Team Lead.
<input type="checkbox"/>	Verify important phone numbers from master contact list that was given.
<input type="checkbox"/>	Register families in the FAC intake database, either on-site or through virtual FAC/Call Center.
<input type="checkbox"/>	Provide those waiting for psychological first aid with comfort caring and direction.
<input type="checkbox"/>	Assist Intake Lead with reception, registration and verification of new and existing clients.
<input type="checkbox"/>	Assist clients with obtaining appropriate services.
Intermediate:	
<input type="checkbox"/>	Attend Intake and Processing Team briefing.
<input type="checkbox"/>	Notify behavioral staff of any issues with clients.
<input type="checkbox"/>	Notify security/law enforcement regarding clients acting in an aggressive or forceful manner.
<input type="checkbox"/>	Review entries/records for accuracy and completeness.
<input type="checkbox"/>	Attend team transition briefings at shift change.

<input type="checkbox"/>	Identify and prioritize intake and processing needs.
<input type="checkbox"/>	Read Situation Report that is created for each operational period.
Extended:	
<input type="checkbox"/>	Maintain ability to deal with the public under stressful circumstances.
<input type="checkbox"/>	Observe co-workers for signs of stress. Report issues to Team Lead.
<input type="checkbox"/>	Take appropriate rest periods and relief.
<input type="checkbox"/>	Self-examine the stress elements that this crisis put you under. Consider critical incident debriefing or psychological first aid.
<input type="checkbox"/>	Plan for the possibility of extended deployment.
<input type="checkbox"/>	Keep and retain good notes and files for possible transition to Long-term recovery center or for post-incident use.
<input type="checkbox"/>	Prepare end of shift report and present to oncoming Intake Coordinator.
<input type="checkbox"/>	Report situations/problems/progress to Team Lead.

Reports to: Intake and Processing Team Lead

Mission: To ensure that clients are met and directed to the appropriate steps of the intake procedures.

FAC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FAC

Immediate:	
<input type="checkbox"/>	Receive appointment from Intake and Processing Team Lead. Obtain packet containing section's Position Checklists.
<input type="checkbox"/>	Read this entire Position Checklist and review organizational chart.
<input type="checkbox"/>	Obtain briefing from Team Lead.
<input type="checkbox"/>	Establish your assigned work area within the FAC.
<input type="checkbox"/>	Inventory equipment/tools/resources required to accomplish mission tasks. Request additional resources from Team Lead.
<input type="checkbox"/>	Attend Intake and Processing Team briefing
<input type="checkbox"/>	Verify important phone numbers from master contact list that was given.
<input type="checkbox"/>	Greet and sign in clients and then direct them to the appropriate next steps and process.
<input type="checkbox"/>	Review entries/records for accuracy and completeness.
Intermediate:	
<input type="checkbox"/>	Assist by providing clients with information and obtaining basic needs such as food or water while they wait for services.
<input type="checkbox"/>	Monitor waiting room provide quality customer service. Keep clients informed look for signs of stress or agitation in clients.
<input type="checkbox"/>	Attend team transition briefings at shift change.
<input type="checkbox"/>	Identify and prioritize intake and processing needs.
<input type="checkbox"/>	Read Situation Report that is created for each operational period.
Extended:	
<input type="checkbox"/>	Maintain ability to deal with the public under stressful circumstances
<input type="checkbox"/>	Observe co-workers for signs of stress. Report issues to Team Lead.

<input type="checkbox"/>	Take appropriate rest periods and relief.
<input type="checkbox"/>	Self-examine the stress elements that this crisis put you under. Consider critical incident debriefing or psychological first aid.
<input type="checkbox"/>	Plan for the possibility of extended deployment.
<input type="checkbox"/>	Keep and retain good notes and files for possible transition to long-term recovery center or for post-incident use.
<input type="checkbox"/>	Prepare end of shift report and present to oncoming receptionist.
<input type="checkbox"/>	Report situations/problems/progress to Team Lead.

Reports to: Facilities Management Team Lead

Mission: Provides IT setup and support for the physical and virtual FAC.

FAC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FAC.

Immediate:	
<input type="checkbox"/>	Receive appointment from Facilities Management Team Lead. Obtain packet containing section's Position Checklists.
<input type="checkbox"/>	Read this entire Position Checklist and review organizational chart.
<input type="checkbox"/>	Obtain briefing from Team Lead.
<input type="checkbox"/>	Coordinate with Call Center Lead.
<input type="checkbox"/>	Become familiar with facility and determine the amount of time to go operational. If it cannot be accomplished within given time frame, bring in additional IT resources.
<input type="checkbox"/>	Coordinate with Facilities Team Manager and Janitorial Coordinator as needed.
<input type="checkbox"/>	Test IT infrastructure to ensure the system is operational.
<input type="checkbox"/>	Manage and document computer distributions to FAC staff.
<input type="checkbox"/>	Manage software & hardware installation, maintenance, troubleshooting.
<input type="checkbox"/>	Assist FAC staff to use hardware and software efficiently.
Intermediate:	
<input type="checkbox"/>	Provide alerts and direction in the detection of viruses and other system wide issues.
<input type="checkbox"/>	Disseminate technology-related information throughout the FAC via news bulletins, electronic main, meetings, etc.
<input type="checkbox"/>	Determine the manpower requirements to sustain the physical FAC.
Extended:	
<input type="checkbox"/>	Attend Facilities Management Team briefing.
<input type="checkbox"/>	Notify behavioral staff of any issues with clients.
<input type="checkbox"/>	Notify security if clients are acting in an aggressive or forceful manner.

<input type="checkbox"/>	Keep accurate records and review entries/records for accuracy and completeness.
<input type="checkbox"/>	Prepare end of shift report and present to oncoming IT Coordinator.
<input type="checkbox"/>	Attend team transition briefings at shift change.
<input type="checkbox"/>	Prepare end of shift report and present to oncoming IT Coordinator.

Information Technology (IT) Team
 Technical Communications Coordinator

Reports to: IT Coordinator

Mission: The Technical Communications Coordinator provides communication equipment (telephones, faxes, radios, etc.) to support the physical and virtual FAC.

FAC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FAC.

Immediate:	
<input type="checkbox"/>	Receive appointment from IT. Obtain packet containing section's Position Checklists.
<input type="checkbox"/>	Read this entire Position Checklist and review organizational chart.
<input type="checkbox"/>	Obtain briefing from Team Lead.
<input type="checkbox"/>	Coordinate with Call Center Lead.
<input type="checkbox"/>	Become familiar with facility and determine the amount of time to go operational. If it cannot be accomplished within given time frame, bring in additional technical resources.
<input type="checkbox"/>	Establish communication with the EOC and other agencies as required by the FAC.
<input type="checkbox"/>	Determine the extent of cell phone coverage.
<input type="checkbox"/>	Acquire the resources and/or capabilities to maintain cellular signals.
<input type="checkbox"/>	Test land line phones and radio links to ensure the system is operational.
<input type="checkbox"/>	Manage and document telephone extension assignments within the FAC.
<input type="checkbox"/>	Manage systems maintenance, troubleshooting.
<input type="checkbox"/>	Assist FAC staff to use telephone system and software efficiently.
Intermediate:	
<input type="checkbox"/>	Provide alerts and direction in the detection of viruses and other system wide issues.
<input type="checkbox"/>	Disseminate technology-related information throughout the FAC via news bulletins, electronic mail, meetings, etc.
<input type="checkbox"/>	Determine the manpower requirements to sustain the physical FAC.
Extended:	

<input type="checkbox"/>	Attend Facilities Management Team briefing.
<input type="checkbox"/>	Notify behavioral staff of any issues with clients.
<input type="checkbox"/>	Notify security if clients are acting in an aggressive or forceful manner.
<input type="checkbox"/>	Prepare end of shift report and present to oncoming Technical Communications Coordinator.

Referral Specialist Team
 Referral Team Lead

Reports to: Operations Section Chief

Mission: Oversees the referral team that provides information to family members regarding services that may not be offered directly on site. Coordinates with reunification Team, Notification Team to ensure accurate, official information is relayed to families at the FAC.

FAC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FAC.

Immediate:	
<input type="checkbox"/>	Receive appointment from Operations Chief. Obtain packet containing team's Position Checklists.
<input type="checkbox"/>	Read this entire Position Checklist and review organizational chart.
<input type="checkbox"/>	Obtain briefing from Operations Chief.
<input type="checkbox"/>	Establish a work area within the FAC according to the operational layout.
<input type="checkbox"/>	Ensure FAC referral team is staffed in an appropriate manner.
<input type="checkbox"/>	Brief Referral Team members.
<input type="checkbox"/>	Determine resources required to accomplish mission tasks.
<input type="checkbox"/>	Arrange for equipment needs through Facilities Management Team.
<input type="checkbox"/>	Establish communication with Call Center.
<input type="checkbox"/>	Verify telephone and website mechanisms for crisis de-escalation, family reunification, Information & Referral, and family support are in place.
<input type="checkbox"/>	Ensure Call Center provides the appropriate scripts to direct families to the physical FAC.
<input type="checkbox"/>	Provide quality control to ensure that messages from physical and virtual FAC are identical and not in conflict.
<input type="checkbox"/>	Communicate regularly with Call Center Lead to ensure quality and continuity of operations.
<input type="checkbox"/>	Manage Referral Team to ensure that the resources for housing, financial support, and transportation information and other referrals are being made and the referred agencies are performing mission tasks.
Intermediate:	
<input type="checkbox"/>	Conduct team transition briefings at shift change.

<input type="checkbox"/>	Identify and prioritize behavioral health needs
<input type="checkbox"/>	Ensure Situation Report is created for each operational period.
<input type="checkbox"/>	Track deadlines for the team.
<input type="checkbox"/>	Reiterate to all FAC staff the behavioral health implications of a traumatic event.
Extended:	
<input type="checkbox"/>	Maintain documentation of all actions and decisions on a continual basis; forward completed unit activity log to Operations Chief.
<input type="checkbox"/>	Observe all staff for signs of stress. Report issues to Operations Section Chief.
<input type="checkbox"/>	Provide rest periods and relief for staff.
<input type="checkbox"/>	Plan for the possibility of extended deployment.
<input type="checkbox"/>	Store files for possible transition to long-term recovery center or for post-incident use.
<input type="checkbox"/>	Prepare end of shift report and present to oncoming Referral Team Lead.
<input type="checkbox"/>	Review Situation Reports from Operations Section Chief as appropriate.
<input type="checkbox"/>	Report progress of team to Operations Chief.

Reports to: Reports Referral Team Lead

Mission: Provides referrals on financial assistance programs such as food stamps, WIC, unemployment, Medicare etc.

FAC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FAC.

Immediate:	
<input type="checkbox"/>	Receive appointment from referral Team Lead. Obtain packet containing team's Position Checklists.
<input type="checkbox"/>	Read this entire Position Checklist and review organizational chart.
<input type="checkbox"/>	Obtain briefing from Referral Team Lead.
<input type="checkbox"/>	Establish a work area within the FAC according to the operational layout.
<input type="checkbox"/>	Attend team briefings.
<input type="checkbox"/>	Inventory and determine if the resources to perform job tasks are adequate.
<input type="checkbox"/>	Establish communication by means of telephone and website mechanisms for crisis de-escalation, family assistance and reunification, and Information & Referral.
<input type="checkbox"/>	Verify that messages from physical and virtual FAC regarding financial referrals are identical and not in conflict.
<input type="checkbox"/>	Validate that the financial assistance that you are referring has the capability to perform mission tasks.
<input type="checkbox"/>	Refer families to financial assistance programs such as food stamps, WIC, Medicare, Victim assistance programs, etc. and be mindful of the trauma created by the crisis.
Intermediate:	
<input type="checkbox"/>	Participate in team transition briefings at shift change.
<input type="checkbox"/>	Ensure Situation Report is created for each operational period.
<input type="checkbox"/>	Track deadlines for the team.
<input type="checkbox"/>	Understand the behavioral health implications of a traumatic event.
Extended:	
<input type="checkbox"/>	Maintain documentation of all actions and decisions on a continual basis; forward completed

	unit activity log to Referral Team Lead.
<input type="checkbox"/>	Observe all staff for signs of stress. Report issues to Referral Team Lead.
<input type="checkbox"/>	Provide rest periods and relief for staff.
<input type="checkbox"/>	Plan for the possibility of extended deployment.
<input type="checkbox"/>	Store files for possible transition to long-term recovery center or for post-incident use.
<input type="checkbox"/>	Prepare end of shift report and present to oncoming Financial Referral Specialist.
<input type="checkbox"/>	Review Situation Reports from Referral Team Lead as appropriate.
<input type="checkbox"/>	Report progress to Referral Team Lead.

Reports to: Referral Team Lead

Mission: Provides referrals to temporary housing for families.

FAC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FAC.

Immediate:	
<input type="checkbox"/>	Receive appointment from referral Team Lead. Obtain packet containing team's Position Checklists.
<input type="checkbox"/>	Read this entire Position Checklist and review organizational chart.
<input type="checkbox"/>	Obtain briefing from Referral Team Lead.
<input type="checkbox"/>	Establish a work area within the FAC according to the operational layout.
<input type="checkbox"/>	Attend team briefings.
<input type="checkbox"/>	Inventory and determine if the resources to perform job tasks are adequate.
<input type="checkbox"/>	Establish communication by means of telephone and website mechanisms for crisis de-escalation, family assistance and reunification, and Information & Referral.
<input type="checkbox"/>	Verify that messages from physical and virtual FAC regarding housing referrals are identical and not in conflict.
<input type="checkbox"/>	Validate temporary housing resources that you are referring to have the capability to perform mission tasks.
<input type="checkbox"/>	Refer families to temporary housing services. Be mindful of the trauma created by the crisis.
Intermediate:	
<input type="checkbox"/>	Participate in team transition briefings at shift change.
<input type="checkbox"/>	Ensure Situation Report is created for each operational period.
<input type="checkbox"/>	Track deadlines for the team.
<input type="checkbox"/>	Understand the behavioral health implications of a traumatic event.
Extended:	
<input type="checkbox"/>	Maintain documentation of all actions and decisions on a continual basis; forward completed unit activity log to Referral Team Lead.
<input type="checkbox"/>	Observe all staff for signs of stress. Report issues to Referral Team Lead.

<input type="checkbox"/>	Take appropriate rest periods and relief.
<input type="checkbox"/>	Plan for the possibility of extended deployment.
<input type="checkbox"/>	Store files for possible transition to long-term recovery center or for post-incident use.
<input type="checkbox"/>	Prepare end of shift report and present to oncoming Referral Team Lead.
<input type="checkbox"/>	Review Situation Reports from referral Team Lead as appropriate.
<input type="checkbox"/>	Report progress to referral Team Lead.

Reports to: Referral Team Lead

Mission: Provide accurate information on transportation services.

FAC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FAC.

Immediate:	
<input type="checkbox"/>	Receive appointment from referral Team Lead. Obtain packet containing team's Position Checklists.
<input type="checkbox"/>	Read this entire Position Checklist and review organizational chart.
<input type="checkbox"/>	Obtain briefing from Referral Team Lead.
<input type="checkbox"/>	Establish a work area within the FAC according to the operational layout.
<input type="checkbox"/>	Attend team briefings.
<input type="checkbox"/>	Inventory and determine if the resources to perform job tasks are adequate.
<input type="checkbox"/>	Establish communication by means of telephone and website mechanisms for crisis de-escalation, family reunification, Information & Referral, and family.
<input type="checkbox"/>	Verify that messages from physical and virtual FAC regarding transportation are identical and not in conflict.
<input type="checkbox"/>	Validate transportation assistance that you are referring to have the capability to perform mission tasks.
<input type="checkbox"/>	Refer families to transportation assistance programs and be mindful of the trauma created by the crisis.
<input type="checkbox"/>	Arrange for transportation pick up and drop off points at the FAC with Security Team Lead.
Intermediate:	
<input type="checkbox"/>	Participate in team transition briefings at shift change.
<input type="checkbox"/>	Execute Situation Report is created for each operational period.
<input type="checkbox"/>	Track deadlines for the team.
<input type="checkbox"/>	Understand the behavioral health implications of a traumatic event.
Extended:	
<input type="checkbox"/>	Maintain documentation of all actions and decisions on a continual basis; forward completed unit activity log to Referral Team Lead.

<input type="checkbox"/>	Observe all staff for signs of stress. Report issues to Referral Team Lead.
<input type="checkbox"/>	Provide rest periods and relief for staff.
<input type="checkbox"/>	Plan for the possibility of extended deployment.
<input type="checkbox"/>	Store files for possible transition to Long-term recovery center or for post-incident use.
<input type="checkbox"/>	Prepare end of shift report and present to oncoming Transportation Referral Team Specialist.
<input type="checkbox"/>	Review Situation Reports from Referral Team Lead as appropriate.
<input type="checkbox"/>	Report progress to Referral Team Lead.

Reunification Team
 Reunification Team Lead

Reports to: Operations Section Chief

Mission: The Reunification Team Lead oversees all staff members of the Reunification Team. In addition coordinates with all other FAC Team Leads.

FAC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FAC.

Immediate:	
<input type="checkbox"/>	Receive appointment from Operations Chief. Obtain packet containing team's Position Checklists.
<input type="checkbox"/>	Read this entire Position Checklist and review organizational chart.
<input type="checkbox"/>	Obtain briefing from Operations Chief.
<input type="checkbox"/>	Establish a work area within the FAC according to the operational layout.
<input type="checkbox"/>	Ensure FAC reunification team is staffed in an appropriate manner.
<input type="checkbox"/>	Brief reunification team members.
<input type="checkbox"/>	Determine resources required to accomplish mission tasks.
<input type="checkbox"/>	Arrange for equipment needs through Logistics Section Chief.
<input type="checkbox"/>	Identify important phone numbers from master contact list and give to team personnel for internal and external distribution.
<input type="checkbox"/>	Ensure appropriate processes are in place to reunite families with their loved ones as quickly as possible.
<input type="checkbox"/>	Review entries/records for accuracy and completeness.
Intermediate:	
<input type="checkbox"/>	Conduct team transition briefings at shift change.
<input type="checkbox"/>	Identify and prioritize intake and processing needs.
<input type="checkbox"/>	Ensure Situation Report is created for each operational period.
<input type="checkbox"/>	Track deadlines for the team.
Extended:	
<input type="checkbox"/>	Maintain documentation of all actions and decisions on a continual basis; forward completed team activity log to Operations Section Chief.

<input type="checkbox"/>	Observe all staff for signs of stress. Report issues to Operations Section Chief.
<input type="checkbox"/>	Provide rest periods and relief for staff.
<input type="checkbox"/>	Plan for the possibility of extended deployment.
<input type="checkbox"/>	Store files for possible transition to long-term recovery center or for post-incident use.
<input type="checkbox"/>	Prepare end of shift report and present to oncoming Reunification Team Lead.
<input type="checkbox"/>	Review Situation Reports to/from Operations Section Chief as appropriate.
<input type="checkbox"/>	Report progress of team to Operations Chief.

Reunification Team
 Notification Caseworker

Reports to: Reunification Team Lead

Mission: Provides spiritual support to families as they learn of death of a beloved one.

FAC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FAC.

Immediate:	
<input type="checkbox"/>	Receive appointment from Reunification Team Lead. Obtain packet containing section's Position Checklists.
<input type="checkbox"/>	Read this entire Position Checklist and review organizational chart.
<input type="checkbox"/>	Obtain briefing from Team Lead.
<input type="checkbox"/>	Establish your assigned work area within the FAC.
<input type="checkbox"/>	Inventory equipment/tools/resources required to accomplish mission tasks. Request additional resources from Team Lead.
<input type="checkbox"/>	Verify important phone numbers from master contact list that was given.
<input type="checkbox"/>	Meet and exchange information with the primary point of contact their case worker. Develop a game plan for the death notification.
<input type="checkbox"/>	Accompany family members as they partake in death notification processes.
<input type="checkbox"/>	Provide those waiting for psychological first aid with comfort caring and direction.
Intermediate:	
<input type="checkbox"/>	Attend Notification Team briefing.
<input type="checkbox"/>	Notify behavioral staff of any issues with clients.
<input type="checkbox"/>	Notify security/law enforcement regarding clients acting in an aggressive or forceful manner.
<input type="checkbox"/>	Review entries/records for accuracy and completeness.
<input type="checkbox"/>	Attend team transition briefings at shift change.
<input type="checkbox"/>	Read Situation Report that is created for each operational period.
Extended:	
<input type="checkbox"/>	Maintain your ability to deal with the public under stressful circumstances

<input type="checkbox"/>	Observe co-workers for signs of stress. Report issues to Team Lead.
<input type="checkbox"/>	Take appropriate rest periods and relief.
<input type="checkbox"/>	Self-examine the stress elements that this crisis put you under. Consider critical incident debriefing or psychological first aid.
<input type="checkbox"/>	Plan for the possibility of extended deployment.
<input type="checkbox"/>	Keep and retain good notes and files for possible transition to Long-term recovery center or for post-incident use.
<input type="checkbox"/>	Prepare end of shift report and present to oncoming Case Worker.
<input type="checkbox"/>	Report situations/problems/progress to Team Lead.

Reports to: Reunification Team Lead

Mission: Assists in the identification of victims hospitalized during the crisis.

FAC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FAC.

Immediate:	
<input type="checkbox"/>	Receive appointment from Reunification Team Lead. Obtain packet containing section's Position Checklists.
<input type="checkbox"/>	Read this entire Position Checklist and review organizational chart.
<input type="checkbox"/>	Obtain briefing from Team Lead.
<input type="checkbox"/>	Establish communications with Call Center.
<input type="checkbox"/>	Establish link to the NOVA database according to policies and procedures.
<input type="checkbox"/>	Establish your assigned work area within the FAC.
<input type="checkbox"/>	Inventory equipment/tools/resources required to accomplish mission tasks. Request additional resources from Team Lead.
<input type="checkbox"/>	Verify important phone numbers from master contact list that was given.
<input type="checkbox"/>	Access other patient tracking systems utilizing experience working with hospitals.
<input type="checkbox"/>	Establish alternate hospital communications to supplement NOVA database to ensure quality of information.
<input type="checkbox"/>	Determine situational awareness at the hospitals and Brief Reunification Team Lead.
Intermediate:	
<input type="checkbox"/>	Ensure the validity of information and compare/crosscheck where possible.
<input type="checkbox"/>	Notify security/law enforcement of clients acting in an aggressive or forceful manner.
<input type="checkbox"/>	Attend Reunification Team briefing.
<input type="checkbox"/>	Review entries/records for accuracy and completeness.
<input type="checkbox"/>	Attend team transition briefings at shift change.
<input type="checkbox"/>	Read Situation Report that is created for each operational period.

Extended:	
<input type="checkbox"/>	Maintain ability to deal with the public under stressful circumstances.
<input type="checkbox"/>	Observe co-workers for signs of stress. Report issues to Team Lead.
<input type="checkbox"/>	Take appropriate rest periods and relief.
<input type="checkbox"/>	Self-examine the stress elements that this crisis put you under. Consider critical incident debriefing or psychological first aid.
<input type="checkbox"/>	Plan for the possibility of extended deployment.
<input type="checkbox"/>	Keep and retain good notes and files for possible transition to Long-term recovery center or for post-incident use.
<input type="checkbox"/>	Prepare end of shift report and present to oncoming Hospital Coordinator.
<input type="checkbox"/>	Report situations/problems/progress to Team Lead.

Reports to: Reunification Team Lead

Mission: Serves as the law enforcement liaison to the Reunification Team. Processes and retains Missing Persons Reports. Assists victims' families by helping to locate missing persons.

FAC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FAC.

Immediate:	
<input type="checkbox"/>	Receive appointment from Reunification Team Lead. Obtain packet containing section's Position Checklists.
<input type="checkbox"/>	Read this entire Position Checklist and review organizational chart.
<input type="checkbox"/>	Obtain briefing from Team Lead.
<input type="checkbox"/>	Establish communication with the virtual Call Center if the crisis involves the virtual FAC.
<input type="checkbox"/>	Establish your assigned work area within the FAC.
<input type="checkbox"/>	Inventory equipment/tools/resources required to accomplish mission tasks. Request additional resources from Team Lead.
<input type="checkbox"/>	Verify important phone numbers from master contact list that was given.
<input type="checkbox"/>	Conduct interviews and processes Missing Persons Reports as appropriate with victims' families.
<input type="checkbox"/>	Operate within the scope of practice and consistent with jurisdiction's policies and procedures.
<input type="checkbox"/>	Assist victims' families with locating missing persons.
<input type="checkbox"/>	Assist clients with obtaining appropriate services including law enforcement services.
Intermediate:	
<input type="checkbox"/>	Liaison with other law enforcement agencies and NCIC regarding missing persons.
<input type="checkbox"/>	Attend Reunification Team briefing.
<input type="checkbox"/>	Notify behavioral staff of any issues with clients.
<input type="checkbox"/>	Take appropriate action if clients are acting in an aggressive or forceful manner.
<input type="checkbox"/>	Review entries/records for accuracy and completeness.

<input type="checkbox"/>	Attend team transition briefings at shift change.
<input type="checkbox"/>	Read Situation Report that is created for each operational period.
Extended:	
<input type="checkbox"/>	Maintain ability to deal with the public under stressful circumstances.
<input type="checkbox"/>	Observe co-workers for signs of stress. Report issues to Team Lead.
<input type="checkbox"/>	Take appropriate rest periods and relief
<input type="checkbox"/>	Self-examine the stress elements that this crisis put you under. Consider critical incident debriefing or psychological first aid.
<input type="checkbox"/>	Plan for the possibility of extended deployment.
<input type="checkbox"/>	Keep and retain good notes and files for possible transition to a long-term recovery center or for post-incident use.
<input type="checkbox"/>	Prepare end of shift report and present to oncoming Missing Persons Officer.
<input type="checkbox"/>	Report situations/problems/progress to Team Lead.

Reports to: Reunification Team Lead, Notification Team Lead and Behavioral Health Team Lead

Mission: Provide multi-denominational spiritual support to help alleviate suffering or facilitate coping with great stress.

FRC/FAC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FAC.

Immediate:	
<input type="checkbox"/>	Receive appointment from Reunification, Death Notification and Behavioral Health Team Leads. Obtain packet containing section's Position Checklists.
<input type="checkbox"/>	Read this entire Position Checklist and review organizational chart.
<input type="checkbox"/>	Obtain briefing from Reunification and Notification Team Leads
<input type="checkbox"/>	Establish a designated quiet work area conducive to spiritual counseling within the FAC.
<input type="checkbox"/>	Verify important phone numbers from master contact list as provided.
<input type="checkbox"/>	Provide those waiting for psychological first aid with pastoral comfort, caring and direction.
<input type="checkbox"/>	Support/augment disaster behavioral health services to families moving through the FAC.
Intermediate:	
<input type="checkbox"/>	React and provide pastoral support to clients with any behavioral issues identified by staff if requested.
<input type="checkbox"/>	Provide as much family contact and interaction as possible.
<input type="checkbox"/>	Notify security/law enforcement of clients acting in an aggressive or forceful manner.
<input type="checkbox"/>	Attend Notification Team briefing.
<input type="checkbox"/>	Review entries/records for accuracy and completeness.
<input type="checkbox"/>	Attend team transition briefings at shift change.
<input type="checkbox"/>	Read Situation Report that is created for each operational period.
Extended:	
<input type="checkbox"/>	Maintain ability to deal with the public under stressful circumstances.

<input type="checkbox"/>	Observe co-workers for signs of stress. Report issues to Team Lead.
<input type="checkbox"/>	Extend pastoral support to all FAC personnel as needed.
<input type="checkbox"/>	Take appropriate rest periods and relief.
<input type="checkbox"/>	Self-examine the stress elements that this crisis put you under. Consider critical incident debriefing or psychological first aid.
<input type="checkbox"/>	Plan for the possibility of extended deployment.
<input type="checkbox"/>	Prepare end of shift report and present to oncoming Spiritual Advisor.
<input type="checkbox"/>	Report situations/problems/progress to Team Lead.

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Section III References

Reference A: Acronyms

AAR	After Action Report
ADA	Americans with Disabilities Act
AED	Automated External Defibrillator
AG	Attorney General
ARC	American Red Cross
COG	Continuity of Government
COG	Council of Governments
COOP	Continuity of Operations
CPG	Comprehensive Preparedness Guide
DMORT	Disaster Mortuary Operations Response Team
DNA	Deoxyribonucleic acid
DOJ	Department of Justice
DRC	Disaster Recovery Center
EAP	Employee Assistance Program
EMAP	Emergency Management Accreditation Program
EMS	Emergency Medical Services
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
ESF	Emergency Support Function
FAC	Family Assistance Center
FEMORS	Florida Emergency Mortuary Response System
FBI	Federal Bureau of Investigation
FEMA	Federal Emergency Management Agency
FM	Fatality Management
FRC	Family Reunification Center
HSPD	Homeland Security Presidential Directive
IAP	Incident Action Plan
ICS	Incident Command System
IT	Information Technology
JFSOC	Joint Family Support Operations Center
JIC	Joint Information Center
JIS	Joint Information System
LE	Law Enforcement

MAA	Mutual Aid Agreement
MEO	Medical Examiner's Office
MIC	Morgue Identification Center
MO	Memorandum of
U	Understanding
NCIC	National Crime Information Center
NCR	National Capital Region
NGO	Non-governmental Organization
NIMS	National Incident Management System
NOK	Next of Kin
NOVA	National Organization for Victim Assistance
NRF	National Response Framework
NTSB	National Transportation Safety Board
OEM	Office of Emergency Management
OVC	Office of Victims of Crime
PIO	Public Information Officer
RDSTF	Regional Domestic Security Task Force
VIC	Victim Information Center
VOAD	Voluntary Organizations Active in Disaster

Reference B: Glossary

Ante-mortem

Preceding death.

Client

A client is a family member or other individual such as a significant other seeking the services of a FAC to identify, locate, and reunify with a person involved in a mass casualty/fatality event. The definition of client may be refined at the time of the incident based on the scope and needs of the situation.

Family

For purposes of this document, the terms “family,” “family members,” “friends,” and “relatives” are used to refer to those people who have a relationship to a person involved in the incident. Although these terms have slightly different meanings, they are used interchangeably throughout the document.

Family Assistance Center (FAC)

A FAC is established following a large mass casualty or mass fatality incident. This designated space is established as a centralized location for families (and friends) to gather, receive information about the victims and grieve, protect families from the media and curiosity seekers, facilitate information sharing to support victim and family needs, and to provide necessary social services. This Center can be intermediate or long-term in scope and may target delivery of a range of services and/or may focus on families and friends of missing or deceased victims.

Friends

For purposes of this document, the terms “family,” “family members,” “friends,” and “relatives” are used to refer to those people who have a relationship to a person involved in the incident. Although these terms have slightly different meanings, they are used interchangeably throughout the document.

Family Reunification Center (FRC)

A FRC is established in the immediate hours after a mass casualty or mass fatality incident. This designated community space is established as a centralized location for families (and friends) to gather, receive information about the victims and grieve, protect families from the media and curiosity seekers, facilitate information sharing to support family reunification (e.g., direct families to Hospital if victims are known to have been transported to the location), and provide death notification when patients die and identity is known. This Center is short-term and may be replaced by a Family Assistance Center in the event the jurisdiction/agency deems this to be necessary. (A FRC transition to a FAC may be time or task driven. For example, a FRC may close when the last death notification is made to the next of kin or simply whenever the FAC is staffed and ready to open.)”

Joint Family Support Operations Center (JFSOC)

Ideally located at the FAC, provides a joint command center where participating organizations are able to monitor, plan, coordinate, and execute their responses. Organizations normally involved in the JFSOC include the NTSB, the Carrier, the American Red Cross, local government and law enforcement, and supporting federal agencies.

Joint Information Center (JIC)

A central location that facilitates operation of the Joint Information System (JIS). A location where personnel with public information responsibilities perform critical emergency information functions, crisis communications and public affairs functions.

Mass Casualty

An event that results in more casualties (injuries and fatalities) than the EMS system (Emergency medical services and local/regional hospitals) can handle.

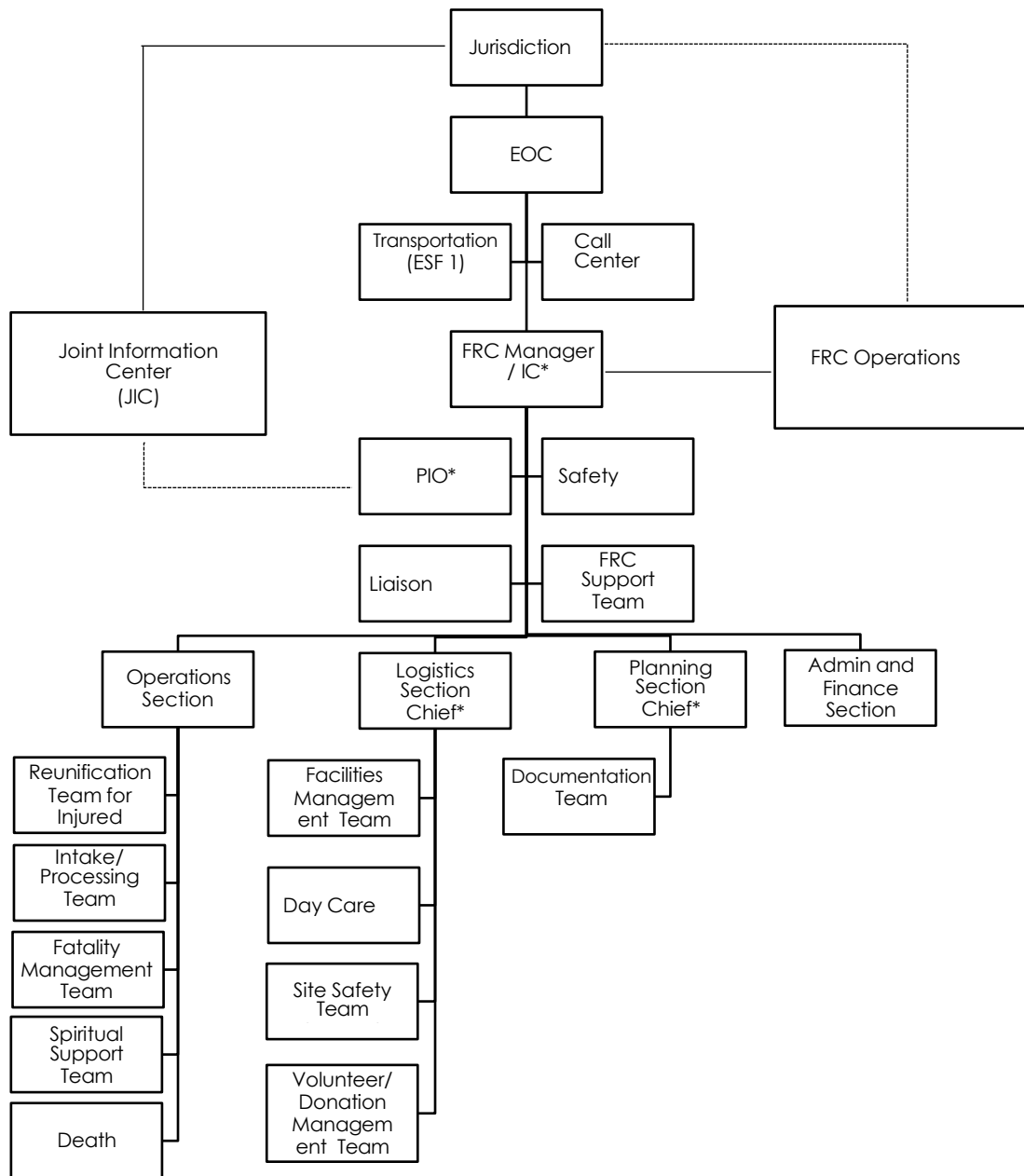
Mass Fatality

An event that results in more fatalities than the local mortuary affairs system can handle.

Relatives

For purposes of this document, the terms "family," "family members," "friends," and "relatives" are used to refer to those people who have a relationship to a person involved in the incident. Although these terms have slightly different meanings, they are used interchangeably throughout the document.

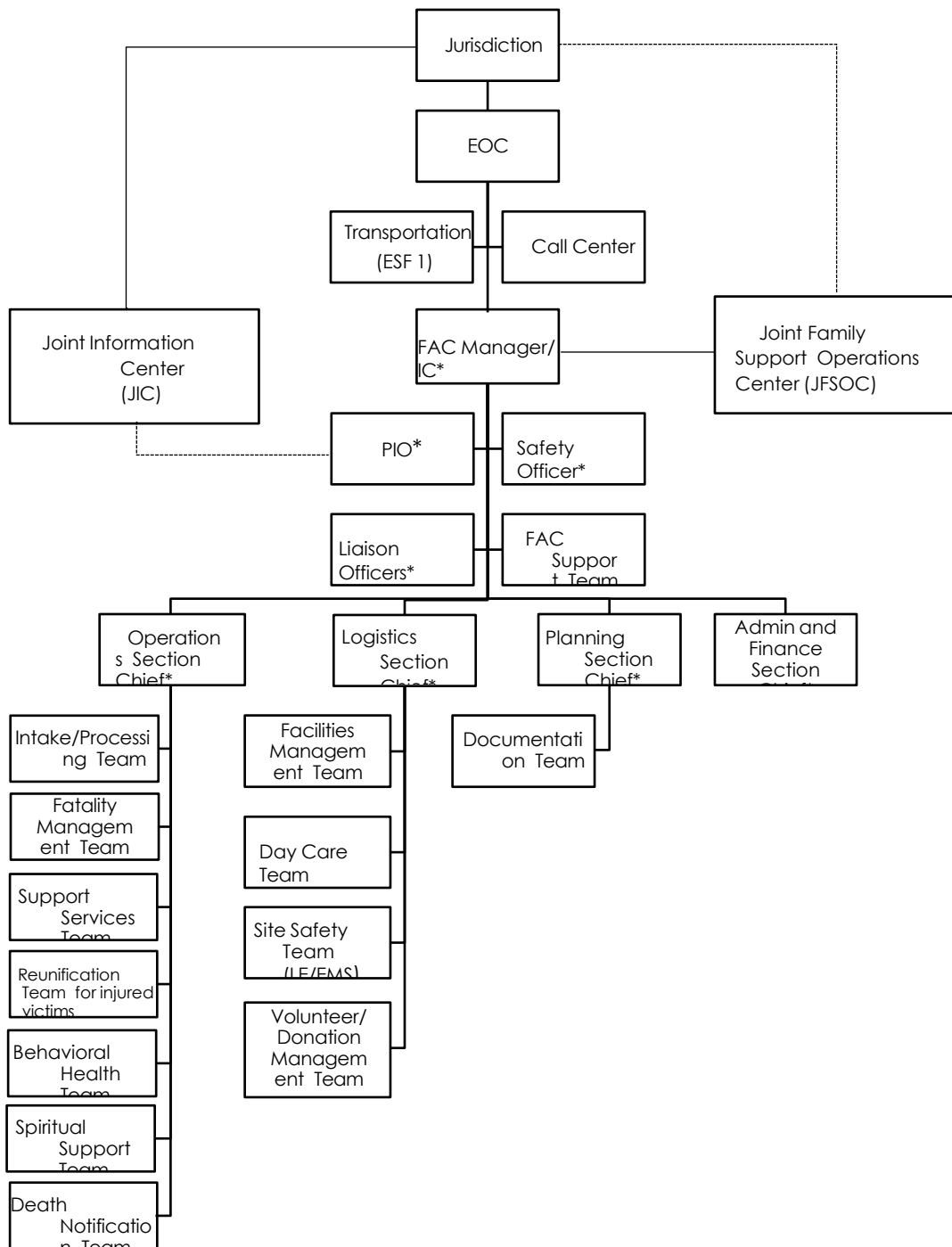
Reference C: Organization Charts
 Family Reunification Center (FRC) Org Chart



*Management Team

This organizational chart is designed to be flexible. Depending on the incident not all positions may be filled.

Family Assistance Center (FAC) Org Chart



*Management Team

This organizational chart is designed to be flexible. Depending on the incident not all positions may be filled.

Reference D: Cultural Considerations

Those staffing a FRC and a FAC must respond sensitively, respectfully, and specifically to all who come seeking assistance. When forming and operating the FRC and FAC, it is imperative it is done so in a non-discriminatory fashion in accordance with human kindness and compassion, and in accordance with Federal laws. The metro area is likely to have a very diverse population. By necessity, a FRC and a FAC in this region should be staffed with diverse, well-trained individuals who can more than adequately provide needed services and information to a diverse population in a highly culturally competent manner.

Guiding Principles for Cultural Competence: The following guiding principles for cultural competence in operating and providing services in a FAC were extrapolated from the 2003 U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services Guide, *Developing Cultural Competence in Disaster Mental Health Programs: Guiding Principles and Recommendations*. It is recommended that each of the principles be given ample consideration when developing and implementing FRC and FAC related policies and standard operating procedures.

- All staff serving in a FRC/FAC should recognize the importance of culture and respect diversity.
- Understanding of the current profile of the cultural composition of the jurisdiction should be maintained.
- Efforts should be made to recruit individuals to work in the FRC/FAC who are representative of the community's populations.
- Initial and ongoing cultural competence training should be provided for all staff who will be working in the FRC/FAC.
- FRC/FAC staff should be committed to ensuring that services offered are accessible, appropriate, and equitable.
- FRC/FAC staff should be cognizant of differences between cultures regarding the role of help-seeking behaviors, regarding customs and traditions, and regarding the role of natural support networks.
- FRC/FAC staff should have an understanding of the need to involve cultural community leaders and organizations as "cultural brokers" to legitimize the FAC as a place where needs will be met and where it is safe to seek assistance.
- FRC/FAC staff should be committed to ensuring that services and information provided are culturally and linguistically competent.
- FRC/FAC management should be committed to ensuring regular assessment and evaluation (and correction initiated where indicated) of the cultural needs and competence of service provided to meet these needs during FAC operations.

For incidents affecting people from cultures/countries outside of the United States, FRC/FAC staff may want to consider seeking additional support from Foreign Consulates. Although based in the United States, Consulates are historically staffed by citizens of

the home country. They have a

detailed understanding of the cultural norms, behavior and beliefs of their citizens and can be a valuable resource for victims and their families.

Consular employees can also provide additional levels of service and support to affected family members. See the Family Assistance Guidance Plan base document, "Roles and Responsibilities of Participating Agencies" for additional detail on their role.

Reference E: Family Reunification Center (FRC) Set-up Considerations

Below are additional considerations that a jurisdiction may need to consider when activating a FRC.

Facility considerations

- Pre-identify potential locations
- Availability to open on short notice within one (1)- two (2) hours of an incident
- Easy access from major roads, freeways, or public transit
- Close proximity to individuals and clients affected by the incident
- Proximity to mass transportation resources
- Adequate number of parking spaces
- Parking lot layout that is amenable to law enforcement access restriction
- ADA compliant space
- Sufficient space
- Appropriate furniture
- No direct view of incident site
- External communication capabilities: Landline, cell, Wi-Fi internet access
- Electrical outlets (cell phone chargers)

Quick Checklist for setting up for operations for an FRC

- Initial Set-up:
 - Set up the Command Area
 - Check-in area
 - Survivor Check-in Area – for the registration of survivors.
 - Staff Check-In Area – to allow for the documenting and tracking of initial reporting staff as well as all subsequently reporting staff.
 - Waiting Area (minors) – a supervised and restricted-access area for minors to wait to be reunified with a parent, guardian, or family member.
 - Waiting Area (adults) – a restricted area for adult survivors to wait to be reunified with friends or family.
 - Waiting Area (friends & family) – a separate area following registration where family members and friends can gather to wait for information.
 - Release Area – a separate space used to reunite survivors with friends and/or family
 - Perform a security assessment prior to starting operations.

- Security Considerations:
 - Inside the site:
 - Ensure safety and security of the facility.
 - Walk through the entire facility to ensure the facility is safe.
 - Secure all doors.
 - Limit points of entry to the facility.
 - Designate one entrance and a separate exit.
 - Post security personnel at entrance, exit and other vital locations
 - Outside the site:
 - Secure perimeter and parking facilities.
 - Ensure media and the general public is kept away from the entrance and exit. Develop awareness where media will be permitted by law on public spaces such as sidewalks or park land.
 - Appraise incident command or the branch director of any issues related to securing the site and ensuring safe passage for family members
- Suggested Staff for the FRC:
 - Facility representatives
 - Transportation carrier representatives
 - Local disaster support services
 - Local disaster volunteer organization(s)
 - Law Enforcement
 - Medical Services
 - Others, as needed
- Staffing Considerations:
 - Job Aids/Position Checklists: provide information on each staff members roles, policies and procedures to follow, how to operate equipment
 - Staff identification: provide ways to identify staff from visitors to the center (vests, name badges etc.)
 - Staff credentialing: Ability to assess and confirm licensing and qualifications of the staff
 - Staff shift change considerations: work rest cycles need to be identified, shift briefs, respite areas for staff
- Facility/services Considerations:
 - ADA compliant
 - Availability of translator and interpreter services
 - Food allergies
 - Needs for animals
 - Space for media separate from families

- Secured site
- Does not view the incident site
- Food and beverages
- Needs external communication resources:
 - Land lines
 - Wi-Fi
 - Electricity

Reference F: Virtual FAC Operations

If needed, a virtual FAC can provide the functions of a physical FAC. A virtual FAC should provide services including hotlines for crisis de-escalation, information and referral, and family reunification services after an emergency. A virtual FAC can be setup within the first few hours of an incident with a call center, telephone scripts, and an updated database and website to allow time for standup of a physical FAC or when a physical FAC is not possible. The purpose of the call center is to provide a critical communications link to victims' families and to families requesting information on missing persons and to act as a primary contact point for all incoming calls to the FAC. The virtual FAC should screen callers, provide initial telephone intake, and refer appropriate callers to a physical FAC. The virtual FAC should also assist with family reunification by entering data provided by emergency responders on victims, referring callers to family reunification portals, and helping family members locate injured family member in local hospitals. The virtual FAC can direct media to the JIC and/or PIO, and help protect families of victims from public scrutiny and from receiving information from unauthorized sources. All information provided through a virtual FAC should be validated through a predetermined process so that only official information is provided to callers.

Communication

- Two-way communication flow is a vital component of a virtual FAC. Only information received from a designated official source is released via the virtual FAC. Additionally, information gathered by a virtual FAC is funneled up to the official source for information sharing, investigation, and confirmation. All information provided through a virtual FAC should be validated through a predetermined process so that only official information is provided to callers.

Capabilities

- In operating a virtual FAC, the staff provides crisis de-escalation, communication, public information, and information collection and provision. Additionally, intake, registration and directions to a physical FAC, as well as referrals to other needed services can be functions provided, depending on the specific incident size and situation. Assistance with family reunification by entering data provided by emergency responders on victims, referring callers to family reunification portals, and helping family members locate injured family member in local hospitals are also capabilities offered as part of virtual FAC operations.
- A web-based information system will flow through a website that can be frequently-updated with bulletins on available information, and a link to the statewide web-based database. These web pages should be designed ahead of time, but should be kept private until they need to be activated when a FAC is stood up. The web-based database of resources should be updated in real-time before, during and after emergencies and disasters.

Individuals with Disabilities and Access and Functional Needs

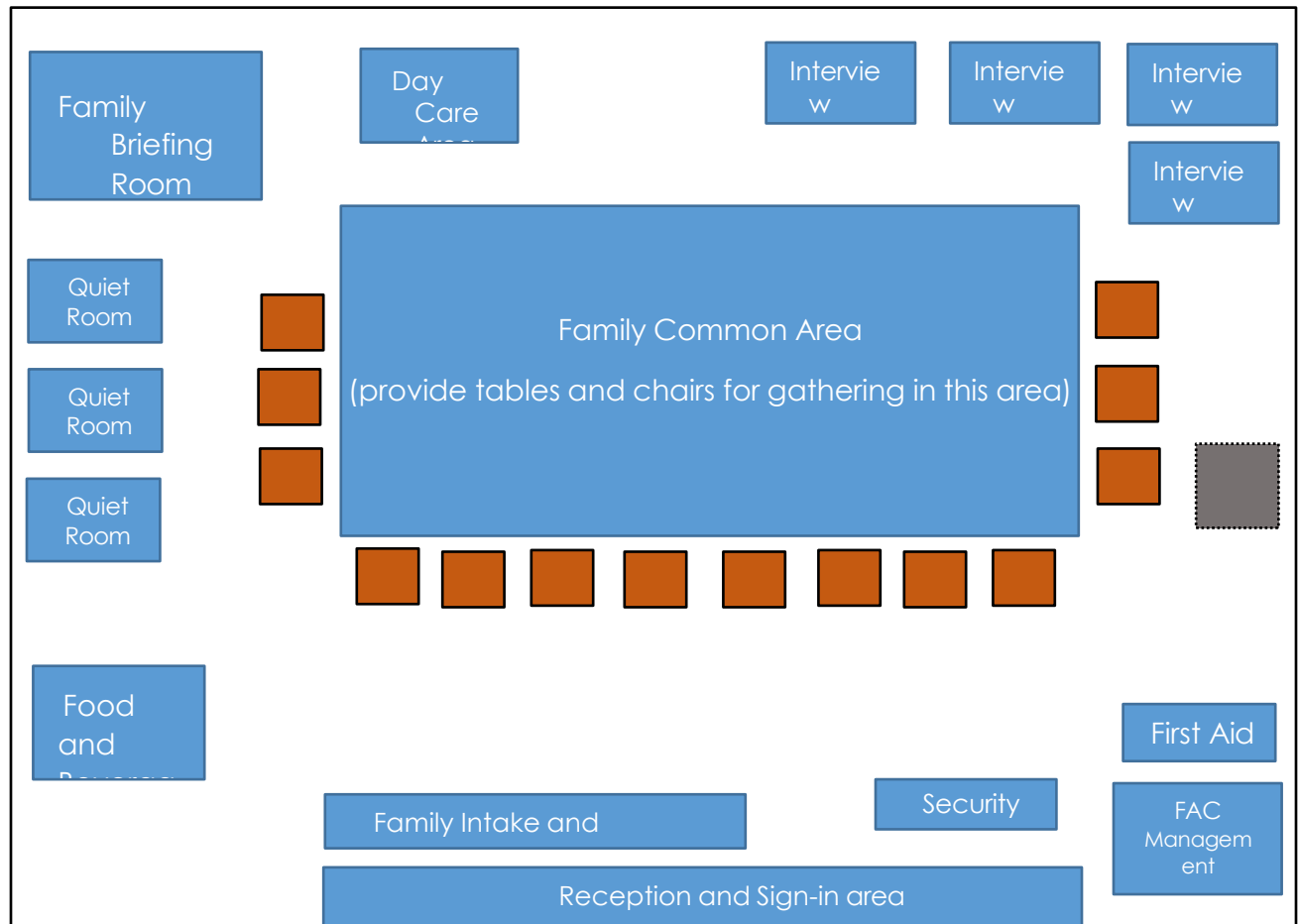
- Virtual FAC staff should have some experience working with families and children, as well as working with homeless, immigrants, non-English speaking, recently incarcerated, youth, aging, ill, transient, low income, and/or physically and

cognitively disabled individuals.

- Web based information systems should be compliant with universal design standards and be

operative with screen readers and captioning.

Reference G: Sample FAC Layout



= Service Provider
 = Ante-mortem Data/Missing Persons Center

*Note = All items are meant to be scalable to fit the needs of the current incident. Each incident will have unique characteristics and services will need to be tailored to that event. It is estimated that each participating agency may will need 150 sq. ft.

Reference H: Forms

Family Assistance Center Intake Form

Date: _____ Time: _____

First Name: _____ M.I. _____ Last _____

Name of the Victim (if not you): _____

Relationship to Victim: _____ Victim's Date of Birth: _____ People in _____

If you are a victim, have you been interviewed by law enforcement?

If so, which agency has interviewed you? _____

Contact Information:

Email Address: _____

Phone (cell): _____ Phone _____

Street Address: _____

City: _____ State: _____ Zip: _____

Assistance Requested:

- | | |
|--------------------------------|--|
| _____ Lodging | _____ Ground Transportation |
| _____ Air Travel | _____ Counseling/Spiritual Care |
| _____ Child Care | _____ Legal Assistance |
| _____ Identification Documents | _____ Health Care Assistance |
| _____ Other (describe below) | _____ Personal Effects (will notify when |

Notes:

Companion/Victim Advocate Name: _____ Phone: _____

FAC Daily Status Update

FAC Daily Status Update			Date:
Information	Information Source	Today's Numbers	Number to date
Number of victims/survivors at FAC	Registration Desk		
Number of families at FAC	Registration Desk		
Number of service providers present at FAC	Support Services Team Lead		
Number of calls to the call center/number of calls answered/number of calls not answered	Call Center		
Number of family briefings	Medical Examiner/Law Enforcement		
Number of families at FAC that have requested support services for each service area	Team Leaders		
Number of families that have been assisted by FAC personnel in last 24 hours for each service area	Team Leaders		
Number of families at home that have been contacted by FAC representative within the last 24 hours for each service area	Team Leaders		
Number of mass fatality response personnel that have received FAC assistance/ Psychological First Aid in last 24 hours	Team Leaders		
Faith communities represented by FAC families	Team Leaders		
Number of translation requests received and number of translation/interpreter services provided	Translation Team		
Number of families using day care	Day Care Team		

Number and ages of individuals receiving day care	Day Care Team		
Number of people eating meals at the FAC	Logistics		
Number of ante-mortem data collection interviews	Medical Examiner		

FAC Daily Status Update			Date:
Information	Information Source	Today's Numbers	Number to date
Number of dental records, medical records and x-rays that have been requested/received	Medical Examiner		
Number of positive identifications of the deceased	Medical Examiner		
Number of families notified of positive identification/Number of disposition of remains request forms completed	Medical Examiner		
Number of families to which remains have been released	Medical Examiner		

**Information from Medical Director will conclude once all families are notified and reunited.*

Daily Situation Report (SitRep)

Situation Report (SitRep) # _____ Family Assistance Center (FAC)

Date: _____

Location: _____

Hours: _____

General Information		
State Emergency Declaration	Number:	Dated:
Federal Emergency Declaration	Number:	Dated:
Orange County Emergency Declaration	Number:	Dated:
City Emergency Declaration	Number:	Dated:
County EOC Activation Level	Level:	Dated:
City EOC Activation Level	Level:	Dated:

FAC Management Team	
FAC Manager (Incident Commander)	
Operations Section Chief	
Planning Section Chief/EOC Liaison	
Logistics Section Chief	
Admin/Finance Section Chief	
Public Information Officer	
Safety Officer	

Current FAC Status	
Critical Needs and Current Trends:	
Situation:	
Assumptions:	
Priorities:	

Current Agencies in FAC	

Daily Assistance/Service Counts	
Agency	Number of persons assisted or number of services provided.

*Provide any other briefing information here.

Morning Meeting/Daily Briefing Format

The Morning Meeting/Daily Briefing is conducted by FAC Manager before the doors to the FAC are opened to the public.

This format may be used to conduct a Morning Meeting/Daily Briefing each day the FAC is operational.

1. Welcome
2. FAC mission
3. Introductions
 - a. Name
 - b. Agency
 - c. Services Offered
4. Information – Announcements
 - a. Update on disaster recovery – local, state, and federal actions
 - b. Agency/Department Status Report – Daily Tallies – Operational Log
 - c. Agency/Department information and announcements
 - d. Problems
 - e. Solutions
5. Staff Orientation – reporting structure
 - a. FAC Manager
 - b. FAC Management Team
 - c. Greeter
 - d. Agency representatives
6. Workspace Orientation
 - a. Physical layout
 - b. Work areas
 - c. Traffic flow
 - d. Lighting
 - e. Restrooms
 - f. Phones
 - g. Computers
 - h. Printers
 - i. Fax
 - j. Signs
 - k. Supplies
 - l. Cleaning
 - m. Food/drink
7. FAC Ground Rules

- a. Speaking to the media
 - b. Respecting privacy
 - c. Protecting documents/records
 - d. No private contractors allowed
 - e. No referrals to private contractors
 - f. Requirement to attend Morning Meeting/Daily Briefing
 - g. Safety and Security
- 8. Environment (noise, etc.)
 - 9. Media
 - 10. Hours of operation
 - 11. Expectations of staff
 - a. Sign in and out
 - b. Attendance
 - c. Confidentiality agreement
 - d. Know other players/services
 - e. Keep focus on larger picture
 - 12. Refreshments (if applicable)
 - 13. Breaks/lunches
 - 14. Parking
 - 15. Language translation services
 - 16. ADA issues (access, etc.)
 - 17. Mental Health of Staff

Reference I: Staff Confidentiality Agreement

As a staff member at the Family Reunification Center (FRC) and/or Family Assistance Center (FAC), 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 county, 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 FRC and/or FAC 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 FRC and/or FAC.
3. I will not remove client information or records from the FRC and/or the FAC.
4. When client information must be discussed with 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.
7. I will not post any information regarding the FRC and/or FAC or its clients on any social media outlets.

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

1. Discharge from the business/service I am conducting with the FRC and/or FAC, which will affect future business/service relationships with the local jurisdiction or government.
2. Prosecution by federal, state, or county authorities if criminal or civil penalties are imposed as it relates to the disclosure of confidential information, including jail and fines or actual damages and attorney fees, for which I would be personally responsible.
3. There may be possible additional criminal or civil sanctions taken against me for misrepresentation of facts concerning my business/service with the FRC and/or FAC.

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 FRC or FAC Manager

Printed Name of FRC or FAC Manager

Reference J: Client Consent to Share Information with Potential Service Providers
The Family Assistance Center respects the privacy of its clients. However, the City of is subject to State Statute (Public Records Law).

Coordination: In some instances, we can better serve you in meeting your needs if you consent to share information with the City and social service and recovery providers.

Your preferences and consent:

Please check:

____ Sharing declined: I do NOT authorize the sharing of any collected information with the City and other social service and recovery providers.

____ General: I authorize my collected information to be shared with the City and other social service and recovery providers.

Client's Printed Name: _____

Signature: _____

Date: _____

Reference K: Potential Immediate Needs of Victims

Listed below are items that victims may need in the immediate aftermath of an emergency or disaster. These items may differ depending on the size and scope of the incident. It is suggested that jurisdictions pre-identify agencies or sources that may be able to provide these goods immediately following an incident.

- Clothing
- Shoes
- Water
- Food
- Personal hygiene items

Section IV Jurisdictional Appendices

Appendix A: Potential FAC Locations

See next page for FRC/FAC Site Requirement Worksheet

FRC/FAC Site Requirement Worksheet - Dr. Smith Neighborhood Center

Date site evaluated:	Primary use as FRC or FAC (circle one or both)	
Facility Name: Dr. Smith Neighborhood Center	Physical Address: 1711 Texas Boulevard	
City: Orlando	Zip code: 32805	
GPS Lat and Lon:	Landmarks:	
Site accessible: Can be made available 24/7	Site keys: location and POC?	
Primary Point of Contact (POC)		
Primary POC Name		
Phone		
After hours phone		
Address	1711 Texas Boulevard, Orlando, 32805	
Email		
Alternate Point of Contact (POC)		
Alternate POC Name		
Alternate Phone		
After hours phone		
Address		
Email		
Site Requirements	Response	Comments
Facility Primary Function (i.e. Rec Center, ballroom)	Regional Neighborhood/ Recreation Center	Building has 3 public entry/exit points
Facility Normal Operating days and hours	Mon.-Sat. 9am-9pm Sun. 1pm-6pm	
Is the facility owned/operated by the jurisdiction? (Y or N)	Yes	
Lease required (Y or N)	No	
Space available (sq. ft)		
ADA accessible?	Yes	

Number of parking spaces?	195	Church parking lot across the street also available for extra parking
Parking lot lights? (Y or N)	Yes	
Number of floors in building	1	
Facility Capacity (person occupancy)		
On-site security?	No	
Number of ingress and egress locations	1 parking lot entrance/exit	
Nearest Hospital 1		
Nearest Hospital 2		
Interior	Response	Comments
# of rooms		
Room Sizes (Room A)		Gym
Room Sizes (Room B)		2 multi-use rooms
Room Sizes (Room C)		Community Room (can be sub-divided)
Room Sizes (Room D)		
# of restrooms (ADA compliant)	All	
Air conditioning (Y or N)	Yes	
Electrical power support computers and office equipment? (Y or N)	Yes	
Can additional power supply be accomplished easily? (Y or N)	Yes	

Office Characteristics	Response	Comments
Internet Access (Y or N)	Yes	City public Wi-Fi available, computer room available
WiFi (Y or N)	Yes	
Fax Machine(s)? How many?		
Printers? How many?		
Janitorial service? Frequency?		
Existing Phones lines? How many?		
Phone service provider?		
Internet provider?		

Building sketches/floorplans should be provided of all potential FRC and FAC locations.

Appendix B: Participating Agencies and Contacts

Below is a listing of potential participating agencies and organizations that could participate in a FRC or FAC.

Local

Agency/ Organization	Service(s) Provided	POC Name and Position	POC Phone	POC Email	Address	Alternate Contact
County Emergency Management	Additional resources/ logistics requests					
County Department of Health	Immunization Records					
County Medical Examiner's Office	Fatality Management/ Victim Identification					
County Health Services						

Section IV: Jurisdictional

Agency/ Organization	Service(s) Provided	POC Name and Position	POC Phone	POC Email	Address	Alternate Contact
Red Cross						
Salvation Army						
Aviation Authority						
Disaster Medical Coalition						
Utilities Commission						
Hospital 1						
Hospital 2						

Section IV: Jurisdictional

State

Agency/ Organization	Service(s) Provided	POC Name and Position	POC Phone	POC Email	Address	Alternate Contact
Division of Emergency Management	Additional resources/ logistics requests					
Department of Health						
Attorney General's Office	Victim compensation					
Division of Law Enforcement/ Regional Domestic Security Task Force (RDSTF)	Law Enforcement, investigations, RDSTF resources					
Crisis Response Team (FCRT)	Victim Advocacy					

Section IV: Jurisdictional

Federal

Agency/ Organization	Service(s) Provided	POC Name and Position	POC Phone	POC Email	Address	Alternate Contact
US Dept of State, Office of Foreign Missions	Foreign Consulates					
FBI	Law Enforcement, Investigation					
US Department of Justice (DOJ)						

Additional Resources

Agency/ Organization	Service(s) Provided	POC Name and Position	POC Phone	POC Email	Address	Alternate Contact

Appendix C: Equipment Checklist and Inventory
 Modified from the National Association of County and City Health Officers *Managing Mass Fatalities: A Toolkit for Planning* document

Family Assistance Center (FAC) Equipment/Materials Inventory			
<input type="checkbox"/>	Item	Quantity	Source
	Audiovisual equipment (microphone, screen, podium)		
	Bulletin board(s)		
	Cell phones (with chargers and portable chargers)		
	Chairs		
	Child Care Center (first aid kit; toys, cribs, cots, linens, blankets, pillows & furniture to enhance children's comfort and sense of safety; diaper changing supplies)		
	Computers (PCs/laptops) for families		
	Copy (high speed) machine(s)		
	DNA Collection Materials		
	Facility diagrams		
	Fax Machines		
	General comfort item packages (water, face wipes, toothbrush, toothpaste, etc.)		
	Maps (local area)		
	Nametags/badges for staff		
	Office supplies (paper, binders, steno pads, pens, pencils)		
	Paper shredder		
	Parking passes		
	Radios (portable)		
	Signage		
	Snacks and beverages		

	Tables		
	Telephone lines		
	Transportation vehicles		
	Trash bags		
	Trash receptacles		
	Wi-Fi (e-mail, internet, etc.)		

Appendix D: Call Center Procedures

Location of Call Center: City Emergency Operations Center		
Public Phone Number for Call Center:)		
Primary Agency Managing Call Center:		
Primary Staffing for Call Center: ESF 15 personnel		
Timeframe to set up Call Center: Mission ready with 6 phones (can be expanded)		
Primary Point of Contact (POC)		
Primary POC Name		
Phone		
After hours phone		
Address		
Email		
Alternate Point of Contact (POC)		
Alternate POC Name		
Alternate Phone		
After hours phone		
Address		
Email		
Call Center Specifics	Response	Comments
Number of Phone Answering Points available?	6 mission ready, can be expanded	
Can this be expanded? How many additional?	Yes	
Can Call Center operate 24/7?	Yes	

Appendix E: MOUs, MOAs and Contracts

Place holder for necessary MOUs, MOAs and necessary service contacts.

Section 2:

Regional Disaster Medical Coalition Rapid Response Team Plan



Central Florida Disaster Medical Coalition

Regional Disaster Medical Coalition Rapid Response Team Plan

The CFDMC recognizes the leadership and service of the following Family Assistance Center Workgroup and Team Members:

Paula Bass
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Sheri Blanton
Georgianne Cherry
Anita Cocoves
Lea Collins
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Johanna Gambrell
Jodie Gregory
Judy Head
Amy Heimberger-Lopez
Robin Hinson
Jackie Hop
Avis Jenkins
Marie Joseph
Wendy Kimmelman
Breana Little
Bill Litton
Krystal Locklear
Nathaly Matos
Deshawn McCall
Christine Mouton
Dan Niederman
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Clay Pacheco
Nick Pachota
John Robinson
Beth Rossman
Jean Velez
Sally Waite
Lynda W.G. Mason
Matt Winter
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Record of changes & distribution

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Introduction

An incident that causes mass fatalities and/or mass casualties will require a coordinated effort to provide aid to survivors, families, and loved ones with multi-jurisdictional and multi-agency resources.

Following the Pulse nightclub shooting in Orlando in June 2016, the Metro Orlando Family Assistance Working Group developed a Family Assistance Guidance Plan, which was finalized in December 2017. The CFDMC then took on the next step – creating a response team available at the request of a jurisdiction within the region to quickly set up a family assistance center.

The Central Florida Disaster Medical Coalition (CFDMC) Family Assistance Center (FAC) Response Plan addresses the recruiting and response aspects of deploying a FAC team in our region and setting up a FAC to implement the family assistance process post-incident or disaster. The response plan utilizes the Family Assistance Guidance Plan as a foundation. The response plan and deployment guidelines were developed via a small working group from the Coalition Family Assistance Working Group, including emergency management, first responders, fatality management partners, health and medical, and private and non-governmental agencies from Region 5. The Plan was shared with all Coalition members for input prior to being finalized.

Purpose

The FAC Deployment Guidelines were developed to recruit and mobilize a team to establish Family Assistance Center operations within the East Central Florida Region. This Plan identifies the essential services that may be offered in a FAC. During a man-made or natural event or disaster, citizens and visitors may require several services at a FAC, some may become separated or their whereabouts since last contact may be unknown. Additionally, minor children may become separated from parents or legal guardians so family reunification may be the initial mission for team personnel when deploying and establishing an FAC.

Scope

In the event of a mass casualty/mass fatality incident, a FAC can be established to facilitate the process of identifying fatalities and survivors of an incident, reuniting them with family, and ensuring the provision of emergency social and financial services to survivors and families during the aftermath of an incident or disaster. Family Assistance Centers (FACs) provide information to survivors, family, and friends, coordinate access to support services, and facilitate the collection of information from families that is necessary for identification while providing a responsive and sensitive environment for

those affected. An FAC is also a safe place where families and victims can receive care and/or services (psychological support). Establishing a FAC requires coordination of personnel and logistics and may take time to open. Survivors of the incident and their families should be able to receive an array of services, including family reunification aid, identification of loved ones, basic needs and support services, and other assistance through this overall family assistance process. Establishing an FAC requires the coordinated effort of all governmental and non-governmental agencies. Ongoing communications and coordination will be maintained with all impacted jurisdictions through regularly scheduled conference calls and Situation Reports (SITREPs) from the FAC through the EOCs in the affected area.

FRC/FAC Defined

Definitions of a Family Reunification Center and a Family Assistance Center can be found below. Each jurisdiction is encouraged to utilize these definitions to promote consistency throughout the Coalition.

“A FRC is established in the immediate hours after a mass casualty or mass fatality incident. This designated community space is established as a centralized location for families (and friends) to gather, receive information about the victims and grieve, protect families from the media and curiosity seekers, facilitate information sharing to support family reunification (e.g., direct families to Hospital if victims are known to have been transported to the location), and provide death notification when patients die, and identity is known. This Center is short-term and may be replaced by a Family Assistance Center in the event the jurisdiction/agency deems this to be necessary. (A FRC transition to a FAC may be time or task driven. For example, a FRC may close when the last death notification is made to the next of kin or simply whenever the FAC is staffed and ready to open.)”

“A Family Assistance Center (FAC) is established following a large mass casualty or mass fatality incident (MFI). This designated space is established for the provision of services and information to the family members of those killed and to those injured or otherwise impacted by the incident. The specific needs of those impacted by a MFI will vary widely, a family assistance center presumes that the coordinated provision of information, resources and access to relevant services is essential. The FAC is focused on the immediate aftermath of a MFI to give survivors and families of victims a safe venue to receive information from various resources, coordinate access to support services, and facilitate the collection of information from families that is necessary for victim identification. Most FACs will operate for a period of one to three weeks, the duration of which is tied to the victim recovery and identification process and other investigative activities.

FRC focuses on providing behavioral health support and reunification, not family assistance.

Situation

The FAC Deployment Guidelines are intended to address family assistance regardless of the hazard. Based on the Homeland Security Presidential Policy Directive – 8, the National Preparedness Goals National Planning Scenarios, and local hazard and vulnerability assessments, there are more than 20 scenarios that have the potential to result in multiple fatalities for which the East Central Florida Region area must plan to respond, including:

Natural Disasters:

- Hurricanes
- Floods
- Tornadoes
- Wildfires
- Natural biological disease outbreak

Man-Made Disasters

- Weapons of Mass Destruction Events
- Chemical Attack: Toxic Industrial Chemicals, Chlorine Tank Explosion, Blister Agent, Nerve Agent
- Biological Attack: Aerosolized Anthrax, Plague, Food Contamination
- Radiological Attack: Radiological Dispersal Device
- Nuclear Detonation: 10 Kiloton Improvised Nuclear Device
- Explosives Attack: Bombing using an improvised explosive device
- Technical or Human-Caused Disasters
- Fires
- Hazardous materials
- Chemical rail spills
- Civil disturbance
- Airliner jet crash

- Small plane crash
- Cruise ship crash
- Multiple homicide / shooting
- Building collapse
- Train crash
- Bus crash
- Cyber attack

Development of Guidelines

These guidelines were developed through a collaborative effort of the following agencies:

- Central Florida Disaster Medical Coalition
- City of Orlando Office of Emergency Management
- City of Orlando Police Department (OPD)
- District Nine, Medical Examiner's Office (Orange & Osceola)
- Orange County Office of Emergency Management
- Orlando Health, Inc.
- Seminole County Office of Emergency Management
- University of Central Florida
- American Red Cross, Central Florida Region
- East Central Florida Region Domestic Security Task Force (RDSTF)
- District Seven, Medical Examiner's Office (Volusia)
- Florida Division of Emergency Management
- Greater Orlando Aviation Authority, Orlando International Airport
- Orange County Emergency Medical Services, Office of the Medical Director
- Orlando Sanford International Airport
- Osceola County Office of Emergency Management
- School Board of Orange County

The above agencies formed Metro Orlando Family Assistance Working Group that developed the family assistance center base plan which was shared with each county within Region 5. The Metro Orlando Family Assistance Working Group was instrumental in the development of this plan.

The CFDMC then created a Family Assistance Center Workgroup who developed the CFDMC FAC Response Plan. The workgroup is responsible for maintaining and updating the plan following events and exercises.

Over the past two years, several exercises have been held which have emphasized the importance of family reunification/family assistance capabilities. The first was an exercise held in March 2022 in which the CFDMC FAC Team participate in an exercise at the Daytona International Airport. Following that exercise, the team simplified intake forms. The CFDMC FAC Workgroup and Pediatric Workgroup collaborated on a pediatric surge tabletop, held in February 2023. This exercise highlighted the need for immediate support to hospitals in a medical surge who will be inundated with families and friends. The exercise also highlighted the need to include establishing processes to identify and support foreign national patients, templates for healthcare systems to use, such as policies and notification emails to OFM, and references on whom to contact.

Orlando Health and AdventHealth collaborated to develop a hospital family reunification process and template. The CFDMC FAC Workgroup will hold a hospital family reunification tabletop exercise design review meeting on May 31, 2023 to review processes for family reunification.

During the second half of 2023 and early 2024, the lessons learned from these exercises will be used to further develop the FAC Response Plan.

FAC Response Team Personnel

The CFDMC FAC Workgroup also has responsibility for recruiting personnel to fill roster spots on the deployable team. Ideally, we can recruit, train, and exercise three deep at every position. We have adopted a multi-pronged approach to achieve our goals and fill these positions identified on the organizational chart. Our approach includes:

- Utilizing current Region 5 Incident Management Team (IMT) personnel
- Recruiting personnel from Region 5 stakeholder agencies to supplement IMT
- Utilizing already established volunteer groups (i.e., CERT, Medical Reserve Corps) to backfill positions
- Coordinating with the Florida Division of Emergency Management and local Emergency Management to provide support if needed
- Utilizing Florida Emergency Mortuary Operations Response System (FEMORS) out of University of Florida (State Asset), <http://femors.org/>

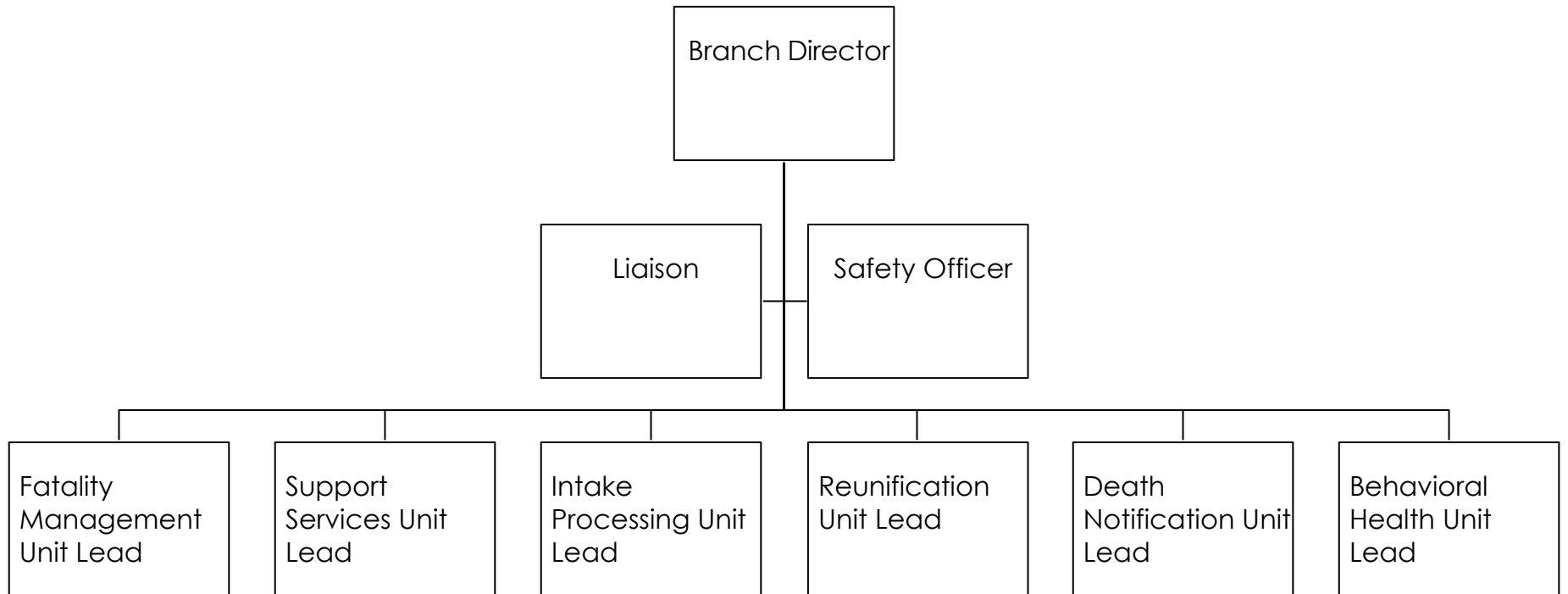
The Working Group has also distributed an ICS205A form to assist agencies with adding names to the FAC Team roster we are developing.

Concept of Operations

FAC team will deploy upon the request of any local jurisdiction to assist families after a crisis. The local jurisdiction shall have the responsibility to provide logistical support as needed for FAC functions. The FAC will deploy a team of volunteers and will function as a Branch under the local incident command structure.

Please note that over the duration of the incident, the FAC should be modified both operationally and structurally/physically as needed. The demands on the FAC will change as the response efforts move through different stages. Once these needs have been identified, the appropriate FAC organizational structures can be determined and adequate staffing, facilities, and other resources can be acquired, and operations implemented. Please see FAC organizational chart and position descriptions.

FAC Branch Director



The FAC Branch Director responsibility is the overall management of the FAC. The command activity for incidents can be carried out by a single Incident Commander or can encompass multiple persons in what is called Unified Command. The FAC Branch Director is generally selected by qualifications and experience. The Branch Director may have a deputy or deputies, who may or may not be from the same agency, or from an assisting agency.

Deputies must have the same qualifications as the person for whom they work as they must be ready to take over that position at any time. It is the intent of the FAC to establish a leadership core of at least 3 commanders.

Other responsibilities include:

- Assess the situation and/or obtain a briefing from the prior Branch Director.
- Determine FAC objectives and strategy.
- Establish the immediate priorities for the FAC.
- Establish an operational FAC and provide staffing.
- Establish an appropriate organization of response as outlined by ICS utilizing span of control.
- Ensure daily planning meetings are scheduled as required.
- Approve and authorize the implementation of a Situation Report (SITREP).
- Ensure that adequate safety measures are in place
- Assign Liaison and Safety Officer
- Coordinate activity for all command and general staff.
- Coordinate with key people and local officials.
- Approve requests for additional resources or for the release of resources.
- Keep agency administrator in affected county informed of incident status.
- Approve the use of trainees, volunteers, and auxiliary personnel.
- Authorize release of information to the news media.
- Order the demobilization of the FAC when appropriate.

Assign Liaison

The Liaison is the point of contact for representatives of other municipal, county, state, and federal governmental agencies, nongovernmental organizations, and/or private entities. The Liaison, or designee, will serve as FAC liaison to the Emergency Operations Center or Federal Joint Field Office (JFO), if established during an incident or recovery. In either a single or Unified Command structure, representatives from assisting or cooperating agencies and organizations coordinate through the Liaison. Agency and/or organizational representatives assigned to a FAC must have the authority to speak for their parent agencies and/or organizations on all matters, following appropriate consultations with their agency leadership.

Only one Liaison will be assigned for each incident, including incidents operating under Unified Command and multi-jurisdiction incidents. The Liaison may have assistants as necessary, and the assistants may also represent assisting agencies or jurisdictions. The Liaison is the contact for representatives of the personnel assigned to the FAC by assisting or cooperating agencies. These are personnel other than those on direct tactical assignments or those involved in a Unified Command.

Other responsibilities include:

- Be a contact point for agency representatives.
- Point of contact for embassies and consulates.
- Maintain a list of assisting and cooperating agencies and agency representatives for the FAC.
- Assist in establishing and coordinating interagency contacts.
- Keep agencies supporting the FAC aware of incident status.
- Monitor incident operations to identify current or potential inter-organization problems.
- Participate in planning meetings, providing current resource status, including limitations and capability of assisting agency resources.

Assign Safety Officer (SOFR)

The Safety Officer's function is to develop and recommend measures for assuring personnel safety, and to assess and/or anticipate hazardous and unsafe situations. The Safety Officer monitors FAC operations and advises the Director/IC/Unified Command on all matters relating to operational safety, including the health and safety of FAC personnel. The Safety Officer has emergency authority to stop and/or prevent unsafe acts during FAC operations. The Safety Officer, FAC Branch Director and unit leaders must coordinate closely regarding operational safety and FAC personnel health and safety issues.

Only one Safety Officer will be assigned to the FAC. The Safety Officer may have assistants as necessary, and the assistants may also represent assisting agencies or jurisdictions. Safety assistants may have specific responsibilities such as air operations, traffic management, hazardous materials, etc.

Other responsibilities include:

- Participate in planning meetings.
- Identify hazardous situations associated with FAC deployment, set up, and operations.
- Review the SITREP for safety implications.
- Exercise emergency authority to stop and prevent unsafe acts.

- Investigate accidents that have occurred within the FAC area.
- Assign assistants as needed.
- Review and approve the FAC medical plan (ICS 206).
- Develop a 215A Safety Analysis as required by conditions.

Operations Section

The operations section includes intake processing, fatality management, death notification, and reunification. The FAC will coordinate with the Trauma Coordination Center, if established, to aid in reunification.

Intake Processing Unit

The Intake Processing Unit is responsible for registering individuals as they enter the facility and identifying a caseworker who should serve as that person's primary POC for the duration of his or her time at the FAC. The Intake Processing unit may be on-site and may coordinate with Call Center on screening and intake if needed or be off-site as part of the virtual FAC/Call Center if a physical FAC is not feasible due to the nature of the incident.

The Intake Processing unit is comprised of the following positions (when staffed):

- Intake Processing Unit Lead
- Intake Receptionist
- Intake Coordinator
- Intake and Processing Caseworker

Fatality Management Unit

The Fatality Management Unit is responsible for collecting information from family members about their missing loved ones. Fatality management sector members should conduct interviews to obtain ante-mortem (preceding death) information to assist in victim identification as well as having other team members perform DNA collection. The ante-mortem interview should be facilitated by one person to ask questions and another to record this information after the interview is conducted. The interviewers must be trained specifically for FAC information collection as well as in principles of psychological trauma and crisis intervention. The interview team members become the

case managers for that family for any aspect of victim identification. Fatality Management Unit personnel/positions would all be filled by the FEMORS team if the District Medical Examiner (or District MEs if event is in multiple ME districts) requests them through ESF-8 at EOC.

The Fatality Management Unit is comprised of the following positions (when staffed):

- Unit Lead
- Medical Examiner liaison
- Administrative specialist
- Behavioral health specialist
- Call taker specialists
- Data entry specialists
- Data/records coordinator
- Dental/Medical records acquisition specialists
- Documentation specialist
- Family History DNA specialists
- Information Collection Coordinator
- Interview specialists
- Records Management Specialists
- Volunteer training specialist

Death Notification Unit

The Death Notification Unit is responsible for notifying the legal next of kin of the death of their loved one after the Medical Examiner (ME)/Coroner makes positive identification of the individual. The Medical Examiner/Coroner is the only entity with legal responsibility for making positive identifications. ME/Coroner would make positive identification at office or temporary morgue and then law enforcement would be notified by one of the investigators of the positive identification. It is at that time law enforcement composes a team to make the death notification. Local law enforcement having jurisdiction will have the lead of the Death Notification Unit. The Death Notification Unit is comprised of the following positions (when staffed):

- Death Notification Medical Lead (Medical Examiner or designee)
- Death Notification Unit Lead
- Law Enforcement Representative(s) from Law Enforcement Group
- Chaplain/Spiritual Advisor/Pastor/Clergy Representative(s)
- Foreign Consulate Advisor, if applicable
- Behavioral Health Provider(s)

Reunification Unit (For injured victims)

The Reunification Unit (for injured victims) will assist in helping victims and their families reconnect. This may be at a hospital, at a reunification center, or at the FAC. The Reunification Team is comprised of the following positions (when staffed):

- Reunification Unit Lead
- Hospital Liaison
- Missing Persons Officer
- Representatives from partner organizations, such as American Red Cross, Division of Children & Families, Schools/Universities, Office of Foreign Missions/Consuls, etc.
- Behavioral Health Unit

The Behavioral Health Unit provides emergency behavioral health counseling to families and survivors at the FAC. All providers are trained in psychological first aid and/or grief counseling. Adults and children should be able to receive behavioral and mental health counseling. Psychological first aid for FAC staff involved in the event should also be available on-site. The Behavioral Health Unit can also make referrals for longer term counseling. The Behavioral Health Team is comprised of the following positions (when staffed):

- Behavioral Health Unit Lead
- Behavioral Health Provider
- Behavioral Health Referral Lead
- Child Behavioral Health Provider
- Spiritual Advisor

In addition, Crisis Counselors will perform psychological first aid to support individuals and family members who may be survivors of a disaster or have lost a loved one. Crisis Counselors aid through the FAC process by providing emotional support and guidance when navigating the FAC, and often assist with completing paperwork and identifying resources critical to recovery. It is recommended to request crisis counselors during the onset in order to support victims and families entering the FAC.

In addition, confidentiality is an essential component of any effective counseling or stress management sessions or meetings. All personnel who utilize resources offered are expected to keep incident specific information confidential. Information shared during any part of this process is confidential and will not be utilized for any purpose other than the benefit of the individual/s involved. As per Florida Statute 491.0147, any discussions during a critical incident stress debriefing shall be considered privileged communication.

Support Services Unit

The Support Services Unit provides social, victim and family assistance services to those affected who arrive at the FAC. These services may be established as the resources allow. The Support Services Unit is directed by the Unit Lead and reports to the Branch Director. The Support Services Unit will be responsible for providing the services needed for the victims and their families. Depending on the incident, the services provided in a FAC will vary. This team might include representatives from airlines, Chambers of Commerce, Office of Vital Statistics, Social Security Administration, hotel/motel lodging, funeral home associations, etc. The Support Services Unit is comprised of the following positions (when staffed):

- Support Services Unit Lead
- Logistics Liaison
- Support Service Agency Representative(s)
- American Red Cross Representative (as applicable)

Victim Services

In some situations, services provided through the local Victims Services office or through the state/Federal government may be available to victims of a mass casualty or mass fatality. Applicant screening, information, and referral to these services may be considered within the FAC operation.

The Florida Crisis Response Team (FCRT) is an available resource to the central Florida region. The FCRT is a state team trained using the National Organization for Victim Assistance (NOVA) model. This resource can provide trained victim assistance specialists and crisis interventionists to assist in meeting the emotional needs of traumatized victims of disasters, crime and terrorism. To contact the FCRT Statewide Response Coordinator: 954- 495-1769 or fcrt1987@gmail.com.

The following functions/organizations may have roles and responsibilities associated with this essential scalable service:

- Office for Victims of Crime
- Department of Justice
- Social Services

Spiritual Support

The FAC should house multi-denominational spiritual support by qualified spiritual leaders. In a traumatic event, spiritual support may help alleviate suffering or facilitate coping with great loss. Consideration should be given to ensuring spiritual leaders meet agreed upon requirements such as trauma mass casualty training, etc. The following functions/organizations may have roles and responsibilities associated with this essential base service:

- Emergency Management
- Faith-based organizations
- Non-governmental organizations

Personal Effects

The FAC can also provide information on the procedures regarding the return of personal effects. Personal effects may be held for evidence for extended periods. It is possible that some personal effects recovery, processing and disposition will occur at the FAC. If personal effects are not considered evidence, the process of releasing personal effects would not occur at FAC if ME/Coroner's office has the effects. The personal effects would be released to the funeral home picking up decedent. The following functions/organizations may have roles and responsibilities associated with this essential base service:

- Law Enforcement Group
- Fatality Management Unit
- Transportation carrier or their contracted vendor, if involved (NTSB incident)

Day Care Services

The FAC will house an on-site day care area for the children and elders of family and survivors and staff or coordinate referrals to off-site services. On- or off-site day care area should be staffed by pre-identified, qualified caretakers. It is recommended all caretakers pass a background check prior to the FAC deployment and wear identification while working. On- or off-site services should be coordinated with multiple community partners. The following functions/organizations may have roles and responsibilities associated with this essential scalable service:

- Social Services
- Florida Department of Children and Families (DCF)
- Florida Department of Health (FDOH)
- Parks and Recreation
- Non-governmental and private sector organizations (child and adult day care providers)

Day Care Services will be working closely with command for service and support.

Referral Services

The FAC should provide on-site expertise for referrals to appropriate off-site services that may not be available at the FAC. The FAC should not serve as a shelter. If needs or services relating to housing or sheltering are identified, these services should be provided as described in the jurisdiction's mass care or temporary housing plans. Clients may also be directed to an information portal for information and referrals to off-site services. These services should be identified by the FAC Branch Director based on the magnitude, scope, and needs of the incident. The following functions/organizations may have roles and responsibilities associated with this essential scalable service:

- Health and Human Services (to include the Office of Vital Statistics)
- 211 /311 (applicable jurisdiction call center, non-emergency help and information service line number)
- State morticians, funeral directors, and cemetery, cremation and funeral associations

- County assistance for funeral services, if indigent

Secondary Services

Secondary services are services that may be identified as necessary but may not necessarily be the responsibility of the FAC to provide as the roles and responsibilities to address these needs are detailed and assigned in other aspects of the affected jurisdiction's Comprehensive Emergency Management Plan (CEMP). For example, housing may be a long-term recovery issue and is addressed through other jurisdictional plans. If the need for these services is identified, the FAC Branch Director/IC, in coordination with the EOC, should determine the appropriate means for addressing these needs which may include providing them through the FAC or providing referrals to the appropriate, responsible entity.

Medical Services

Basic first aid care should be available within the FAC. Local EMS should be requested for standby. Anyone requiring full medical attention will be referred to Local EMS. The following functions/organizations may have roles and responsibilities associated with this essential scalable service:

- Fire and Rescue Services
- Health Department
- Medical Reserve Corps
- Volunteer Agencies
- American Red Cross

Food Services

Daily meals, including breakfast, lunch, dinner, and snacks, should be provided, and such meals should accommodate infants, children, the elderly and individuals with special dietary food allergies or requirements. These services should be coordinated in conjunction with the affected jurisdictions' EOC. Actual services provided will be dependent on the type of facility being utilized and number of meals required. FAC should not receive free food donations unless they are coming from verified known safe feeding sources to ensure validity/safety of the food donations. There are agencies/organizations that can assist in ensuring appropriate foods are being served in the aftermath of a mass casualty/mass fatality incident. For example, certain foods may be insensitive to serve

(such as barbeque meat, sauces, etc.) and foods should be ethnically appropriate when possible. The following functions/organizations may have roles and responsibilities associated with this essential scalable service:

- Adult Detention Center
- Public Schools
- American Red Cross
- Non-governmental organizations
- Private sector
- Salvation Army

Please note that the Logistics Section will be responsible for responder feeding and counts and will be coordinated with Liaison Officer (or resource unit leader, if assigned) to report totals to the Logistics Section.

Clothing/Personal Care Services

The FAC may provide emergency clothing and personal care hygiene items at the FAC. The American Red Cross or other community partners may assume this responsibility, if applicable.

Financial Assistance

The FAC may provide services to assist family and survivors in obtaining economic assistance from existing and emergency-initiated local, state, Federal, and non-governmental organization resources. Such assistance may include disaster assistance, rental assistance, food stamps or cards, and victim's assistance.

Housing

The FAC may provide services to assist families and survivors in obtaining emergency housing, including pre- identified shelter sites, creation of temporary housing, and hotels.

Personal ID Services

The FAC may provide services to assist families and survivors in obtaining temporary replacement of personal identification, such as proof of birth, residency, and/or

citizenship, to receive services and/or resume activities of daily life.

Transportation

The FAC may provide services to assist families, survivors and staff in obtaining appropriate public or private transportation as needed.

Documentation

Each unit within the branch is responsible for the maintenance of accurate, up to date FAC files. Unit Leaders may assign individuals within their unit this responsibility to ensure proper data collection and retention. FAC files will be stored for legal, analytical, and historical purposes.

Other responsibilities include:

- Set up work area; begin organization of FAC files.
- Establish duplication service; respond to requests.
- File all official forms and reports.
- Review records for accuracy and completeness; inform appropriate units of errors or omissions.
- Provide incident documentation as requested.
- Store files for post-incident use.
- Based on the above analysis, add additional personnel, workspace and supplies as needed.
- Prepare appropriate parts of Division Assignment Lists (ICS Form 204) if needed.
- Maintain the current status and location of all resources.
- Maintain master roster of all resources checked in at the FAC.

A Check-in/Status Recorder reports to the Resources Unit Leader and assists with the accounting of all incident assigned resources. We recommend use of an ICS 211 form.

Initial Response Actions

Initial response activities focus on meeting urgent mass care needs of survivors such as food and shelter, victim services, and family reunification. In ongoing stages of response, the continued provision of reunification and family assistance services are determined by the type, scope, complexity and duration of the incident and the impact on community and infrastructure. Close coordination will take place among local and, if activated, State and Federal agencies and NGOs that provide family assistance services. Initial response actions include:

If FAC activation is required, emergency management or public safety officials should contact the Central Florida Disaster Medical Coalition through coalition emergency contacts (Primary Telephone: ***-***-****, Secondary Telephone: ***-***-****, Email: ****@****.****). The Coalition will notify the FAC Response Team to identify an FAC Branch Director. The Coalition and FAC Branch Director will work together to contact and secure other FAC response team members.

Activation

Emergency Management, in coordination with the appropriate agencies having responsibility for FAC operations, should have the decision-making authority for activation of a FAC. Jurisdictions should identify the agencies having authority for activating and requesting deployment of a FAC team to operate the FAC.

Emergency Management and FAC support agencies should coordinate to determine the location of the FAC. FAC locations may be pre-determined through established memoranda of understanding (MOU). The facility should be physically located away from the disaster scene, the incident morgue, and staging areas yet still close enough for staff to travel back and forth as needed. Law enforcement and/or security needs to be on site to protect both clients and staff.

As staff arrive at the FAC, the designated FAC Branch Director should make position assignments. The position assignments may be determined prior to an incident based on day-to-day roles and responsibilities, training, and experience but may be adjusted as needed based on staff availability and incident requirements.

The services provided at a FAC are scalable depending upon the size of the event. However, there are services that are essential to any FAC operation, as well as services that may be deemed optional.

The primary and support agencies for identification and assessment of family assistance are in place and have conducted assessment of needs (e.g., equipment and supplies required to aid in the provision of family assistance services).

ESF-6 and ESF-8 will provide a representative at the local affected community's EOC and will deploy staff to designated FAC and other dedicated sites where reunification and family assistance services have been designated to be carried out.

The FAC Branch Director will coordinate with local EOC to conduct a human needs assessment to better understand community needs.

The FAC Branch Director and response team will implement established protocols for the handling of unaccompanied minor children, inclusive of:

- Reception centers/Reception Processing Sites with accommodations for unaccompanied minors separated from parents or guardians will be established within the FAC and/or FRC.
- Establishing tracking processes and procedures for the tracking of unaccompanied minors and persons seeking assistance at FAC.
- Implement processes for the reunification of unaccompanied minors with parents or guardians.
- Use intake and reunification forms, protocols, and processes to help expedite the reunification of unaccompanied minors with their parents or guardians.
- Assign security to rooms, areas of day care, reception centers, or FACs where unaccompanied minors will be held while awaiting reunification.
- Make the National Emergency Child Locator Center (NECLC) available to parents or guardians seeking missing children. NECLC is operated by the National Center for Missing and Exploited Children when a disaster has a presidential declaration.
- Provide resources to access The National Emergency Family Registry and Locator System which is designed to help families reunite when they have become separated during a disaster.

Resource Requests

Resource requirements to support FAC operations are determined by assessments performed during and following an incident and ongoing coordinated communication between the FAC, the County EOC, and the appropriate NGO partners.

Resource requests will be coordinated through the local jurisdiction requesting FAC and routed to the Liaison utilizing an ICS 213 RR form below. The Liaison is responsible for coordinating resource requests with the Incident Logistics Section. As a deployed FAC Response Team, they may be required to follow the requesting county's resource request process and local procurement regulations and codes. Please see sample process below that could be utilized by FAC or an EOC.

Transportation

The affected County's transportation assets may be used by the FAC with approval. FAC Liaison may also request additional regional transportation assets via the EOC.

Security and Credentialing

The FAC should be a secure facility that provides a safe environment for the families, survivors, and the staff. This area should be separate from any media authorized locations. A credentialing system that includes badge creation and card reader capabilities is useful to have in place prior to an event. In the absence of equipment for this, a standard operating procedure should be in place pre-event that describes the types of identification that should be recognized and a system for tracking entrance and departure from the facility. Law enforcement and/or security is a must to ensure a safe environment during a stressful event.

There are many technologies available for credentialing and badging that can be procured and utilized.

Table 5 – Technologies to Identify, Credential and Track Public and Responders

TECHNOLOGY	DESCRIPTION
Wristband	Color-coded wristbands worn for ID purposes
Barcoding	Printed lines, dots, or circles containing machine readable information, read by optical scanners
Smart cards	A card which stores imbedded microchip used for ID, requires a reader a structure
Geographical information system	Uses spatial technology and user data to track victims from location to location
Wireless communication devices	Cell phone technology which allows for victim positioning
Intelligent triage tags	Electronic triage tag using sensors, and memory, allowing for wireless transmission capabilities



Site Selection

The type of mass fatality incident and the number of fatalities and persons needing assistance will affect FAC site selection. Location and functional capability are important when determining the site. Consider pre-identifying potential facilities in different geographical areas in the region.

Selecting a facility for a FAC should be considered during the planning process by the FAC Team. Having pre-identified facilities may assist with the decision-making process when an incident occurs. However, how family assistance is managed will depend on the incident, extent of pre-planning, the resources at hand, and the jurisdiction's decisions regarding how family assistance will be provided.

Possible locations for a FAC are a hotel, convention center, college, or community center. In rural areas, tents may be used. A neutral, non-religious site is preferred because some families may be uncomfortable coming to a religious structure.

Basic Infrastructure Needs

When identifying potential facilities and their infrastructure capabilities, it is also important to determine and understand capacity. Base capacity requirements on the expectation of eight to 10 family members for each potential victim plus the FAC staffing requirements. Understanding the limits of a facility will lead to more effective facility selection, planning, and setup. Facility, at a minimum, should contain the following:

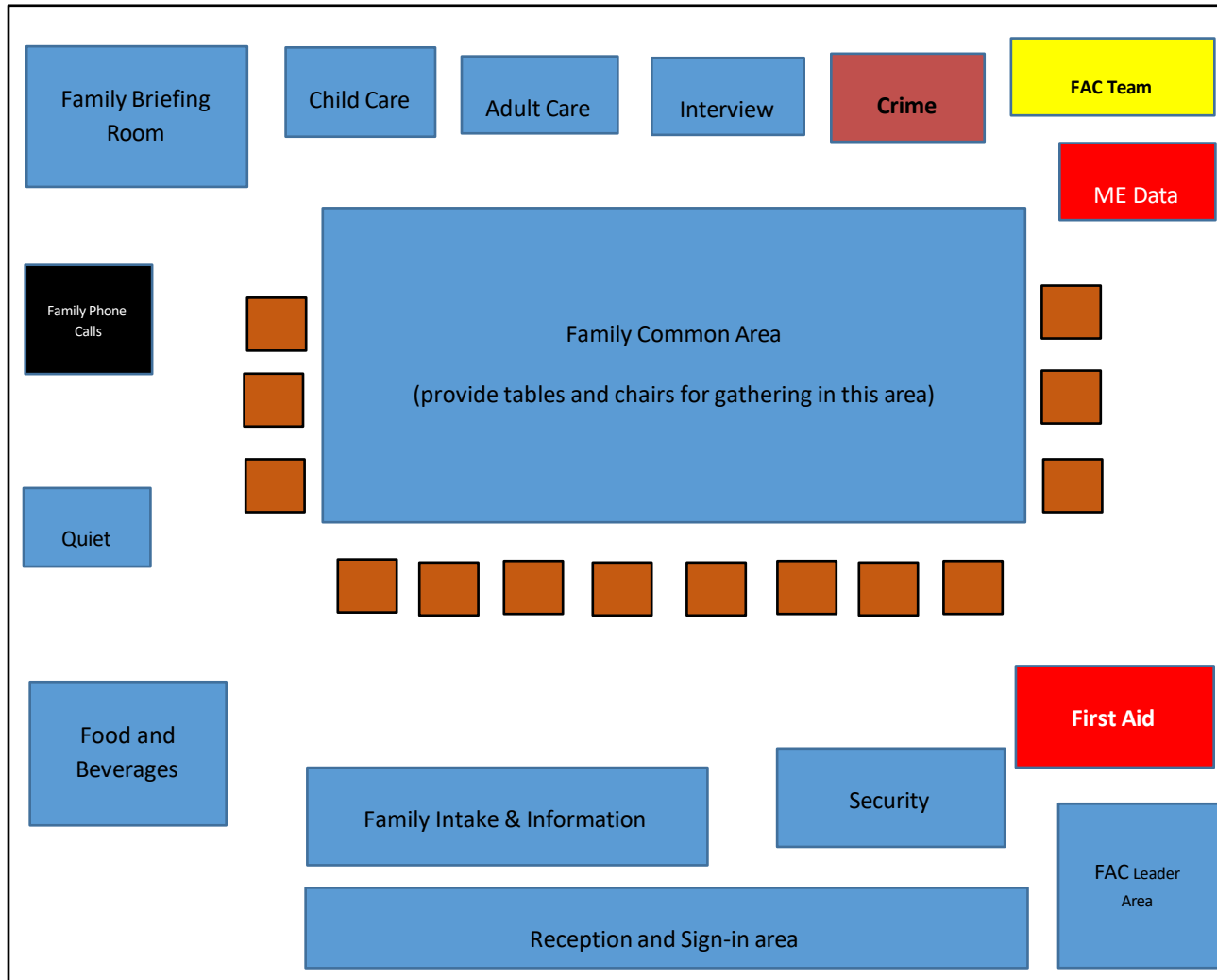
- Electrical Power
- Multiple Land Lines (telephones) and Cellular Telephone Reception
- Internet Service
- Location should be separated from media access areas.
- Stand-by EMS unit
- Controlled Heat/Air Conditioning (depending on climate)
- Hot and Cold Running Water
- Multiple Rest Rooms (allowing for separate areas for families and staff)
- Sewage
- Food Service Capability
- Adequate Parking



- Security Provisions (controlled access with perimeter for privacy from media and intruders)
- Accommodations for disabled family members/staff
- Screening (from view of the media)
- Generator(s) and back-up infrastructure
- Break-out rooms and designated outdoor area for service animals and/or comfort dogs for rest period
- Interview rooms and conference rooms for specialized team (Law Enforcement, Medical Examiner Victim Identifications Team)

Space and Floor Plan Requirements For FAC Functions

The floor plan must accommodate simultaneous and effective performance of many services for the families and friends of victims. The space must be large enough to accommodate needed services. It is estimated that each participating agency will need 150 square feet. The total square feet may vary from as few as 1200 square feet to more than 5000 square feet. Consequently, it is good to identify a variety of buildings of different sizes in different locations within your jurisdiction. A sample floor plan is below.

Figure 1– FAC Floorplan



 = Service Provider  = Ante-mortem Data/Missing Persons Center

*Note = All items are meant to be scalable to fit the needs of the current incident. Each incident will have unique characteristics and services will need to be tailored to that event. It is estimated that each participating agency may need 150 sq. ft.

Separate entrances for Staff and Families

The entrance for families should allow protection of family privacy and be away from media access. The separate entrance for staff is important so that staff can check-in, be briefed, and receive their assignments before they interact with families.

Reception and Information Desk

The reception and information desk area serves as a gatekeeper for the FAC to ensure that only family of possible victims and invited guests come to the FAC. It is highly recommended to sufficiently staff reception area with enough staff to complete the forms for family/friends. FAC staff should greet families, gather basic information, provide information on FAC services, and provide instructions for signing in and out of the FAC. Desks/tables with chairs, phones, and a system for creating photo identification (ID) badges for family members and friends may be needed.

Large General Assembly Room with Public Address System

This room should be large enough to accommodate all families (8-10 per potential victim) for the family briefings. It must be able to accommodate a phone and conference bridge capabilities that enables families away from the FAC to participate in the family briefings via speaker phone with a toll-free number and facilitate translation services. Sign language services may be required during the family briefing.

In the family briefing room, consider the following:

- Signs requesting attendees to turn off pagers and cellular phones during the family briefings to prevent interruptions and help keep the focus on the families.
- Displays with newspaper biographical articles about each victim, obituaries as they appear in the paper, family information needs (map of FAC, information on available services, meeting notes from family briefings, etc.).
- A long memorial table(s) where families can place photos and other remembrance items.
- Tables (on the opposite side of the room) with donated gifts, cards and letters of condolence from people and agencies.
- A question and comment box for families to express their needs and make recommendations to the FAC staff. Every comment and question should receive a

response from the FAC Branch Director or a Unit Leader.

- Tissue boxes on tables where families enter and exit the room.
- Have EMS unit on stand-by
- There should be separate entrances for families to separate them from the media

Reflection Room

This is space for families and friends to quietly reflect, meditate, pray, seek spiritual guidance, and observe religious practices. The reflection room must be designed and furnished to respect diverse cultures and beliefs.

Interview Rooms For Ante-Mortem Data Collection/Death Notifications

These rooms are used by the District Medical Examiner's Office to collect ante-mortem information for identification and for death notifications. At least some of the rooms should be large to accommodate large families and a Notification Team. They must be quiet and private because these meetings are often emotionally charged and long.

The Victim Information Center (VIC) is often co-located with the ante-mortem data collection area. It is recommended to provide the VIC with the following space:

- 200 sq. ft. Admin/Command
- 300 sq. ft. VIC Records Management/Computer Server
- 400 sq. ft. Data Entry/Auditing
- 100 sq. ft. Dental & Medical Records Acquisition
- 1,000 sq. ft. Call Center (@ 100 sq. ft. per call taker, depends on number of call takers) - These call takers will be fielding and vetting information from the main helpline call center.
- 2,000 sq. ft. Briefing Room for group family meetings
- Total size: 4,000 sq. ft.

Suggested Number of Interview Rooms for private family meetings:

- < 100 deceased and injured: 6 rooms
- 101 to 200 deceased and injured: 12 rooms
- > 201 deceased and injured: 15 rooms

If hotel rooms are used, replace the bedroom furniture with couches and chairs. It may be preferable for Death Notification Unit members to go to family's home rather than require families to come to the FAC. Cars may need to be available to Death Notification Unit members for families who prefer to have the Death Notification Unit members come to their homes.

Quiet Rooms For Counseling/Spiritual Care/Emotional Support

Several rooms should be available to provide a private space where families can receive counseling and emotional support from clergy, mental health professionals and grief counselors. These rooms can also be used for family members to spend time together and to use the telephone to contact other relatives and friends.

Suggested Number of Rooms for Counseling/Emotional Support:

- 100 fatalities: 3-5 rooms
- 101-200 fatalities: 10-12 rooms
- 200 fatalities: 15-25 rooms

If hotel rooms are used, replace the bedroom furniture with couches and chairs.

First Aid Station/Medical Care

Family and survivors may require medical attention. An ambulance should be on standby at all times to transport patients to area hospitals if necessary. This area may be very busy during the first few days.

Child Care Center

A childcare center is recommended to provide an area for children to be cared for during families' lengthy, emotionally challenging stays at the FAC. Consult local licensing requirements for childcare centers.

Suggested requirements based on recent mass fatalities are:

- Secluded area of the facility away from high traffic areas.
- Controlled entrance.
- Easily accessible bathroom facilities.
- Running hot and cold water.
- Area for diaper changing.
- Trash storage.
- Sufficient space to support children's play and movement, but limit running opportunities.

- Telephone.

Secondary space should be available to support overflow, separate ages (infants, pre-K/Kindergarten aged, elementary aged, and middle school aged children), and allow for nap time.

Required safety features:

- Ground level (if possible).
- Protection for children against sharp corners.
- Covered electrical outlets.
- Controlled hot water temperature to prevent scalding.
- Toys that are age appropriate.
- Elimination of choking hazards.
- Evacuation directions (parents have responsibility re: evacuation—designate a central meeting point outside).

FAC Branch Director/Unit Leads Area/Office

An operations center is necessary to allow the different service groups and organizations to meet—requiring a large meeting room for daily meetings for briefings at the beginning of each shift and for debriefings at the end of each shift. This room can also be used for team trainings.

In addition, administrative offices should be available for:

- FAC leaders and support staff
- IT support
- Data entry
- Various teams including mental health professionals, clergy, and medical examiners
- Key organizations including the American Red Cross, Salvation Army, U.S. Department of State's Office of Foreign Missions and foreign Embassies/Consulates

Since these administrative offices will hold files and confidential information generated by the FAC, they must be kept secure.

FAC Facility Requirements And Equipment Needs

Regardless of event size, there are a minimum of specific operational and space requirements for a FAC. Please see Appendix A for details.

Supporting Agencies and Programs

National services available for assistance in locating and/or tracking children may include law enforcement, public health, social services, and the NCMEC (1-800-THE-LOST). Other resources available include, the National Emergency Family Registry and Locator System (1-800-588-9822), which can be activated when families are looking for lost family members in the event of a disaster, and the National Emergency Child Locator Center (1-866-908- 9570), which can be activated 24 hours a day and functions to help locate children separated from their parent or guardian.

In addition, there are several on-line tools if internet is available including:

- Red Cross Virtual Family Assistance Center (VFAC)
www.redcross.org/vfac
- American Red Cross Safe and Well
<https://safeandwell.communityos.org/cms/index.php> Life360
- <https://www.life360.com/>
- Google Person Finder
<https://google.org/personfinder/global/home.html>

Public Information

The FAC Team will defer all public information releases to the PIO for the local authority having jurisdiction. The FAC will provide all relevant information to the PIO of the lead agency for the event.

Call Center

A single, centralized call center, staffed by qualified, trained call coordinators is vital to successfully and effectively managing the FAC process and assisting those in need of incident information. Not all families will travel to the jurisdiction and a call center offers the opportunity for them to provide information and to receive information just as those present at a physical FAC. The call center should screen callers, provide initial telephone intake, and refer appropriate callers to a physical FAC. The call center may also assist with reunification by entering basic data provided by family on victims to send to the Medical Examiner's Victim Identification Team, referring callers to appropriate services, and helping family locate injured victims in local hospitals. All

information provided through a call center should be validated through a predetermined process so that only official information is provided to callers. A call center should be established as early in the incident as possible to facilitate communication with those not on-site.

Orange County 311 is an available resource for the central Florida region. Orange County 311 is able to provide trained crisis staff to answer phone calls and provide information following a mass casualty incident.

*Note in the aftermath of a major transportation accident that falls under Federal family assistance legislation, the affected carrier is required to establish a toll-free number. It is important for local agencies to understand that this is happening and there needs to be communication and a flow of information between the local agencies collecting information and the carrier that is also collecting information, especially victim information that needs to be forwarded to the District Medical Examiner's Victim Identification Team.

Preparedness Activities

Required and optional training classes for individual positions can be found on the next page in the FAC Response Team Training Matrix on the next pages and on EMI's website under the Independent Study Program - <http://training.fema.gov/IS/> as well as the State of Florida's training website - <http://trac.floridadisaster.org/TRAC/trainingcalendar.aspx#>.

References

This section includes a reference list of documents utilized for this plan that address FACs and public information during an incident or event.

- Family Assistance Guidance Plan (Section I through Section IV), Metro Orlando Family Assistance Working Group, December 2017
- A Guide to Public Alerts and Warnings for Dam and Levee Emergencies, Dennis S. Mileti, Ph.D., John H. Sorensen, Ph.D. for USACE Risk Management Center
- Disaster Preparation Information for the Public, CDC, 2008
- City of Jacksonville Public Information Officer Position Specific Guide, 2011
- City of Jacksonville Public Information Interagency Coordinating Procedure, 2012
- District of Columbia ESF #15 Operational Plan; Homeland Security and Emergency Management Agency (HSEMA); Washington, DC, June 2015.
- District of Columbia Crisis Communication Guide, Washington, DC July 2015
- NIMS; US Department of Homeland Security, Washington, DC; December 2008. http://www.fema.gov/pdf/emergency/nims/NIMS_core.pdf.
- Family Reunification Concepts and challenges / Nager. Volume.10, NO.3
- Cherry Creek Dam Evacuation Plan: Family Reunification Annex, 2017

Authorities

All “disasters” begin at the local level. When an incident occurs in a jurisdiction, the local authorities will be responsible for the initial response and will remain responsible for the duration of the response and recovery operations for coordination with all responding regional, state, and Federal agencies.

Federal

- Emergency Management Accreditation Program (EMAP) Standards, 2016
- Incident Command System (ICS), 2008
- National Incident Management System (NIMS), 2008
- National Response Framework (NRF), 2013
- Public Law 104-264, Aviation Disaster Family Assistance Act of 1996, as amended
- Public Law 105-148, Foreign Air Carrier Family Support Act of 1997, as amended
- Public Law 110-432 Rail Passenger Disaster Assistance Act of 2008
- Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended, 2013

State

- Florida State Statutes, Chapter 252 – Emergency Management
- Florida State Statutes, Chapter 406 – Medical Examiners (Jurisdiction)

Local

- Comprehensive Emergency Management Plans (CEMPs)
- Emergency Operations Plans (EOP) and functional annexes
- Local Mass Casualty Plan

Position Matrix

	Branch Director	Safety Officer	Death Notification Unit Lead	Support Services Unit Lead	Fatality Management Unit Lead	Intake Processing Unit	Behavioral Health Unit Lead	Liason	Reunification Unit Lead
Regional FAC Plan Training	R	R	R	R	R	R	R	R	R
ICS 100	R	R	R	R	R	R	R	R	R
ICS 200	R	R	R	R	R	R	R	R	R
ICS 300	R	R	R	R	R	R	R	R	R
ICS 400	R	R	R	R	R	R	R	R	R
G191 ICS/EOC Interface	R	R	R	R	R	R	R	R	R
ICS 700	R	R	R	R	R	R	R	R	R
ICS 800	R	R	R	R	R	R	R	R	R
G-386 Mass Fatalities	R	O	R	O	R	O	O	O	R
L-956 Liason officer	R	R	R	R	R	R	R	R	R
L-954 Safety Officer	O	O	O	O	O	O	O	O	O
Years/Events experience	R	R	R	R	R	R	R	R	R
L950 Incident Commander	R	O	O	O	O	O	O	O	O
IC 0305 All Hazards ICS	R	O	O	O	O	O	O	O	O
Crisis Response Training	O	O	R	O	O	O	R	O	O

**** Note**** Death Notification Unit Lead – Must be filled by law enforcement. Fatality Management Unit Lead - Must be assigned from Medical Examiner or FEMORS personnel.

CFDMC further recommends that anyone responding/staffing an FRC/FAC in a direct-contact family support role (e.g., death notification unit, reunification unit, etc.) is trained to a minimum Mental Health First Aid.

Job Action Sheets

Position checklists have been developed for each role, as detailed below. The FAC Workgroup will continue to build supporting forms, tools, equipment and resources will be added.

- FAC Branch Director
- Safety Officer
- Support Services Unit Lead
- Reunification Unit Lead
- Behavioral Health Unit Lead
- Death Notification Unit Lead
- Fatality Management Unit Lead
- Intake Processing Unit Lead
- Liaison

FAC BRANCH DIRECTOR JOB ACTION SHEET

FAC Branch Director

Reports to: EOC Manager

Vest Designation: FAC Branch Director

Mission: The FAC Branch Director oversees the entire FAC operation, while the section chiefs have assigned responsibilities. The Management Team is scalable in that for smaller operations, the FAC Manager can serve as Planning, Operations and/or Logistics Section Chief, if needed.

Immediate:	
<input type="checkbox"/>	Read this entire Position Checklist.
<input type="checkbox"/>	Obtain a full briefing of the incident.
<input type="checkbox"/>	Maintain facility site and ensure facility confidentiality.
<input type="checkbox"/>	Appoint all section chiefs that are required for the FAC; distribute section packets containing Position Checklists for each position and any forms pertinent to section and positions
<input type="checkbox"/>	Assign Documentation Officer.
<input type="checkbox"/>	Appoint person to be responsible for maintaining facility essential day-to-day services.
<input type="checkbox"/>	Establish contact with Call Center.
<input type="checkbox"/>	Confer with section chiefs and consultants and develop an Incident Action Plan (IAP) for a defined period of time, establishing priorities (section chiefs will communicate IAP to each team and pertinent partners and agencies).
<input type="checkbox"/>	Confer with section chiefs to implement necessary health department services identified in the FAC Plan.
<input type="checkbox"/>	Consider and assign communication responsibilities to FAC staff, EOC and external agencies and partners.
<input type="checkbox"/>	Assure that contact has been established and resource information shared with all internal and external agencies identified in the FAC Plan.

FAC BRANCH DIRECTOR JOB ACTION SHEET

Intermediate:	
<input type="checkbox"/>	Provide daily briefings to families regarding incident status, the victim identification process and time constraints. <i>(These briefings may be conducted by law enforcement personnel, especially early in the investigations.)</i>
<input type="checkbox"/>	Authorize resources as needed or requested by section chiefs, through the EOC manager.
<input type="checkbox"/>	Schedule routine briefings with section chiefs to receive status reports and update the action plan regarding the continuance and/or termination of the action plan.
<input type="checkbox"/>	Maintain contact with EOC and all relevant agencies.
<input type="checkbox"/>	Assist with information for media releases submitted to the Public Information Officer (PIO).

Extended:	
<input type="checkbox"/>	Observe all staff for status and signs of stress.
<input type="checkbox"/>	Provide for rest periods for staff.
<input type="checkbox"/>	Prepare end of shift report and update with incident specific information. This information could include number of persons or families assisted or amount/total services provided. At a minimum, present this information to the oncoming FAC Branch director, jurisdiction leadership, current service providers, FAC staff, and the EOC.
<input type="checkbox"/>	Plan for the possibility of extended deployment.
<input type="checkbox"/>	Prepare for the transition to a Disaster Resource Center DRC, if required.

SAFETY OFFICER JOB ACTION SHEET

Reports to: FAC Branch director

Vest Designation: Safety Officer

Mission: To maintain overall safety at the FAC facility and to keep the FAC free of physical hazards.

FAC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FAC.

Immediate:	
<input type="checkbox"/>	Receive appointment from FAC Branch Director. Obtain packet containing section's Position Checklists.
<input type="checkbox"/>	Read this entire Position Checklist and review organizational chart.
<input type="checkbox"/>	Obtain briefing from FAC Manager.
<input type="checkbox"/>	Establish a work area within the FAC according to the operational layout.
<input type="checkbox"/>	Interface with Facilities Team Lead to understand security precautions taken to date.
<input type="checkbox"/>	Identify important phone numbers from master contact list and give to team personnel for internal and external distribution.
<input type="checkbox"/>	Identify hazardous situations associated with the incident. Ensure adequate levels of protective equipment are available and being used.
<input type="checkbox"/>	Identify potentially unsafe acts.
<input type="checkbox"/>	Verify that all facility operational systems are in working condition (electrical, plumbing, HVAC, fire alarm, sprinkler systems, elevator, phone, intercom, data, etc.)
<input type="checkbox"/>	Direct the test of emergency exit signs and emergency generator and battery backup systems.
<input type="checkbox"/>	Assist other team members that may not be familiar with or are not normally stationed at the facility.

SAFETY OFFICER JOB ACTION SHEET

Intermediate:	
<input type="checkbox"/>	Ensure that direct communications links are established to communicate with law enforcement.
<input type="checkbox"/>	Conduct team transition briefings at shift change.
<input type="checkbox"/>	Correct or act upon any unsafe conditions or safety hazards at the FAC.
<input type="checkbox"/>	Ensures team action plan is created for each operational period.
<input type="checkbox"/>	Obtain blueprints of facility to develop FAC force protection plan.
<input type="checkbox"/>	Regulate design changes or barriers to channel families/staff into appropriate or inappropriate areas within the FAC.

Extended:	
<input type="checkbox"/>	Advise Operations Section Chief of any safety issues.
<input type="checkbox"/>	Maintain documentation of all actions and decisions on a continual basis; forward completed unit activity log (ICS 214) to Operations Section Chief.
<input type="checkbox"/>	Observe all staff for signs of stress. Report issues to Branch Director.
<input type="checkbox"/>	Provide rest periods and relief for staff.
<input type="checkbox"/>	Plan for the possibility of extended deployment.
<input type="checkbox"/>	Prepare end of shift report and present it to the oncoming Safety Officer.
<input type="checkbox"/>	Report progress of team to Branch Director.

SUPPORT SERVICES UNIT LEAD JOB ACTION SHEET

Reports to: Branch Director

Vest Designation: Support Services

Mission: The support services providers assist in providing for the needs of victims and families.

FAC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FAC.

Immediate:	
<input type="checkbox"/>	Receive appointment from Branch Director. Obtain packet containing Unit's Position Checklists.
<input type="checkbox"/>	Read this entire Position Checklist and review organizational chart.
<input type="checkbox"/>	Brief the Support Services Unit.
<input type="checkbox"/>	Establish your assigned work area within the FAC.
<input type="checkbox"/>	Inventory equipment/tools/resources required to accomplish mission tasks. Request additional resources from Branch Director Chief.
<input type="checkbox"/>	Verify important phone numbers from master contact list that was given.
<input type="checkbox"/>	Provide those waiting for psychological first aid with comfort, caring and direction.
<input type="checkbox"/>	Organize and direct all service providers working in the FAC.
<input type="checkbox"/>	
Intermediate:	
<input type="checkbox"/>	Maintain coordination and contact with all service providers working in the FAC.
<input type="checkbox"/>	Notify security/law enforcement of clients acting in an aggressive or forceful manner.
<input type="checkbox"/>	Attend Operations briefing.

SUPPORT SERVICES UNIT LEAD JOB ACTION SHEET

<input type="checkbox"/>	Attend unit transition briefings at shift change.
<input type="checkbox"/>	Read Unit Action Plan that is created for each operational period.
Extended:	
<input type="checkbox"/>	To Be Determined Based on Situational Needs
<input type="checkbox"/>	

REUNIFICATION UNIT LEAD JOB ACTION SHEET

Reports to: Branch Director

Vest Designation: Reunification Unit Lead

Mission: The Reunification Unit Lead oversees all staff members of the Reunification Unit. In addition, coordinates with all other FAC Unit Leads.

FAC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FAC.

Immediate:	
<input type="checkbox"/>	Receive appointment from Branch Director. Obtain packet containing team's Position Checklists.
<input type="checkbox"/>	Read this entire Position Checklist and review organizational chart.
<input type="checkbox"/>	Don appropriate FAC vest.
<input type="checkbox"/>	Obtain briefing from Branch Director.
<input type="checkbox"/>	Establish a work area within the FAC according to the operational layout.
<input type="checkbox"/>	Ensure FAC reunification team is staffed in an appropriate manner.
<input type="checkbox"/>	Brief reunification unit members.
<input type="checkbox"/>	Determine resources required to accomplish mission tasks.
<input type="checkbox"/>	Identify important phone numbers from master contact list and give to team personnel for internal and external distribution.
<input type="checkbox"/>	Ensure appropriate processes are in place to reunite families with their loved ones as quickly as possible
<input type="checkbox"/>	Review entries/records for accuracy and completeness.

REUNIFICATION UNIT LEAD JOB ACTION SHEET

Intermediate:	
<input type="checkbox"/>	Conduct team transition briefings at shift change.
<input type="checkbox"/>	Identify and prioritize intake and processing needs.
<input type="checkbox"/>	Ensure Unit Action Plan is created for each operational period.
<input type="checkbox"/>	Track deadlines for the team.
Extended:	
<input type="checkbox"/>	Maintain documentation of all actions and decisions on a continual basis; forward completed team activity log to Branch Director.
<input type="checkbox"/>	Observe all staff for signs of stress. Report issues to Operations Section Chief.
<input type="checkbox"/>	Provide rest periods and relief for staff.
<input type="checkbox"/>	Plan for the possibility of extended deployment.
<input type="checkbox"/>	Store files for possible transition to Disaster Resource Center (DRC) or for post-incident use.
<input type="checkbox"/>	Prepare end of shift report and present to oncoming Reunification Unit Lead.
<input type="checkbox"/>	Review Unit Action Plans to/from Branch Director as appropriate.
<input type="checkbox"/>	Report progress of team to Branch Director.

BEHAVIORAL HEALTH UNIT LEAD JOB ACTION SHEET

Reports to: Branch Director

Vest Designation: Behavioral Health Team Lead

Mission: The Behavioral Health Unit Lead oversees all staff on the Behavioral Health Unit.

FAC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FAC.

Immediate:	
<input type="checkbox"/>	Receive appointment from Branch Director. Obtain packet containing team's Position Checklists.
<input type="checkbox"/>	Read this entire Position Checklist and review organizational chart.
<input type="checkbox"/>	Don appropriate FAC vest.
<input type="checkbox"/>	Obtain briefing from Branch Director.
<input type="checkbox"/>	Establish a work area within the FAC according to the operational layout.
<input type="checkbox"/>	Ensures FAC behavioral health is staffed in an appropriate manner.
<input type="checkbox"/>	Brief Behavioral Health Unit members.
<input type="checkbox"/>	Determine resources required to accomplish mission tasks
<input type="checkbox"/>	Identify important phone numbers from master contact list and give to team personnel for internal and external distribution.
<input type="checkbox"/>	Ensures appropriate behavioral health services are provided to all family members and staff at the FAC.
<input type="checkbox"/>	Review entries/records for accuracy and completeness.

BEHAVIORAL HEALTH UNIT LEAD JOB ACTION SHEET

Intermediate:	
<input type="checkbox"/>	Conduct team transition briefings at shift change.
<input type="checkbox"/>	Identify and prioritize behavioral health needs.
<input type="checkbox"/>	Ensure Unit Action Plan is created for each operational period.
<input type="checkbox"/>	Track deadlines for the team.
<input type="checkbox"/>	Reiterates to all FAC staff the behavioral health implications of a traumatic event.
Extended:	
<input type="checkbox"/>	Emphasizes the psychological stress brought on to internal and external stakeholders.
<input type="checkbox"/>	Maintain documentation of all actions and decisions on a continual basis; forward completed team activity log to Branch director.
<input type="checkbox"/>	Observe all staff for signs of stress. Report issues to Branch Director.
<input type="checkbox"/>	Provide rest periods and relief for staff.
<input type="checkbox"/>	Plan for the possibility of extended deployment.
<input type="checkbox"/>	Store files for possible transition to Disaster Resource Center (DRC) or for post-incident use.
<input type="checkbox"/>	Prepare end of shift report and present to oncoming Behavioral Health Team Lead.
<input type="checkbox"/>	Review Team Action Plans to/from Branch Director as appropriate.
<input type="checkbox"/>	Report progress of team to Branch Director.

DEATH NOTIFICATION UNIT LEAD JOB ACTION SHEET

Reports to: Branch Director

Vest Designation: LEA Uniform or Badge Displayed

Mission: Serves as the team leader on the Death Notification Unit by ensuring once medical examiner makes a positive identification, the team makes notification to the decedent's family.

FAC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FAC.

Immediate:	
<input type="checkbox"/>	Receive appointment from Branch Director. Obtain packet containing section's Position Checklists.
<input type="checkbox"/>	Read this entire Position Checklist and review organizational chart.
<input type="checkbox"/>	Don appropriate FAC vest.
<input type="checkbox"/>	Obtain briefing from Unit Lead.
<input type="checkbox"/>	Establish communication with the virtual Call Center if the crisis involves the virtual FAC.
<input type="checkbox"/>	Establish your assigned work area within the FAC.
<input type="checkbox"/>	Inventory equipment/tools/resources required to accomplish mission tasks. Request additional resources from Team Lead.
<input type="checkbox"/>	Verify important phone numbers from master contact list that was given.
<input type="checkbox"/>	Provide those waiting for psychological first aid with comfort, caring and direction.
<input type="checkbox"/>	Provide and obtain disaster behavioral health services to families moving through the FAC.

DEATH NOTIFICATION UNIT LEAD JOB ACTION SHEET

Intermediate:	
<input type="checkbox"/>	React and provide support to clients for any behavioral issues identified by staff.
<input type="checkbox"/>	Provide as much family contact and interaction as possible.
<input type="checkbox"/>	Notify security/law enforcement of clients acting in an aggressive or forceful manner.
<input type="checkbox"/>	Attend Operations meetings.
<input type="checkbox"/>	Review entries/records for accuracy and completeness.
<input type="checkbox"/>	Attend team transition briefings at shift change.
<input type="checkbox"/>	Read Unit Action Plan that is created for each operational period.
Extended:	
<input type="checkbox"/>	Maintain ability to deal with the public under stressful circumstances.
<input type="checkbox"/>	Observe co-workers for signs of stress. Report issues to Team Lead.
<input type="checkbox"/>	Take appropriate rest periods and relief.
<input type="checkbox"/>	Self-examine the stress elements that this crisis put you under. Consider critical incident debriefing or psychological first aid.
<input type="checkbox"/>	Plan for the possibility of extended deployment.
<input type="checkbox"/>	Keep and retain good notes and files for possible transition to Disaster Resource Center (DRC) or for post-incident use.
<input type="checkbox"/>	Prepare end of shift report and present to oncoming Behavioral Health Provider
<input type="checkbox"/>	Report situations/problems/progress to Branch Director.

FATALITY MANAGEMENT UNIT LEAD JOB ACTION SHEET

Reports to: Branch Director

Vest Designation: FM Unit Lead

Mission: The Fatality Management Unit Lead is responsible for establishing the FM VIC, managing a specialized call center if activated, ensuring proper interviewing of families and acquaintances of victims using database forms, and coordinating the exchange of information between the Morgue Identification Center (MIC) and the VIC. In the absence of the FM Unit Lead, the Medical Examiner Liaison shall assume these duties. The FM Unit Lead reports to the Operations Section Chief but may also work directly with the Medical Examiner Liaison.

FAC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FAC.

Immediate:	
<input type="checkbox"/>	Obtain packet containing Position Checklist.
<input type="checkbox"/>	Read this entire Position Checklist and review organizational chart.
<input type="checkbox"/>	Obtain a full briefing from Branch Director or Medical Examiner Liaison.
<input type="checkbox"/>	Don appropriate FM Lead vest.
<input type="checkbox"/>	Establish your assigned work area and FM VIC stations within the FAC.
<input type="checkbox"/>	Coordinate with Operations Section Chief or Medical Examiner Liaison on availability and readiness of VIC Core Team and obtain 24-hour contact numbers for unit deployed.
<input type="checkbox"/>	Request necessary supplies, equipment, telephone, fax, data lines, copiers, etc. from Logistics.
<input type="checkbox"/>	In conjunction with the Branch Director or Medical Examiner Liaison, publish telephone contact numbers through Information Officer channels.
<input type="checkbox"/>	Monitors call volume surges and staffing levels needed (coordinated with the IC Logistics Resource Unit), especially during the first few days of the event.

DEATH NOTIFICATION UNIT LEAD JOB ACTION SHEET

<input type="checkbox"/>	Liaisons with the FM Morgue Identification Center (MIC) on form modifications, data collection techniques, and identifications made by the MIC Team.
<input type="checkbox"/>	Directs initial focus and resources to collecting missing person data while the database capabilities are being installed.
<input type="checkbox"/>	Provide systematic approach to operations.
<input type="checkbox"/>	Work with the technical support personnel to set up and ensure proper functioning of computer equipment assigned to the FM VIC.
<input type="checkbox"/>	Brief interviewers and data entry personnel to ensure all understand the overall information management system and their specific duties and responsibilities.
Intermediate:	
<input type="checkbox"/>	Provide training as necessary
<input type="checkbox"/>	Maintain accountability and security of any documentation with the family.
<input type="checkbox"/>	Coordinate family support options with other appropriate agencies.
<input type="checkbox"/>	Provides discretion and confidentiality of all verbal and written documentation concerning the deceased, NOK, and family members.
Extended:	
<input type="checkbox"/>	Observe all staff for status and signs of stress.
<input type="checkbox"/>	Provide for rest periods for staff.
<input type="checkbox"/>	Prepare end of shift report and update with incident tracking board.
<input type="checkbox"/>	Provide input into the demobilization plan on length of time to complete family interaction.
<input type="checkbox"/>	Coordinate with Medical Examiner Liaison on transition of FM VIC operations to Medical Examiner staff following demobilization.
<input type="checkbox"/>	Provide report and briefing to replacement on status of operations if rotating out prior to termination of the FEMORS mission.

DEATH NOTIFICATION UNIT LEAD JOB ACTION SHEET

<input type="checkbox"/>	Forward all completed records to the MIC Records Management.
<input type="checkbox"/>	Ensure all personally issued equipment is returned.
<input type="checkbox"/>	Participate in a formal Unit After Action Report.

INTAKE PROCESSING UNIT LEAD JOB ACTION SHEET

Reports to: Branch Director

Vest Designation: Intake Processing Unit Lead

Mission: The Intake Processing Unit Lead oversees the registration process for victims and family at the FAC and/or the virtual FAC.

FAC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FAC.

Immediate:	
<input type="checkbox"/>	Receive appointment from Branch Director. Obtain packet containing section's Position Checklists.
<input type="checkbox"/>	Read this entire Position Checklist and review organizational chart.
<input type="checkbox"/>	Don appropriate FAC vest.
<input type="checkbox"/>	Obtain briefing from Branch Director.
<input type="checkbox"/>	Establish a work area within the FAC according to the operational layout.
<input type="checkbox"/>	Ensures FAC Intake Processing Unit is staffed in an appropriate manner.
<input type="checkbox"/>	Brief Intake Processing Unit members.
<input type="checkbox"/>	Determine resources required to accomplish mission tasks.
<input type="checkbox"/>	Identify important phone numbers from master contact list and give to team personnel for internal and external distribution.
<input type="checkbox"/>	Review entries/records for accuracy and completeness.
Intermediate:	
<input type="checkbox"/>	Conduct Unit transition briefings at shift change.

INTAKE PROCESSING UNIT LEAD JOB ACTION SHEET

<input type="checkbox"/>	Identify and prioritize intake and processing needs
<input type="checkbox"/>	Ensures Unit Action Plan is created for each operational period.
<input type="checkbox"/>	Track deadlines for the team.
Extended:	
<input type="checkbox"/>	Maintain documentation of all actions and decisions on a continual basis; forward completed unit activity log to Branch Director.
<input type="checkbox"/>	Observe all staff for signs of stress. Report issues to Branch Director.
<input type="checkbox"/>	Provide rest periods and relief for staff.
<input type="checkbox"/>	Plan for the possibility of extended deployment
<input type="checkbox"/>	Store files for possible transition to Disaster Resource Center (DRC) or for post-incident use.
<input type="checkbox"/>	Prepare end of shift report and present to oncoming Intake and Processing Team Lead.
<input type="checkbox"/>	Review Unit Action Plans from Branch Director as appropriate.
<input type="checkbox"/>	Report progress of team to Branch Director.

LIAISON JOB ACTION SHEET

Reports to: FAC Branch Director

Vest Designation: Liaison

Mission: Ensure the distribution of critical information/data. Identify data elements and data sources. Provide a line of communications between the EOC and Branch Director. Serve as link between partner agencies, the FAC and those we are serving.

Immediate:	
<input type="checkbox"/>	Receive appointment from FAC Branch Director. Obtain packet containing Section's Position Checklists.
<input type="checkbox"/>	Read this entire Position Checklist.
<input type="checkbox"/>	Obtain briefing from FAC Branch Director.
<input type="checkbox"/>	Serve as liaison to EOC point of contact and ensure frequent exchanges of information occur between the FAC and the EOC.
<input type="checkbox"/>	Establish Planning/ Data Collection protocols and data entry sites as needed.
<input type="checkbox"/>	Ensure standardization of information/data collection.
Intermediate:	
<input type="checkbox"/>	Serve as liaison to EOC point of contact and ensure frequent exchanges of information occur between the FAC and the EOC.
Extended:	
<input type="checkbox"/>	Maintain documentation of all actions and decisions on a continual basis; forward completed unit activity log (ICS 214) to FAC Branch Director.
<input type="checkbox"/>	Assure all requests for data or plan information/status are routed/ documented through the EOC Public Information Officer (PIO).

Appendices

Appendix A: FAC Site Requirement Sheet

Appendix A: FAC Site Requirement Sheet

FRC/FAC Site Requirement Worksheet

Date site evaluated:	Primary use as FRC or FAC (circle one or both)
Facility Name:	Physical Address:
City:	Zip code:
GPS Lat and Lon:	Landmarks:
Site accessible hours: days:	Site keys: location and POC?
Primary Point of Contact (POC)	
Primary POC Name	
Phone	
After hours phone	
Address	
Email	
Alternate Point of Contact (POC)	
Alternate POC Name	
Alternate Phone	
After hours phone	
Address	
Email	

Appendix A: FAC Site Requirement Sheet

Site Requirements	Response	Comments
Facility Primary Function (i.e. Rec Center, ballroom)		
Facility Normal Operating days and hours		
Is the facility owned/operated by the jurisdiction? (Y or N)		
Lease required (Y or N)		
Space available (sq. ft)		
ADA accessible?		
Number of parking spaces?		
Parking lot lights? (Y or N)		
Number of floors in building		
Facility Capacity (person occupancy)		
On-site security?		
Number of ingress and egress locations		
Nearest Hospital		

Appendix A: FAC Site Requirement Sheet

Interior	Response	Comments
# of rooms		
Room Sizes (Room A)		
Room Sizes (Room B)		
Room Sizes (Room C)		
Room Sizes (Room D)		
# of restrooms (ADA compliant)		
Air conditioning (Y or N)		
Electrical power support Computers and office equipment? (Y or N)		
Can additional power supply be accomplished easily? (Y or N)		

Appendix A: FAC Site Requirement Sheet

Office Characteristics	Response	Comments
Internet Access (Y or N)		
WiFi (Y or N)		
Fax Machine(s)? How many?		
Printers? How many?		
Janitorial service? Frequency?		
Existing Phones lines? How many?		
Phone service provider?		
Internet provider?		

Note: Building sketches/floorplans should be provided of all potential FAC locations

Appendix B: Participating Agencies And Contacts

Appendix B: Participating Agencies And Contacts

Below is a listing of potential participating agencies and organizations that could participate in a FRC or FAC.

Local:

Agency/Organization	Service(s) Provided	POC Name and Position	POC Phone	POC Email	Address	Alternate Contact

Appendix B: Participating Agencies And Contacts

State:

Agency/Organization	Service(s) Provided	POC Name and Position	POC Phone	POC Email	Address	Alternate Contact

Appendix B: Participating Agencies And Contacts

Federal:

Agency/Organization	Service(s) Provided	POC Name and Position	POC Phone	POC Email	Address	Alternate Contact
US Dept of State, Office of Foreign Missions	Foreign Consulates	Miguel Morales, Director	305-442-4943		95 Merrick Way, Suite 505, Coral Gables FL 33134	

Appendix B: Participating Agencies And Contacts

Additional Resources:

Agency/Organization	Service(s) Provided	POC Name and Position	POC Phone	POC Email	Address	Alternate Contact

Appendix C: Equipment Checklist And Inventory

Appendix C: Equipment Checklist And Inventory

Modified from the National Association of County and City Health Officers *Managing Mass Fatalities: A Toolkit for Planning* document

Family Assistance Center (FAC) Equipment/Materials Inventory			
✓	Item	Quantity	Source
	Audiovisual equipment (microphone, screen, podium)		
	Bulletin board(s)		
	Cell phones (with chargers and portable chargers)		
	Chairs		
	Child Care Center (first aid kit; toys, cribs, cots, linens, blankets, pillows & furniture to enhance children's comfort and sense of safety; diaper changing supplies)		
	Computers (PCs/laptops) for families		
	Copy (high speed) machine(s)		
	DNA Collection Materials		
	Facility diagrams		
	Fax Machines		
	General comfort item packages (water, face wipes, toothbrush, toothpaste, etc.)		
	Maps (local area)		
	Nametags/badges for staff		

Appendix C: Equipment Checklist And Inventory

	Paper shredder		
	Parking passes		
	Radios (portable)		
	Signage		
	Snacks and beverages		
	Tables		
	Telephone lines		
	Transportation vehicles		
	Trash bags		
	Trash receptacles		
	Wi-Fi (e-mail, internet, etc.)		

Appendix D: Call Center Procedures

Appendix D: Call Center Procedures

Location of Call Center:	
Public Phone Number for Call Center:	
Primary Agency Managing Call Center:	
Primary Staffing for Call Center:	
Timeframe to set up Call Center:	
Primary Point of Contact (POC)	
Primary POC Name	
Phone	
After hours phone	
Address	
Email	
Alternate Point of Contact (POC)	
Alternate Name POC	
Alternate Phone	
After hours phone	
Address	
Email	

Appendix D: Call Center Procedures

Call Center Specifics	Response	Comments
Number of Phone Answering Points Available?		
Can this be expanded? How many additional?		
Can Call Center operate 24/7?		

Appendix E: Human Needs Assessment Form

Appendix E: Human Needs Assessment Form

Operations

Human Needs Assessment Team

Date _____

Type of Incident _____

HNAT Leader: _____ Strike Team Leader: _____

Team Member _____ Team #: _____

Person interviewed Mr.

Mrs.

Ms.

Address _____

TV _____ Radio _____ Computer _____

Working Phone No / Yes Number: ____ Working Cell No / Yes Number: _____

Available Transportation No / Yes

Comments: _____

Appendix E: Human Needs Assessment Form

A. Home Status

A. Home Status	Comments
Dwelling Type	
<input type="checkbox"/> Multi-Family	
<input type="checkbox"/> Single Family	
<input type="checkbox"/> Mobile Home	
<input type="checkbox"/> Nursing Home	
<input type="checkbox"/> Shelter	

B. Utility Status

<input type="checkbox"/> Electricity (circle On or Off)	
<input type="checkbox"/> Natural Gas (circle LP or Line) (if tank approx. size) <input type="checkbox"/> Running Water (circle City or Well) Oil Tank <input type="checkbox"/> No / Yes <input type="checkbox"/> (if yes approx. size) <input type="checkbox"/> Other	
Building/Structure Status (Observation Only)	
<input type="checkbox"/> Extensive damage (circle occupied or unoccupied)	
<input type="checkbox"/> Moderate damage (circle occupied or unoccupied)	
<input type="checkbox"/> Evidence of mosquito breeding	
<input type="checkbox"/> Evidence of fly infestation	
<input type="checkbox"/> Evidence of rodent breeding	
<input type="checkbox"/> Ants	
<input type="checkbox"/> Roaches	
<input type="checkbox"/> Other	

Appendix E: Human Needs Assessment Form

C. Languages

- English
- Spanish
- French
- Sign Language/ Hearing Impaired
- Other _____

Translator or Interpreter Assistance needed Yes No

Comments: _____

D. Household Ages

Household Ages	Total	Comments
<input type="checkbox"/> Persons under 5 years of age		
<input type="checkbox"/> School age (6-18)		
<input type="checkbox"/> Persons 64 and under		
<input type="checkbox"/> Persons 65 and over		

Total Number of Residents in Household _____

Appendix E: Human Needs Assessment Form

E. Health Status Assessment (Comments/Observation Only)

- Respiratory
- Dehydration
- Insect Bites
- Diarrhea
- Physical Mobility
- Sight/Hearing Impaired
- Other _____
- Diabetes (Name) _____
- Hypertension (Name) _____
- Kidney Disease (Name) _____

Comments: _____

Appendix E: Human Needs Assessment Form

F. Psychological Stress Status

- Family coping Comments: _____
- Individual coping Comments: _____
- Problem with alcohol/drugs Comments: _____

Describe additional Health Related Problems: _____

G. Needs Identified for Referral:

<input type="checkbox"/> First Aid	<input type="checkbox"/> Medication	<input type="checkbox"/> Supplies	<input type="checkbox"/> Oxygen
<input type="checkbox"/> Immunizations	<input type="checkbox"/> Dialysis	<input type="checkbox"/> Shelter	<input type="checkbox"/> Ice
<input type="checkbox"/> Food	<input type="checkbox"/> Water	<input type="checkbox"/> Clothing	<input type="checkbox"/> Sanitation

Special Diet _____

H. Is there a threat to individual/family safety?

- Yes No (Describe)

I. At present, what does the individual/family perceive as its greatest need?

Comments: _____

Appendix E: Human Needs Assessment Form

J. Individual(s) with problems (Provide Name and Age)

1. _____

2. _____

3. _____

4. _____

Appendix E: Human Needs Assessment Form

K. Dispensation for Service

- Emergency Status (911 Called) Patient Transported to Hospital Yes No
- Non-Emergency (Family to Handle) Explain: _____

Referral to: _____

L. Disaster Imposed Work Related Issues: Comments:

M. Animal and Pet Issues

Animal and Pet Issues	Comments
<input type="checkbox"/> Evidence of stray domestic animal harborage	
<input type="checkbox"/> Evidence of stray domestic animal breeding	
<input type="checkbox"/> Evidence of non-domestic animal harborage	
<input type="checkbox"/> Evidence of non-domestic animal breeding	
<input type="checkbox"/> Evidence of Animals with Rabies	
<input type="checkbox"/> Pets Lost	
<input type="checkbox"/> Snakes	
<input type="checkbox"/> No problems in this category	

Appendix E: Human Needs Assessment Form

N. Drinking Water Systems (Source – Well, City, Bottled)

Type of water system: (circle one: Well City Bottled)

- Water system damaged or out of service Comments: _____
- Well location in flood prone area Comments: _____
- Evidence of broken or damaged water lines Comments: _____
- No problems noted in this category

O. Recreational and Surface Waters

- Swimming pool not maintained Comments: _____
- Swimming pool area (circle one Fenced or Unfenced) Comments: _____
- Surface waters with unknown water quality (circle one yes or no)
Comments: _____
- No problems noted in this category

P. Waste Disposal

- Evidence of system failure Comments: _____
 - Septic tank, drain field or other components exposed
 - Presence of human waste on surface
 - Evidence of broken or damaged plumbing lines
 - No problems noted in this category
- Comments: _____

Appendix E: Human Needs Assessment Form

Q. Garbage and Rubbish Disposal

- Presence of decaying garbage
- No problems noted in this category

Comments: _____

R. Accident and Injury Control

- Presence of fallen or exposed electrical lines
- Presence of discarded appliances with lockable doors
- Presence of broken fences, fallen trees or broken glass
- Other potential hazards _____

Comments: _____

S. Summary of Overall Situation:

Additional comments:

Appendix F: Hospital Bed Status Availability Form

Some regions may have web-based Hospital Available Beds for Emergencies and Disasters (HAvBED) reporting systems. However, in the interests of resiliency, the following hardcopy form has been provided for downtime purposes.

Appendix F: Hospital Bed Status Availability Form

Region 5 Reporting Hospital:	
Date:	Time Completed: AM / PM
Contact Name:	Phone:

Emergency Department

Emergency Department wait time:	
Available ED Beds: #	Types:
Admission being held: #	

Physician Specialty

Availability:									
General Surgery	Cardio	Ortho	Vascular	Urology	GYN	OB	ENT	Neuro	Neuro Surgery

Bed Availability

ICU Adult	ICU Pediatric	CCU
Medical	Surgical	Obstetrics
Pediatrics	Orthopedic	Psychology

Ventilator Status

Total # of Ventilators:	Adult	Pediatric
Ventilators Available:	Adult	Pediatric

Appendix G: Sample Forms

FAC INTAKE FORM

Date: _____ Time: AM / PM _____

First Name: _____

Middle Initial: _____ Last Name: _____

Name of the Victim (if not you): _____

Relationship to Victim: _____

Victim's Date of Birth: _____

people in group: _____

If you are a victim, have you been interviewed by law enforcement? Yes / No

If so, which agency has interviewed you? _____

Email Address: _____

Phone: _____ Cell: _____

Street Address: _____

City: _____ State/Country: _____ Zip: _____

Assistance Requested:

_____ Lodging

_____ Air Travel

_____ Child Care

_____ Identification Documents

_____ Other (describe below)

_____ Ground Transportation

_____ Counseling/Spiritual Care

_____ Legal Assistance

_____ Health Care Assistance

_____ Personal Effects (will notify when processed)

Companion/Victim Advocate Name: _____

Contact Number: _____

Notes: _____

Family Reunification Center Data Collection Form

Please complete form with as much information as possible.

Date:	Completed by:				
Victim Information					
First Name:	Middle Name:	Last Name:			
Address:	Phone Number:	E-Mail Address:			
Nationality:	Is the Family of the Same Nationality? (check one)	Primary Spoken Language:			
	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Victim Description					
Height:	Weight:	Hair Color:	Eye Color:	Age:	Gender:
					M <input type="checkbox"/> F <input type="checkbox"/>
Does the victim have any functional/access needs? (check one)			Is the victim a Current or Past Member of the US Military? (check one)		
Yes <input type="checkbox"/> No <input type="checkbox"/> If so, what needs?			Yes <input type="checkbox"/> No <input type="checkbox"/> If so, what Branch?		
Was the victim with Another Person? (check one)	Was the victim with a Child? (check one)	Was the victim with a Pet? (check one)			
Yes <input type="checkbox"/> No <input type="checkbox"/> If so, what is/are the name(s) of the other persons?	Yes <input type="checkbox"/> No <input type="checkbox"/> If so, what is the child's name, age and gender?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type of pet?			
Notes/Comments:					

Family Reunification Center Data Collection Form

Name of Person Making Inquiry:	Relationship to Victim:	Contact Number:
		E-Mail Address:
Home Address:	Nationality (if different from victim):	How Did They Get to the FRC?
Does the Requestor Have Any Functional/Access Needs? (check one)	Does the Requestor Have Any Immediate Personal/Comfort Needs? (check one)	
Yes <input type="checkbox"/> No <input type="checkbox"/> If so, what needs?	Yes <input type="checkbox"/> No <input type="checkbox"/> If so, what needs?	
Notes/Comments:		

Appendix H: FAC Daily Status Update

Appendix H: FAC Daily Status Update

FAC Daily Status Update		Date:	
Information	Information Source	Number in Last 24 hours	Number to date
Number of victims/survivors at FAC	Registration Desk		
Number of families at FAC	Registration Desk		
Number of calls to the call center/number of calls answered/number of calls not answered	Call Center		
Number of family briefings	Medical Examiner/Law Enforcement		
Number of families at FAC that have requested support services for each service area	Team Leaders		
Number of families that have been assisted by FAC personnel in last 24 hours for each service area	Team Leaders		
Number of families at home that have been contacted by FAC representative within the last 24 hours for each service area	Team Leaders		
Number of mass fatality response personnel that have received FAC assistance/ Psychological First Aid in last 24 hours	Team Leaders		
Faith communities represented by FAC families	Team Leaders		
Number of translation requests received and number of translation/interpreter services provided	Translation Team		
Number of ante-mortem data collection interviews	Medical Examiner		
Number of dental records, medical records and x-rays	Medical Examiner		

Appendix H: FAC Daily Status Update

FAC Daily Status Update		Date:	
Information	Information Source	Number in Last 24 hours	Number to date
That have been requested/received			
Number of positive identifications of the deceased	Medical Examiner		
Number of families notified of positive identification/Number of disposition of remains request forms completed	Medical Examiner		
Number of families to which remains have been released	Medical Examiner		
Number of families using day care	Day Care Team		
Number and ages of Individuals receiving day care	Day Care Team		
Number of people eating meals at the FAC	Logistics		

Appendix I: FAC Daily Situation Report (SITREP) Template

Appendix I: FAC Daily Situation Report (SITREP) Template

Situation Report (SitRep) # Family Assistance Center (FAC)

Date: _____

Location: _____

Hours: _____

General Information		
State Emergency Declaration	Number:	Dated:
Federal Emergency Declaration	Number:	Dated:
Affected Declaration County Emergency	Number:	Dated:
Affected Declaration County Emergency	Number:	Dated:
Affected County EOC Activation Level	Level:	Dated:
Affected EOC Activation Level	Level:	Dated:

FAC Management Team	
FAC Manager (Incident Commander)	
Operations Section Chief	
Planning Section Chief/EOC Liaison	
Logistics Section Chief	
Admin/Finance Section Chief	
Public Information Officer	
Safety Officer	
Liaison Officer	

Current FAC Status	
Critical Needs and Current Trends:	
Current Situation:	
Assumptions:	

Appendix I: FAC Daily Situation Report (SITREP) Template

Current FAC Status Continued	
Priorities:	
Objectives:	
Weather Forecast:	
Total Accidents or Injuries Today:	
Total Accidents or Injuries to date:	

Current Agencies in FAC	

Appendix J: FAC Staff Confidentiality Agreement

FAC Staff Confidentiality Agreement

As a staff member at the Family Reunification Center (FRC) and/or Family Assistance Center (FAC), 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 county, 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 FRC and/or FAC 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 FRC and/or FAC.
3. I will not remove client information or records from the FRC and/or the FAC.
4. When client information must be discussed with 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.
7. I will not post any information regarding the FRC and/or FAC or its clients on any social media outlets.

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

1. Discharge from the business/service I am conducting with the FRC and/or FAC, which will affect future business/service relationships with the local jurisdiction or government.
2. Prosecution by federal, state, or county authorities if criminal or civil penalties are imposed as it relates to failure to comply with this agreement, including jail and fines or actual damages and attorney fees, for which I would be personally responsible.
3. There may be possible additional criminal or civil sanctions taken against me for misrepresentation of facts concerning my business/service with the FRC and/or FAC.

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 FRC or FAC Manager

Printed Name of FRC or FAC Manager

Appendix K: FAC Client Consent to Share Information

FAC Client Consent to Share Information

Privacy: The Family Assistance Center respects the privacy of its clients. We will honor your wishes when sharing information about your needs.

Coordination: In some instances, we can better serve you in meeting your needs if we can share your case information with other organizations that provide relief and recovery services.

Your preferences and consent: Please tell us how you want us to use your information. We will follow your instructions, unless special circumstances arise in which we need to use your information to address legal or safety requirements.

Please check:

Sharing declined: I do NOT authorize the Family Assistance Center to share my information.

Or check all that apply:

General: I authorize the Family Assistance Center to share my information with and receive information from other disaster relief and recovery organizations.

Medical Provider: I authorize the Family Assistance Center to share my information with and receive information from my medical provider and/or pharmacy as necessary to assist with my identified needs.

Names/Contact Information:

Specific: I authorize the Family Assistance Center to share my information with and receive information from the specific individuals/organizations listed below:
Names/Contact Information

Client's Name:

Printed: _____

Signature: _____

Section 3:
Healthcare system/Hospital Family Reunification
Plan

Type of Policy: EMERGENCY MANAGEMENT	Category: EMERGENCY OPERATIONS PLANS (EOP'S)
---	---

Title: <i>FAMILY REUNIFICATION & ASSISTANCE CENTER (FRC) PLAN</i>	Policy #:
Page: 1 of 24	Replaces #:
Issue Date: 8/22, 12/22, 4/23	Developed By: Emergency Management
Revision Dates:	Approved By:

I. PURPOSE:

This policy establishes processes for team members to follow for family reunification purposes, in the event of an incident or event that creates a large volume of patients arriving at <insert organization name> facilities. A Family Reunification & Assistance Center (FRC) will be activated in anticipation of the arrival of a large number of family and friends seeking information about missing loved ones and/or separated/unaccompanied children who need reunification.

II. DEFINITIONS:

When used in this policy these terms have the following meanings:

- A. Abduction: The crime of taking away of a person by persuasion, fraud, or by open force or violence.
- B. Authority Having Jurisdiction (AHJ) is the organization, office, individual or other statutory authority responsible for approving equipment, materials, and installation, or a procedure.
- C. Authorized Officials: Individuals acting in an official law enforcement capacity.
- D. Child: A person below the age of 18 years unless under the law applicable to the child, majority is attained earlier.
- E. Critical Incident Response Protocol and Team (CIRP/CIRT): A group of trained <insert organization name> team members that provide psychological first aid, behavioral crisis intervention, referrals, advocacy, and response assistance to <insert organization name> personnel in the event of an emergency impacting the organization.
- F. Critical Incident Stress Debriefings (CISD): Intervention intended to help small, homogenous groups of 12-20 team members who already have some existing relationship. It is intended to help team members find a way to relate and mitigate the impact of critical incidents. It is not meant to be group therapy or a substitute for therapy and it is best used between 24 to 72 hours of a critical incident. However, it can take place days or even 3-4 weeks after the critical incident.
- G. Critical Incident Stress Management (CISM): An adaptive, short-term psychological helping-process that focuses solely on an immediate and identifiable problem. It can include pre-incident preparedness to acute crisis management to post-crisis follow-up.
- H. Custodial Parent: The parent, also considered the primary care parent, a child resides with full time. Most custodial parents have been awarded physical custody of a child by a court of law.
- I. Electronic Health Record (EHR): An electronic version of a patient's medical history that is maintained by the provider over time, and may include all of the key administrative clinical data relevant to that persons care under a particular provider, including initial registration information, demographics, progress notes, problems, medications, etc.
- J. Event: A scheduled non-emergency activity (e.g., sporting event, concert, parade, training exercise, large convention, fair, large gathering, etc.)
- K. Everbridge Alert: The use of an organization-wide mass communication system to alert, through a variety of formats, all <insert organization name>team members for emergency contact purposes.
- L. Family Assistance Center (FAC): A location established by the Authority Having Jurisdiction following a large mass casualty or mass fatality incident that acts as a centralized location for families and loved ones to gather, receive information about the victims; facilitate information sharing to support victim and family needs, and to provide necessary social services. An FAC is intended for the intermediate term in scope.
- M. Family Reunification Center (FRC): Established in the immediate hours after a mass casualty or mass fatality

Type of Policy: EMERGENCY MANAGEMENT	Category: EMERGENCY OPERATIONS PLANS (EOP'S)
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Title: <i>FAMILY REUNIFICATION & ASSISTANCE CENTER (FRC) PLAN</i>	Policy #:
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incident, an FRC is a location for families and loved ones to gather, receive information about the victims and grieve; facilitate information sharing to support family reunification, and provide death notification. The FRC is short-term in scope, with the intention that operations and reduced when the Authority Having Jurisdiction opens a Family Assistance Center (FAC).

- N. Freestanding (Offsite) Emergency Department (FSED): A facility that receives individuals for emergency care and is structurally separate and distinct from a hospital.
- O. Hospital Incident Command System (HICS): The HICS; modeled after the Department of Homeland Security's National Incident Management System (NIMS) of Incident Command System (ICS), is designed to manage all routine or planned events as well as emergencies or disasters of any size or type in a hospital. HICS allows for personnel from different agencies or departments to be integrated into a common structure that may effectively address issues, delegate responsibilities, ensure communication, and eliminate duplication of services.
- P. Incident Command System (ICS): The emergency management system used during an emergency situation in a non-hospital facility.
- Q. Incident Commander: The person who oversees the incident response until relieved by a more qualified team member. Provides the overall strategic direction for hospital/corporate incident management and support activities, including emergency response and recovery.
- R. Incident: An occurrence, natural or human-caused, that requires a response to protect life or property. Incidents can, for example, include major disasters, emergencies, terrorist attacks, terrorist threats, civil unrest, wildland and urban fires, floods, hazardous materials spills, nuclear accidents, aircraft accidents, earthquakes, hurricanes, tornadoes, tropical storms, tsunamis, war-related disasters, public health and medical emergencies, and other occurrences requiring an emergency response.
- S. Joint Information Center (JIC): A central location that facilitates operation of the Joint Information System where personnel with public information responsibilities perform critical emergency information functions, crisis communications, and public affairs functions.
- T. Joint Information System (JIS): Provides the mechanism to organize, integrate, and coordinate information to ensure timely, accurate, accessible, and consistent messaging across multiple jurisdictions and/or disciplines with nongovernmental organizations and the private sector.
- U. Legal Guardian: A person or entity who has been granted the legal authority (and the corresponding duty) to care for the personal and property interests of another person, called a ward.
- V. Lock down: The use of electronic and/or mechanical access control security measures; team member post assignments; or a combination thereof to ensure that all ingress and egress points are properly controlled during a situation(s) that is threatening or potentially threatens a facility, or parts thereof, or its occupants.
- W. PBX (Private Branch Exchange) Operator: The team member staffing the private telephone system used at <insert organization name>.
- X. PBX (Private Branch Exchange): A private telephone system used in a company. The system has several outside lines which users can share for making outside phone calls. A PBX also connects the phones within the company to each other and also connects them to outside lines.
- Y. Pediatric Safe Area (PSA): An area established for the care of unaccompanied minors who do not need, or no longer require, medical treatment to ensure appropriate safety precautions before release to an appropriate custodial

Type of Policy: EMERGENCY MANAGEMENT	Category: EMERGENCY OPERATIONS PLANS (EOP'S)
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- adult.
- Z. Reunification: The process of reuniting someone with their loved one.
- AA. Unaccompanied Minor: Children who have been separated from their parent(s), legal guardian(s), and other relative(s) and are not being cared for by an adult who, by law or custom, is responsible for doing so (18 or under).

III. POLICY:

It is the policy of <insert organization name> that:

- A. Team members must follow the family reunification procedures detailed in this plan to ensure the safety of patients during a incident or event that requires the activation of the Family Reunification & Assistance Center (FRC).
- B. All reasonable efforts shall be made to identify patients and reunite them with their family and/or loved ones.
- C. The organization’s primary responsibility is for the care of sick or injured patients, while outside stakeholders will be responsible for management of the incident, coordinating family reunification across the region and coordinating information releases.
- D. The Hospital Incident Command System/Incident Command System (HICS/ICS) must be activated to effectively manage the incident at the affected facility(s) as needed and, following the activation of this policy, the HICS/ICS shall immediately request support from city and/or county Emergency Management Offices.
- E. In accordance with ICS doctrine, team members supporting FRC operations shall expect to have different leadership and perform different duties from their normal work for the duration of their activation.
- F. The scope of this plan includes activation, operation, and demobilization strategies for FRCs within the <insert organization name> operational area (covering all cities and unincorporated areas). As such, the plan seeks to provide a framework for establishing and managing FRCs in the operational area during both largescale mass fatality/mass casualty incidents (e.g., hurricane) and smaller, more localized incidents involving multiple fatalities/casualties (e.g., explosion, shooting) to ensure consistency of response and management, and to establish a baseline of service.

IV. PROCEDURE:

- A. Following a significant emergency/disaster in the region that results in a mass fatality and/or mass casualty incident, family members/loved ones and friends (families) will surge to area medical facilities to search for their loved ones. After receiving notification of such a situation, <insert organization name> must take immediate steps to activate the Family Reunification & Assistance Center (FRC) Plan to manage the expected influx.
- B. The FRC provides three types of benefits for families of victims:
 - 1. Information: This includes the provision of updates regarding incident recovery efforts and notifying families whether the victim is:
 - a. Missing;
 - b. Transported to a hospital;
 - c. Deceased.
 - 2. Healthcare Decisions: The FRC provides a location for the patient’s physician and family/loved ones to discuss treatment options and make medical decisions regarding the patient’s care.
 - 3. Services: This includes the provision of emotional support, spiritual care, health and social services.

Type of Policy: EMERGENCY MANAGEMENT	Category: EMERGENCY OPERATIONS PLANS (EOP'S)
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Revision Dates:	Approved By:

- C. To support effective coordination between internal departments and external partners, the FRC must be activated in conjunction with the HICS/ICS, per Reference G.
- D. The FRC is anticipated to face the following challenges:
 - 1. The need for quickly activating a FRC to support reunification activities;
 - 2. Receiving, tracking and care of large numbers of patients, including children, who present to a facility following an emergency;
 - 3. Identifying injured and unaccompanied patients, including children;
 - 4. Providing information and other forms of support to parents/legal guardians;
 - 5. Using <insert organization name> team members from non-clinical areas to meet the needs of parents/legal guardians during disaster response;
 - 6. Tracking the movement of large numbers of patients from arrival at the facility until safe discharge;
 - 7. A large media interest in response activities;
 - 8. Effectively partnering with external stakeholders to ensure the organization receives the necessary support during its efforts to identify, and safely reunite, patients with their family;
 - 9. Managing large volumes of family members until the Authority Having Jurisdiction or community partner's Family Assistance Center/Family Reception Center (FAC/FRC) can be established, at an anticipated ratio of 1:8 (1 patient to 8 family members), which is expected to grow when an incident involves child patients:
 - a. Small Scale Incident: 10-25 patients/80-200 family members;
 - b. Medium Scale Incident: 26-75 patients/208-600 family members;
 - c. Large Scale Incident: 76-125 patients/608-1,000 family members;
 - d. Catastrophic Incident: 126+ patients/1,000+ family members.
- E. Family Reunification & Assistance Center (FRC) Activation Triggers:
 - 1. The FRC is activated as part of disaster response operations, but not every mass casualty incident will necessitate activating this plan. The decision to activate a FRC is made at the discretion of the facility Hospital Incident Commander/Operations Section Chief and/or <insert organization name> Emergency Management Department. When <insert organization name> is activating an FRC in response to a significant emergency, if the Authority Having Jurisdiction's Emergency Operations Center has not been activated or is in the process of being activated the Hospital Incident Commander/Operations Section Chief must coordinate with the <insert organization name> Emergency Management Department on-call duty officer - Tel: (***) ***-**** to request city/county assistance as soon as possible.
 - 2. In order to meet the immediate demands associated with family assistance, the goal for FRC operationalization is within 1-2 hours of notification of an incident. Examples of a FRC activation include:
 - a. A single incident resulting in 10 or more missing and/or unidentified persons;
 - b. Mass casualty incident resulting in 10 or more seriously injured persons being transported to hospitals for treatment;
 - c. A mass fatality incident or the potential for 10 or more fatalities at a single incident;
 - d. A large scale disaster.
 - 3. The FRC shall expect to remain operational for 48-72 hours post-incident. The Authority Having

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Jurisdiction's FAC/FRC shall be contacted and asked to provide additional support in the intermediate- and long-term, but family members are likely to still arrive at area hospitals seeking information.

F. Notification:

1. Following notification of a emergency/disaster that is anticipated to create a significant number of patient arrivals at <insert organization name>/area hospitals, and/or an influx of family member enquiries, the person receiving the notification must try to determine the following information:
 - a. The extent of the emergency/disaster;
 - b. The geographical area(s) involved;
 - c. Any other relevant information such as patient acuity levels, injury types, whether patients are contaminated and, if so, the type of contaminant.
2. The Administrative Supervisor/senior nursing leader must be notified immediately. The Administrative Supervisor/senior nursing leader must immediately contact the following for verification of information:
 - a. Security Leadership and/or;
 - b. <insert organization name> Emergency Management Department on-call duty officer - Tel: (***) ***-****.
3. Following confirmation of an emergency/disaster, the Administrative Supervisor/senior nursing leader shall activate the FRC Plan and notify the PBX Operator using the appropriate emergency code number or direct-dial number:
 - a. Facility Name: Dial ** or (***) ***-****
4. The PBX Operator shall:
 - a. Announce the activation on the overhead public address system three (3) times, followed by an Everbridge Alert notification.
 - b. The content of the overhead message shall include the following:
 - 1) The FRC Plan is now in effect.
 - 2) Location.
5. The Administrative Supervisor/senior nursing leader will activate the Hospital Incident Command System (HICS), assume the role of the Hospital Incident Commander/Operations Section Chief, verbalize that they are in command and notify the appropriate hospital leadership. The Administrative Supervisor/senior nursing leader shall request support from the Corporate Command Center (CCC), in accordance with Reference G.
6. Corporate Emergency Management shall notify the <insert organization name> Media Relations and Risk Management on-call representatives.
7. Security at the facility shall:
 - a. Implement the Lock Down Plan in accordance with Reference F, positioning team members at the Emergency Department entrance(s) and other open entrances, where staffing allows.
 - b. Summon off-duty team members, as needed.

G. Hospital FRC Management:

1. The HICS Operations Section Chief shall assign the role of FRC Branch Director.
2. The FRC Branch Director shall work with the HICS Logistics Section Chief to staff the FRC,

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including the assignment of:

- a. FRC Check-In Leader and Check-In teams;
 - b. FRC Family Interview and Reunification Leader;
 - c. FRC Team Leads;
 - d. FRC Family Case Workers;
 - e. FRC Patient Match team;
 - f. FRC Escorts;
 - g. FRC Runners.
3. <insert organization name> Team Members working in the FRC shall:
 - a. Review Attachments A - C to understand the workflows before and after their position.
 - b. Ensure there are no avoidable delays or bottlenecks in activating the FRC.
 - c. Ensure that live television feeds to monitors or televisions in the FRC are not to be made available to family members.
 - d. Remain mindful of media representatives trying to gain access to the FRC.
 - e. Be reminded that all photos shall be taken according to the standards outlined in this plan, and must be compliant with <insert organization name> policies on social media use and sharing of protected health information. Photos shall not be shared between team members, units, departments or the organization without the prior consent of the HICS.
 4. All requests for additional support (staff, food & nutrition, medical care, etc.) shall be made directly to the HICS/ICL Operations Section Chief, who shall coordinate with other HICS/ICL responders.
- H. Patient Information Gathering/Patient Tracking:
1. Information Technology:
 - a. The FRC Branch Director shall provide the HICS Logistics Section Chief with the names and team member ID numbers of those needing access to FRC information systems.
 - b. The HICS Logistics Section Chief shall coordinate with IT to:
 - 1) Assign the necessary software/system access and permissions to identified FRC team members to allow effective information sharing, ensuring that team member access is withdrawn when they no longer require access to the system.
 - 2) Have the <insert organization name> website updated to display links to the Family Locator and Family Member Interview forms.
 2. Decontamination Team:
 - a. Where Decontamination activities are taking place, Decontamination Team members shall:
 - b. Decon Triage:
 - 1) Ask the patient to confirm their identity;
 - 2) Where patients are non-verbal, ask EMS if they found information to support the patient's identify.
 - c. Decon Non-Ambulatory Cut Out:
 - 1) For non-verbal patients, review their personal items for information to support their identity, such as driver's licenses, passports, credit cards, etc.;

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- 2) Notify ED Triage of any information that may support patient identification before placing items in the patient's belongings bag and securing the bag in accordance with Reference F.
3. Clinical team members:
 - a. Clinical team members shall enter patient clinical and any personal identifier information (specific tattoo(s), distinct scar, distinct physical features and jewelry (e.g., specific watch, rings, etc.)) into the Electronic Health Record (EHR) on patient arrival, or as soon as reasonably possible. The EHR system includes areas to record descriptive patient information that will help the Patient Match Team cross-reference patients with families.
 - b. Where EHR access is limited/non-accessible, such as during an I.T. downtime, clinical team members shall utilize the Emergency Department Mass Casualty Intake (MCI) Document (Reference N) to record patient identification information.
4. Guest Services:
 - a. Normal Operations:
 - 1) Guest Services shall assign a team member to the Administrative Supervisor's office. Utilizing the EHR mobile app and a compatible device that supports the capture of clinical images and associations with the patient, the team member shall work with the Administrative Supervisors/Operations Section Chief to take photographs of the front and reverse of of Emergency Department Mass Casualty Intake (MCI) Document (Reference N) for each arriving patient.
 - 2) The Guest Services team member shall confirm the transfer of images for each patient in to the correct patient's health record, notifying the FRC patient match team every 15-minutes which records have been updated.
 - b. Downtime Procedures:
 - 1) Guest Services shall assign a team member to the Administrative Supervisor's office. The team member shall work with the Administrative Supervisors to take photographs of the front and reverse of of Emergency Department Mass Casualty Intake (MCI) Document for each arriving patient.
 - 2) Guest Services shall show each patient's information to FRC patient match teams.
5. Foreign National Patients:
 - a. Patients from counties other than the United States are likely to not have a detailed understanding of the U.S. healthcare system. This often creates additional hurdles when providing patient care.
 - b. Many counties operate a Consulate, which is a diplomatic mission established overseas for the purpose of supporting their citizens. Consulates can provide a large number of services to their citizens during an emergency, which may include:
 - 1) Patient identification (living and deceased)
 - 2) Locating family members
 - 3) Facilitating family contact/visits

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- 4) Performing overseas death notifications
 - 5) Assisting with obtaining patient medical records from overseas
 - 6) Issuing replacement travel documents
 - 7) Explaining how services in the host country work
 - 8) Providing in-person visits
- c. To assist with the identification of foreign national patients, team members shall utilize Attachments P, Q and R.
 - d. Patient Access shall ensure that any non-US Citizen patients are afforded every opportunity to contact their Consulate, in accordance with Reference O.
 - e. When foreign nationals are identified, the HICS Liaison Officer shall be notified. The HICS Liaison Officer shall utilize Attachment S and contact the U.S. Department of State's Regional Office of Foreign Missions (OFM), located in Miami at: ofmmiami@state.gov.
 - f. The Office of Foreign Missions (OFM) is also contactable at Tel: (305) 442-4943
6. Patient Access & Spiritual Care:
- a. Spiritual Care shall coordinate with Patient Access in the identification of patients, with prioritization given to unresponsive patients.
 - b. Coverage areas will be determined based on availability of Chaplains and prioritized as follows:
 - 1) ED Trauma Room (where applicable);
 - 2) ED/Triage area - Red and high-yellow acuity patients;
 - 3) ED/Triage area - Low-yellow;
 - 4) ED/Triage area - Green patients;
 - 5) ED Overflow area(s);
 - 6) Family Reunification & Assistance Center.
 - c. Following notification of an FRC Plan activation, Chaplains shall contact the HICS Operations Section Chief to request the assignment of a Chaplain Scribe position.
 - d. Normal Operations:
 - 1) Spiritual Care and Patient Access shall gather patient information. Within one hour of the first patient's arrival, where operational circumstances allow, they shall compare and reconcile their records before entering the information in to the EHR.
 - 2) Any discrepancies shall be addressed before data is input in the EHR.
 - 3) Once patient information has been compared and reconciled, Spiritual Care and/or Patient Access shall notify the Patient Match Team that new patient information is available and accessible through the EHR system's reporting function. The report details:
 - a) Patient Medical Record Number (MRN);
 - b) Patient's real name (where known);
 - c) Time registered;
 - d) Disaster color;
 - e) Next of Kin;

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- f) Approved visitors.
 - e. Downtime Procedures:
 - 1) Chaplains shall attempt to complete the Spiritual Care Log Sheet (Attachment G) with the patient's information.
 - 2) The Chaplain Scribe must collect Spiritual Care Log Sheets on a recurring time frame so that they can be reviewed. For example, every 30-minutes the Chaplain Scribe collects the Spiritual Care Log Sheets, transfers data from the Spiritual Care Log Sheets to the Patient Access master list, then compares information against the data held by Patient Access.
 - 3) Once patient information has been compared and reconciled, Patient Access must coordinate delivery of the master list to the Patient Match Team.
 - 4) Individual Spiritual Care Log Sheets must be maintained for future review, with the retention timeframe being determined by Spiritual Care leadership and HICS.
 - f. The Spiritual Support Team shall be available to assist patients and their families.
 - g. The Spiritual Support Team is comprised of multi-faith staffing, to include the following positions:
 - 1) <insert organization name> Chaplains;
 - 2) Religious Leaders (pastors, rabbis, imams, priests, etc.) who have been previously vetted by <insert organization name>.
- I. Family Member Registration:
 - 1. To support information sharing and manage family expectations:
 - a. <insert organization name> recognizes the importance many cultures place on family, and that large groups may show up on behalf of one patient. To allow for effective information sharing, support and FRC management families shall be advised to limit the number of people entering the FRC to four (4) per family.
 - b. Arriving families will be escorted from the facility entrance to the FRC by FRC Escorts.
 - a. On arrival at the FRC, family members will go through a brief orientation on the goal of the FRC, a review of the expectation posters to outline their expectations of Orlando Health, and what <organization name> expects from family members (see Attachment P), then start the registration process with the FRC Check-In teams.
 - c. FRC Check-In teams shall determine whether the family is a first time or repeat FRC visitor:
 - 1) First-Time FRC Visitor:
 - a) Determine if the person/group is the family or friend of a possible patient.
 - b) To reduce possible bottlenecks, it is recommended the family sign-in with one of three registration desks (A - G, H - R and S - Z), then receive FRC identification wristbands.
 - c) The registration desk provides each family with printed information outlining the services offered by the FRC, and requirements for helping <insert organization name> ensure the safety, security and privacy for all families, to

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include:

- (1) Checking in every member of the family and wearing their FRC identification wristbands at all times when in the facility.
 - (2) Not using cameras, recording devices or live streaming social media at any time when inside the FRC.
 - (3) Being respectful of other families and <insert organization name> team members at all times.
- d) Ask the visitor to complete the Patient Locator Form, which is available on the <insert organization name> website via a Quick response (QR) barcode and/or hard copy printout (see Attachment D). If they are searching for multiple patients, the family must complete one Patient Locator Form for each person.
 - e) If the family are not connected with a possible patient:
 - (1) Do not continue check-in;
 - (2) Politely direct the family away from the FRC;
 - (3) As needed, escalate to FRC Security/FRC Team Lead.
- 2) Repeat FRC Visitor:
 - a) Check each returning visitor for an FRC wristband before allowing re-entry to the FRC.
 - b) Visitor(s) only sign-in once, unless advised otherwise by the FRC Branch Director/Team Leader.
2. FRC Check-In team members shall be alert for the following situations:
 - a. Long lines or a surge of visitors at the FRC Check-In;
 - b. Visitor(s) intentionally presenting false information or withholding information in an attempt to enter the FRC;
 - c. FRC family members who are angry, frustrated, aggressive, challenging, etc.;
 - d. Unaccompanied minors (person under 18 without an adult) arriving at FRC Check-In;
 - e. Any visitors arriving at the FRC Check-In requiring language assistance;
 - f. Visitor inside FRC location without a wristband;
 - g. Visitors with psychosocial and/or spiritual needs;
 - h. Media;
 - i. Visitors taking pictures, filming or using social media.
- J. Calls to PBX:
 1. Internal Communications, Media Relations and the HICS/ICS Information Officer (PIO) shall provide PBX with call scripts on how to consistently respond to members of the public, media and other enquirers.
 2. PBX Operators who receive enquiries from the following:
 - a. Families :
 - 1) Where the patient is listed in the EHR:
 - a) Assist the caller in contacting the patient in accordance with department

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- policy.
 - b) Where the patient has a No Publicity (NP) request, refer to Reference S.
 - 2) Where the patient is not listed in the EHR:
 - a) Explain to the caller that the patient is not listed.
 - b) Direct the enquirer to the <insert organization name> website to complete the online Patient Locator Form and access additional resources.
 - b. Embassies/Consulates:
 - 1) Certain Embassies/Consulates have provisions under international law that allow them the right to enquire about the wellbeing of their citizen, in accordance with Articles 36 and 37 of Reference Y.
 - 2) If an Embassy/Consulate representative calls about a specific patient, refer to the department's normal procedure(s).
 - 3) Where they are not calling about a specific patient and want other information, direct the caller to the U.S. Department of State's Regional Office of Foreign Missions, located in Miami - Tel: (305) 442-4943.
 - c. Calls from the U.S. Department of State:
 - 1) Callers from the U.S. Department of State act as an intermediary between <insert organization name> and foreign missions.
 - 2) If someone calls from the U.S. Department of State or one of their Offices of Foreign Missions, transfer the caller in the order shown below:
 - a) Corporate Command Center Liaison Officer (when activated) – Tel: (***) ***-****.
 - b) Corporate Emergency Management On-Call Duty Officer – Tel: (***) ***-****.
 - c) Hospital facility HICS Liaison Officer (when Corporate Command is not activated).
 - 3. PBX Operators receiving enquiries from the media shall direct the caller to the HICS Information Officer (PIO) at the subject facility.
- K. Patient Identification Process:
 - 1. FRC Registration:
 - a. Normal Operations:
 - 1) FRC Registration staff shall ask enquiring families to provide photos of their loved one, assisting them in accessing photographs from social media sites and other media, as needed:
 - a) Photos of patients shall be emailed to ***@*****;
 - b) Families shall be asked to include the patient full name (LAST NAME, First Name, Middle Initial), followed by their two-digit month and four-digit year of birth or age - e.g.: 02/1989 in the message subject line.
 - 2) FRC Registration staff must review hard copy Patient Locator Forms for completeness,

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and assist families in completing any missing information. When the form is completed as much as is possible, FRC Registration staff must hand off completed Patient Locator Forms to FRC Runners, who will take them to the Patient Match Team.

- b. Downtime Procedures:
 - 1) Registration desk staff must review the hard copy Patient Locator Form for completeness, and assist families in completing any missing information, if possible.
 - 2) FRC Registration staff shall ask enquiring families to provide photos of their loved one, assisting them in recovering photographs from social media sites and other media, as needed:
 - a) Photos of patients shall be copied;
 - b) All photos shall be annotated with the patient full name (LAST NAME, First Name, Middle Initial), followed by their two-digit month and four-digit year of birth or age - e.g.: 02/1989 in the message subject line.
 - 3) Registration desk staff must hand off completed Patient Locator Forms and any provided photos to FRC Runners, who will take them to the Patient Match Team.
- 2. Patient Match Teams:
 - a. Processing online information:
 - 1) Once submitted through the <insert organization name> website, the online Patient Locator Form is automatically exported to a Microsoft Excel file stored on the server. To help expedite record searches the Excel file, which is accessible in the FRC, can be reviewed by multiple users in the Patient Match team simultaneously.
 - 2) The Microsoft Excel file automatically lists information alphabetically by last name and the data auto-refreshes. New online Patient Locator Form submissions are inserted in to the Excel file as a new row and highlighted in yellow to indicate it has not been processed.
 - 3) The software automatically flags possible duplications based on three possible matches:
 - a) Exact date of birth;
 - b) Last name, accompanied by date of birth within one week;
 - c) Street address.
 - 4) The Patient Match Team shall review possible duplicate entries and bring them to the attention of the Team Leader.
 - 5) The Patient Match Team shall monitor the ****@***** mailbox regularly for new patient photographs; when new photos arrive, they shall be linked to the subject record. Where there isn't enough information provided by the sender to match the photograph with a patient, the Team Lead shall be notified.
 - b. Processing hard copy information/Downtime Operations:
 - 1) The Patient Match Team receives Patient Locator Forms and separates the information into alphabetical groupings (A - G, H - R and S - Z).
 - 2) To reduce the potential for duplicate entries, the Patient Match Team must enter the

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patient information into the Patient Enquiry Log (see Attachment F) as it is received from the FRC Runners and review the information on a schedule determined by FRC leadership.

- 3) Any potential duplications must be brought to the attention of the Team Leader.
3. Electronic Health Record Searches:
 - a. Team members assigned to the Patient Match Team shall compare information received in the online and/or hard copy Patient Locator Form against the EHR. The EHR provides a comparison feature to allow Patient Match Teams to narrow down potential patient matches.
 - b. If one of the following combination of identifiers match, there is a possible match:
 - 1) One unique identifier, such as a specific tattoo or distinct scar, or recent photograph.
 - 2) One strong identifier such as distinct physical features plus one broad identifier such as gender or approximate age.
 - 3) At least three broad identifiers that could include, but are not limited to: gender, ethnicity, approximate age, or hair color.
 - c. If there is a match for one of the three combinations a possible match is found. If there is no match for any of these three combinations, there is no possible match. Where no possible match is found the Patient Match Team must notify the FRC Registration Team.
4. Need for Additional Information:
 - a. FRC Family Case Workers:
 - 1) Where additional information is required from families they shall be assigned an FRC Family Case Worker, who will provide additional support. FRC Family Case Workers must:
 - a) Work with the family to complete a hard copy or online Family Member Interview Form, which is available on the <insert organization name> website via a Quick response (QR) barcode and/or hard copy printout (see Attachment E). If they are searching for multiple patients, the family must complete one form for each person.
 - b) When a hard copy form is completed as much as possible, use FRC Runners to deliver the document to the FRC Patient Match Team.
 - 2) Where the family has information/documentation immediately on hand to support their claim to reunification, attach copies to the patient record. Examples of acceptable identification include, but are not limited to:
 - a) Birth certificate/marriage license;
 - b) Employee identification card issued by a Federal, state, county or municipal government;
 - c) Military identification card (U.S. or other nationality);
 - d) Passport (U.S. or other nationality);
 - e) Permanent Resident identification card;
 - f) Public Assistance identification card (e.g., Social Security or other social

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- g) Retirement center identification card;
 - h) State-issued concealed weapon or firearm identification;
 - i) State-issued driver's license or identification card;
 - j) Student identification card;
 - k) Veteran Health identification card.
- 3) Where a family does not possess the necessary official information to support their claim the FRC Case Worker shall assist them in locating additional data, such as:
- a) Working with employers, schools, etc. to provide affidavits to identify those without ID;
 - b) Helping the family navigate social media pages to establish a personal connection with the patient;
 - c) Collaborating with the appropriate law enforcement and/or government agencies to locate the information, such as using the Florida Department of Motor Vehicles Driver and Vehicle Information Database (DAVID).

5. Patient In The EHR:
- a. Alive patient:
 - 1) Where there is possible confirmation of a patient's identity, the FRC Patient Match Team shall coordinate with the FRC Case Workers to organize and upload photos of the enquiring family members.
 - 2) The family photos shall be shown to the patient when they are medically able to view the information.
 - 3) Concious Patient Confirms Match:
 - a) Where the patient confirms the relationship and provides consent, the family shall be given the last four digits of the patient account number as an access code (unless the patient has made a No Publicity (NP) request in accordance with Reference S):
 - (1) Where there is a family match, patients with NP requests on file shall be asked if they wish to alter their non-disclosure request so their family know their location.
 - (2) Where a patient refuses to release information on their location to their family, FRC team members shall notify the Family Reunification & Assistance Center Branch Director.
 - b) Family members shall be given written information stating that patient information shall only be shared if the patient's access code is provided (unless there is a NP request, as stated above); the Family Reunification & Assistance Center shall make families aware that if they share the access code with others, <insert organization name> must assume they are giving approval for that person to have access to the patient's medical information.

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- 4) Conscious Patient With No Match:
 - a) Where a patient states there is no relationship match, the FRC Case Worker shall work with the patient to gather any additional family information. Any additional information provided shall be entered into the patient's EHR.
 - b) The FRC Case Worker shall notify the FRC Reunification Leader that the patient has rejected the familial match.
- 5) Unconscious Patient Without Confirmed ID:
 - a) Where a patient is located in the EHR but they are unable to confirm a familial match as a result of their medical condition or other factors:
 - (1) The Patient Access representative shall determine if the identified patient has a previous medical record based on the information available.
 - (2) If a previous medical record is located, the record shall be accessed to see who the patient had previously listed as an emergency contact.
 - (3) If a previous medical record is not located, FRC team members shall collaborate with Security to assist with patient identification.
 - (4) Security shall record the patient information and attempt to locate them through an online investigative system, such as TransUnion's TLO database.
 - (5) Where online searches return no/limited results, Security shall roll the patient(s) fingerprints and provide them to law enforcement for further review.
 - b) Where there is no definitive information positively identifying the patient, enquiring family members must be advised that patient identification has not yet been confirmed and additional assistance will be required from external partners, such as law enforcement through fingerprinting. Team members must explain that we are trying to confirm the patient's identity, and do not want to give them inaccurate information.
 - c) At such time when the patient is deemed medically and psychologically competent to make the determination, they shall be shown the photos of the enquiring family members.
- 6) For deceased patients, see Reference Q.
6. Patient Not In EHR:
 - a. The FRC Family Case Worker shall:
 - 1) Notify the family that FRC staff can't currently locate their loved one in the EHR.
 - 2) If not already provided, assist the family in completing the Family Member Interview Form and explain the more detailed information will provide additional data to better help us locate the patient.
 - 3) Following completion of the Family Member Interview Form, the FRC Family Case

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Worker will hand the form to an FRC Runner, who will take the form to the Patient Match Team. The Patient Match Team must compare the information provided in the FRC Family Member Interview form against information in the EHR.

- b. Where the patient is not located in the EHR, the FRC Family Case Worker shall notify the Family Reunification & Assistance Center Branch Director. The FRC Branch Director shall:
 - 1) Where law enforcement are located on-site:
 - a) Notify the HICS Operations Section Chief of the need for law enforcement assistance with patient identification.
 - b) Annotate the EHR that the case has been referred to law enforcement for identify verification.
 - 2) Where law enforcement are not on-site:
 - a) Notify the HICS Operations Section Chief of the need for a law enforcement liaison to assist with patient identity searches.
 - b) The HICS Liaison officer and/or Security Officer shall make the request through the Authority Having Jurisdiction's Emergency Operations Center, and record the date and time of the request.

- 7. Non-identifiable patients:
 - a. Minors:
 - 1) Children may not be able to self-identify if they are nonverbal because of developmental age, illness, or ability. In addition, it is possible that a child's usual guardian may be injured or unable to be located. Children who do not possess any information to support their identification and/or are unable to self-identify must be brought to the immediate attention of the Authority Having Jurisdiction's law enforcement and the regional Department of Children & Families (DCF).
 - 2) For non-identifiable children, DCF must be notified to coordinate emergency custody. DCF and law enforcement work to identify the child and continue the search for the legal custodians, and arrange temporary placement for the child through a temporary social admission to the hospital or placement with a child's relatives/a foster family
 - b. Adults:
 - 1) Adults who do not possess any information to support their identification and are unable to self-identify shall remain as a Doe patient until they can identify themselves, or their identity is confirmed by other means.
 - 2) Patient Access shall work with Spiritual Care, Case Management and Security to establish patient identify.
 - 3) When identification of a patient is made known, Patient Access shall be notified immediately so that the EHR system and all records can be updated.
 - 4) Law Enforcement Identification of Unidentified Persons:
 - a) Adult patients who do not possess any information to support their identification and are unable to self-identify must be brought to the attention

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- b) of the Authority Having Jurisdiction's law enforcement agency. Law enforcement may take action to identify the patient using various means, such as entering the unidentified patient into the National Crime Information Center (NCIC) database as an Unidentified Living Person, digital/manual finger printing, DNA sampling, etc.
- c) If there is a request from a law enforcement officer inquiring in regard to unidentified patients, team members shall conduct a search of the EHR to determine if there is a patient who may be a possible match for the missing person. The possible match information should be provided to the requesting law enforcement officer and every effort should be made to assist in identifying the patient, in accordance with HIPAA privacy rules (45 CFR 164.512(f)(2)).
- d) Law enforcement verification standards may include, but are not limited to:
 - (1) Official law enforcement agency email;
 - (2) Official law enforcement agency fax;
 - (3) In-person request of law enforcement officer with proper identification;
 - (4) Organization Security personnel can also assist with law enforcement verification;
 - (5) Existing hospital policies.
- 5) .
- 8. Unaccompanied Minors:
 - a. Even after medical clearance, unaccompanied pediatric patients cannot be discharged until an appropriate custodial parent/guardian (or an individual identified by the parent/legal guardian as a person to whom the child can be discharged) is present.
 - b. For children unable to be reunited with a parent/legal guardian, DCF must be notified to coordinate emergency custody. DCF work with law enforcement to continue the search for the legal custodians and arrange temporary placement for the child, through a temporary social admission to the hospital or placement with a child's relatives/a foster family.
 - c. The timeline for transferring unaccompanied minors to foster care or specialized care, when applicable, differs depending on specific state criteria and the particulars of the disaster. Service options could range from immediate transfer to foster care to delayed transfer following an extended period of time. To expedite the reunification process for children placed into foster care, the Family Courts may choose to issue an order stating that children may be immediately released from foster care and back to their parents/legal guardians once they are located and identification is confirmed.
 - d. Alternatively, a child's guardians may have experienced an extreme loss of resources and may be unable to safely care for the child at the time of release from the facility.
 - e. All unaccompanied minors shall remain in the Pediatric Safe Area (PSA) pending reunification

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- with next of kin or transfer to DCF.
 - f. Following approval from the Hospital Incident Commander, in consultation with Legal and Compliance & Ethics, Corporate Emergency Management shall:
 - 1) Report all unaccompanied minors to the NCMEC (National Center for Missing and Exploited Children).
 - 2) Send a complete list of unaccompanied minors to Authority Having Jurisdiction's office of Emergency Management.
- 9. Patient not located at an <insert organization name> facility:
 - a. The Patient Match Team shall review information indicating that patient is at another location or not found.
 - b. The FRC Case Worker shall locate the family member/guardian and bring them to the FRC Quiet Room.
 - c. When family members/loved ones cannot definitively be told that their relative is not located at an <insert organization name> facility as a patient, they must be directed to:
 - 1) The <insert organization name> FRC to wait for additional information or,
 - 2) The Authority Having Jurisdiction's FAC/FRC (if established).
 - d. Family members shall be given printed information providing the location of the Authority Having Jurisdiction's FAC/FRC, when activated.
 - e. The family's contact information shall be recorded so that if there is any change and it's appropriate to do so, they will be notified.
- L. Reunification:
 - 1. Where there is a presumptive patient match, the FRC Case Worker and Patient Match Team shall re-review the information to ensure the information is accurate.
 - 2. Where the information continues to indicate a presumptive patient match, the FRC Case Worker shall:
 - a. Determine if guardianship/family relationship has been established to a reasonable standard using the information provided.
 - b. Confirm with clinical staff whether the patient is able to be reunited and establish the patient's acuity.
 - 1) Appropriate To Reunite:
 - a) Confirm that the EHR contains a photograph of the person being reunited with the patient.
 - b) Confirm a relationship match, as outlined in Section K.
 - c) Escort the family to the Family Reunification Site and act as a liaison for the clinical staff handoff.
 - d) Ensure the patient record is updated to record the case outcome.
 - 2) Not Yet Appropriate To Reunite:
 - a) Determine appropriate messaging for the family members, using the FRC Reunification Leader as a resource, supported by Spiritual Care.
 - b) Assess and engage with the Wellbeing team, as needed.

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- c) Continue to monitor the situation to allow for reuniting the family as soon as possible.
3. Information Sharing:
- a. The HICS and FRC shall consider HIPAA compliance when releasing any information regarding patient information, to include:
 - 1) The HICS and FRC, as a covered entity, may use or disclose protected health information (PHI) to a public or private entity authorized by law or by its charter to assist in disaster relief efforts; this may include entities such as Law Enforcement, the Red Cross, local, state, or federal Emergency Management agencies.
 - 2) All releases of protected health information from the FRC must be validated by Compliance & Ethics Department, in consultation with Legal Department, before being approved by the HICS Incident Commander to be sent external to the organization
 - b. Internal:
 - 1) Team Members:
 - a) Internal Communications, Media Relations and the HICS/ICS Information Officer (PIO) shall create scripting and talking points to support <insert organization name> team member awareness. Internal messaging shall address questions, manage rumor control and ensure the incident response narrative as it relates to <insert organization name> is accurate, where required. Information provided must be consistent, regardless of whether a person presents in person, calls on the telephone or makes an online enquiry.
 - b) Team members providing patient care shall be given information to pass on to patients, as needed. Clinicians shall remain aware to the fact that in-patients may have impacted family members.
 - c) <insert organization name> team members shall be reminded to be alert to rumors or speculation being disseminated via social media and informing the HICS Information Officer (PIO) of any occurrence.
 - d) Make reasonable efforts to minimize the potential harm of dissemination of misinformation via social media by:
 - (1) Urging family members to refrain from disseminating information concerning children, hospital operations/conditions, or other sensitive information via social media.
 - (2) Requesting family members advise hospital staff if they discover inappropriate and/or inaccurate information concerning the FRC.
 - 2) Sharing information with family members/loved ones:
 - a) The HICS/ICS Operations Chief and the Family Assistance Center Branch Director must establish a process to obtain updated lists of patients at regular intervals, and distribute these lists to all appropriate staff aiding in reunification efforts.

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- b) Team members supporting families at the FRC must know when to expect the next update (e.g., every 30 minutes). It is critical that the delivery of updates is not delayed, as this will help reduce additional distress for families.
- 3) Family Briefings and Frequency of Updates:
 - a) The HICS/ICS must designate key points of contact for information collection and sharing in each key area, including the Emergency Department, the FRC, the PSA and the Guest Services Information Desk, to ensure proper oversight/consistency of communication amongst involved locations.
 - b) After patient information has been received and processed, it shall be shared with families on a regular basis, even if there is little/no information to provide. Updates to families in the FRC must take place at the scheduled time. A schedule shall be displayed in the FRC to allow families to review when the next update is to take place.
 - c) A briefing must be provided to families as soon as is practicable following activation of the FRC. This briefing will help manage expectations and shall include:
 - (1) <insert organization name>'s response to the emergency, to include the immediate focus being on patient stabilization.
 - (2) How the FRC will help them reconnect with their loved ones.
 - (3) The information families can provide to expedite the process, to include an overview of the forms, email address to send photos, etc.
 - d) Multiple daily briefings should be provided to families at the FRC to share all relevant emergency status information and services, and FRC processes. These briefings should be conducted by the Family Reunification & Assistance Center Branch Director or their designee in coordination with the HICS/ICS Operations Section Chief and Information Officer (PIO) and consist of updates from the HICS/ICS and clinical teams. These briefings are independent of incident or media briefings provided by the Information Officer (PIO) and/or Media Relations.
 - e) Information shared with families shall be limited access. No media personnel shall be allowed to participate in family briefings.
 - f) Patient information shall not be shared during family briefings if the patient has requested no information is shared and/or the patient has made a non-disclosure request, as detailed in References R and S.
 - g) Where a patient is deceased and a death notification must be performed, to reduce additional emotional trauma the family shall be identified and moved from the family briefing room before a briefing takes place.
 - h) During family briefings:
 - (1) It shall be made clear before every family briefing that where a family

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does not have their loved one's number called, FRC Case Workers shall continue to assist them in gathering as much detail as possible to help with the reunification process.

(2) Patients will only be identified using the last four digits of the patient's account code and their year of birth. For example:

(a) Patient 1234, born in 1974 - Stable

(b) Patient 9876, born in 1991 - Critical

(3) Families shall be notified of the number of unidentified patients and their criticality level.

i) Families who wish to ask additional questions following a family briefing shall be moved to a separate area so information is shared in a respectful, confidential manner.

c. External:

1) Media Staging Area:

a) With input from law enforcement and <insert organization name> Security leadership where required, the Information Officer (PIO) shall:

(1) Identify an appropriate media staging area that is geographically distinct from the FRC, PSA or ED, where possible.

(2) Liaise with any city, county, state or federal Public Information Officer/Joint Information Center/Joint Information System regarding consistency of messaging.

b) The Hospital Incident Commander shall review all messaging before it is released external to <insert organization name>.

2) Sharing information with city/county/Authority Having Jurisdiction's FAC/FRC:

a) When the city/county/Authority Having Jurisdiction has established an FAC/FRC, HICS at the impacted location shall identify a team member(s) with laptop access to the EHR who shall deploy to the location and coordinate with the city/county/Authority Having Jurisdiction's FAC/FRC personnel. Where multiple <insert organization name> locations are impacted, this shall be addressed by the Corporate Command Center HICS.

b) The FRC Case Worker shall, where it is determined to be in the best interests of the patient, provide patient information to the city/county/Authority Having Jurisdiction's FAC/FRC, once established.

c) Any information shared with the city/county/Authority Having Jurisdiction's FAC/FRC shall be shared securely to protect the patient and their family privacy.

M. Termination/Recovery:

1. An <insert organization name>-operated FRC is intended to be temporary. The expectation is that during a large-scale incident community partners such as city, county, state, or federal governments will take

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over FAC/FRC responsibilities. It is recognized that a regional FAC/FRC may take time to activate. In the interim, <insert organization name>, will be responsible for initiating and maintaining an FRC. When the basic needs of families have been adequately addressed or community partners take over duties, the <insert organization name>-based FRC shall be demobilized.

2. The Hospital Incident Commander/Incident Commander/Administrative Supervisor/Operations Section Chief/Security Supervisor, in consultation with Corporate Emergency Management, will determine when the FRC Plan can be terminated.
3. Upon completion of FRC operations, the PBX operator shall be notified of an “All Clear” by the Hospital Incident Commander/Administrative Supervisor/Security Supervisor.
4. The PBX operator shall:
 - a. Announce “FRC Plan All Clear” and the “location” three (3) times by the overhead paging system
 - b. Send an Everbridge Alert.
5. The Hospital Incident Commander/Incident Commander/Administrative Supervisor/Operations Chief will determine whether team member assistance is needed and, where necessary, activate the Critical Incident Response protocol and team (CIRT) to coordinate debriefings/defusings.
6. Internal Communications and Media Relations shall identify risk messaging for distribution to the media, as required.

V. DOCUMENTATION:

- A. Department specific plans and procedures.
- B. Emergency Incident Critique Form.
- C. Event Report.
- D. Security statements and report.

VI. REFERENCES:

- A. American Academy of Pediatrics Center for Disaster Medicine. Family Reunification Following Disasters: A Planning Tool For Health Care Facilities.
- B. Assistant Secretary for Preparedness and Response (ASPR) Technical Resources, Assistance Center, and Information Exchange (TRACIE). (2017). Tips for Healthcare Facilities: Assisting Families and Loved Ones after a Mass Casualty Incident DHS Federal Continuity Directive 1 & 2.
- C. Center for Medicare and Medicaid Services (CMS), Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers Final Rule, Policies and Procedures. Federal Register: Vol. 81, No. 180, § 482.15(b).
- D. Emergency Management Policy and Procedure, *Patient Decontamination Plan (All Hazards)*.
- E. Emergency Management Policy and Procedure, *Abduction Plan (Code Pink)*.
- F. Emergency Management Policy and Procedure, *Lock Down Plan*.
- G. Emergency Management Policy and Procedure, *Hospital Incident Command System (HICS) Plan and Incident Command Locations*.

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- H. Emergency Management Policy and Procedure, *Critical Incident Response Protocol (CIRP) and Team (CIRT)*.
- I. Joint Commission. (2023). 2023 Hospital Accreditation Standards: EM.12.01.01, EM.12.02.01, EM.12.02.03, EM.12.02.05, EM.12.02.09, EM.14.01.01, Oakbrook Terrace, IL: Joint Commission Resources, Inc.
- J. Los Angeles County Office of Emergency Management and Los Angeles County Department of Mental Health. Los Angeles County Operational Area Family Assistance Center Plan.
- K. Metro Orlando Family Assistance Working Group. (2017). Family Assistance Guidance Plan.
- L. National Center for Missing & Exploited Children, 2016. www.missingkids.com.
- M. <insert organization name> Crisis Communications Plan.
- N. Emergency Department Mass Casualty Intake (MCI) Document.
- O. Enterprise Patient Access Department Process, *Establishing and Recording Patient Nationality*.
- P. Patient Care Policy and Procedure, *Person Down Plan*.
- Q. Patient Care Policy and Procedure, *Expired Patient Care, Including Pronouncement and Disposition*.
- R. Patient Care Policy and Procedure, *Access to Protected Health Information (PHI): Verification of Identity of Individuals Requesting*.
- S. Patient Care Policy and Procedure, *Patient Privacy Code*.
- T. Questions Every Hospital Must Ask: Reunifying foreign nationals for healthcare facilities. Taken from: <https://www.orlandohealth.com/-/media/files/oh-foreign-national-white-paper/orlando-health-foreign-national-white-paper.pdf?la=en>
- U. Standard Reunification Method: A Practical Method to Unite Students with Parents after an Evacuation or Crisis (Bailey, CO: The "I Love U Guys" Foundation, 2011).
- V. Texas Children's Hospital. Family Reception Center Plan.
- W. The National Association of County and City Health Officials, Advanced Practice Center. (2017). Managing Mass Fatalities: A Toolkit for Planning.
- X. TransUnion TLO online investigative system.
- Y. Vienna Convention on Consular Relations, Mandatory Consular Notification, Articles 36 & 37. Taken from: https://legal.un.org/ilc/texts/instruments/english/conventions/9_2_1963.pdf

VII. ATTACHMENTS:

- A. FRC Activation Flowsheet, one page
- B. FRC Operational Overview, one page
- C. FRC Workflow, one page
- D. Patient Locator Form and barcode, three pages
- E. Family Member Interview Form and barcode, five pages
- F. Patient Enquiry Log, two pages
- G. Spiritual Care Log Sheet, two pages
- H. Establishing a Family Reunification & Assistance Center (FRC), six pages
- I. Pediatric Safe Area (PSA) Check-In/Check-Out Sheet, one page

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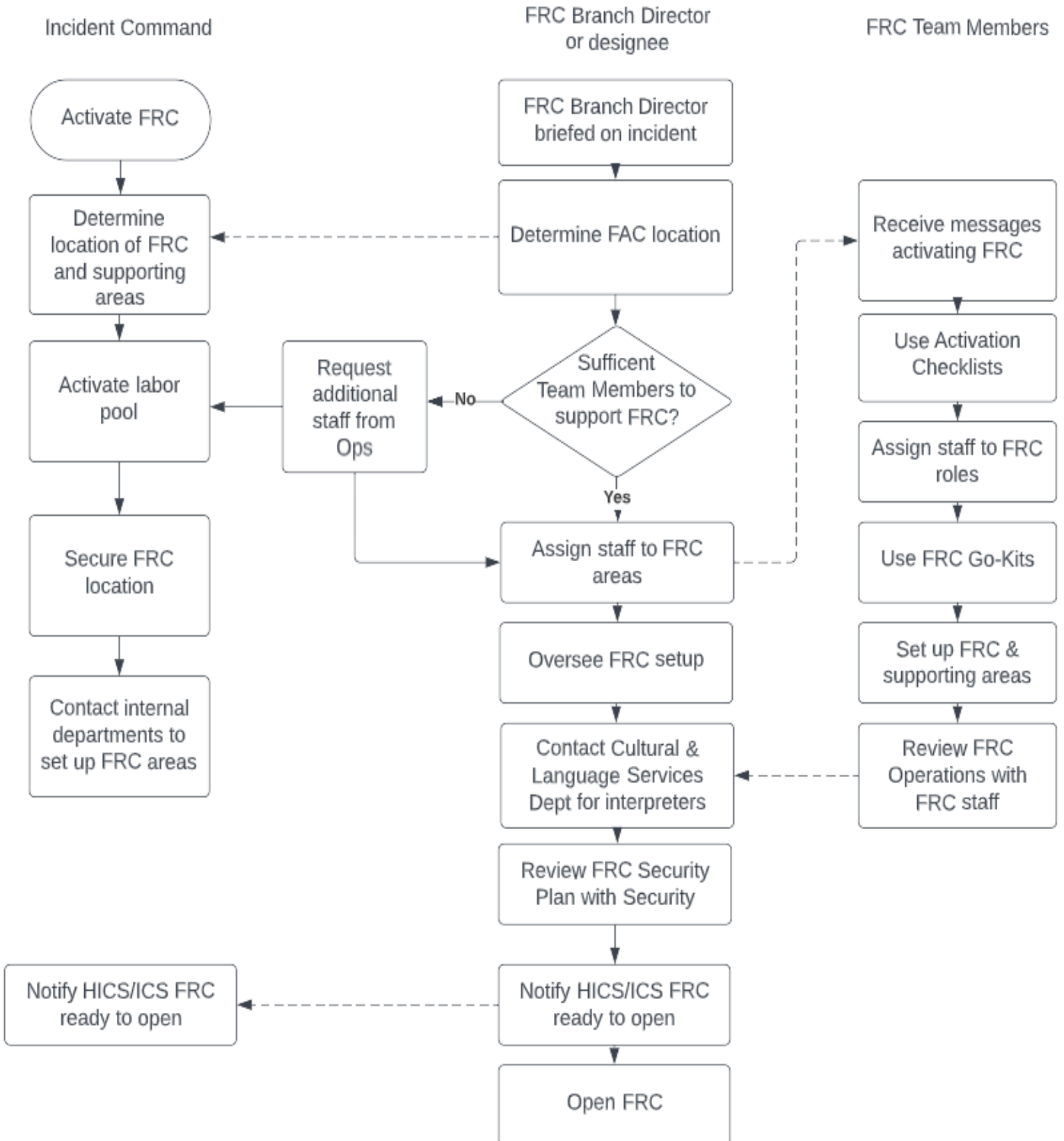
Developed By: **Emergency Management**

Revision Dates:

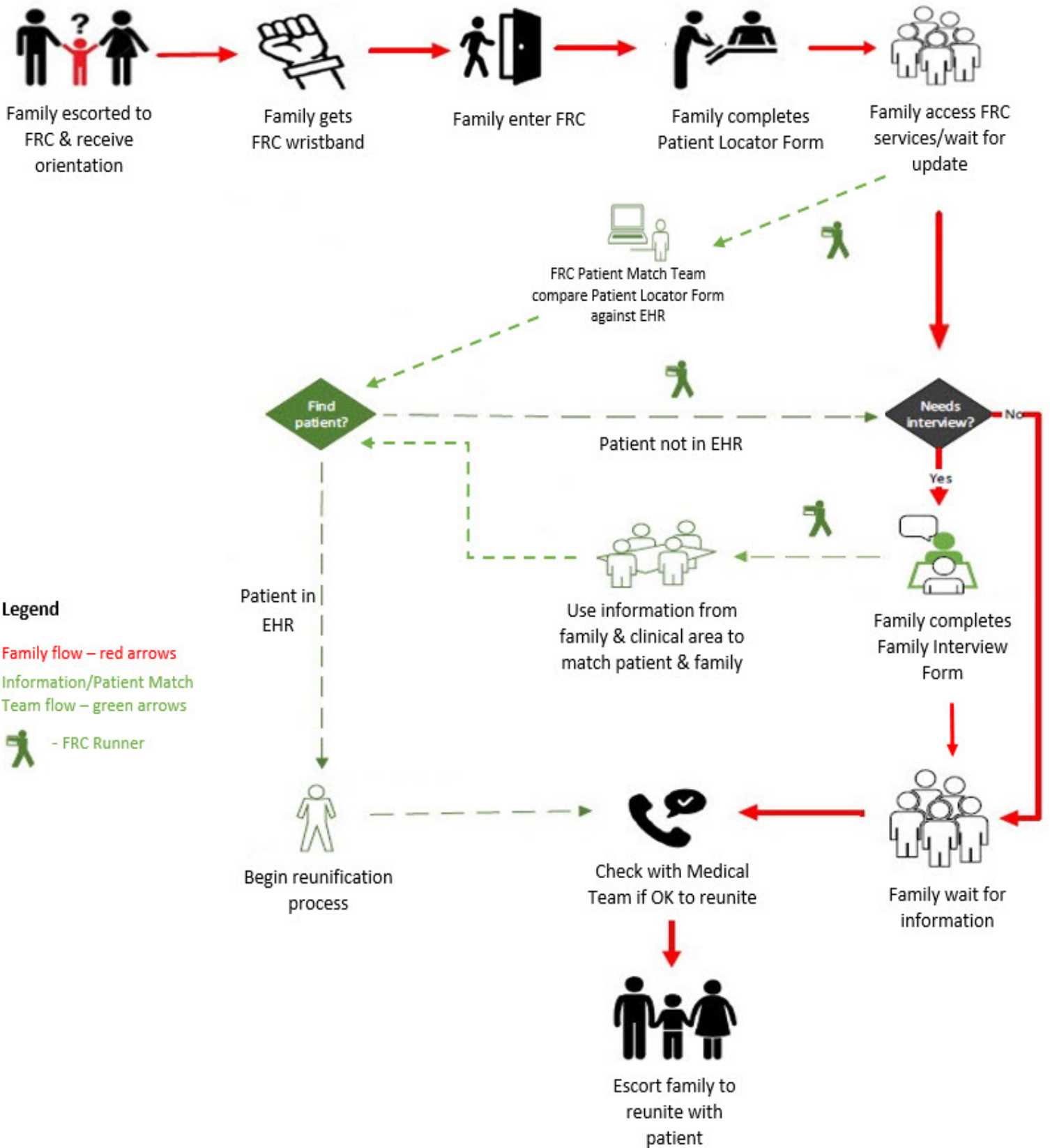
Approved By:

- J. FRC Activation Checklist Quick Reference, two pages
- K. FRC Branch Director Job Action Sheet, four pages
- L. FRC Check-In Leader Job Action Sheet, four pages
- M. FRC Reunification Leader Job Action Sheet, four pages
- N. FRC Check-In Staff, three pages
- O. FRC Supply Considerations (example), two pages
- P. FRC Expectation Posters, eight pages.
- Q. Patient Access ID Form (example), one page
- R. Foreign National Patient Scripting (example), one page
- S. Foreign national patient flow-chart, one page
- T. US Department of State notification (example), one page

Attachment A –Family Reunification Center Activation Flowsheet



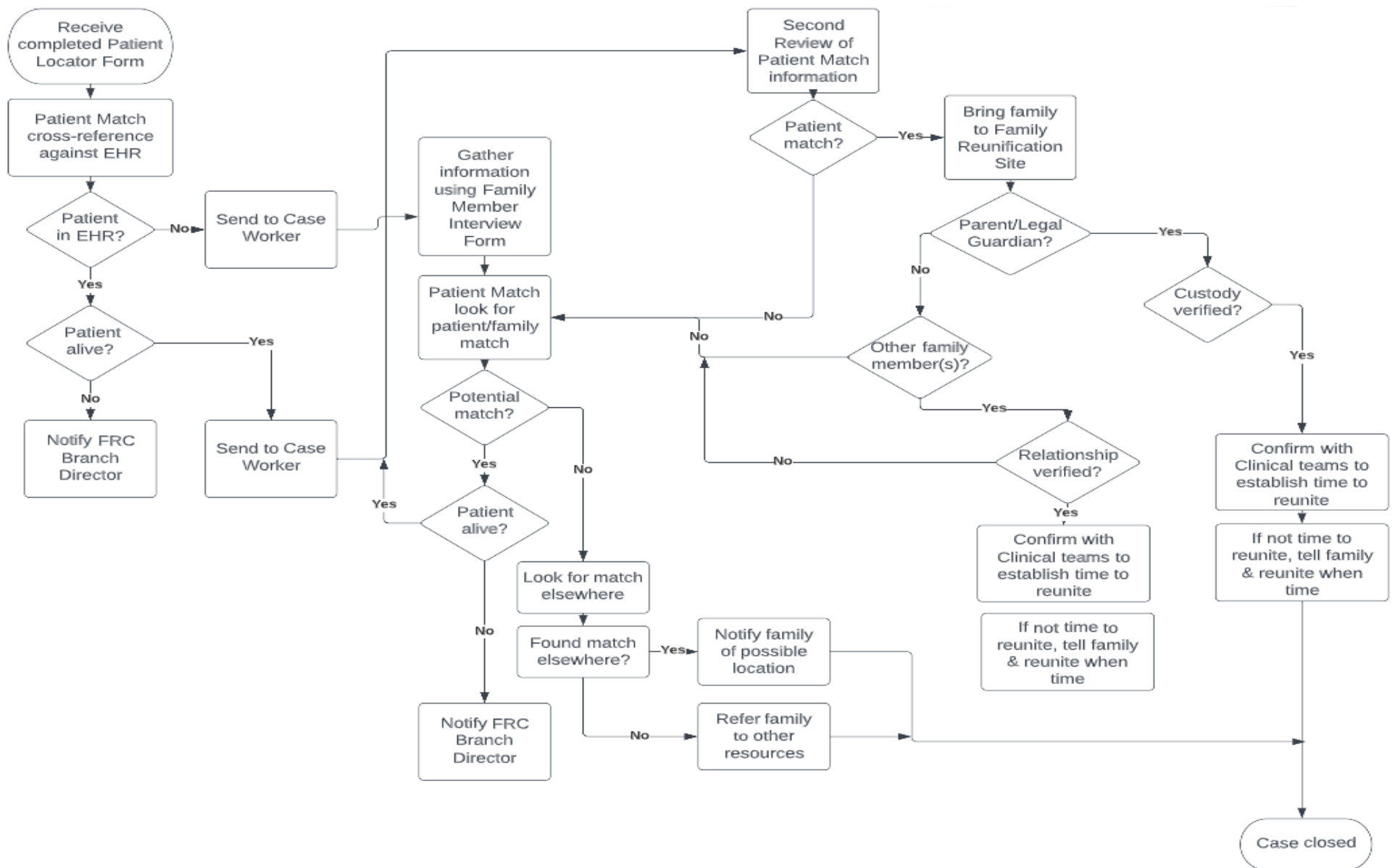
Attachment B –Family Reunification Center Operational Overview



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Attachment C –Family Reunification Center Workflow



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Attachment D –Patient Locator Form

Attachment D follows:

Patient Locator Form

Instructions: Complete this form to give us basic information about the patient you are looking for.
If you are looking for more than one patient, please use a separate form for each patient.

Patient Information		
Last Name:	First Name:	Middle Name:
Nickname:	Age:	Date of Birth:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Languages Spoken:	Race/Ethnicity:
Street Address:		
Town/City:		
State, Zip code/Post code:		
Country:	Nationality:	
Cell Phone Number:		
Home Phone Number:		
Person Reporting		
Last Name:	First Name:	Middle Name:
Relationship To Patient:		
Contact Cell Phone Number:	Contact Email Address:	
Please email a photo of the patient to ****@*****; if the person is in a group photo, please clearly indicate their location (e.g., second person on the left). Please include the patient full name (LAST NAME, First Name, Middle Initial), followed by their two-digit month and four-digit year of birth (or age, if year not known) - e.g.: 02/1989 in the message subject line.		
TO BE COMPLETED BY FRC STAFF:		
Patient in EPIC: <input type="checkbox"/> Yes <input type="checkbox"/> No		MRN:
Checked by:		Facility:
Time/Date Checked:		Team Member ID:

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Attachment D –Patient Locator Form



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Attachment E –Family Member Interview Form

Attachment E follows:

Family Member Interview Form

Please provide as much detailed information about the patient you are looking for as possible. Please use a separate form for each patient.

Last	/	Suffix	/	First	/	Middle	Gender	Maiden Name	Nickname
DOB MM/DD/YYYY		Race		If Hispanic: Ethnic Origin			Age		SSN # / ID #
Address		Apt #	City		State	Zip	County		Country
Birth City		State or Country		Primary Citizenship		Secondary Citizenship		Religious Preference	
AKA/Alias			Email Address						
Last		First		Middle					
Phone: Home #		Work #		Cell #		Provider:			

Status Married Never Married Widowed Divorced Separated Civil Union Unknown Wedding Date _____

Spouse Last _____, Suffix _____ Maiden/Birth name _____ First _____ Middle _____ Living Deceased Unknown

Father Last _____, Suffix _____ First _____ Middle _____ Living Deceased Unknown

Mother Last _____, Suffix _____ First _____ Middle _____ Living Deceased Unknown

Informant	Last	/	Suffix	/	First	/	Middle	Relationship	<input type="radio"/> Spouse	<input type="radio"/> Daughter	<input type="radio"/> Life Partner		
	Address		City		State	Zip	Country		<input type="radio"/> Father	<input type="radio"/> Uncle	<input type="radio"/> Other		
	Home Phone		Work Phone		Cell Phone		Relationship Other: _____						
	E-mail												

Complexion: _____ **General Build:** _____

Height: _____ Ft/in cms **Weight:** _____ Pounds/Kilos

Personally identifying information

Hair Color Auburn Blonde Gray Salt / Pepper Black Brown Red White
 Dyed: _____ Other: _____

Hair Length Bald Short < 3" Male Pattern Baldness: Shaved Medium
 Curly Wavy Straight Long > 3" Other: _____

Yes No Unknown Beard Goatee Stubble Mustache Sideburns Lower Lip

Facial Hair Blonde Black Red White Brown Gray Salt & Pepper

Eyes Blue Brown Green Gray Hazel Black Other: _____
 Both Intact Missing R Missing L Glass R Glass L Cataract R Cataract L
 Contacts Glasses Corneal Implant None

Fingernails Natural Artificial Unknown Color: _____
 Extremely Long Long Medium Short
 Natural Artificial Unknown Color: _____

Markings (if any apply, indicate which and where): Dental braces _____ Birthmark _____ Other: _____
 Mole _____ Piercing _____
 Medical Device _____ Tattoo _____

Family Member Interview Form

Employed: Yes No Unk **Type of Business/Industry:** _____

Usual Occupation/Title: _____

Employer: _____

Employer Phone: _____

Employer Address: _____

Family "safe" word: _____

Favorite Teacher: _____

School Grade/Year: _____

Favorite Toy: _____

Name of School: _____

Traveling with: Alone Individual Group **Group Type:** Family, Sports, Church, Military, etc. **Family or Group Name:** _____

Date last seen? _____ **Last seen by / relationship?** _____ **Last seen with / where:** _____

SOCIAL MEDIA INFORMATION

Facebook: Yes No Unk Profile Name: _____ Other: _____

Twitter: Yes No Unk Profile Name: _____ Profile Name: _____

Snapchat: Yes No Unk Profile Name: _____ Photo online?: Yes No Unk

YouTube: Yes No Unk Profile Name: _____ _____

LinkedIn: Yes No Unk Profile Name: _____ _____

Instagram: Yes No Unk Profile Name: _____ _____

MILITARY INFORMATION

Military Service Yes No Unk **Nation Served** _____ **Branch** _____ **Service Number** _____ **Approximate Service Date** _____

DNA Taken: Yes No Unk

CRIMINAL HISTORY OR FINGER PRINT INFORMATION

Criminal History: Yes No Unk **Date of Last Arrest:** _____ **Date Released:** _____ **Arrested By:** _____ **Prison or Jail Location:** _____

Ever Printed: Yes No Unk **Print Types:** _____ **Location of Prints:** _____

Old Fractures: Yes No Unk Description: _____

Foreign Objects : Yes No Unk Pacemaker Bullets Implants Needles Shrapnel Other

Describe Other: _____

Surgery: Yes No Unk Gall Bladder Appendectomy Tracheotomy Laparotomy Caesarean Mastectomy Reconstructive Open heart Other

Description of Other: _____

Prosthetic(s) Yes No Unk Prosthetic Location/Description: _____

Family Member Interview Form

	Clothing Items	Color & Pattern	Description	Size
Clothing:				

Normally wears a Watch: Yes No Unk
 Type
 Make
 Band Material
 Band Color
 Face Color
 Where Worn ?

Inscription Yes No Unk

 Photo Available Yes No Unk

Normally wears Jewelry: Yes No Unk

	Jewelry/Type	Material Color/	Size / Where Worn/	Description	Photo Available	Inscription
Jewelry:	1 Style	Stone Color?	Frequently Worn?		<input type="radio"/> Yes <input type="radio"/> No	
			<input type="radio"/> Yes <input type="radio"/> No			
	2 Style	Stone Color?	Frequently Worn?		<input type="radio"/> Yes <input type="radio"/> No	
			<input type="radio"/> Yes <input type="radio"/> No			
	3 Style	Stone Color?	Frequently Worn?		<input type="radio"/> Yes <input type="radio"/> No	
			<input type="radio"/> Yes <input type="radio"/> No			
	4 Style	Stone Color?	Frequently Worn?		<input type="radio"/> Yes <input type="radio"/> No	
			<input type="radio"/> Yes <input type="radio"/> No			
	5 Style	Stone Color?	Frequently Worn?		<input type="radio"/> Yes <input type="radio"/> No	
			<input type="radio"/> Yes <input type="radio"/> No			

TO BE COMPLETED BY HOSPITAL/REGIONAL FRC/FAC PERSONNEL:

Patient In EHR?: Yes No
 MRN:

Checked by:
 Team Member ID #:
 Date/Time Checked:

Checked by: Hospital 1
 Hospital 2
 Hospital 3
 Hospital 4
 Hospital 5
 Hospital 6



Title: ***FAMILY REUNIFICATION & ASSISTANCE CENTER (FRC) PLAN***

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Attachment F –Patient Enquiry Log

The Patient Enquiry Log follows:

Title: ***FAMILY REUNIFICATION & ASSISTANCE CENTER (FRC) PLAN***

Policy #:

Attachment G –Spiritual Care Log Sheet

Attachment G follows:

Spiritual Care Log Sheet

Incident Date/Time: _____ AM/PM

Chaplain: _____

Patient Label	Room	Name/DOB	Conf.	Patient Description: Race, Sex, Height, Weight, Hair, Features, Tattoos, Clothing:
		NOK Name:		
	Time:			
		Phone:		
		Relationship:		
Patient Label	Room	Name/DOB	Conf.	Patient Description: Race, Sex, Height, Weight, Hair, Features, Tattoos, Clothing:
		NOK Name:		
	Time:			
		Phone:		
		Relationship:		
Patient Label	Room	Name/DOB	Conf.	Patient Description: Race, Sex, Height, Weight, Hair, Features, Tattoos, Clothing:
		NOK Name:		
	Time:			
		Phone:		
		Relationship:		
Patient Label	Room	Name/DOB	Conf.	Patient Description: Race, Sex, Height, Weight, Hair, Features, Tattoos, Clothing:
		NOK Name:		
	Time:			
		Phone:		
		Relationship:		
Patient Label	Room	Name/DOB	Conf.	Patient Description: Race, Sex, Height, Weight, Hair, Features, Tattoos, Clothing:
		NOK Name:		
	Time:			
		Phone:		
		Relationship:		

Attachment H –Establishing the Family Reunification & Assistance Center (FRC)

1. Team members shall review Attachments A through C for an overview of FRC operations and Attachments J through N for applicable job action sheets.
2. Establishing an FRC will require involvement from a number of external stakeholders, including but not limited to:
 - a. Regional Healthcare Coalition (Disaster Medical Coalitions):
 - 1) Provides situational awareness and support information sharing among public health and health care entities.
 - 2) Coordinates resource needs among public health and health care partners.
 - 3) Coordinates access to human service needs in collaboration with municipal agencies.
 - b. Law Enforcement:
 - 1) Assists in identification, notification, protection, location, and reunification of adults & children and their parents/legal guardians.
 - 2) Provides direction and assistance regarding public safety and security.
 - 3) Receives and directs inquiries regarding reunification efforts.
 - 4) Works with child welfare agencies to ensure children are safe and have temporary and supportive care.
 - 5) Works with child welfare agencies to investigate the incident.
 - 6) Coordinates with the National Center for Missing & Exploited Children, as needed.
 - 7) Coordinates with other law enforcement agencies in conducting missing persons investigations and ensuring effective coordination between investigative efforts and survivor and family assistance efforts.
 - 8) Coordinates as needed with coroner/medical examiner for communicating death notifications to families, as required.
 - c. Medical Examiner's Office:
 - 1) Performs postmortem examination of bodies following a disaster.
 - 2) Aids in the identification of deceased people, including children; that is, identify human remains by comparing postmortem and antemortem information.
 - 3) Establishes death notification procedures in coordination with mental health professionals and spiritual support providers.
 - 4) Releases decedent(s) to the legal next of kin.
 - d. News Media:
 - 1) Aids in situational awareness.
 - 2) Supports the distribution of information regarding available resources to the public.
 - 3) Advises the public what they can do if they are looking for someone.
 - e. Foreign Embassies & Consulates:
 - 1) Provides direct support to non-US Citizen patients and their families.
 - 2) Assists with verification of identify of living and deceased patients.
 - 3) Assists with overseas death notifications.
 - f. Local Emergency Management Agencies:
 - 1) Locates and establishes a Family Assistance Center to support families in the impacted region.
 - 2) Coordinates transportation between area hospitals and their FAC/FRC, once established.
 - 3) Coordinates with the area Medical Examiner's Offices/Florida Emergency Mortuary Operations Service (FEMORS).
 - 4) Activates the 311 Call Center to manage enquiries.
 - 5) Establishes a Joint Information Center.

Attachment H –Establishing the Family Reunification & Assistance Center (FRC)

- g. Department of Children & Families:
- 1) The Florida Department of Children & Families (DCF) operate a tiered response system, similar to the Mass Casualty Incident levels, but based on the estimated number of juvenile or pediatric victims involved:
 - a) Tier I - 5-10 juvenile patients;
 - b) Tier II - 11-20 juvenile patients;
 - c) Tier III - 21+ juvenile patients;
 - d) Tier IV - 100+ juvenile patients;
 - e) Tier V - 1,000+ juvenile patients.
 - 2) Following notification, the DCF Central Region will activate their regional response team, who will travel to the Authority Having Jurisdiction's FAC/FRC to provide area support. DCF responders can assist with the following areas:
 - a) Utilizing vital statistics records searches to locate/narrow down family connections.
 - b) Help establish whether there are any no-contact orders or restrictions on releasing a juvenile/pediatric patient to a particular person.
 - c) Take custody of unaccompanied juvenile/pediatric patients who do not have a family member available through the use of the State of Florida child protection system and/or Guardian Ad Litem program.
- h. Public School Districts:
- 1) School districts are required by statute to have a family reunification plan to reunite students with guardians following a school emergency. School districts may already have established processes to:
 - a) Utilize their student database to confirm student-parent/guardian relationship(s) before minors are reunited.
 - b) Use their mass notification system to send coordinated messaging to parents/guardians on AHJ FRC activations; outlining supporting document requirements needed to show family connections; share emergency contact telephone numbers, etc.
 - 2) Following notification of a mass casualty incident, <name of organization> shall:
 - a) Contact the school district 24-hour security dispatch office to request support with family reunification activities:
 - (1) <School District 1> Tel:
 - (2) <School District 2> Tel:
 - (3) <School District 3> Tel:
 - (4) <School District 4> Tel:
 - b) Based on size of incident, school district's may direct their representative to the AHJ FRC or receiving hospital HICS with a laptop that'll access student information (including associated guardians and information on custody agreements, etc.).
 - 3) Due to child protection laws, school districts may be unable to provide information directly to healthcare facilities. However, they may be able to provide information via law enforcement liaisons or the AHJ's Emergency Operations Center.
3. Location And Staffing:
- a. The FRC will be limited in scope and designed to fill an immediate need as a short- to medium-term resource, but staffing is the most essential component of reunification operations. Due to the highly sensitive operations of an FRC, it is critical that staff, employed or volunteer, are appropriately trained and qualified to provide services as dictated by their respective roles and responsibilities.
 - b. The FRC provides:
 - 1) A private and secure place for families to gather, receive, and provide information regarding children and other loved ones who may have been involved in the

Attachment H –Establishing the Family Reunification & Assistance Center (FRC)

- incident.
- 2) A secure area for these families away from the media and curiosity seekers.
 - 3) A location for the efficient sharing of information among hospitals and other response partners to support family reunification.
 - 4) Identify and support the psychosocial, spiritual, informational, medical, and logistical needs of family members to the best of the hospital's ability.
 - 5) A location to coordinate death notifications, when necessary.

Attachment H – Establishing the Family Reunification & Assistance Center (FRC)

- c. Where the facility layout allows, it is preferable for the FRC to be located away from the facility lobby, media staging area and Emergency Department. The HICS shall determine the most suitable locations, based on the situation, staffing and other factors.
- d. All FRC services shall accommodate for persons with disabilities and provide information in multiple languages.
- e. FRC operations are managed by a Family Reunification & Assistance Center Branch Director, reporting to the site HICS/ICS Operations Section Chief. The quantity of staff needed should be determined at the time of the incident, based on its complexity and the estimated number of potential victims.
- f. The Family Reunification & Assistance Center Branch Director must be supported by other team members who take lead in the following areas:
 - 1) Hospital FRC Management;
 - 2) Patient Tracking and Identification;
 - 3) Communications;
 - 4) Decedent Management.
- g. FRC operations shall be supported internally by multidisciplinary hospital services, including, but not limited to:
 - 1) Chaplains;
 - 2) Child Life;
 - 3) Clinical staff;
 - 4) Family Medicine;
 - 5) Food & Nutrition;
 - 6) Interpreters;
 - 7) Pediatrics;
 - 8) Psychiatry/Psychology/CIRT teams;
 - 9) Security;
 - 10) Social work.
- h. FRC Job Action Sheets for several FRC staff positions are available in Attachments J through N.
- i. FRC Team member behavior:
 - 1) FRC team members must make every effort to conduct themselves in a discrete and helpful manner, with the traumatic nature of the event and the families high level of emotional stress in mind.
 - 2) FRC team members shall protect the privacy of the victims and families. Do not share any information or provide access to the media without specific permission from the HICS/ICS Incident Commander and express consent from the families. Follow principles outlined in Health Insurance Portability and Accountability Act (HIPAA) policies.
 - 3) Conduct FRC-related business with integrity and in an ethical manner.
 - 4) Clearly identify themselves and their position to families and wear nametags at eye level.
 - 5) Be sensitive to an environment where a number of clients will be grieving. Refrain from engaging in loud conversations, laughter, and other social conversations in client areas.
 - 6) Communicate openly, respectfully, and directly with families 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. Be prepared to provide information in writing to support a family's better understanding of complex information during an emergency situation.
- j. <insert organization name> Security Department Support:
 - 1) Provide for the safety and security of visitors and team members located in the FRC.

Attachment H –Establishing the Family Reunification & Assistance Center (FRC)

- 2) Sets up perimeters and keep media, onlookers and other unauthorized persons away.
 - 3) Direct visitors and media to the identified locations.
 - 4) Ensure, as much as reasonably possible, that media do not enter the FRC without HICS/ICS Incident Commander approval.
- k. Medical/Behavioral Support:
- 1) Clinical team members shall be assigned to the FRC to provide direct medical support to families.
 - 2) Social Workers who are licensed mental health therapists and/or clinical social workers shall to be assigned to the FRC to provide behavioral support.
 - 3) Critical Incident Stress Management (CISM) teams, made up of <insert organization name> Critical Incident Protocol Teams and/or external partners shall, once activated, respond to identified location(s) and provide behavioral support to team members through critical incident defusings and debriefings.
- A. Identification of Family Reunification Site:
1. The physical place where patients are reunited with their loved ones must be located away from the FRC and the Pediatric Safe Area (PSA). This is to permit the reunification to occur in a safe, well-controlled area located well away from the noise and distractions of the other areas. The Family Reunification Site should also allow for secure and simple departure from the hospital.
 2. Separation of the Family Reunification Site from the FRC is also important to prevent creating additional trauma for families still waiting in the FRC who are not yet reunited with their children but who would otherwise be watching reunifications happening in front of them.
- A. Identification of a Pediatric Safe Area (PSA):
1. Children who have experienced a recent disaster will be under a tremendous amount of stress and may have limited ability to process instructions or other information. They will need qualified clinical personnel to distract, calm, and reassure them to help reduce long-term mental health effects. To ensure the pediatric patients' safety, as well as to help patients cope, a Pediatric-Safe Area (PSA) must be established in an appropriate area that allows children to play and move about safely.
 2. A child's behavior may regress to an earlier developmental stage, or otherwise be different from the child's baseline behavior. It is important to understand that individual children will have different reactions to stress, and the staff of the PSA will need to recognize when pediatric patients need to be referred to mental health professionals. Sometimes, it may be helpful to consider asking older pediatric patients to assist younger pediatric patients if PSA staff determine that it is appropriate and helpful for the older pediatric patients.
 3. Pediatric patients may develop new medical symptoms after the initial evaluation; clinical staff must be available to reassess children in the PSA, as needed.
 4. All personnel, including <insert organization name> Team Members, shall be recorded as entering/exiting the PSA using the form in Attachment I. Team members must be recorded using their Team Member ID number instead of their contact phone number.
 5. The PSA team shall ensure that regular updates (as established in discussions with the FRC Branch Director and the HICS Operations Section Chief) are provided.
 6. Update information shall include the number of minors in the PSA and the length of time they have been waiting for reunification.
 7. PSA Location:
 - a. The PSA is a controlled and supervised space for unaccompanied minors who are uninjured, or who have been treated and released, and are waiting for reunification. The PSA should be located in an area separate from both the Emergency Department, FRC and media staging areas, and have a Security Officer present or readily available.
 - b. The PSA location must:
 - 1) Allow for sufficient space to accommodate children of different ages with age-appropriate activities for each group; consider leveraging an existing infrastructure such as a child care center.

Attachment H – Establishing the Family Reunification & Assistance Center (FRC)


- 2) Ideally, the location should have a minimum capacity of 20 square feet per person (based on the Educational Classroom Code standards).
 - 3) Provide nearby access to smaller rooms or adjacent spaces that may be used for younger children such as babies or for children with sensory integration issues.
 - 4) Ensure that restrooms are easily accessible and appropriate for pediatric patients:
 - 5) Access to the PSA and restrooms must be able to be controlled, and security must be assured around and within the site.
 - 6) No child, regardless of age, should ever use a restroom alone.
 - a) PSA staff shall make efforts to always take children to the bathroom in groups; always take a minimum of three people. Either two adults and one child or one adult and two children.
 - b) Ensure the restroom is unoccupied before allowing children to use the facilities.
 - c) If assisting young children in the toilet stalls, the door to the stall must remain open.
 - d) If multiple children are in the bathroom and do not need assistance, staff shall stand in the doorway to provide auditory supervision. This allows privacy for the children and protection for the staff (i.e. not being alone with a child).
 - 7) Where possible, the PSA location and activities shall be monitored/recorded through the use of close-circuit television cameras.
 - 8) Consideration must be given early in the incident on sleeping arrangements for minors in the PSA.
 - 9) A list of recommended supplies is in Attachment O.
- c. The PSA must be staffed with Pediatric Social Workers and Child Life, who help children and adolescents cope and assist caregivers in understanding their reaction to the situation. Staffing should also consider that at least two FRC staff members are needed to supervise each room or other enclosed space:
- 1) If two adults are supervising and one must step away, there must be at least two children present in the room and the door must be open.
 - 2) If a staff member finds themselves alone with a child, they must promptly move to a location where they can be observed by other FRC staff member.
 - 3) If a child needs one-on-one direction, due to disciplinary issues, tears, etc., FRC staff can still have private conversation with child if it takes place in plain sight of the other staff.
- d. While the exact number of minors arriving during an event cannot be predetermined, the event size is to be used to estimate the number of staff initially needed and then staff to child ratios listed below are to be used to adjust staffing as needed.
- 1) Staff to Child Ratio for Short-Term Care:
 - a) Aged 2 and under – Staff ratio of 1:2
 - b) Aged 2-3 – Staff ratio of 1:3
 - c) Aged 3-5 – Staff ratio of 1:6
 - d) Aged 6-8 – Staff ratio of 1:8
 - e) Aged 9-12 – Staff ratio of 1:10
 - f) Aged 12-15 – Staff ratio of 1:12
 - g) Aged 16-17 – Staff ratio of 1:20
 - 2) Staff to Child Ratio for PSA overnight care:
 - a) Aged under 3 – Staff ratio of 1:2
 - b) Aged 3-4 – Staff ratio of 1:3
 - c) Aged 6-8 – Staff ratio of 1:6
 - d) Aged 9-12 – Staff ratio of 1:8
 - e) Aged 12-15 – Staff ratio of 1:10
 - f) Aged 16-17 – Staff ratio of 1:15

Attachment H –Establishing the Family Reunification & Assistance Center (FRC)

- e. Entertainment:
 - 1) No televised, broadcasted, or streamed media news content should be played in the PSA.
 - 2) Staff is responsible for the setting-up of age-appropriate activities and entertainment.
 - f. Food & Nutrition:
 - 1) Ensure the space has an area for food and beverage; ensure attention to patients with possible food allergies.
 - 2) Food and drink can be ordered for the PSA by the Family Reunification & Assistance Center Branch Director.
 - 3) The PSA is recommended to begin with snacks, and then meals if needed for a prolonged response.
 - g. Emergency and Safety Situations:
 - 1) Abducted or Lost Child: If a child is lost or abducted, PSA team members will initiate a Code Pink response to recover the child (see Reference D).
 - 2) Evacuation: In the event of substantial building damage or other emergency requiring an evacuation, children will be relocated to an alternate facility determined by Hospital Incident Command.
 - 3) Medical Emergencies: Medical emergencies requiring immediate care will be handled by the Person Down team, in accordance with Reference O.
 - h. PSA Sign-out:
 - 1) Children must finish any medical sign out/registration/discharge before leaving with a relative/guardian/caregiver.
 - 2) The EHR must be updated to show a photograph of the person taking possession of the child.
- B. All children being signed-out must be documented in Attachment I.
- C. Identification of quiet room(s):
- 1. The Family Reunification & Assistance Center Branch Director shall identify room(s) to allow families to separate from others.
 - 2. Where health and safety conditions allow, lighting shall be subdued and the quiet room(s) shall have seating for individuals and family groups.
 - 3. A list of recommended supplies is in Attachment O.
- D. Identification of notification room(s):
- 1. The Family Reunification & Assistance Center Branch Director shall identify room(s) for the purposes of speaking with families to gather further information on a patient(s); for family interviews or death notifications.
 - 2. A list of recommended supplies is in Attachment O.
- E. Identification of staff break/respice room:
- 1. Team members supporting the FRC must have an area located away from the FRC operations.
 - 2. The team member break/respice room must have beverages and snacks available.
 - 3. A member(s) of the Employee Assistance Program (EAP)/Critical Incident Response Team (CIRT) shall be available for team member support, where required.

Title: **FAMILY REUNIFICATION & ASSISTANCE CENTER (FRC) PLAN** Policy #:
Attachment I –Pediatric Safe Area (PSA) Check-In/Check-Out Sheet

Pediatric Safe Area Check-In/Check-Out Sheet

#	Name of Child LAST, First, Middle	MRN & Age	Arrival Date/Time (AM/PM)	Discharge Date/Time (AM/PM)	Disposition	Responsible Adult Name LAST, First, Middle & Relationship <small>(inc. Team Member ID number if <organization name> staff)</small>	Responsible Adult Signature	Responsible Adult Contact Phone Number & ID Details
1	SMITH, Paul James	T4518254 11	01/01/1980 6:31PM	01/02/1980 1:22AM	R	SMITH, Mike Thomas Father		(407) 555-1212 Driver's License # C-11111-111-111

Disposition – (R) Released to Responsible Adult.
 (U/R) Unidentified minor released to Department of Children & Families/Other (state which).
 (O) Other (state which).

Title: <i>FAMILY REUNIFICATION & ASSISTANCE CENTER (FRC) PLAN</i>	Policy #:
<i>Attachment J – FRC Activation Checklist Quick Reference</i>	

Section I: Initial Call

Task	Person/Team Responsible	✓
Activation of the Family Reunification Center (FRC)	HICS/ICS	
Receiving briefing on incident and gathering information below: Incident Type: Date/Time of incident: Approximate # of victims: Approximate time of arrival at facility: Are victims going to other facilities?: Estimated # of family (victims x 8)	FRC Branch Director	
Identify location and resources for FRC: Contact Conference Services for support Contact I.T. for computer/phone setup Contact Security, Clinical & Spiritual Care Contact HICS/ICS Information Officer (PIO) for FRC messaging Contact psychosocial support Contact Corporate Emergency Management to request city/county help	FRC Branch Director HICS/ICS Operations Section Chief HICS/ICS Logistics Section Chief HICS/ICS Information Officer (PIO) Corporate Emergency Management	
Establish: Family Reunification Site Pediatric Safe Area (inc. Staffing) and Audio/Video needs Quiet room(s) Notification room(s) Staff break/respice area Public-facing contact number	FRC Branch Director HICS/ICS Operations Section Chief HICS/ICS Logistics Section Chief	
Set up beverages and snacks	FRC Branch Director Food & Nutrition	
Establish: FRC Team Leads Staffing for Patient Match Team Runners FRC Escorts (to guide families from entrances to FRC) FRC Case Workers Patient Match Teams	FRC Branch Director HICS/ICS Operations Section Chief HICS/ICS Logistics Section Chief	
Determine FRC staffing levels	FRC Branch Director HICS/ICS Section Operations Chief	
Review messaging, briefing and media plan with Information Officer (PIO)	FRC Branch Director HICS/ICS Information Officer (PIO)	

Title: <i>FAMILY REUNIFICATION & ASSISTANCE CENTER (FRC) PLAN</i>	Policy #:
<i>Attachment J –FRC Activation Checklist Quick Reference</i>	

Section II: Activating the FRC Teams

Task	Person/Team Responsible	✓
Brief FRC Team Leads on the following: Incident and FRC Plan Approximate # of FRC staff needed (plan ahead for shifts) Activation Plan	FRC Branch Director	
Activate Family Member Check-in Case Workers	FRC Branch Director	
Contact Cultural & Language Services Department for interpreters	FRC Branch Director	
Designate and communicate location for FRC paper and electronic record storage	FRC Branch Director	

Section III: FRC Setup

Task	Person/Team Responsible	✓
Brief FRC team members on assignments and shifts	FRC Branch Director or designee	
Retrieve FRC Go-Kit	FRC Branch Director or designee	
Retrieve FRC Check-In forms, documents and flyers from Go-Kit	FRC Branch Director or designee	
Set up directional signs from all customer entrances through to the FRC	FRC Branch Director or designee	
Set up Check-In area, processes and supplies	FRC Branch Director or designee	
Review FRC Security Plan	FRC Branch Director FRC Security	
Notify HICS/ICS when FRC is operational and able to receive families	FRC Branch Director	

Title: ***FAMILY REUNIFICATION & ASSISTANCE PLAN***

Policy #:

Attachment K –FRC Branch Director Job Action Sheet

The FRC Branch Director Job Action Sheet follows:

FRC BRANCH DIRECTOR JOB ACTION SHEET

Mission: Oversees the organization and management of operations/teams within the FRC, including communications with the HICS, personnel, equipment and supplies unless otherwise designated to another job role.

Position Reports to: Hospital Incident Commander/Administrative Supervisor		
Position Contact Information: Phone: () _____ - _____ Radio Channel: _____		
Hospital Command Center (HCC): Phone: () _____ - _____ Fax: () _____ - _____		
Position Assigned to:	Date: / /	Start: ___ : ___ hrs.
Signature:	Initials:	End: ___ : ___ hrs.
Position Assigned to:	Date: / /	Start: ___ : ___ hrs.
Signature:	Initials:	End: ___ : ___ hrs.
Position Assigned to:	Date: / /	Start: ___ : ___ hrs.
Signature:	Initials:	End: ___ : ___ hrs.

Immediate Response (0 – 2 hours)	Time	Initial
<p>Initial Activation Duties</p> <ul style="list-style-type: none"> • Receives notification from the HICS/Administrative Supervisor activating FRC; notification should include the following: <ul style="list-style-type: none"> ○ Incident Type ○ Date/Time of incident ○ Approximate # of victims ○ Approximate time of arrival at facility ○ If victims going to other facilities ○ Estimated # of family (Estimated family = victims x 8) ○ Any preference on the location of: <ul style="list-style-type: none"> ▪ Family Reunification Site ▪ Pediatric Safe Area (inc. Staffing) and Audio/Video needs ▪ Quiet room(s) ▪ Notification room(s) ▪ Staff break/respice area • Notify your usual supervisor of your FRC assignment. • Review this entire Job Action Sheet. • Use the FRC Activation Checklist [see FRC Plan] and oversee set-up of the FRC. • Review security plan with Security Department. • Coordinate with Language Service for interpreter(s), if available. • Contact PIO Position about scheduling family briefings in FRC and messaging plans. • Assume the role of FRC Branch Director and put on position identification (e.g., position vest). • Assign staff to retrieve FRC Go-Kit, review check-in forms, documents and flyers from Go-Kit. • Set up directional signs from all customer entrances through to the FRC • Establish Check-in area, processes and supplies • Review FRC Security Plan with FRC staff • Notify HICS when the FRC is operational and able to receive families 		

FRC BRANCH DIRECTOR JOB ACTION SHEET

<p>Operations (performed in conjunction with HICS Operations & Logistics Sections) - continued</p> <ul style="list-style-type: none"> • Determine staffing needs. Identify: <ul style="list-style-type: none"> ○ FRC Team Leads ○ Staffing for Patient Match Team ○ Runners ○ FRC Escorts ○ FRC Case Workers • Contact Conference Services for support. • Contact I.T. for computer/phone setup. • Contact Security, Clinical & Spiritual Care. • Contact Information Officer (PIO) for FRC messaging. • Contact psychosocial support. • Coordinate beverages and snack for FRC staff, and arriving families • Brief FRC Team on the following: <ul style="list-style-type: none"> ○ Incident details ○ FRC Plan and team member assignments and shifts • Establish: <ul style="list-style-type: none"> ○ Family Member Check-In Process ○ Location for FRC paper and electronic records storage <p>Communications and Documentation</p> <ul style="list-style-type: none"> • Provide periodic updates to, and maintain communications, with the Hospital Incident Command Center. • Maintain contact with Communications Department and Family Briefing Coordinator to: <ul style="list-style-type: none"> ○ Plan for family briefings with the FRC. ○ Assist with other communications/media/messaging about FRC. ○ Ensure accurate and timely information is being released about FRC as appropriate. ○ Document all communications (internal and external) and decisions 		
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Intermediate Response (2 – 12 hours)	Time	Initial
<p>Activities</p> <ul style="list-style-type: none"> • Assess issues, priorities, and needs. • Ensure that patient and personnel safety measures and risk reduction actions are followed. • Advise the HICS immediately of any operational issues you are not able to correct or resolve. • Coordinate contact with external agencies through HICS Liaison Officer, if necessary. • Monitor FRC staffing needs and ability to meet workload demands by: <ul style="list-style-type: none"> ○ Instructing all FRC Team Leads to periodically evaluate and report on staffing needs. ○ Rotating staff/shift assignments regularly. ○ Providing for staff rest periods and relief. ○ Using the Logistics Section staff labor pool as needed. • Ensure staff health and safety issues are being addressed by resolving health and safety issues with assistance of Employee Health and/ HICS Safety Officer as needed. • Observe staff for signs of stress and inappropriate behavior – Utilize EP as an additional resource to observe and intervene with staff. • Monitors FRC supply needs by: <ul style="list-style-type: none"> ○ Asking all FRC Team Leads to periodically evaluate and report on supply needs. ○ Coordinate with Food Services and Supply Chain Services to re-supply after initial orders (initial orders are part of team specific activation plans). ○ If there are supply needs that are not available at your site, coordinate with HICS Logistics Section to obtain external resources. • Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques. • As need for the FRC decreases, return staff to their normal jobs and combine or deactivate positions in a phased manner, in coordination with the HICS Operations & Logistics Chiefs. 		

FRC BRANCH DIRECTOR JOB ACTION SHEET

Extended Response (greater than 12 hours)	Time	Initial
<p>Ongoing Operations</p> <ul style="list-style-type: none"> • Assess issues, priorities, and needs. • Ensure that patient and personnel safety measures and risk reduction actions are followed. • Advise the HICS immediately of any operational issues you are not able to correct or resolve. • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the HICS Safety Officer and the Logistics Section. • Provide for personnel rest periods and relief. <p>Handoff/Shift Change</p> <ul style="list-style-type: none"> • Brief your replacement on the status of all ongoing operations, issues, and other relevant incident information. • Ensure all FRC documentation and records from shift are completed correctly and collected. <p>Demobilization</p> <ul style="list-style-type: none"> • Upon deactivation of your position, brief the HICS on current problems, outstanding issues, and follow-up requirements. • Upon deactivation of your position, ensure all documentation and FRC Operational Logs are submitted to the HICS Planning Section. • Debrief staff on lessons learned and procedural/equipment changes needed. • Ensure return/retrieval of equipment and supplies. • Submit comments to Corporate Emergency Management for discussion and possible inclusion in the after-action report; topics include: <ul style="list-style-type: none"> ○ 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. • Send message to all FRC direct reports/FRC staff encouraging participation in stress management and after-action debriefings. 		
<p>Safety and security</p> <ul style="list-style-type: none"> • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer and the Logistics Section • Provide for personnel rest periods and relief • Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques 		
Documents and Tools		
<ul style="list-style-type: none"> <input type="checkbox"/> Incident Action Plan (IAP) <input type="checkbox"/> HICS 213 - General Message Form <input type="checkbox"/> HICS 213 RR – Resource Request Form <input type="checkbox"/> HICS 214 - Activity Log <input type="checkbox"/> Family Reunification Center Forms <input type="checkbox"/> Hospital Policies & Procedures <input type="checkbox"/> Hospital organization chart <input type="checkbox"/> Hospital telephone directory <input type="checkbox"/> Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication 		

Title: ***FAMILY REUNIFICATION & ASSISTANCE PLAN***

Policy #:

Attachment L – FRC Check-In Leader Job Action Sheet

The FRC Check-In Leader Job Action Sheet follows:

FRC CHECK-IN LEADER JOB ACTION SHEET

Mission: Manage and coordinate Check-In teams.

Position Reports to: FRC Branch Director		
Position Contact Information: Phone: () _____ - _____ Radio Channel: _____		
Hospital Command Center (HCC): Phone: () _____ - _____ Fax: () _____ - _____		
Position Assigned to:	Date: / /	Start: ____ : ____ hrs.
Signature:	Initials:	End: ____ : ____ hrs.
Position Assigned to:	Date: / /	Start: ____ : ____ hrs.
Signature:	Initials:	End: ____ : ____ hrs.
Position Assigned to:	Date: / /	Start: ____ : ____ hrs.
Signature:	Initials:	End: ____ : ____ hrs.

Immediate Response (0 – 2 hours)	Time	Initial
<p>Initial Activation Duties</p> <ul style="list-style-type: none"> • Receive notification from the Family Reunification & Assistance Center Branch Director. • Notify your usual supervisor of your FRC assignment. • Review this entire Job Action Sheet. • Assume the role of FRC Check-In Leader and put on position identification (e.g., position vest). • Notify/inform team members about assignments and shifts. • Retrieve FRC Go-box and bring to FRC Location (may delegate). • Use the FRC Activation Checklist to coordinate setup of check-in, hospitality, and common areas of FRC. • Utilize team member(s) to complete activation checklist tasks as they arrive. • Call Clinical Engineering/Facility Engineering to set up TVs or projectors in the waiting room and a TV with DVD in the child care areas if needed. Ensure TVs do not have the ability to receive a live TV feed. <ul style="list-style-type: none"> ○ Contact HICS Logistics Section Supply chain and use supply list to send initial order: Check with other Team Leads for any changes to order (FRC Unit Lead is normal liaison). ○ Contact Child Care Team Lead to change/add items for hospitality area’s initial food and nutrition order. • Brief team members on incident and complete just-in-time training for team members. • Document all key activities, actions, and decisions. • Contact FRC Branch Leader when activation plan complete. 		
<p>Operations (performed in conjunction with HICS Operations & Logistics Sections)</p> <ul style="list-style-type: none"> • Manages and ensures check-in team follows protocol to greet, screen, register, and give wristbands to families and friends. • Manage hospitality and support team ensuring that team: <ul style="list-style-type: none"> ○ Assists family/friends while in the common/waiting areas of the FRC. ○ Helps families navigate FRC. ○ Escorts families to FRC and within FRC. ○ Maintains waiting /common area and refreshments. • Assists staff in determining if someone is withholding information or is giving false information to gain entry to the FRC. • Advise the FRC Unit Lead immediately of any operational issues you are not able to correct or resolve. • Ensure that team members escort unaccompanied minors to pediatric safe area. 		

FRC CHECK-IN LEADER JOB ACTION SHEET

<p>Staffing & Supplies</p> <ul style="list-style-type: none"> • Floats team members between positions as needed to handle high demand especially during initial surge. • Reports equipment and supply needs appropriately - document all equipment and/or supply requests from other departments if you are the liaison. • Ensure staff health and safety issues are being addressed by: <ul style="list-style-type: none"> ○ Providing staff rest periods and relief. ○ Observing and responding to reports of staff stress and inappropriate behavior. ○ Reporting and resolving concerns with FRC Branch Director, FRC Psychosocial Lead, EAP Liaison, and/or Employee Health as appropriate. • Ensure you and your team’s physical readiness through proper nutrition, water intake, rest, and stress management techniques. • As need for the FRC decreases, return staff to their normal jobs and combine or deactivate positions in a phased manner, in coordination with the FRC Unit Lead. <p>Communications and Documentation</p> <ul style="list-style-type: none"> • Keeps master check-in list and other documentation. • Document actions and decisions and send to the FRC Branch Director at assigned intervals and as needed. • Provide periodic updates and maintain communications with the FRC Branch Director 		
Intermediate Response (2 – 12 hours)	Time	Initial
<p>Activities</p> <ul style="list-style-type: none"> • Assess issues, priorities, and needs. • Ensure that patient and personnel safety measures and risk reduction actions are followed. • Advise the FRC Branch Director immediately of any operational issues you are not able to correct or resolve. • Manages and ensures check-in team follows protocol to greet, screen, register, and give wristbands to families and friends. • Manage hospitality and support team ensuring that team: <ul style="list-style-type: none"> ○ Assists family/friends while in the common/waiting areas of the FRC. ○ Helps families navigate FRC. ○ Escorts families to FRC and within FRC. ○ Maintains waiting /common area and refreshments. • Assists staff in determining if someone is withholding information or is giving false information to gain entry to the FRC. • Advise the FRC Branch Director immediately of any operational issues you are not able to correct or resolve. • Ensure that team members escort unaccompanied minors to pediatric safe area. 		
Extended Response (greater than 12 hours)	Time	Initial
<p>Ongoing Operations</p> <ul style="list-style-type: none"> • Assess issues, priorities, and needs. • Ensure that patient and personnel safety measures and risk reduction actions are followed. • Advise the FRC Branch Director immediately of any operational issues you are not able to correct or resolve. • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the FRC Branch Director, HICS Safety Officer and the Logistics Section. • Provide for personnel rest periods and relief. <p>Handoff/Shift Change</p> <ul style="list-style-type: none"> • Receive briefing from previous Shift Team Lead about FRC status and previous shift activities. • Check with other leaders about any environmental cleanliness issues to address during shift. • Brief incoming team members on incident and complete just-in-time training for new team members. • Set priorities of issues to address during shift. 		

FRC CHECK-IN LEADER JOB ACTION SHEET

Extended Response (greater than 12 hours)	Time	Initial
<p>Ongoing Activities</p> <ul style="list-style-type: none"> • Maintain FRC Check-In operations. • Assess issues, priorities, and needs. • Ensure that patient and personnel safety measures and risk reduction actions are followed. • Advise the FRC Branch Director immediately of any operational issues you are not able to correct or resolve. • Manages and ensures check-in team follows protocol to greet, screen, register, and give wristbands to families and friends. <p>Demobilization</p> <ul style="list-style-type: none"> • Brief the FRC Branch Director on current problems, outstanding issues, and follow-up requirements. • Ensure all documentation is submitted to FRC Branch Director. • Ensure return/retrieval of equipment and supplies. • Submit comments to FRC Branch Director for discussion and possible inclusion in after-action report. Comments should include: <ul style="list-style-type: none"> ○ 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. 		
<p>Safety and security</p> <ul style="list-style-type: none"> • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the FRC Branch Director • Provide for personnel rest periods and relief • Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques 		
Documents and Tools		
<ul style="list-style-type: none"> <input type="checkbox"/> Incident Action Plan (IAP) <input type="checkbox"/> HICS 213 - General Message Form <input type="checkbox"/> HICS 213 RR – Resource Request Form <input type="checkbox"/> HICS 214 - Activity Log <input type="checkbox"/> Family Reunification Center Forms <input type="checkbox"/> Hospital Policies & Procedures <input type="checkbox"/> Hospital organization chart <input type="checkbox"/> Hospital telephone directory <input type="checkbox"/> Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication 		

Title: ***FAMILY REUNIFICATION & ASSISTANCE PLAN***

Policy #:

Attachment M – FRC Reunification Leader Job Action Sheet

The FRC Reunification Leader Job Action Sheet follows:

FRC REUNIFICATION LEADER JOB ACTION SHEET

Mission: Manage and coordinate family interview and reunification teams.

Position Reports to: FRC Branch Director		
Position Contact Information: Phone: () _____ - _____ Radio Channel: _____		
Hospital Command Center (HCC): Phone: () _____ - _____ Fax: () _____ - _____		
Position Assigned to:	Date: / /	Start: ___:___ hrs.
Signature:	Initials:	End: ___:___ hrs.
Position Assigned to:	Date: / /	Start: ___:___ hrs.
Signature:	Initials:	End: ___:___ hrs.
Position Assigned to:	Date: / /	Start: ___:___ hrs.
Signature:	Initials:	End: ___:___ hrs.

Immediate Response (0 – 2 hours)	Time	Initial
<p>Initial Activation Duties</p> <ul style="list-style-type: none"> Receive notification from the Family Reunification & Assistance Center Branch Director. Notify your usual supervisor of your FRC assignment. Review this entire Job Action Sheet. Assume the role of FRC Check-In Leader and put on position identification (e.g., position vest). Notify/inform team members about assignments and shifts. Use the FRC Activation Checklist to coordinate set up of interview/reunification rooms and patient match work rooms. Utilize team member(s) to complete activation checklist tasks as they arrive. Get Workstations-on-Wheels from IT and pre-programmed phones if available or verify IT has set-up phones, computers, and other equipment. Brief team members on incident and complete just-in-time training Document all key activities, actions, and decisions. Contact FRC Branch Director when activation plan complete. 		
<p>Operations (performed in conjunction with HICS Operations & Logistics Sections)</p> <ul style="list-style-type: none"> Coordinate the processes of Family Interview and Reunifications Teams. Ensure that teams are maintaining confidentiality and proper documentation. Assist team members in troubleshooting barriers to accessing information about patient location, status, identity, or identifying characteristics. Monitor overall status of patient care areas, patient arrivals, patient census as possible to determine its effects on FRC patient identification and reunification activities. Work with complex cases such as patient’s death, custody issues, patients not found, caregivers not found, and lack of identifying information. Access or assist in accessing information from outside of FRC including but not limited to other medical locations, using Hospital Incident Command. Immediately contact FRC Branch Director of any family reunification case in which patient is deceased. Advise the FRC Branch Director immediately of any operational issues you are not able to correct or resolve. 		

FRC REUNIFICATION LEADER JOB ACTION SHEET

<p>Communications and Documentation</p> <ul style="list-style-type: none"> • Keeps master check-in list and other documentation. • Document actions and decisions and send to the FRC Branch Director at assigned intervals and as needed. • Provide periodic updates and maintain communications with the FRC Branch Director 		
<p>Staffing and Supplies</p> <ul style="list-style-type: none"> • Floats team members between positions as needed to handle high demand. • Report equipment and supply needs to appropriate leader - document all equipment and/or supply requests from other departments. • Ensure staff health and safety issues are being addressed by: <ul style="list-style-type: none"> ○ Providing staff rest periods and relief. ○ Observing and responding to reports of staff stress and inappropriate behavior. ○ Reporting and resolving concerns with FRC Branch Director, CIRT/Wellbeing Lead, and/or Occupational Health as appropriate. • Ensure you and your team’s physical readiness through proper nutrition, water intake, rest, and stress management techniques. • As need for the FRC decreases, return staff to their normal jobs and combine or deactivate positions in a phased manner, in coordination with the FRC Branch Director. 		
Extended Response (greater than 12 hours)	Time	Initial
<p>Ongoing Operations</p> <ul style="list-style-type: none"> • Maintain Family Interview and Reunification activities • Assess issues, priorities, and needs. • Ensure that patient and personnel safety measures and risk reduction actions are followed. • Receive briefing from previous shift FRC Reunification Leader about FRC status and previous shift activities. • Brief incoming team members on incident and complete just-in-time training for new team members. • Ensure team members know how to: <ul style="list-style-type: none"> ○ Consult the CIRT/Wellbeing Team for extra assistance. ○ Contact Security if needed to de-escalate an interaction. • Set priorities of issues to address during shift. <p>Handoff/Shift Change</p> <ul style="list-style-type: none"> • Brief your replacement and FRC Unit Lead on the status of all ongoing operations, issues, and other relevant incident information. • Ensure all FRC documentation and records from shift are completed correctly and collected. 		
Extended Response (greater than 12 hours)	Time	Initial
<p>Demobilization</p> <ul style="list-style-type: none"> • Brief the FRC Unit Lead on current problems, outstanding issues, and follow-up requirements. • Ensure all documentation is submitted to FRC Unit Lead. • Ensure return/retrieval of equipment and supplies. • Submit comments to FRC Unit Lead for discussion and possible inclusion in after-action report. Comments should include: <ul style="list-style-type: none"> • 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. • Send message to all FRC Psychosocial Team Staff encouraging participation in stress management and after-action debriefings. 		

FRC REUNIFICATION LEADER JOB ACTION SHEET

Safety and security

- Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the FRC Branch Director
- Provide for personnel rest periods and relief
- Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques

Documents and Tools

- Incident Action Plan (IAP)
- HICS 213 - General Message Form
- HICS 213 RR – Resource Request Form
- HICS 214 - Activity Log
- Family Reunification Center Forms
- Hospital Policies & Procedures
- Hospital organization chart
- Hospital telephone directory
- Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

Title: ***FAMILY REUNIFICATION & ASSISTANCE PLAN***

Policy #:

Attachment N – FRC Check-In Staff Job Action Sheet

FRC CHECK-IN STAFF

Mission: Support family members through the check-in process at the FRC.

Position Reports to: FRC Check-In Leader		
Position Contact Information: Phone: () _____ - _____ Radio Channel: _____		
Hospital Command Center (HCC): Phone: () _____ - _____ Fax: () _____ - _____		
Position Assigned to:	Date: / /	Start: ___:___ hrs.
Signature:	Initials:	End: ___:___ hrs.
Position Assigned to:	Date: / /	Start: ___:___ hrs.
Signature:	Initials:	End: ___:___ hrs.
Position Assigned to:	Date: / /	Start: ___:___ hrs.
Signature:	Initials:	End: ___:___ hrs.

Immediate Response (0 – 2 hours)	Time	Initial
<p>Initial Activation Duties</p> <ul style="list-style-type: none"> • Receive notification from the Family Reunification & Assistance Center Check-In Team Leader or FRC Branch Director. • Notify your usual supervisor of your FRC assignment. • Review this entire Job Action Sheet. • Assume the role of FRC Check-In Staff and put on position identification (e.g., position vest). • Complete just-in-time training. • Support FRC Check-In Leader with setup of FRC check-in, hospitality and common areas. 		
<p>Operations</p> <ul style="list-style-type: none"> • Ensure all visitors to the FRC enter/exit through the Check-In Area. • Be alert to family members with disabilities, mobility, and other functional needs. • Request supplies, equipment, and services as needed. • Report equipment and supply needs to your Team Lead • Advise your Team Lead immediately of any operational issues you are not able to correct or resolve. • Determine if the individual/group are visiting the FRC for the first time. • If first-time FRC visitor: <ul style="list-style-type: none"> ○ Determine if person/group is the family member or friend of a possible patient. ○ Have one person from each group sign in. ○ If searching for multiple patients, ask the family to complete one form for each missing person. ○ Give each person a wristband. ○ Record group members on the master check-in log. • If repeat FRC visitor: <ul style="list-style-type: none"> ○ Check each returning visitor for wristband before re-entry into the FRC. ○ Visitors must be recorded for each entry. • If the person is not a family member or friend of a possible patient: <ul style="list-style-type: none"> ○ Do not continue check in. ○ Politely direct the person/group away from the area. ○ Escalate if needed to Security and/or the Check-In Team Leader. 		

FRC CHECK-IN STAFF

<p>Be alert to the following situations:</p> <ul style="list-style-type: none"> ○ Issue: Long lines or surge of visitors at check-in. ○ Solution: Inform Check-In Leader; Have Check-In Staff get clipboards, check-in log and wristbands and register visitors in line. ○ Issue: Visitor intentionally presents false information or withholds information to enter the FRC. ○ Solution: Contact Security and/or Check-In Team Leader. ○ Issue: Family members angry, frustrated, aggressive, challenging, etc. ○ Solution: Immediately contact Security and Check-In Team Leader. ○ Issue: Unaccompanied minor (persons under 18 without adult) arrives at Check-In. ○ Solution: Contact Check-In Team Leader. Escort minor to Pediatric Safe Area (PSA). ○ Issue: Media attempts to enter the FRC. ○ Solution: Contact Check-In Team Leader and/or Media Relations. ○ Issue: Visitor needs interpretation. ○ Solution: Contact Check-In Team Leader to coordinate FRC interpreters. 		
Extended Response (greater than 12 hours)	Time	Initial
<p>Ongoing Operations</p> <ul style="list-style-type: none"> ● Assess issues, priorities, and needs. ● Continue immediate response activities. ● Ensure that patient and personnel safety measures and risk reduction actions are followed. ● Advise the FRC Check-In Team Leader immediately of any operational issues you are not able to correct or resolve. ● Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the FRC Check-In Team Leader. ● Provide for personnel rest periods and relief. Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required. <p>Handoff/Shift Change</p> <ul style="list-style-type: none"> ● Brief Check-In Team Leader on current problems, outstanding issues, and follow-up requirements. ● Submit all documentation to the Check-In Team Leader. 		
<p>Safety and security</p> <ul style="list-style-type: none"> ● Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the FRC Check-In Leader. ● Provide for personnel rest periods and relief ● Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques 		
Documents and Tools		
<ul style="list-style-type: none"> <input type="checkbox"/> Incident Action Plan (IAP) <input type="checkbox"/> HICS 213 - General Message Form <input type="checkbox"/> HICS 213 RR – Resource Request Form <input type="checkbox"/> HICS 214 - Activity Log <input type="checkbox"/> Family Reunification Center Forms <input type="checkbox"/> Hospital Policies & Procedures <input type="checkbox"/> Hospital organization chart <input type="checkbox"/> Hospital telephone directory <input type="checkbox"/> Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication 		

Title: ***FAMILY REUNIFICATION & ASSISTANCE PLAN***

Policy #:

Attachment O -FRC Supply Considerations (example)

Food & Nutrition:

Age-appropriate food (consider potential for allergies).
Formula (and any appropriate guidance for preparation and serving).
Snacks/food and drink.
Towels/wash clothes.

Informational:

Adjustable direction boards to FRC Room.
Age-appropriate activities (eg, board and card games, books, movies, video games, art supplies).
Easel stands.
Informational leaflets.
Language interpreters.
Laptop running PowerPoint.
Monitors to display information updates.
Note pads/pens.
Posted contact information for any available community disaster resources and information.
Sign-in/sign-out sheets for those presenting at the FRC, with name, contact number, and time of sign-in–sign-out for tracking purposes.
Wellness handouts for stress reduction/guides.
Writing utensils/paper/clipboards.

Hygiene:

Diapers.
Hand sanitizer.
Tissues.
Toileting and sanitation, including diaper-changing area.

Data sharing/accessibility:

Access to appropriate support assistance and resources (eg, psychological or spiritual support).
Cell phone chargers.
Internet access.
IT access to ****@***** email address to upload photos of the loved ones to assist with the reunification process.
Phone chargers with multiple kinds of plugs.

Other:

Chairs and tables.

Title: ***FAMILY REUNIFICATION & ASSISTANCE PLAN***

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Attachment P -FRC Expectation Posters (example)

Attachment O continues overleaf:

Note: Healthcare organizations should note that the last bullet point of paragraph two (What we expect from you) in sections P2 through P8 contains references to Orlando Health healthcare system. Organizations should use their own translation service to amend the section accordingly.

What you can expect from us:

- Our staff will be courteous and professional at all times.
- Our immediate focus is on saving lives.
- We will help you throughout the process of locating your loved one.
- We will do our best to answer your questions.
- We comply with all applicable rules and regulations regarding patient privacy.
- We will not release minors without confirming they're going to the legally authorized person.
- We will hold a briefing as soon as we have information we can share.

What we expect from you:

- Your understanding and patience; we are working as quickly as possible.
- You will ask us to clarify if something is not clear.
- You will be respectful of other families and our staff at all times.
- You will not swear or threaten our staff or other families.
- Minors (under 18) will be accompanied by an adult at all times.
- You will not use cameras, recording devices or live stream social media at any time when inside the Family Reunification Center or while on <name of organization> property (Per <name of organization> Policy and Federal Privacy Regulations).

The Family Reunification Process:

1. Check in at the Family Reunification Center.
2. Wear your wrist band at all times.
3. Complete and return one Patient Locator Form (form A) per person.
4. We will check the information against our records.
5. If needed, we will ask you to complete the Family Member Interview Form (form B).
6. We will check the information against our records.
7. When we find a match, and with the doctor's permission, a visit with your family member will be arranged.

Lo que puede esperar de nosotros:

- Nuestro personal será cortés y profesional en todo momento.
- Nuestro enfoque inmediato es salvar vidas.
- Le ayudaremos en todo el proceso de localización de su ser querido.
- Haremos todo lo posible para responder a sus preguntas.
- Cumplimos con todas las reglas y regulaciones aplicables con respecto a la privacidad del paciente.
- No entregaremos a menores sin confirmar que van a la persona legalmente autorizada.
- Realizaremos una sesión informativa tan pronto como tengamos información que podamos compartir.

Lo que esperamos de usted:

- Su comprensión y paciencia. Estamos trabajando lo más rápido posible.
- Nos pedirá que aclaremos cualquier duda que tenga.
- Deberá mostrar respeto hacia otras familias y nuestro personal en todo momento.
- No podrá insultar ni amenazar a nuestro personal ni a otras familias.
- Los menores de edad (menores de 18 años) estarán acompañados por un adulto en todo momento.
- No podrá usar cámaras, dispositivos de grabación o transmisión en vivo de redes sociales en ningún momento dentro del Centro de Reunificación Familiar (Según la Política de Salud de Orlando y las Regulaciones Federales de Privacidad).

El proceso de reunificación familiar:

1. Regístrese en el Centro de Reunificación Familiar.
2. Use su muñequera en todo momento.
3. Complete y devuelva un Formulario de localización de pacientes (formulario A) por persona.
4. Cotejaremos la información con nuestros registros.
5. Si es necesario, le pediremos que complete el Formulario de entrevista para miembros de la familia (formulario B).
6. Cotejaremos la información con nuestros registros.
7. Cuando encontremos una coincidencia, y con el permiso del médico, se programará una visita con su familiar.

您可以期望我们：

- 我们的工作人员将始终礼貌专业。
- 我们的当务之急是拯救生命。
- 我们将在寻找亲人的整个过程中为您提供帮助。
- 我们将尽最大努力解答您的疑问。
- 我们遵守有关患者隐私的所有适用规则和规定。
- 未确认未成年人将前往合法授权人员处前，我们不会为其办理出院。
- 一旦我们有可以分享的信息，我们将立即举行简报会。

我们期望您：

- 能够理解和拥有耐心；我们正在尽快开展工作。
- 如果您有不清楚的地方，会要求我们澄清。
- 您将始终尊重其他家庭和我们的工作人员。
- 您不得咒骂或威胁我们的工作人员或其他家庭。
- 未成年人（18岁以下）将始终由成年人陪同。
- 在家庭团聚中心内，任何时候您都不得使用相机、录音设备或直播社交媒体（根据奥兰多卫生政策和联邦隐私条例规定）。

家庭团聚流程：

1. 在家庭团聚中心登记。
2. 您要始终佩戴腕带。
3. 每人填写并交回一份患者定位表（表 A）。
4. 我们将根据我们的记录核对这些信息。
5. 如果需要，我们会要求您填写家庭成员访谈表（表 B）。
6. 我们将根据我们的记录核对这些信息。
7. 我们找到匹配的人并得到医生的许可后，我们将安排探望您的家人。

Kisa ou kapab atann bò kote nou:

- Estaf nou an ap gen koutwazi epi y ap aji an pwofesyonèl toutan.
- Nou konsantre nou imedyatman sou sove lavi.
- Nou pral ede w pandan tout pwosesis pou jwenn kote moun pwòch ou an ye.
- N ap fè tout sa nou kapab pou reponnn kesyon ou yo.
- Nou respekte tout règ ak règleman ki aplikab konsènan vi prive pasyan yo.
- Nou p ap egzeyate minè yo san nou pa konfime minè yo prale kote moun ki gen otorizasyon legal la.
- N ap òganize yon sesyon enfòmasyon dèke nou gen enfòmasyon nou kapab kominike.

Kisa nou atann bò kote pa ou:

- Konpreyansyon w ak pasyans ou; n ap travay ak tout rapidite ki posib.
- Ou pral mande nou pou n bay eklèsisman si yon bagay pa klè.
- Ou pral gen respè pou lòt fanmi yo ak estaf nou an toutan.
- Ou p ap joure ni menase estaf nou an oswa lòt fanmi yo.
- Minè (ki poko gen 18 lane) ap akonpaye ak yon adilt toutan.
- Ou p ap itilize kamera, aparèy anrejistremen oswa fè layv sou rezo sosyal okenn lè pandan w andedan Sant Reyinifikasyon Fanmi an (Dapre Politik Orlando Health ak Règleman Federal sou Konfidansyalite yo).

Pwosesis Reyinifikasyon Fanmi an:

8. Anrejistre nan Sant Reyinifikasyon Fanmi an.
9. Mete braslè w nan ponyèt ou toutan.
10. Ranpli epi retounen yon Fòm Lokalizasyon Pasyan (fòm A) pou chak moun.
11. Nou pral verifye enfòmasyon yo parapò ak dosye nou yo.
12. Si sa nesèsè, n ap mande w ranpli Fòm Entèvyou Manm Fanmi an (fòm B).
13. Nou pral verifye enfòmasyon yo parapò ak dosye nou yo.
14. Lè nou jwenn yon korespondans, epi avèk pèmisyon doktè a, n ap fè aranjman pou yon vizit avèk manm fanmi w lan.

ما يمكنك توقعه منا:

- أن يكون موظفونا مهذبين ومحترفين في جميع الأوقات.
- أن ينصب تركيزنا الفوري على إنقاذ الأرواح.
- أن نساعدك طوال عملية تحديد مكان الشخص العزيز عليك.
- أن نبذل قصارى جهدنا للإجابة عن أسئلتك.
- أن نمثل لجميع القواعد واللوائح المعمول بها فيما يتعلق بخصوصية المريض.
- أن لا نسمح بذهاب القاصرين دون التأكد من ذهابهم إلى الشخص المخول قانوناً.
- أن نقدم شرحاً موجزاً بمجرد أن نحوز معلومات يمكننا مشاركتها.

ما نتوقعه منك:

- تفهّمك وصبرك؛ فنحن نعمل بأسرع شكل ممكن.
- أن تطلب منا التوضيح لو أن شيئاً غير واضح.
- أن تحترم الأسر الأخرى وموظفينا في جميع الأوقات.
- أن لا تسب موظفينا أو الأسر الأخرى أو تهددهم.
- أن يكون القاصرون (أقل من 18 عاماً) برفقة شخص بالغ في جميع الأوقات.
- أن لا تستخدم الكاميرات أو أجهزة التسجيل أو البث المباشر على وسائل التواصل الاجتماعي في أي وقت أثناء التواجد في مركز لم شمل الأسرة (وفقاً لسياسة أورلاندو الصحية ولوائح الخصوصية الفيدرالية).

عملية لم شمل الأسرة:

1. سجّل الدخول إلى مركز لم شمل الأسرة.
2. ارتدِ سوار معصمك في جميع الأوقات.
3. أكمل وأعد نموذج تحديد موقع مريض واحد (النموذج A) لكل شخص.
4. سنراجع المعلومات مع ما هو مدون في سجلاتنا.
5. إذا لزم الأمر، سنطلب منك إكمال نموذج مقابلة أحد أفراد الأسرة (النموذج B).

O que você pode esperar de nós:

- Nossa equipe será sempre gentil e profissional.
- Nosso objetivo imediato é salvar vidas.
- Nós ajudaremos você durante o processo de localização de seu ente querido.
- Faremos tudo que pudermos para responder às suas perguntas.
- Obedecemos a todas as regras e aos regulamentos aplicáveis relativos à privacidade dos pacientes.
- Não autorizaremos a saída de menores sem confirmar que estão acompanhados da pessoa legalmente autorizada.
- Faremos uma reunião assim que tivermos informações para compartilhar.

O que esperamos de você:

- Sua compreensão e paciência; estamos trabalhando com a maior rapidez possível.
- Você pedirá esclarecimentos caso algo não esteja bem claro.
- Você sempre respeitará outras famílias e nossa equipe.
- Você não falará palavrões nem ameaçará nossa equipe nem outras famílias.
- Menores de idade (com menos de 18 anos) estarão sempre acompanhados de um adulto.
- Você não usará câmeras, dispositivos de gravação nem fará lives em redes sociais em nenhum momento enquanto estiver dentro do Centro de Reunificação da Família (de acordo com a política da Orlando Health e os regulamentos de privacidade federais).

O processo de reunificação da família:

1. Registre-se no Centro de Reunificação da Família.
2. Use sempre a pulseira de identificação.
3. Preencha e devolva um Formulário de Localização de Paciente (formulário A) por pessoa.
4. Verificaremos as informações em relação aos nossos registros.
5. Caso necessário, pediremos que você preencha o Formulário de Entrevista de Membro da Família (formulário B).
6. Verificaremos as informações em relação aos nossos registros.
7. Quando encontrarmos uma correspondência e tivermos a permissão do médico, será organizada uma visita com o membro da sua família.

Những điều quý vị có thể mong đợi từ chúng tôi:

- Nhân viên của chúng tôi sẽ luôn lịch sự và chuyên nghiệp.
- Trọng tâm trước mắt của chúng tôi là cứu tính mạng con người.
- Chúng tôi sẽ giúp quý vị trong suốt quá trình tìm kiếm người thân của quý vị.
- Chúng tôi sẽ nỗ lực hết sức để trả lời mọi thắc mắc của quý vị.
- Chúng tôi tuân thủ mọi quy tắc và quy định hiện hành về quyền riêng tư của bệnh nhân.
- Chúng tôi sẽ không để trẻ vị thành niên rời đi nếu chưa xác nhận rằng trẻ sẽ đến gặp người được ủy quyền hợp pháp.
- Chúng tôi sẽ tổ chức một cuộc họp nhanh ngay khi có thông tin có thể chia sẻ.

Những điều chúng tôi mong đợi từ quý vị:

- Sự hiểu biết và kiên nhẫn của quý vị; chúng tôi sẽ làm việc nhanh nhất có thể.
- Quý vị sẽ yêu cầu chúng tôi làm rõ nếu có điều gì đó không rõ ràng.
- Quý vị sẽ luôn tôn trọng các gia đình khác và nhân viên của chúng tôi.
- Quý vị sẽ không chửi thề hoặc đe dọa nhân viên của chúng tôi hoặc các gia đình khác.
- Trẻ vị thành niên (dưới 18 tuổi) sẽ luôn có người lớn đi kèm.
- Quý vị sẽ không sử dụng camera, thiết bị ghi âm hoặc truyền phát trực tiếp lên mạng xã hội bất cứ lúc nào khi ở bên trong Trung Tâm Đoàn Tụ Gia Đình (Theo Chính Sách Y Tế của Orlando và Quy Định về Quyền Riêng Tư của Liên Bang).

Thủ Tục Đoàn Tụ Gia Đình:

1. Đăng ký tại Trung Tâm Đoàn Tụ Gia Đình.
2. Luôn đeo vòng tay của quý vị.
3. Điền đầy đủ thông tin và gửi lại Biểu Mẫu Xác Định Bệnh Nhân (mẫu A) cho mỗi người.
4. Chúng tôi sẽ kiểm tra thông tin so với hồ sơ.
5. Nếu cần, chúng tôi sẽ yêu cầu quý vị hoàn thành Biểu Mẫu Phỏng Vấn Thành Viên Gia Đình (mẫu B).
6. Chúng tôi sẽ kiểm tra thông tin so với hồ sơ.
7. Khi thấy thích hợp và có sự cho phép của bác sĩ, chúng tôi sẽ sắp xếp một chuyến thăm khám với thành viên gia đình của quý vị.

Title: FAMILY REUNIFICATION & ASSISTANCE PLAN	Policy #:
Attachment Q -Patient Access ID Form (example)	

PATIENT ACCESS ID FORM INTAKE FORM		
Name: First Middle Last		Arrival Time: AM PM (please circle) Arrival Date: (mm/dd/yyyy): Arrival Mode: Room:
Height: ft. m (please circle) Weight: lbs. stone kilograms (please circle) Hair Color:	Male Female Non-binary/third gender Transgender (please circle)	
Date of Birth: (mm/dd/yyyy):	Last Four of SSN (if applicable):	Race:
Nationality/Citizenship:	Marital Status: (please circle) Single Married Widowed Divorced Separated	
Home Address Street: Apartment/Flat: City: State/Country: Zip/Post Code/CEP/PIN/PLZ:		
Contact Numbers Home: Cell: Pager:		
Emergency Contacts: Name: Phone: Country: Relationship:	Name: Phone: Country: Relationship:	Name: Phone: Country: Relationship:
Consular Contact: If you are not a US Citizen, your Consulate/Embassy may be able to offer you additional support. Would you like your Consulate/Embassy notified of your situation? (please circle) Yes No If not, record the date/time of refusal: For your convenience, the telephone number for your Consulate/Embassy is:		
BUSINESS OFFICE INFORMATION:		
Completed By:	Sign-on ID:	
Date/Time:		

Title: ***FAMILY REUNIFICATION & ASSISTANCE PLAN***

Policy #:

Attachment R -Foreign National Patient Scripting (example)

Process & Scripting

All representatives must ask the patient for their nationality. Never guess or assume their nationality.

When collecting demographic information, ask patient “What is your nationality?”

Patient may ask the following questions:

Q: What is nationality?

A: The country where you were born.

Q: Why do you need this information?

A: Information you give us on your race and nationality will help us provide better services.

Q: Who will see my information?

A: Your information is kept private and confidential and is protected by law (Health Insurance Portability and Accountability Act HIPAA 1996). The only people who will see your information are members of your health care team and others who are authorized to see your medical record.

Q: I was born in _____ country, but I’ve lived here all my life. What should I choose?

A: Ordinarily, if you haven’t become a US Citizen you may still be a citizen of the country you were born in.

Q: Are you trying to find out if I am a U.S. citizen?

A: No, definitely not. This information is confidential and used only to improve health care. No questions regarding citizenship or documentation are asked.

Q: What if I don’t know my nationality?

A: If you don’t know your nationality, we can leave this as ‘unknown’ until we learn otherwise.

Q: Isn’t that an illegal question to ask?

A: No, it is not illegal to ask. Collecting and reporting nationality are legal under the federal Civil Rights Act of 1964. However, you may choose not to answer any question.

Q: What if I don’t want to answer these questions?

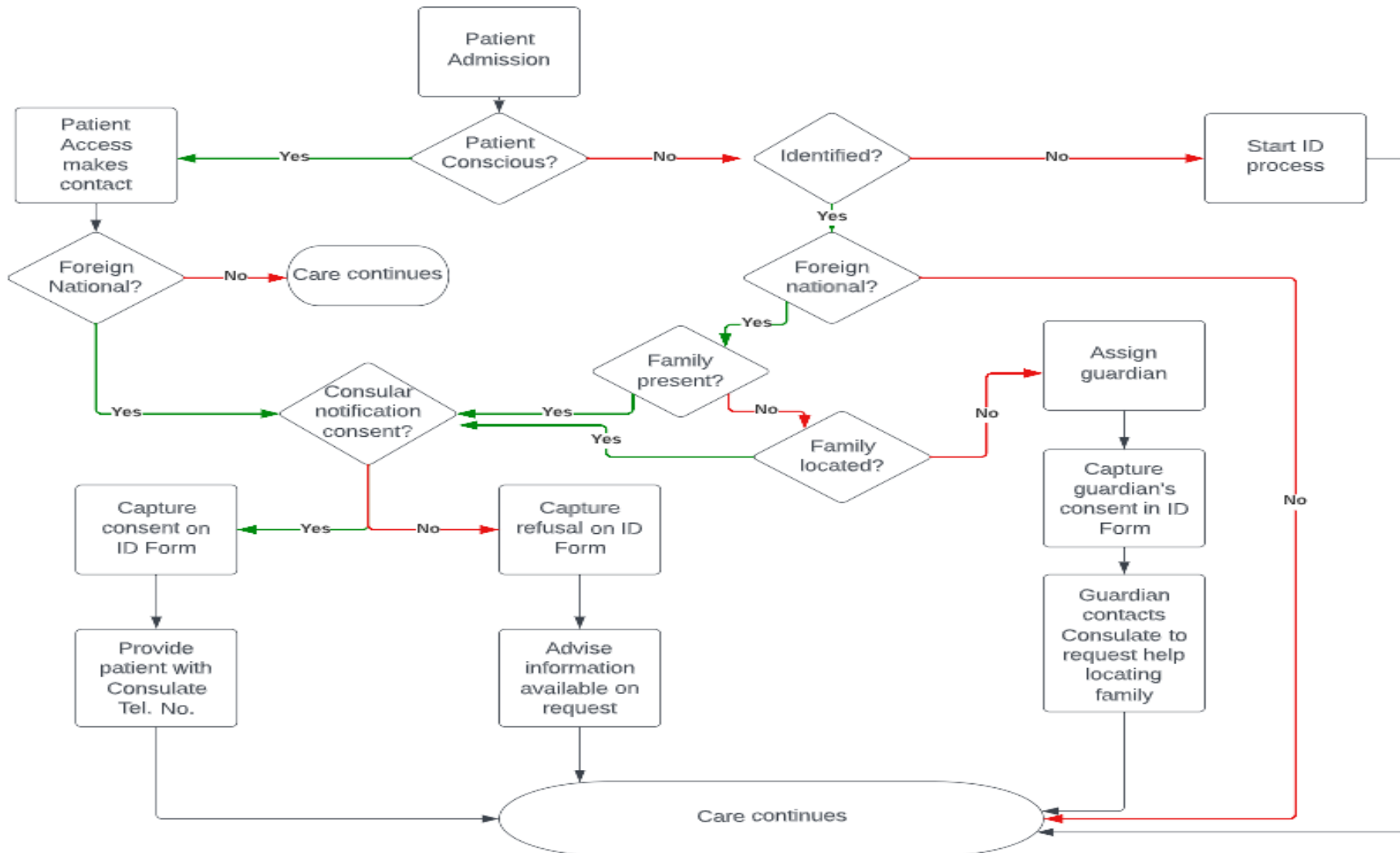
A: It is perfectly alright if you do not want to answer this question. However, this information does help our hospital provide better care. Regardless of whether you answer these questions, we will provide you care.

****Update ‘Nationality’ field with ‘Refused’ when patient does not want to provide their nationality, or ‘Undetermined’ when you are unable to obtain it**.**

Title: **FAMILY REUNIFICATION & ASSISTANCE PLAN**

Policy #:

Attachment S - Foreign National Patient Flow Chart



Title: **FAMILY REUNIFICATION & ASSISTANCE PLAN**

Policy #:

Attachment T -US Department of State notification (example)

(month, day, year)

Attention: U.S. Department of State Office of Foreign Missions, Miami (ofmmiami@state.gov):

<Organization> is receiving foreign national patients as a result of a suspected <insert information on situation here> in Central Florida. We ask that the US Department of State's Office of Foreign Missions provide the following information to the region's foreign missions as a matter of urgency:

<Organization> has received the following foreign national patients: <insert total number of patients received at all your facilities within the first hour>

This number is comprised of:

Nationality - <insert affected nationality>
Of which there are:
Male - <insert number>
Female - <insert number>
Minor children - <insert number>

Nationality - <insert affected nationality>
Of which there are:
Male - <insert number>
Female - <insert number>
Minor children - <insert number>

Nationality - <insert affected nationality>
Of which there are:
Male - <insert number>
Female - <insert number>
Minor children - <insert number>

Nationality - <insert affected nationality>
Of which there are:
Male - <insert number>
Female - <insert number>
Minor children - <insert number>

Nationality - <insert affected nationality>
Of which there are:
Male - <insert number>
Female - <insert number>
Minor children - <insert number>

Nationality - <insert affected nationality>
Of which there are:
Male - <insert number>
Female - <insert number>
Minor children - <insert number>

Nationality - <insert affected nationality>
Of which there are:
Male - <insert number>
Female - <insert number>
Minor children - <insert number>

Nationality - <insert affected nationality>
Of which there are:
Male - <insert number>
Female - <insert number>
Minor children - <insert number>

To allow our organization to manage the medical surge, our next update will be in approximately three (3) hours, at <insert time of next report>.

Our immediate focus is on preservation of life; <organization> will not be responding to any direct requests from Consulates as to whether their citizens were involved. <organization> has a process for capturing the nationality of arriving conscious patients, and we ask whether they would like their Consulate notified of their situation. For unconscious patient who are identified as foreign nationals, an advocate will provide this consent on their behalf. We will provide a more detailed report in due course.

We recommend foreign missions direct further enquiries regarding the suspected <insert information on situation here> through the Office of Foreign Missions, and/or their law enforcement and Emergency Operations Center contacts.

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Section 4:
School District Family Reunification Plan

Type of Policy: EMERGENCY MANAGEMENT	Category: EMERGENCY OPERATIONS PLAN (EOP)
Title: <i>SCHOOL DISTRICT FAMILY REUNIFICATION PLAN</i>	Policy #:
Page: 1 of 7	Replaces #:
Issue Date: 7/24	Developed By: Emergency Management
Revision Dates:	Approved By:

I. PURPOSE:

This policy assists school district personnel as they safely reunite students and employees with their families where a school or facility is closed or unexpectedly evacuated due to a natural or manmade disaster. The development of this reunification plan is in coordination with key public safety partners, which may include but not be limited to:

- A. Department of Children & Families
- B. EMS/Fire Rescue
- C. Hospitals
- D. Law Enforcement
- E. Local/State Emergency Management
- F. Regional Disaster Medical Coalitions

II. DEFINITIONS:

When used in this policy these terms have the following meanings:

- A. Comprehensive Emergency Management Plan: The School District’s plan for responding appropriately to hazards.
- B. District Family Reunification Center Operations Chief: An individual responsible for supporting the management of reunification operations at a designated off-site District facility.
- C. Emergency Coordination Center: School District’s location where resource coordination, emergency public information, and planning are performed on behalf of District reunification efforts
- D. Emergency Response Plan: A dedicated District-trained staff of a facility, who at times of emergencies, are called to initiate emergency response protocols, referred to in this plan as ERTs.
- E. Family Reunification Center: A site, either at the facility of impact or off-site, established to facilitate the orderly and controlled reunification of students with their parents or other authorized individuals.
- F. Incident Commander: The individual responsible for the initial stages of an emergency response.
- G. Joint Information Center: The physical location which is established as the central point of contact for news media and relevant parties to coordinate incident information.
- H. Psychological First Aid: An initial disaster response intervention to promote safety, stabilize survivors of disasters, and connect individuals to help and resources.
- I. Rapid Needs Assessment: Actions at the initial stage of a crisis or emergency to enable understanding of key information that steer program plans, design, and implementation.
- J. Reunification Incident Commander: The individual responsible for managing School District led emergency reunification operations.
- K. Special Health and Functional Needs: Physical, intellectual, and developmental disabilities, as well as long-standing medical conditions.

III. POLICY:

It is the policy of the organization to ...

IV. PROCEDURE:

- A. This plan is applicable to divisions, departments, services and personnel within the Public School District structure, including but not limited to:
 - 1. District departments
 - 2. Schools and students
 - 3. Full-time and part-time employees
 - 4. Contracted employees representing Public School District
 - 5. Volunteers
 - 6. Visitors
 - 7. Any others

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B. Reunification Sites

1. Reunification sites pre-identified locations where school districts can relocate students for the purposes of offsite relocation. These locations are large enough to facilitate the reunification of the largest schools. Selection criteria include:
 - a. Location - Geographic proximity of impacted school sites to reunification locations, with consideration being given to coverage across the entire school district.
 - b. Ease of access - Traffic control, secure perimeter, etc.
 - c. Site access - Access control mechanisms (access card, key fob, code locks)
 - d. Media Staging Area – Each location shall have a Media Staging Area that supports media access without allowing easy access to response activities.
 - e. Capacity - Large enough to accommodate students, staff, parents, and emergency responders for an extended length of time.
 - f. Site Type:
 - 1) Cold Site - Cold sites are space that must be configured to support reunification activities. A cold site is a bare building with access to voice and data communications circuits, and sufficient available electrical power and HVAC to support the operations. All furniture and hardware must be delivered, installed, connected, and tested.
 - 2) Warm Site - A Warm site is usually pre-wired for voice and data Communications so that telephones, PCs, and other computer hardware (e.g., servers) can be plugged-in as required.
 - 3) Hot Site - Hot sites are turn key ready and can immediately be occupied with full functionality.
2. Sites must be evaluated by subject matter experts (e.g., Security, Information Technology, Emergency Management, etc.). Identified sites shall be reviewed a minimum of annually to confirm they still have sufficient capability to support family reunification activities.
3. Based on these criteria, the following schools within the District have been selected to serve as Family Reunification Centers, as shown below:
 - a. Facility 1, address, city state zip
 - b. Facility 2, address, city state zip
 - c. Facility 3, address, city state zip
 - d. Facility 4, address, city state zip
4. District Reunification Equipment
 1. The District will augment each reunification site’s emergency evacuation kit to conform to the reunification go-kit standards determined by the District.
 2. Two mobile reunification units will be available under the supervision of the District Office of Emergency Management for rapid deployment to any reunification site.

B. Plan Activation:

1. Activation of the Family Reunification Plan must occur immediately following notification of any incident affecting a Public School District facility that necessitates reunifying students, staff, and visitors.
2. Any school principal or, facility administrator, or designee can identify specific triggers that warrant the activation of their Emergency Response Plan and the implementation of reunification protocols.
 - a. Assess and Notify:
 - 1) The school principal or, facility administrator, or designee will assess the situation using the District’s Rapid Needs Assessment Form (see Attachment A).
 - 2) Where the Rapid Needs Assessment results necessitate the unscheduled

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movement of students or an unplanned dismissal, plan activation is the primary responsibility of the Deputy Superintendent. Where circumstances allow, the request for plan activation should include information identified in the Rapid Needs Assessment from the impacted school or administrative site.

- b. When the Deputy Superintendent is unavailable, the duty of activating the plan is delegated to:
 - 1) Chief of Schools
 - 2) Executive Principal Leader (with direct oversight of the impacted school or based on the recommendations of the District Office of Emergency Management).
- C. Site Selection And Configuration
 - 1. The Rapid Needs Assessment supports the determination on whether reunification will take place on-site or off-site and identifies:
 - a. The nature of the event (violent or nonviolent).
 - b. Whether the event is limited to the school or administrative site.
 - c. If external agencies are involved.
 - d. Expected duration of the event.
 - 2. Once the assessment is completed, the District will determine the facility, location, time of activation, and resource requirements based on the following factors:
 - a. How close and accessible the facility is geographically.
 - b. If there are any limitations due to critical infrastructure access.
 - c. Is there enough parking space for an incident staging area and safety perimeter zones?
 - d. Does the facility allow the configuration of critical reunification functions?
 - e. Does the facility have a backup generator and can withstand Wi-Fi signal disruptions?
 - 3. The information compiled from the Rapid Needs Assessment and site identification factors will support whether reunification will be small-scale or large-scale.
 - 4. Mobilization of family reunification activities is detailed in Attachment B.
- D. Notification:
 - 1. The Communications Division, through their District Crisis Communication Plan, holds the responsibility for emergency notifications affecting the District.
 - 2. In circumstances demanding immediate action the Communications Division will, following guidance from the plan activator, disseminate emergency public information through all accessible means, including phone texts, emails, social media, local news, radio, or other messaging platforms used by the District.
 - 3. The District Police Communication Center dispatcher will notify relevant District officials.
 - 4. County Office of Emergency Management: County authorities should be notified of any scale of facility evacuation. Information sharing ensures they're aware of the ongoing situation and, where needed, can provide additional assistance. For large scale incidents, the County Office of Emergency Management must be contacted immediately to request support in establishing an area Family Reunification Center, which is separate from the District's on- or off-site operations.
 - 5. District Emergency Management personnel shall request support from District Legal Services with regards to sharing information from student records. This will support patient identification at area hospitals, and subsequent reunification with families/guardians.
- E. Activation of the Emergency Coordination Center (ECC):
 - 1. The District, in coordination with the District Office of Emergency Management, will determine the need for activating the District Emergency Coordination Center (ECC).
 - 2. The ECC activation levels are outlined in the Comprehensive Emergency Management Plan.
 - 3. In accordance with the Crisis Communication Plan, the District may set up a call center as soon as

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- possible upon incident notification.
4. Single Point Resource Coordination & Specialized Resources:
 - a. Once a reunification event prompts the activation of the ECC, the ECC will act as a single-point resource coordination hub to request and obtain resources from internal departments and external agencies.
 - b. The ECC will summarize the specialized capabilities needed for effective reunification operations at the initial stage of a reunification event based on the Rapid Needs Assessment.
- F. District Reunification Team
1. The District will assemble a select group of staff designated as the Reunification Team members. This team will integrate employees from various departments, each possessing the skills and decision-making authority for effective Family Reunification Center operations.
 2. The number of Reunification Team members must be sufficient to efficiently manage around 2,500 affected individuals, encompassing students, staff, and visitors, with the capability to process an estimated 650 individuals per hour.
- G. Family/Guardian Wellbeing:
1. Family Reunification leadership shall ensure the following services are in place before allowing family/guardians access to the facility:
 - a. Staffing: Due to the volume of family members/legal guardians arriving and requesting information, the Greeting Area and Parent Check-In Areas will require the majority of support staff. Consideration needs to be given to the initial surge of family members, high emotions and limited availability of information.
 - b. Security: There must be sufficient security support to ensure safe, effective family reunification operations. Where District Police are not sufficiently staffed to provide in-person assistance, support must be requested from area law enforcement agencies.
 - c. Food and Nutrition: A variety of food and beverages should be made available for family members/guardians as they wait to be reunified with their loved one. Consideration should be given to dietary factors, such as gluten-free, vegetarian and religious needs.
 - d. Medical Care: The Family Reunification Center must have sufficient medical support. This includes staffing to support student wellbeing, and medical personnel able to provide assistance to family members/guardians waiting to be reunited. The high stresses associated with a family reunification event may bring medical issues to the forefront, so EMS transport must also be available.
 - e. Shade: Consideration must be given to weather impacts on family members/guardians who are waiting to be reunified. This may include shade awnings, pop-up shelters and/or umbrellas.
- H. Vulnerable Populations:
1. Special Need Population Area
 - a. Special Needs Population (SNP) areas are designated as high priority within the District, particularly in the reunification processes, due to their critical role in fostering inclusivity and addressing essential needs.
 - b. Exceptional Student Education (ESE) Services will support this effort and ensure the appropriate personnel to help students, staff, and visitors with special needs during reunification at the ratio established by law. For optimal accessibility and convenience, SNP areas must be strategically positioned near restrooms and access ramps.
 2. Foreign Language Considerations:
 - a. Depending on the demographics of the District, it is reasonable to assume that there will be

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- family members/guardians responding to the reunification site who do not speak English, or who speak English as a second language.
- b. The Emergency Coordinating Center should identify the most common languages for the region, and provide support in the form of qualified in-person translators and, where resources allow, access to telephone and/or web-based translation services.
3. Special Health Care And Functional Needs
- a. To meet the access and functional needs of students, staff, and visitors at the Family Reunification Center, the following elements must be coordinated by the Student Services Team:
 - 1) Designated Quiet Zone: A designated area must be set aside to serve individuals sensitive to noise, crowds, or interruptions in their daily routines.
 - 2) Specialized Medical Support Area: An area should be allocated exclusively to provide exceptional medical care to students or staff requiring such attention.
 - 3) Professional Health and Mental Health Care Staff: Each location must be adequately staffed with a diverse range of healthcare professionals, including medical personnel, mental health experts, and certified caregivers.
 - 4) Transfer of Medications: Medications that are usually stored in the school's healthcare facility should be transferred to the FRC as feasible.
 - 5) Designated Break Area: A designated area must be established to allow for the reunification of staff to rest and recharge.
- I. Transportation Services
- A. Transportation needs to be addressed in a variety of areas, as outlined below. District transportation may be able to provide support, but consideration must be given to how the reallocation of school buses may impact other schools following student discharge at the end of the day.
 - B. Where needed, support should be requested from the County Office of Emergency Management.
 - 1. Medical Transport: In an incident situation where injuries and casualties are present, first responders will transport students to area medical facilities. Where time and resources allow, school personnel should gather information on which students are transported to which facilities, to include recording the agency and ambulance number (i.e., City Fire Rescue #218).
 - 2. Student Reunification Transport: For Off-Site or Large Scale Reunifications, students will be moved from one facility to another. Transportation services must provide an accurate headcount of all student,s taff and visitors being transported.
 - 3. Family Transportation: For Large Scale Reunification, the Emergency Coordinating Center should work with the County Office of Emergency Management to coordinate the transportation of family members/guardians to the area Family Reunification Center, as outlined elsewhere in this plan. This may include transportation from the impacted facility, the off-site reunification site and area hospitals.
 - 4. Staff Transportation: Staff members from the evacuated facility who were transported to the FRC might require transportation services to return to their place of work to retrieve their privately owned vehicle or to their residential address.
- J. Death Notifications
- 1. Law Enforcement authorities or the County Medical Examiner shall be responsible for officially notifying parents, family members, or legal guardians in case of a fatality involving students, staff, or visitors.
 - 2. Where the decedent is a foreign national, consideration should be given to including representatives from the subject foreign mission (e.g., Embassy or Consulate) as they have a deeper understanding

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- of cultural sensitivities surrounding death notifications.
- 3. Where circumstances permit and necessity dictates, official notifications shall not be conducted at the FRC. Instead, law enforcement will designate an alternate offsite location to carry out all activities related to the notification process.
- 4. District staff may provide physiological support and facilitate communication between law enforcement and the parents, family members, or legal guardians. However, it must be understood that District staff shall not undertake the task of delivering death notifications under any circumstances.

K. Communication:

- 1. District Family Reunification Center operations must have sufficient communications capabilities. This includes, but is not limited to:
 - a. Cell phones
 - b. Two-way radios
 - c. Laptops
 - d. Satellite Radio
 - e. Department of Homeland Security GETS (Government Emergency Telecommunications Service)/WPS (Wireless Priority Service) calling cards
- 2. Consideration must be given to maintaining effective operations even during a communications/data outage. This may include the use of runners within the facility.
- 3. Impacted sites must ensure they have access to student records, as this will support reunification with next of kin/guardians. This may require physical access to student records (where safe to do so). District authorities should review remote access capabilities to ensure records can always be accessed.

V. DOCUMENTATION:

- A.
- B.
- C.

VI. REFERENCES:

- A. Central Florida Disaster Medical Coalition, Family Reunification Plan (2024)
- B. Comprehensive Preparedness Guide (CPG) 101
- C. Department of Education Office of Safe Schools
- D. District School Comprehensive Emergency Management Plan (CEMP) & Annexes
- E. District School Emergency Procedures Manual for Administrative Sites
- F. District School Emergency Procedures Manual for Schools
- G. Emergency Management Accreditation Program Standards (EMAP)
- H. Federal Emergency Management Agency (FEMA). (2011). A Whole Community Approach to Emergency Management: Principles, Themes, and Pathways for Action. Version 1.0
- I. Federal Emergency Management Agency (FEMA). (2013). Post-Disaster Reunification of Children: A Nationwide Approach. Version 1.0.
- J. I Love U Guys Foundation. (2023). The Standard Reunification Method K12. Version 3.0.
- K. National Education Association. (2018). NEA’s School Crisis Guide, Help and Healing in a Time of Crisis.
- L. Orlando Health Family Reunification Plan, Policy #2222.
- M. State Statutes Chapter - Emergency Management
- N. U.S. Department of Education. (2019). The Role of Districts in Developing High- Quality School Emergency Operations Plans. Version 1.0

Type of Policy: **EMERGENCY MANAGEMENT**

Category: **EMERGENCY OPERATIONS
PLAN (EOP)**

Title: ***SCHOOL DISTRICT FAMILY REUNIFICATION PLAN***

Policy #:

Replaces #:

Page: 7 of 7

Developed By: Emergency Management

Issue Date: **7/24**

Approved By:

Revision Dates:

VII. ATTACHMENTS:

- A. Attachment A - Rapid Needs Assessment, one page.
- B. Attachment B – Family Reunification Center Mobilization, eight pages.
- C. Attachment C - Emergency Coordinating Center (ECC) Duties, one page.
- D. Reunification Support Team (RST) Duties, one page.

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Family Reunification Center Mobilization

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Attachment B – Family Reunification Center Mobilization

- A. Coordinating Structures
1. Internal: The decision for reunification and site selection will dictate the tactic used. Typically, small-scale reunification will be handled internally, with departments that directly support the need for reunification and minimal external or District support.
 2. External: In large-scale reunification efforts, the ECC will handle all requests for support from external agencies and activation of District Reunification Teams, departments, divisions, or services.
- B. School Principals, Facility Administrators or Designee
1. During small-scale reunification, the school's principal or, facility administrator, or designee will assume command as the Incident Commander (IC), as the IC will lead the evacuation efforts of students, staff, and visitors from the site of impact to the determined reunification site. They will also lead an on-site reunification in the event it is determined to be the more appropriate approach.
 2. If off-site reunification is prompted, the DoL will designate a principal leader as Reunification Incident Commander.
 3. The Reunification Incident Commander will lead the reunification efforts at the identified FRC. Once evacuation is initiated, the site of impact IC will connect with the District Reunification Incident Commander to provide essential data. This data is to include, but not limited to:
 - a. Number of individuals being evacuated.
 - b. Student and staff rosters (master roster)
 - c. Visitor records
 - d. Absentee records
 - e. Sign-out sheets
 - f. Information pertaining to students with special needs, including mobility and health requirements.
 4. Once information relating to the evacuation of individuals is conveyed, the Reunification Incident Commander will set up procedures at the selected FRC.
 5. The District will collaborate with the Communications Division and the ECC to ensure that pertinent information is appropriately conveyed to parents, the media, the public and area hospitals.
- C. Small vs. Large scale Reunification: There are two general strategies for conducting a reunification.
1. Small Scale Reunification:
 - a. Individuals will remain at their current location until reunification is safe to conduct onsite. Small-scale reunifications typically need the involvement of a school or facility ERT and a limited amount of external emergency resources.
 - b. These incidents are generally localized, affecting only the specific facility in question. Examples include:
 - 1) Technological mishaps, such as chemical or gas leaks that do not result in mass casualties or the need to move people off campus.
 - 2) Natural occurrences related to weather, without significantly impacting the infrastructure or resulting in casualties.
 - 3) Any external man-made incidents, as determined by the principal, facility administrator, or designee, that impact the safety and operations of the school or administrative site.
 2. Large Scale Reunification:
 - a. All individuals will be evacuated from the site of impact to a safe and secure off-site location. Large-scale reunification relates to incidents requiring the evacuation of a significant portion of a school or administrative site, thus activating the Response Team. Large-scale reunification is mainly conducted off-site and will require significant coordination from the entire District, the County Office of Emergency Management, area hospitals and others. Off-site reunification is typically implemented when an incident poses a direct threat to the safety and integrity of a school or facility and its occupants, necessitating relocation. These incidents require collaboration with external agencies and extend beyond the impacted facility. Examples include:
 - 1) Catastrophic man-made events like terrorism, violent protests, or active assailants.

Attachment B – Family Reunification Center Mobilization

- 2) Any external incidents, including but not limited to hazardous materials, violence-related events, or transportation disruptions, that pose a threat to the continuity of District facilities.
 - 3) Technological or weather-related emergencies with significant evacuation or casualty consequences.
 - b. The County Emergency Operations Center (EOC) must be contacted quickly to help manage family reunification operations for large-scale reunification situations. The County EOC should be asked to, as a matter of urgency, set up a second family reunification center away from the District's reunification area.
 - c. The District will coordinate the reunification of ambulatory students as outlined in the SRM, but the reunification of families of students/teachers who were injured and transported to area hospitals must also be considered as this requires two operations to be managed simultaneously:
 - 1) This approach purposefully separates families who are being reunited with their loved ones from those who are still waiting for information, and will help serve as a centralized location for family members to travel to.
 - 2) The County EOC can activate their Citizen Information Line and a Joint Information Center (JIC) to support information sharing with the community.
 - 3) All area hospital/healthcare systems should be asked to send a patient registration representative who can access the electronic health record remotely; this real-time access will:
 - a) Help remove the need for families to travel to multiple locations looking for loved ones.
 - b) Reduce the volume of enquiries from families as all enquiries will be managed in one central location.
 - d. In large-scale emergency reunification operations, authority is typically transferred from the on-site Incident Commander to the appointed District Reunification Incident Commander.
- D. Public-Facing Reunification Roles:
 1. The reunification site is managed initially by the impacted site command structure from the incident's initial notification.
 2. The following functional areas are considered operational elements managed by the Incident Commander during a small-scale reunification:
 - a. Staging Areas
 - 1) Collaboration with external communities and agencies becomes imperative during on-site and off-site reunification operations.
 - 2) Staging Areas function as buffer zones wherein the District reunification personnel and first responders register their presence and obtain their identification badges, vests, or wristbands before participating in the reunification activities. For this component, two options are available:
 - b. On-Site Staging Area:
 - 1) During a Small-Scale reunification, the school principal or, facility administrator or designee will designate parking zones for external agencies, District response team personnel and first responders.
 - 2) On-site SA is supervised by an ERT member, along with two additional ERT members, in coordination with LE and District Police at the initial stage of an event until it is transitioned to an off-site location.
 - c. Offsite -Site Staging Area:
 - 1) When off-site reunification and evacuation are prompted, the school principal or, facility administrator or designee will designate an ERT leader to notify select site locations to external agencies interested in supporting District off-site reunification.

Attachment B – Family Reunification Center Mobilization

- 2) Off-site SA is managed by a Staging Area Manager from Facilities Services. SA manager will lead the efforts with the support of the school or facility ERT, DRT and District Police. Support will also be solicited from established community partners of the select reunification site. This staging area is configured by no less than four staff and one SA manager, with three ERT members of the reunification site and supported by law enforcement officers or District Police.
 - d. Bus Pick-Up Zone: This area, in proximity to the designated rally point, serves as the on-site congregation point for students, staff, and visitors as they await transport.
- E. Site Security, Credentialing, And Check-In
 1. Site Security
 - a. District Police will staff officers to manage security operations in coordination with the impacted site security and external law enforcement officers. District Police shall ensure adequate security, crowd management, and traffic control at an FRC.
 - b. The well-being of students, staff, and visitors is the primary concern. District school safety procedures, such as entry access and perimeter control, are examples of site security. Other examples include actions commonly performed by a School Resource Officer (SRO) or a District Security Officer.
 - c. At the initial stage of any emergency, the SRO or school security officer, in coordination with school or facility ERTs, enforces site security, including positioning physical barriers at designated parking lot areas to organize and control parents, guardians, or other authorized individuals' entry to check-in areas.
 - d. The responsibility of establishing additional access protocols will shift to the District Police. They will appoint additional personnel or coordinate with partner agencies to handle safety and security at the site of impact and the off-site reunification site.
 2. Credentialing
 - a. Established credentialing procedures are to be consistently adhered to on a day-to-day basis.
 - b. In the event of an incident that prompts the need for reunification, the following credentialing and access control procedures are to be utilized.
 - 1) District Authorized Identification Cards: The primary method for recognizing District staff and students will be through their officially issued District identification cards.
 - 2) External Agency or Community Partner: Similarly, external agencies and community partners involved in the response will be authenticated and granted access through their respective agency's official identification cards.
 3. Greeting Area
 - a. Greeting Areas are specific locations within a reunification facility that are managed by the Greeting Area Lead from the school or facility ERT or members of the DRT. These areas are designated to facilitate check-in for parents, guardians, or authorized individuals and to distribute reunification cards at the reunification facility.
 - b. Greeting Areas are usually located near the designated parking lot or entrance of the reunification facility. A single team, which consists of appointed schools or facility ERTs, DRT and supported by law enforcement officers or District Police, is responsible for managing the Greeting Area.
 4. Check-In
 - a. To ensure the highest security standards during reunification efforts, community partners and government organizations must check in at the designated Staging Area and present their organization's official identification card for verification.
 - b. The Parent Check-in Area is where the reunification process begins; a registration form is complete, identification is verified, and a wristband is issued to parents, guardians, or other authorized individuals. This area is led by a Parent Check-in and supported by members of the DRT or ERT.
 - 1) Usually, parents are lined up by the student's last name and checked alphabetically using the following configuration:
 - a) Group 1: A-E

Attachment B – Family Reunification Center Mobilization

- b) Group 2: F-J
 - c) Group 3: K-O
 - d) Group 4: P-T
 - e) Group 5: U-Z
 - 2) Check-in and registration will use a wristband color code to identify the roles of individuals within the reunification site:
 - a. Blue: Parent or Guardian
 - b. Green: Visitor
 - c. Red: Witness
 - d. Orange: School District Staff
 - 3) The check-in area is configured to task:
 - a. Fifteen staff members (three per alphabetical group)
 - b. One supervisor
 - c. One law enforcement officer or District Police.
 - c. Parents, guardians, or authorized individuals arriving at a reunification site will be required to register. They must provide appropriate identification that matches the emergency contact information. Once verified, they will be issued a color-coded wristband to identify their purpose at a reunification site.
 - d. Check-in is a two-step process. Reunification check-in applies to staff and first responders. During check-in, two main actions are conducted: incident check-in (using an ICS 211 form) and receiving a wristband.
 - e. Reunification registration applies to Parents, guardians, and other authorized individuals who will register using a reunification sign-out record and receiving a wristband.
 - f. Using wristbands during registration helps ensure everyone's identity is verified and appropriately tracked for safety and organization.
 - g. In the event of a reunification, a simplified breakdown of the procedures to be followed are:
 - 1) Roles and Reporting: Staff members assigned to help with reunification must report to the designated place, depending on the scale of the event.
 - a) For large-scale reunification, they should go to the Staging Area.
 - b) For smaller events, they need to report directly to their assigned supervisor.
 - 2) Staging Area and Check-in: During large-scale reunifications, a Staging Area Manager will oversee the check-in process for outside agencies coming to help. The Staging Area Manager keeps track of all the resources and people coming into the incident area by recording their details using an ICS 211 form. These records are then sent to the ECC to ensure everyone is properly accounted for.
 - 3) Identification Process for Parents, Guardians, or authorized individuals. This process involves the parent or individual showing a Government-issued photo ID. After their identity is confirmed to match the emergency contact information on file, they will be issued a wristband.
5. Identity Verification
 - 1) FRC personnel shall authenticate the identity of individuals attempting to retrieve students for reunification purposes.
 - 2) The student emergency contact record will validate this verification to ensure the individual is authorized for such actions. Without completing the reunification card, per SRM, no student will be entrusted to any individual.
 - 3) Should there be any disagreements or conflicts concerning student pick-up during reunification, the CST is responsible for resolving such issues and may require the involvement of District Legal Services and law enforcement.
 6. Prohibited Persons
 - 1) Parents or individuals with court-ordered restrictions or those banned from District property will not be allowed at the designated reunification center.
 - 2) District Police, in collaboration with Legal Services, will lead and enforce the protocols to be followed during such circumstances.

Attachment B – Family Reunification Center Mobilization

7. Parent Waiting Area
 - a. The Parent Waiting area is located within an inner building or perimeter-determined space. Here, family members will be sorted into groups while waiting to be called for reunification and pick-up. The Parent Waiting Area is managed by the Parent Waiting Area Lead from the school or administrative site ERT.
 - b. In situations where a school or facility has limited personnel, the Parent Check-in Team can transition to manage the Parent Waiting Area once Parent Check-in operations are complete.
 8. Student Assembly Area
 - a. The Student Assembly areas are set within the larger space of the identified on-site or off-site reunification site. Student Assembly Area is where check-in of students being transported from the impacted site to an off-site reunification location.
 - b. Student Assembly is usually handled by the Student Assembly Area Lead, who is mainly composed of personnel (teachers, etc.) of the impacted school or facility. Student Assembly areas are assisted by staff from the school or facility who assist in accounting for each student or staff member being reunified.
 - c. As facility configuration allows, District personnel will maintain visitors separately from the students while waiting for reunification.
 - d. Students or staff within an assembly area must be organized by grade and class groups in the same alphabetical order used by the Parent Check-In area under the supervision of the class teacher.
 9. Parent Reunification Area
 - a. Managed by a Parent Support Lead (Exit Director) from the roster of Assistant Principals.
 - b. Adjacent to the Parent Waiting Area, the Parent Reunification Area is designed to be out of sight from the location where students, staff, or visitors will be reunited.
 - c. To make the reunification process smooth and efficient, a Reunification Sign-out Record Form is used by the accountant at the Reunification Area table to record those being reunified.
- F. Property Custody and Collection Areas
1. When evacuating individuals from a District facility due to an unsafe event resulting in off-site reunification, the safety of individuals takes precedence over the movement of personal belongings.
 2. As such, each District facility should select:
 - a. A pre-determined area for allocating personal items.
 - b. Pre-determine staff who, when authorized to do so, will return to the impacted facility to account for and initiate the process of the return of personal items to staff, students, or visitors.
 3. Mortuary Evidence Collection and Retention Area
 - a. Mortuary and evidence collection areas are expected to be managed by the Medical Examiner or State Coroner's Office and supported by local law enforcement agencies. These areas are temporary and away from the site when the situation dictates and resources allow.
 - b. The Incident Commander or Unified Command will work with law enforcement and choose a discreet and culturally sensitive area within the facility to serve as a temporary place for fatalities if it's impossible to have an off-site mortuary.
 - c. This decision is based on recommendations from the school's principal, facility administrator or designee, and District mental health subject matter experts. The chosen area will be off-limits to all school staff and concealed from students and staff. This area shall not allow visitors or unauthorized access.
- G. Sensitive Areas
1. Crisis Counseling Area
 - a. Crisis counseling will be needed at times of a violent or traumatic event.
 - b. The Crisis Intervention Team (CIT) from Student Services will manage and guide the operation of all crisis counseling areas related to the reunification process.
 - c. In consultation with the IC and the ECC, the District will decide on the appropriate time to deploy the CIT to the FRC.

Attachment B – Family Reunification Center Mobilization

- d. The CIT will ensure that special considerations are observed, discussed, and agreed upon when informing the public concerning the crisis intervention efforts performed by the District.
2. Law Enforcement Interview Area
 - a. Law Enforcement Interview Areas are incident-dependent and allocated when prompted. They are led or supported by District Police.
 - b. Law enforcement interviews are conducted at a pre-designated location within the reunification site as designated by the Incident Commander or Unified Command for law enforcement officials to interview students, staff, or visitors who may have witnessed or have potential criminal investigation information.
 - c. District Legal Services and Mental Health Services will provide personnel to support and protect the interests of the District and students.
3. Media Staging Area
 - a. Media representatives must be located outside the school's perimeter and away from students being reunified.
 - b. The Media Staging for each reunification site has been pre-identified. Where circumstances mean that media cannot use the assigned media staging area, the Incident Commander and/or Communications Division must be contacted.
 - c. During a large-scale reunification, the Communication Division will determine the off-site media location and provide such information to the Reunification Incident Commander after initiating reunification operations so that the Media is informed and diverted to the specific selected media location.
 - d. The Communications Division must coordinate all messaging through the Incident Commander, with consideration being given to unity of messaging through the Joint Information Center (JIC).

Attachment C – Emergency Coordinating Center (ECC) Duties

- A. Emergency Coordinating Center (ECC)\ The ECC supports the management of emergencies, particularly in coordinating responses across different agencies and ensuring efficient communication and resource allocation by employing the following:
1. Coordination: The ECC ensures all agencies involved work together and avoid overlapping tasks.
 2. Communication: The ECC is a central point for sharing information between the incident site, other safety entities, and sometimes the public.
 3. Resource Management: The ECC manages resource identification, allocation, and deployment as a one-stop shop for requesting and distributing resources.
 4. Strategic Planning: The ECC helps develop and adjust long-term response plans as the situation changes.
- B. Structure
1. Location: The ECC should be located offsite and away from the impacted facility.
 2. Staffing: The ECC is staffed by a trained District Incident Management Team, with additional support from local, state, and even federal agencies if needed.
- C. ECC Operations During Reunification
1. Incident Assessment: Assesses ongoing threats and their impact on the reunification process.
 2. Public Information: Supports the Joint Information Center (JIC) in providing accurate and timely information to the public and media.
 3. Family Assistance: Helps coordinate services for affected families, possibly setting up an FAC alongside reunification efforts.
 4. Resource Coordination: Support Reunification Incident Command/Unified Command in identifying, acquiring, deploying and demobilizing incident resources.

Attachment D – Reunification Support Team (RST) Duties

- A. Reunification Support Team (RST)
1. The RST is responsible for maintaining a record of all arriving students, staff, and visitors to ensure full accountability during reunification.
 2. Document instances where students aged 18 or older or emancipated minors sign themselves out without requiring parental consent.
 3. Compile a preliminary list of unaccounted students, staff, and visitors.
 4. Reconciliation of evacuating school's student attendance roster, early sign-out sheets, absentee records, and visitor registration for cross- verification.
 5. Communicate all lists have been consolidated to the On-Site Command Liaison.
 6. Forward the names of missing students, staff, and visitors to the DoL for subsequent action, including potential referral to law enforcement agencies.
 7. Reconciliation Reports
 - a. Accountability is one of many critical tasks at reunification. As such, constant accountability is essential for efficient reunification.
 - b. During reunification, accountability reports will be generated in the following sequence:
 - 1) At the initial assembly and check-in areas of the affected facility.
 - 2) Upon the arrival of transported evacuees at a reunification site.
 - 3) At the deactivation of a reunification operation.
 - 4) The final report will be completed by the On-Site Command Liaison and transferred to the ECC to aid in demobilization decision-making and to provide additional support.
- B. Parent Support Team
1. The Parent Support Team (PST) supports and manages the Parent Waiting Areas within the reunification facility. The PST's primary responsibility is to assist in addressing concerns and providing support to parents and guardians awaiting reunification. The PST ensures that only authorized personnel are granted student access.
 2. This team is composed of a leader from Muti-Lingual Services, supported by the following District departments and services: Student Enrollment, Student Services, Access and Opportunity, and District Police.
- C. Customer Service Team
1. The Customer Service Team (CST) operates with a dual structure. It comprised one team of District staff from Student Enrollment and one team of District staff from Multilingual Services dedicated to assisting parents, guardians, or authorized individuals facing challenges during the check-in process.
 2. The primary role of the CSTs is to greet parents, guardians, or authorized individuals and ensure they register alphabetically and complete the Family Reunification Cards. CSTs also handle inquiries related to pick-up authorization, particularly in cases where individuals are unaccounted for or have been directed to local medical facilities.
- D. Student Support Teams
1. The Student Support Team (SST) manages the Student Assembly Area. It is responsible for ensuring the primary accountability and welfare of students transitioning from the site of the incident to an external FRC (see Annex E-10).
 2. Initially, this role is occupied by teachers of the impacted site working under the guidance of the principal or facility administrator as they transition to the reunification location. Student Services lead the SST with support from Student Enrollment, Curriculum and Digital Learning and District Police.

Section 5:
HSEEP-compliant Family Reunification Tabletop
Exercise template

Family Reunification Tabletop Exercise

Situation Manual

[Insert Date]

[Insert Caveat]

This Situation Manual (SitMan) provides exercise participants with all the necessary tools for their roles in the exercise. Some exercise material is intended for the exclusive use of exercise planners, facilitators, and evaluators, but players may view other materials that are necessary to their performance. All exercise participants may view the SitMan.

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Exercise Agenda

Start Time	End Time	Activity
7:45 a.m.	8:30 a.m.	Registration
8:30 a.m.	8:45 a.m.	Welcome and Participant Briefing
8:45 a.m.	10:00 a.m.	Module One: Initial Notification and Response Preparation
10:00 a.m.	10:15 a.m.	Break
10:15 a.m.	11:30 a.m.	Module Two: Sustained Response
11:30 a.m.	11:40 a.m.	Break
11:40 a.m.	12:10 p.m.	Module Three: Short-Term Recovery
12:10 p.m.	12:40 p.m.	Hot Wash

**All times are approximate*

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Exercise Overview

Exercise Name	Family Reunification Tabletop Exercise (TTX)
Exercise Dates	[Indicate the start and end dates of the exercise]
Scope	<p>This exercise is a TTX planned for approximately three hours at [insert exercise location]. Exercise play is functional in nature, to include simulated movement of assets and clarifying phone calls/emails being made as required.</p> <p>This exercise was developed using materials created by the U.S. Department of Homeland Security.</p>
Mission Area(s)	Response and Recovery

Health Care Preparedness & Response Capabilities	<ol style="list-style-type: none">1. Healthcare and Medical Response Coordination2. Medical Surge3. Coordinate Response Strategy, Resources & Communication
Objectives	<p>Module One:</p> <ol style="list-style-type: none">1. Review emergency management plans and procedures for family reunification at a healthcare facility and identify support from other organizations in the initial hours of the response. <p>Module Two:</p> <ol style="list-style-type: none">1. Identify roles, responsibilities and timeframes in activating and operating an FRC/FAC.2. Assess procedures for coordinating and sharing information, within organizations, between organizations, and with the public. Identify organizational limitations on information sharing. <p>Module Three:</p> <ol style="list-style-type: none">1. Review organizational interdependencies and recovery plans.

Threat or Hazard	Explosion at a school
Scenario	<p>An interactive, discussion-based exercise focused on regional family reunification.</p> <p>The scenario consists of three modules: Initial Notification and Response Preparation, Sustained Response, and Short-term Recovery.</p>
Sponsor	Central Florida Disaster Medical Coalition
Participating Organizations	Please see Appendices.
Point of Contact	[Insert the name, title, agency, address, phone number, and email address of the primary exercise point of contact (POC) (e.g., exercise director or exercise sponsor).]

General Information

Exercise Objectives and Capabilities

The following exercise objectives in Table 1 describe the expected outcomes for the exercise. The objectives are linked to capabilities, which are the means to accomplish a mission, function, or objective based on the performance of related tasks, under specified conditions, to target levels of performance. The objectives and aligned capabilities are guided by senior leaders and selected by the Exercise Planning Team (EPT).

Exercise Objectives	Capability
Review emergency management plans and procedures for family reunification at a healthcare facility and identify support from other organizations in the initial hours of the response	✓ Capability 1: Foundation for Healthcare and Medical Readiness - Objective 2: Identify Risk & Needs - Activity 4: Assess Community Planning for Children, Pregnant Women, Seniors, Individuals with Access and Functional Needs, Including People with Disabilities, and Others with Unique Needs
Identify roles, responsibilities and timeframes in activating and operating an FRC/FAC.	✓ The ASPR HPP capabilities do not address an FAC. FEMA puts FACs under ESF8

Exercise Objectives	Capability
Assess procedures for coordinating and sharing information, within organizations, between organizations, and with the public. Identify organizational limitations on information sharing.	<ul style="list-style-type: none"> ✓ Capability 2: Health Care and Medical Response Coordination - Objective 3: Coordinate Response Strategy, Resources, and Communications (includes Incident Action Planning During an Emergency) - Activity 3: Communicate with Health Care Providers, Non-Clinical Staff, Patients, and Visitors during an Emergency - Activity 4: Communicate with the Public during an Emergency
Review organizational interdependencies and recovery plans.	<ul style="list-style-type: none"> ✓ Capability 2. Health Care and Medical Response Coordination - Objective 7: Coordinate Health Care Delivery System Recovery - Activity 3: Facilitate Recovery Assistance and Implementation
[Insert additional objectives, as necessary]	✓ [Insert additional capabilities, as necessary]

Table 1. Exercise Objectives and Associated Capabilities

Participant Roles and Responsibilities

The term *participant* encompasses many groups of people, not just those playing in the exercise. Groups of participants involved in the exercise, and their respective roles and responsibilities, are as follows:

- **Players:** Players are personnel who have an active role in discussing or performing their regular roles and responsibilities during the exercise. Players discuss or initiate actions in response to the simulated emergency.
- **Observers:** Observers do not directly participate in the exercise. However, they may support the development of player responses to the situation during the discussion by asking relevant questions or providing subject matter expertise.
- **Facilitator:** The facilitator provides situation updates and moderates discussions. They also provide additional information or resolve questions as required. Key EPT members also may assist with facilitation as subject matter experts (SMEs) during the exercise.
- **Evaluators:** Evaluators are assigned to observe and document the discussion during the exercise, participate in data analysis, and assist with drafting the After-Action Report (AAR).

Exercise Structure

This exercise will be a discussion-based, facilitated exercise. Players will participate in the following three modules:

- Module One: Initial Notification and Response Preparation
- Module Two: Sustained Response
- Module Three: Short-Term Recovery

Each module begins with an update that summarizes key events occurring within that time period. After the updates, participants review the situation and engage in discussions of appropriate response and recovery issues.

Exercise Guidelines

- This exercise will be held in an open, no-fault environment where capabilities, plans, systems, and processes will be evaluated. Varying viewpoints, even disagreements, are expected and encouraged as part of active discussions and learning.
- Respond to the scenario using your knowledge of current plans and capabilities (i.e., you may use only existing assets) and insights derived from your training.
- Decisions are not precedent setting and may not reflect your jurisdiction's/ organization's final position on a given issue. This exercise is an opportunity to discuss and present multiple options and possible solutions.
- Issue identification is not as valuable as suggestions and recommended actions that could improve response and recovery issues. Problem-solving efforts, cross-organizational working and information sharing should be the focus.
- The assumption is that the exercise scenario is plausible and events occur as they are presented. All players will receive information at the same time.

Exercise Evaluation

Evaluation of the exercise is based on the exercise objectives and aligned core capabilities. Players will be asked to complete a participant feedback form. These documents, coupled with facilitator observations and notes, will be used to evaluate the exercise and then compiled into the After Action Report (AAR)/Improvement Plan (IP).

Module One: Initial Notification and Response Preparation

Scenario

[Insert Location]

[Insert Month, Day, Year]: [Time]

The Central Florida Intelligence Exchange (CFIX) circulates information to area Law Enforcement and Intelligence Liaison Officers (ILOs) of an increase in online threats against the central Florida region. No specific targets are identified, but law enforcement agencies are notified of the potential for violence in the region.

[Insert Month, Day, Year + 1 Day]: [Time]

It is a normal busy weekday at your facility. Your emergency department (ED) has a large number of patients holding for beds, and EMS are reporting delayed offload times. At [insert time of day], 911 emergency services receive multiple reports of several explosions at xyz [insert level of school – elementary, middle and/or high] school. Media coverage shows a mushroom cloud rising up from the area. The incident begins to go viral on social media as hundreds of messages, many of which include videos, are posted. EM Resource notifications warn of a Level 4 Mass Casualty Incident (100+ patients) at the incident site, with a request for all regional healthcare facilities to update their total patient capacity.

Module One Discussion Questions

You will now break out into subject matter groups to work through a list of questions. Please attempt to answer all questions in the time provided. Your group should assign a spokesperson to report out your answers on the questions highlighted in red.

The Additional Planning Consideration information are items you may wish to take back to your organization for further reflection.

Module One – Hospitals:

1. How would you gather more information about the situation, who would you be contacting and what are your initial actions?
2. Would you activate any policies and procedures (EOPs)? If so, which?
3. What notification methods (e.g., alerts, emails, telecommunications, text message) would your hospital use to send alert information?
4. Where will you set up the following operations (state where and indicate on the map):
 - a. Hospital Incident Command System/Hospital Command Center
 - b. Patient Triage areas:
 - 1) Green acuity
 - 2) Yellow acuity
 - 3) Red acuity
 - 4) Black acuity

Additional Planning Considerations:

- Which department is responsible for sending out alerts or warnings to your facilities? Are they accessible 24-hours a day?
- How would you alert your employees who aren't currently at work?
- How do you notify onsite vendors, patients and visitors?
- Do you notify the public? If so, what methods do you use, and when would you start doing this? Does your message align with that of the school district, city/county, etc.?
- Does your hospital operate a Hospital Incident Command System (HICS) organizational structure with multiple layers of staffing to account for personnel absences?

Module One – Fire Rescue/EMS:

1. How would you gather more information about the situation, who would you be contacting and what are your initial actions?
2. Would you activate any policies and procedures (EOPs)? If so, which?
3. Do you assign transport officers to each MCI?
 - a. Would they be able to keep track of all the patients being taken to area hospitals?
 - b. Would you be able to handle multiple requests for information from area hospitals?
4. If there are multiple EMS agencies responding, is there a central collection point for patient tracking? If so, how is this information shared with hospitals?
5. Would you be requesting Mutual Aid? If so, from which agencies? How long would this take to arrange?

Module One – Emergency Management Agency:

1. How would you gather more information about the situation, who would you be contacting and what are your initial actions?
2. Would you activate any policies and procedures (EOPs)? If so, which?
3. Who would you contact about the incident (internally and externally)?
4. What actions will you be taking?
5. What are your concerns?
6. What requests do you anticipate from area hospitals?
7. What information are you requesting from area hospitals and schools?

Module One – School District:

1. What actions would you be taking to protect your students and staff after the explosion?
2. Where would students and staff relocate to? Who makes that determination?
3. Who would you be contacting?
4. What plans are you activating?

Additional Planning Considerations:

- *As victims may be transported to multiple hospitals, do you have enough school district representatives available to go to each hospital within your district?*
- *What's your plan if victims get transported outside your district?*

Module One – Community Partners:

1. How would you gather more information about the situation?
2. Who would you be contacting?

What are your initial actions and what support can you provide?

3. Would you activate any policies and procedures (EOPs)? If so, which?

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Module Two: Sustained Response

Scenario

[Insert Location]

[Insert Month, Day, Year]: [Time]

Approximately 30-minutes after initial media reports of the explosion, hospitals start receiving walk-in patients. The explosion killed [insert number] people and wounded [insert number], with [insert number] of those in critical condition. Fire-Rescue and EMS already called in their mutual aid partners from surrounding jurisdictions, and ambulances are beginning to arrive. Law enforcement officers securing the scene reported that several law enforcement agencies from elsewhere in the country have offered their aid. Your ED is full of victims from the scene, with more arriving.

Media is on-scene and staging outside area hospitals. They are attempting to interview witnesses and first responders. The mayor arranges for a media briefing later that afternoon. The governor calls to express their condolences and detail what the state is doing to respond. Shortly thereafter, representatives of state and federal agencies are on-scene and begin to arrive at area hospitals. The motivation of the attack is not yet known.

Large numbers of family members are arriving at your facility. Many are without cell phones and/or charging cables, ID and other items, including shoes. They are asking your staff to check whether their loved ones are at any of the other areas hospitals. Many have been waiting for hours and are hungry and thirsty.

Module Two Discussion Questions

You will now break out into subject matter groups to work through a list of questions. Please attempt to answer all questions in the time provided. Your group should assign a spokesperson to report out your answers on the questions highlighted in red.

The Additional Planning Consideration information are items you may wish to take back to your organization for further reflection.

Module Two – Hospitals:

1. Does your organization have a family reunification plan? Has it been tested before (tabletop and/or full-scale exercise)
2. How long does your family reunification center take to set up? Who would staff your family reunification center and are those staff trained on family reunification?
3. Where would you set up the following Family Reunification areas (state where and indicate on the map):
 - a) Registration
 - b) Quiet area
 - c) Private family area(s)
 - d) Pediatric Safe Area (area for medically-cleared Pediatric patients with no Next of Kin identified)
 - e) Reunification area
 - f) Staff administration area
 - g) Staff rest area
4. If you operate multiple hospitals, how would you coordinate family reunification operations between your facilities?
5. What information are you asking for from family members/loved ones? How are you gathering it and, once you receive that information, how are you using it to match families with patients?
6. Have you established a method for identifying parents/guardians who have been verified and are cleared to access the facility/reunite with a child?
7. How many family members can you manage before you can no longer operate family reunification effectively? Who would you contact to request assistance to address this and specifically what support would you be requesting?

Additional Planning Consideration:

- *How many people can occupy the patient triage and family reunification areas before you are in violation of local fire codes?*
- *Which organizations would you work with to support your family reunification efforts? Do you spoken with them about what's expected of them?*
- *How will you help families determine where their loved one is located if they're not at your facility?*
- *How are you managing the influx of information coming in from in-person enquiries, phone calls and emails? How may hits can your website handle before it crashes? How may calls can your phone system manage at once before crashing?*
- *Does your website have the ability to create an emergency banner to post critical information?*
- *Does your family reunification process account for possible duplication/triplication of information for the same person being received through multiple methods (e.g., phone, email, web site)?*
- *What is your plan to account for name variants (e.g., Jim, James, Jimmy)?*
- *Do you have room at your facility to accommodate law enforcement requests for space to be used for interviews? If yes, indicate where on the map.*
- *If this were to be declared a terrorist incident and the FBI/law enforcement seized personal belongings as part of their investigation how would this impact your family reunification process?*

Module Two – Fire Rescue/EMS:

1. Does your organization have sufficient resources to respond to the incident, or would you need to activate Mutual Aid?
2. Would your EMTs/Paramedics be able to stay at an ED for a period of time to provide additional support during the initial medical surge?
3. What resources does your agency have available that may be of value to area hospitals?

Module Two – Emergency Management Agency:

1. Do you have a process for contacting all the hospitals in your region?
2. What information are you requesting from area hospitals?
3. What actions are you taking to relieve the pressure on area hospitals?
4. Where will you establish a regional Joint Information Center (JIC), and how will you share information updates?

Module Two – Authority Having Jurisdiction

1. Within the Authority Having Jurisdiction's area of operations, who is responsible for identifying a suitable location and establishing an area Family Reunification Center (FRC)?
2. Does your agency have a list of possible locations immediately available?
3. How quickly can you open an FRC? Who will staff it? Are those individuals trained in family reunification? How will you notify these staff of the activation? Where are the supplies to set up the FRC stored? How quickly can these be mobilized?
4. How would stakeholders, including hospitals and the public, receive notification that the area FRC is open?
5. Would your support include transporting loved ones from area hospitals to the FRC? If not, who is responsible for arranging this?
6. Do you have a process for establishing a public information hotline? How will you ensure the information being provided is current?
7. How often do you check your community partner contact/distribution lists for accuracy?

Module Two – School District:

1. Does your plan include sending staff to area hospitals? If so, how many can you send? Are those staff accessible 24-hours a day? How will you communicate with them to assign their tasks?
2. Do those staff tasked to respond have laptops immediately accessible that will connect to the district network (inc. accessing student information) they can take with them, or can they access the information on smart phones?
 - a. Have the secure connections been tested off-network (e.g., logging on through public domains, hot spots, etc.)?
3. How will you coordinate with area hospitals so they can most effectively use them in the reunification process?

Additional Planning Considerations:

- *What happens if your school district representatives don't answer the phone?*
- *How will you identify additional staff and provide the necessary direction to coordinate operations for multiple operational periods?*
- *Does your plan factor in a number of your representatives not being able to respond due to being directly impacted?*
- *Have you considered the emotional impact on staff, especially when your representatives know the students and staff who have been injured/killed?*
- *When would you send school district representatives to a City/County operated Family Reunification Center vs. sending them directly to the hospital? What are those trigger points in your plan?*
- *What information can you share with the hospitals to help them reunite family members/loved ones? Are there any limitations on the information you can share? If so, can you use an intermediary (e.g., law enforcement) to help with this?*
- *How would you account for off-campus students or students who may have self-transported?*

Module Two – Law Enforcement:

1. How would you manage requests from hospitals for assistance in:
 - a. Identifying patients/next of kin
 - b. Crowd control
 - c. Traffic control
 - d. Security

2. How would you coordinate interviewing survivors when they're located at hospitals across the county/region?

3. Can you access the driver's license database remotely?
 - a. How effective is the system?
 - b. Will it work in heavily shielded areas of the hospitals (e.g., near MRI suites)?
 - c. How much longer would it take to run fingerprints manually?

4. Does your agency have the ability to perform rapid DNA sampling?

Module Two – Department of Children & Families:

1. How would your agency be able to assist hospitals with patient identification and family reunification (including pediatric patients)?
2. Do you have enough staff to deploy to area hospitals? If not, how would you be able to support area hospitals? Are those staff accessible 24-hours?
3. How would you communicate with them?
4. Do they have remote access to your computer system/database?
5. Are you allowed to share information with outside entities? Are there any limitations on the information you can share?

Module Two – Community Partners:

1. What would you be doing once you heard news reports of the explosion?
2. How can you support the hospital family reunification process?
3. Briefly, state what support can you provide to:
 - a. Law enforcement
 - b. Medical Examiner/Coroner Offices
 - c. Foreign Nationals
 - d. Family Members/Loved ones
4. How long would it take you to coordinate your staffing before being able to provide effective support?

Additional Planning Considerations:

- *Does your hospital's plan consider employees who may have children going to the school or a close connection with the school?*
- *How could this impact your staffing levels?*
- *What processes could you put in place to address this?*

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Module Three: Short-Term Recovery

Scenario

[Insert Location]

[Insert Month, Day, Year]: [Time]

It's now 8pm. Your hospital has reunited the majority of the patients. However, you have:

- [insert number] non-ambulatory, non-responsive adult patients.
- [insert number] pediatric patients under the age of 16.
- [insert number] of the under 16 patients are medically cleared for discharge, but their family members have not been located.

There are a number of adults in your hospital FRC. They're *extremely* upset and say they want to see their children immediately. They have no ID.

Module Three Discussion Questions

You will now break out into subject matter groups to work through a list of questions. Please attempt to answer all questions in the time provided. Your group should assign a spokesperson to report out your answers on the questions highlighted in red.

The Additional Planning Consideration information are items you may wish to take back to your organization for further reflection.

Module Three – Hospitals

1. How does your family reunification plan address:
 - a. Non-responsive adult patients?
 - b. Non-responsive pediatric patients?
 - c. Pediatric patients who can be released but have no parent/guardian.
 - d. Does your plan include coordination with the Florida Department of Children & Families?
2. Which organizations/information systems will you leverage to ensure you're releasing the child back to the right person? How quickly can you access that information?
3. Would you send a liaison to the Office of Emergency Management to provide immediate input on your response actions and unmet needs?
4. Are pre-arranged agreements in place to obtain key resources? If so, how are these agreements activated (i.e., what type of coordination and request process is required)? How would you manage multiple organizations competing for the same resource?

Module Three – Emergency Management Agency

1. What resources can you provide to the community?
2. What resources can you provide to hospitals?
3. If you're unable to provide the requested/required support, who will you contact for assistance?
4. What resources are available to assist your agency/organization with recovery, if required?
5. Are pre-arranged agreements in place to obtain key resources? If so, how are these agreements activated (i.e., what type of coordination and request process is required)? How would you manage multiple organizations competing for the same resource?
6. How will organizations continue to work together during long-term recovery?
 - a. Follow-up medical care
 - b. Long-term emotional support for residents/employees
 - c. Financial support to staff whose homes have been impacted
7. If some of your employees or their children were killed or injured in the explosion, how would it change your actions?

Module Three – School District

1. How will you identify additional staff and provide the necessary direction to coordinate operations for multiple operational periods?
2. Have you considered the emotional impact on staff, especially when your representatives know the students and staff who have been injured/killed?
3. Does your plan factor in a number of your representatives not being able to respond due to being directly impacted?
4. When would you send school district representatives to a City/County operated Family Reunification Center vs. sending them directly to the hospital?

APPENDIX A: EXERCISE PARTICIPANTS

Participating Private Sector Organizations	
[Insert private sector participants]	

Participating Local Organizations	
[Insert local participants]	

Participating State Organizations	
[Insert state participants]	

Participating Federal Organizations	
[Insert federal participants]	

Other Participating Organizations	
[Insert other participants]	

APPENDIX B: RELEVANT PLANS

[Insert excerpts from relevant plans, policies, or procedures to be tested during the exercise.]

APPENDIX C: ACRONYMS

Acronym	Term
AAR	After-Action Report
EAP	Emergency Action Plan
EMS	Emergency Medical Services
EOC	Emergency Operation Center
FAC	Family Assistance Center (also known as Family/Friends Reception Center)
FRC	Family Reunification Center (also known as Family/Friends Reception Center)
ICS	Incident Command System
IP	Improvement Plan
JIC	Joint Information Center
MAC	Multi-Agency Coordination
NGO	Non-Governmental Organization
NIMS	National Incident Management System
PIO	Public Information Officer
POC	Point of Contact
SitMan	Situation Manual
SME	Subject Matter Expert
SOP	Standard Operating Procedure
TTX	Tabletop Exercise

APPENDIX D: IMPROVEMENT PLAN

This IP is developed specifically for [Organization or Jurisdiction] as a result of [Exercise Name] conducted on [date of exercise].

Capability	Issue/Area for Improvement	Corrective Action	Capability Element	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Capability 1: [Capability Name]	1. [Area for Improvement]	[Corrective Action 1]					
Capability 1: [Capability Name]	1. [Area for Improvement]	[Corrective Action 2]					
Capability 1: [Capability Name]	2. [Area for Improvement]	[Corrective Action 1]					
Capability 1: [Capability Name]	2. [Area for Improvement]	[Corrective Action 2]					
Capability 2: [Capability Name]	1. [Area for Improvement]	[Corrective Action 1]					
Capability 2: [Capability Name]	1. [Area for Improvement]	[Corrective Action 2]					
Capability 2: [Capability Name]	2. [Area for Improvement]	[Corrective Action 1]					
Capability 2: [Capability Name]	2. [Area for Improvement]	[Corrective Action 2]					

APPENDIX E: PARTICIPANT FEEDBACK FORM

Strengths	Recommended Actions
Opportunities for Improvement	Recommended Actions