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# FAMILY ASSISTANCE CENTER Plans Template

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*Developed for the*  
**The South East Texas Regional Planning Commission**

*By*  
**The University of Houston**

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Unified Regional Response to a Complex Coordinated Terrorist Attack

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## APPROVAL AND IMPLEMENTATION

This plan applies to all counties, cities and ports agencies, boards, commissions, and departments within the jurisdiction assigned emergency responsibilities in this plan, and to others as designated by the Governor as well as local governments in the State of *insert*.

This plan is hereby approved for implementation and supersedes all previous editions.

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Date

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## RECORD OF CHANGES

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The *insert lead agency* ensures that necessary changes and revisions to the *insert jurisdiction Family Assistance Center Plan* are prepared, coordinated, published and distributed.

The plan will undergo updates and revisions:

- When Federal, State, or local requirements change;
- On an annual basis to incorporate significant changes that may have occurred and to update appendices;
- When there is a critical change in the definition of assets, systems, networks or functions that provide to reflect the implications of those changes
- Following significant changes in relevant Executive Orders, Presidential Directives, and Homeland Security Directives;
- When new methodologies and/or tools are developed; and
- To incorporate new initiatives.

The *insert lead agency* will maintain a list of agencies, organizations, and individuals provided controlled copies of the *insert jurisdiction Family Assistance Center Plan*. Revised copies will be dated and marked to show where changes have been made.

“Record of Changes” form is found on the following page.

## RECORD OF CHANGES

This section describes changes made to this document. Use this table to record:

- Change Number, in sequence, beginning with 1
- Date the change was made to the document
- Description of the change and rationale if applicable
- Name of the person who recorded the change

Change Number	Date of Change	Summary of Changes	Change Made by (Print Name)

Changes to this plan should be submitted to the *insert lead agency* at *insert address*, telephone *insert*.

## EXECUTIVE SUMMARY

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The *Family Assistance Center Plan Template* was created to assist those small jurisdictions that often do not have the staff capacity or financial resources to research and develop a comprehensive plan. This Template incorporates identified best practices and after action review recommendations from terrorist attacks and active shooter incidents, both in the United States and worldwide.

The need to “socialize” and finalize this plan through detailed review of its contents and subsequent agreement on assigned roles and responsibilities by all partner agencies, cannot be overemphasized. To ensure its effectiveness, the resulting plan must be coordinated, amended as needed, and agreed to by those local, regional, and state agencies called upon for support. Their support cannot be assumed. Significant preparatory actions are outlined in the plan.

The Template is provided in Microsoft Word in order to facilitate tailoring of the using jurisdiction’s subsequent Family Assistance Center Plan to the specifics of that area. It is structured for print and insertion in a tabbed, numbered notebook for on-site reference.

It is recommended that the jurisdiction’s emergency management planner identify those agencies within their jurisdiction that will serve as:

1. The local agency responsible for establishing a Family Assistance Center for the jurisdiction following a Mass Fatality Incident;
2. Local resources for criminal justice based victim assistance;
3. The Local Behavioral Health Authority for the jurisdiction;
4. The agency/entity most suited to provide security, safety, and Behavioral Health Services to children.

By using the “Search” and “Replace with” functions available through Microsoft Word, it is recommended that the planner take the following actions in order to tailor the plan to their jurisdiction.

1. First replace “*Insert jurisdiction*” with the name of the appropriate city, county, or region.
2. Secondly, this search and replace function should also be used to replace “*insert lead agency*” with the appropriate name of that local agency assigned responsibility for the set up and operation of the Family Assistance Center.
3. This procedure should be used next to replace the “*Local Behavioral Health Authority*” with the name of that agency tasked with this responsibility.
4. Use the “search and replace” function to replace “*child safety agency*” with the name of that organization tasked with the security and safety of unaccompanied children.
5. Lastly, replace the “University of Houston” footer, with the jurisdiction’s name.

Forms to be issued to Family Assistance Center patrons in the aftermath of an incident are provided in Annex I (Documents, Forms and Handouts) without plan title or tab number to facilitate easy reproduction. While some of these forms are provided, others specific to the jurisdiction (as annotated in Annex I) should be developed for use.

The *Family Assistance Center Plan Template* was developed by the University of Houston in collaboration with the FBI Division of Victim Assistance, FEMA Individual Assistance, the Texas Department of Public Safety, the American Red Cross, the South East Texas Regional Planning Commission (SETRPC), the City of Houston, and Harris County, Texas. This effort builds on the excellent work of the Federal Bureau of Investigations, Texas Department of State Health Services (DSHS), the Houston Regional Catastrophic Preparedness Initiative, the American Red Cross, and the SETRPC initiative to develop a Unified Regional Response to a Complex Coordinated Terrorist Attack.

Funding for this initiative was provided by the Department of Homeland Security/FEMA Grant to develop a Unified Regional Response to a Complex Coordinated Terrorist Attack for the South East Texas Regional Planning Commission.

***Insert Jurisdiction* Plan for  
FAMILY ASSISTANCE CENTER OPERATIONS**

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*Insert Jurisdiction*  
**FAMILY ASSISTANCE CENTER PLAN**

## I. Introduction

### A. Purpose

The purpose of this plan is to guide the *insert jurisdiction* in the establishment of a Family Assistance Center in the aftermath of a disaster or Mass Fatality Incident.

**Definition.** The Family Assistance Center is a designated location/facility established to exchange accurate, timely information, render support services for victim family members of mass fatality incidents and friends who travel to the incident location.

**Objectives.** This plan provides the framework to establish a secure, private place for families to gather and receive information regarding incident response, victim recovery, and available services.

The Family Assistance Center serves to:

1. Provide a safe place for crisis intervention and grief support
2. Facilitate timely and accurate information for families of victims, survivors, and missing persons from the incident
3. Create a reunification site/center for family members who need to be reunited with loved ones involved in the incident
4. Facilitate information exchange between the Medical Examiner's office and families so that the Office of the Medical Examiner can obtain ante-mortem data needed to identify victims
5. Provide death notifications to family members in a caring and compassionate manner
6. Assist families in connecting with community resources as needed
7. Help address each family's informational, psychological, spiritual, medical, and logistical needs; and
8. Set the stage for long-term recovery.

### B. Scope

1. **Applicability.** This plan to establish and operate a Family Assistance Center is applicable to agencies and offices within the *insert jurisdiction* and covering the counties of *insert* and the jurisdictions therein. This plan will be

activated in the event of Mass Fatality Incidents resulting from natural hazards and/or significant criminal acts or terrorist attacks.

2. **Reunification.** This plan template does not address reunification of family members. It is recommended that a separate location be used for reunification.

Specific information to reunification standards and procedures is found in the National Mass Care Strategy Reunification Guidance (2015). Interested parties are also referred to the American Red Cross “Reunification Standards and Procedures: Disaster Cycle Services Standards & Procedures,” (2017). <https://nationalmasscarestrategy.org/wp-content/uploads/2017/02/ReunificationStandardsandProcedures.pdf>

## C. Authorities

### 1. Federal

- Aviation Disaster Family Assistance Act of 1996
- Foreign Air Carrier Family Support Act of 1997
- Rail Passenger Disaster Family Assistance Act of 2008
- National Response Framework, Emergency Support Function 6 (ESF-6)
- National Response Framework, Emergency Support Function 8 (ESF-8)

### 2. State

- *Insert state authorities. Texas State Authorities found below*
- Texas Government Code, Chapter 418—Provides authority and mechanisms for the state deploy and utilize resources to assist locals in responding to natural or man-made disasters.
- Constitution of the State of Texas, Article 1, Section 30—Describes Texas Crime Victims’ Rights
- Texas Code of Criminal Procedure Chapter 56- Describes statutory crime victims’ rights
- Texas Health and Safety Code Chapter 784- Describe Critical Incident Stress for first responders and confidentiality and liability limitations.
- Texas Administrative Code Title 25, Part 1 Chapter 411 - Establishes the Community Mental Health centers as the Local Mental Health Authority.
- State Emergency Plan, Public Health & Medical Annex (ESF-8)

### 3. Local

- *Insert applicable local statutes*

## II. Situation

### A. Threat

*This segment is specific to the jurisdiction and should be written in accordance with its Threat and Hazard Identification Assessment (THIRA) or other regional/local Threat Assessments. Care should be given to avoiding classified or restricted data that would subsequently limit the jurisdiction's ability to distribute this plan to those tasked with its implementation.*

### B. Planning Assumptions

1. An immediate gathering site for survivors and families to assemble (Family Reception Center, also known as a Friends and Relatives Reception Center) may be required until a Family Assistance Center is established.
2. Following an incident, family members will immediately call or self-report to the incident site.
3. Not all family members will come to the Family Assistance Center. Services should be made available to support and provide information to those who are not physically onsite at the Family Assistance Center.
4. The Family Assistance Center should be operational and providing basic services, within 24 hours after the incident
5. Once the Family Assistance Center has been established, the Family Reception Center (FRC) will close (usually within 24 hours following the incident).
6. The Family Assistance Center may need to operate 24 hours during the initial days after an incident.
7. Family Assistance Center operations may extend from 10-20 days or longer.
8. Coordination will be necessary among participating agencies.
9. Family members will have high expectations.
10. An average of seven to 15 family members or loved ones may need assistance for each potential victim.
11. Victim identification will take multiple days, weeks, months; FAC may close before all human remains are recovered.
12. Coordinate non-denominational Memorial Services as applicable/requested

## II. Mission

When possible, establish a Family Assistance Center *at insert address* to provide a safe place for: crisis intervention; grief support; and timely, accurate information; for the families of missing persons and victims of the incident.

## III. Implementation

### A. Intent

1. *Purpose.* The purpose of the Family Assistance Center is to:
  - Provide a safe place for crisis intervention and grief support
  - Provide timely and accurate information for families of victims, survivors, and missing persons from the incident
  - Facilitate information exchange between the Medical Examiner's office and families so that the Office of the Medical Examiner can obtain ante-mortem data needed to identify victims
  - Address family's informational, psychological, spiritual, medical and logistical needs
  - Provide death notifications by trained personnel to family members in a caring and compassionate manner
  - Assist families in connecting with community resources as needed
  - Set the stage for long-term recovery from the incident
2. *Method.* Establish a Family Assistance Center at a physical location within the jurisdiction and a Virtual Family Assistance Center for those family members and friends unable to travel to the region.
3. *Result.* Address each family's informational, psychological, spiritual, medical, and logistical needs and set the stage for long-term recovery.

### B. Concept of Operations.

1. **General.** The enactment of a Family Assistance Center will be conducted in order by phase to include: Preparatory Actions; Alert Notification; Acute/Emergency Phase, and Transitional Phase. Long Term Care is not a function of a Family Assistance Center and is not addressed in this plan.
2. **Preparatory Actions.** It is recommended that the jurisdiction take the following actions well in advance of an emergency or disaster to lay the

necessary foundation for the rapid and effective stand-up of a Family Assistance Center in the aftermath of a Mass Fatality Incident:

- a. *Family Assistance Center Sites*. Identify suitable ADA-compliant locations within the jurisdiction for possible use as a Family Assistance Center.
  - *Form - Family Assistance Center (FAC) Facility Assessment Considerations*, is found at **Tab 7**. Read and use this document before selecting a FAC facility.
  - Recommended space (square footage and rooms) requirements are found at **Tab 6**.
- b. *Memorandum of Agreement*. Coordinate with facility owners, and seek to sign a Memorandum of Agreement for its use. Template Memorandum of Agreement is found at **Tab 8**.
- c. *Alert/Notification List*. Develop a telephone/email roster of local, state, federal, and Non-Governmental Agencies to include Volunteers Active in Disasters that would be called upon to assist in the set-up and operation of a Family Assistance Center. Template Alert/Activation Roster is found at **Appendix 1**.
- d. *Psychological First Aid*. Provide training in Psychological First Aid to those local personnel who might serve as Family Assistance Center staff. These may include:
  - Designated personnel from Lead Local Agency
  - Criminal Justice Base Victim Services Providers
  - Behavioral Health Support Providers
  - Members of the Clergy
  - Medical Reserve personnel in the region
  - Medical Students at nearby universities
  - Call Center Operators
  - Representatives of Chamber of Commerce
  - American Red Cross (Note that the local/Regional Chapters of the Red Cross typically have volunteers trained to provide Spiritual Care, Disaster Behavioral Health and Disaster Health Services and Reunification activities)

- e. *Signage*. Print and store signs for the set-up of the Family Assistance Center. Recommended list of signs are found in **Tab 11**.
- f. *Supplies*. Maintain a list of recommended supplies and locations where these supplies can be rapidly obtained. Purchase and store those supplies necessary for the operation of a Family Assistance Center but that are not readily available. List of recommended supplies is found in **Tab 10**.
- g. *Toll Free Number*. It is recommended that the jurisdiction/Lead Agency acquire a toll-free number to facilitate public contact with the Family Assistance Center in the aftermath of a major incident.
- h. *Call Center Training*. Provide training and conduct periodic drills to establish and effectively operate a Missing Persons Call Center as part of the Virtual Family Assistance Center.
  - Call Center Instructions, Script, and Call Center Intake Form are found at **ANNEX J: Missing Persons Call Center**.

### 3. Alert/Notification

- a. *Activation Criteria*. Any incident with one or more of the following criteria may cause activation of this plan:
  - Any situation when a known catastrophic event (i.e., pandemic influenza) is likely to occur, resulting in large numbers of fatalities
  - Any incident involving a protracted or complex decedent recovery operation
  - Any situation in which there are remains contaminated by CBRNE agents or materials
  - Any situation in which there are more decedents that can be recovered and examined by the *local Medical Examiner's/Coroner's Office*, contracted pathology services, or their associated resources
  - When a Mass Fatality Incident has affected multiple jurisdictions or presents regional implications requiring the involvement of multiple Medical Examiners/Justices of the Peace
  - Any incident where the jurisdictional or the affected Medical Examiner/Justice of the Peace's infrastructure is significantly compromised and is not able to function at its primary or backup locations

- Any incident or other special circumstance requiring a multi-agency or regional response to support Mass Fatality Management operations
  - Any situation whereby the affected Medical Examiner requests assistance from one or more of its regional Medical Examiner/Justice of the Peace partners, even in the absence of a state or federally declared disaster
- b. *Decision to Activate.* Once it is determined that a Mass Fatality Incident has occurred, the Medicolegal Authority for that jurisdiction will request that the Senior Elected Official (City Mayor or County Judge) approve/order the activation of the Mass Fatality Plan and the supporting Family Assistance Center Plan.
- c. *Notification of Supporting Agencies.* The Lead Agency will be notified of the need to open a Family Assistance Center. The Lead Agency will begin notification of local and supporting agencies following the Alert/Notification Roster found at [Appendix 1](#).

When directed, the regional 911 or 211 or other designated agency can assist in providing initial notification and requests for assistance to those designated agencies and offices. Notification should be provided by both telephone and email.

911 or 211 will report back to the Lead Agency upon completion

- d. **Family Reception Center (FRC).** The *insert name of local agency*, will establish a temporary Family Reception Center (also termed as *Friends and Relatives Reception Center* by the Red Cross) while the Family Assistance Center is being set up. The FRC may assist in managing those individuals (survivors, family members, and friends) immediately affected by the incident, providing information and necessary attention prior to the establishment of a Family Assistance Center (FAC). The FRC provides a secure, private location for relatives and friends to gather in the immediate aftermath of a mass casualty incident. Members of the media and lawyers will not be allowed access.

Services at the FRC may be limited (first aid and water) by design. However, should the need be identified, the FRC may also provide information relative to the incident, as well as assistance to meet the immediate physical, psychological and spiritual needs of the family and friends who arrive at the scene looking for their loved ones. Survivors, family members, and friends should be informed that the Family

Assistance Center will be established in the near term to provide a greater range of services to meet their needs.

A significant partner organization for an FRC is the Red Cross. Overall management though of a FRC will generally not be the Red Cross, instead, Red Cross will be in a supportive role. They may provide information relative to the event as well as assistance to meet the immediate physical, psychological and spiritual needs of the family and friends who arrive at the scene looking for their loved ones.

Consideration should be given to establish the Family Assistance Center at a different location than that of the Family Reception Center.

Once the Family Assistance Center has been established and is able to provide assistance, the Family Reunification Center will be closed. A notice will be posted at that location with information directing family members to the Family Assistance Center.

- e. *Incident Assessment – Conference Call.* The designated Family Assistance Center Group Supervisor will schedule and lead a conference call following notification of participating agencies. This call or meeting is held to discuss the following:
- An assessment of disaster impact and identification of disaster-caused client needs
  - Assessing demographics of the affective population and service delivery considerations
  - Determining lead agency and partner agency participation/services provided
  - Consideration of guidelines for accepting, utilizing and managing in-kind donations
  - The scale and scope of operations
  - Available resources and anticipated needs
  - Identification of an appropriate Family Assistance Center site
  - Operational guidelines
  - Communications Plan

#### 4. Acute/Emergency Phase

##### a. Family Assistance Center

1. *Timeline.* Establish the Family Assistance Center within 24 hours of order of activation/notification.
2. *Facility Inspection.* Conduct an inspection of the facility with the owner prior to occupation. Annotate all deficiencies in writing. Recommend use of the American Red Cross (ARC) Form: Facility Shelter Open and Closing Inspections (**Tab 9**) as adapted for use by Family Assistance Centers.
3. *Security.*
  - Law Enforcement. Establish security at the entry ways to the Family Assistance Center and in the surrounding parking lots through use of assigned law enforcement personnel.
  - Badging. Implement a badging or wristband system for all personnel within the Family Assistance Center at, or in proximity to, the Registration Desk. Badges should distinguish between patrons and FAC staff personnel. It is recommended that the FAC integrate badges (i.e., police, EMS, Red Cross, etc.) already in use.

*Establish the Joint Family Support Operations Center (JSOC).* The Joint Support Operations Center (JSOC) serves as the Operation Center for managing the FAC and response to victim needs. The JSOC is led by a designated representative of the lead response agency. Its members include a senior representatives from each of the supporting agencies who can make decisions and allocate resources. These may include representatives from the FBI Division of Victim Assistance, U.S. Coast Guard, FEMA ESF-8, the Texas Department of Public Safety-Victim Services, Local Mental Health Authority, American Red Cross, BCFS, and the Salvation Army.

The JSOC will also include a Liaison to Incident Command and the Manager of the facility being used as the Family Assistance Center. Its purpose is to:

- Ensure effective communications between agencies responsible for the provision of family assistance services
- Monitor events, reactions and needs of families
- Ensure efficient delivery of family assistance services

- Identify the needs of families and survivors
  - Set priorities
  - Coordinate and manage resource requests
  - Vet agency participation
  - Plan the transition from the FAC to remote and long-term recovery
4. *Assignments.* The FAC Group Supervisor will assign personnel in accordance with the FAC Organizational Structure (**Tab 1**) and FAC Roles and Responsibilities (**Tab 2**). Understand that the FAC Operation is scalable. In the early phases of this operation, staff assignments may be combined until additional personnel and resources arrive.
  5. *Initial Briefing of FAC Staff.* All FAC Staff will be briefed on the roles and responsibilities of the FAC elements (**Tab 2**), and patron processing procedures and flow (**ANNEX E**). It is highly recommended that during the initial staff briefings, a walk-through be conducted of how a patron would be processed from the time s/he enters the Family Assistance Center.  
  
Staff members will be briefed on Standards of Behavior embodied in the Code of Conduct (**Tab 12**, page 87), Rules of the Family Assistance Center (**Tab 13**, page 89), and asked to sign a Confidentiality Agreement protecting the privacy of patrons. (**Tab 3**) Staff Briefings will be conducted at each shift change. (**Tab 5**)
  6. *Signage, Equipment, and Supplies.* FAC Staff will post signage to identify various units and designated areas within the facility.
  7. *Communications Checks.* Prior to opening of the FAC, staff members will conduct telephone and internet communications checks to ensure external communications have been established with incident command, 211, the Emergency Operations Center, and area hospitals.
  8. *Establish a Daily Schedule.* FAC Group Supervisor, working in conjunction with the Joint Family Support Operations Center, will establish a daily schedule with hours of operation and designated times for:
    - Hours of Operations
    - Shift Changes

- All Staff Briefs.
  - Family Briefs
  - Serving Times for Meals
  - Scheduled coordination calls/visits with
    - Incident Command
    - Hospitals,
    - PIO
    - Call Center 211
    - Emergency Operations Center(s).
9. *Announcement – Opening of Family Assistance Center.* When the FAC is deemed ready by the FAC Group Supervisor, the Public Information Officer (PIO) will be directed to issue public announcements that the FAC has opened ([Annex H, Message 1](#)).
10. *Patron Advocates.* Assign an Advocate to guide the patron/family through the Family Assistance Center and its processes. Individuals designated as Advocates should be trained in Disaster Behavioral Health Care and/or Disaster Spiritual Care.
- Advocates should be trained in Psychological First Aid.
  - Consider language capabilities in assigning Advocates.
  - Maintain continuity in Advocate assignments. Avoid changing Advocates once assigned.
  - Provide each Advocate a large manila envelope or a notebook with document protectors for inserts, in order to collect information and forms provided to the patron/family.
  - Advocate will make notes for the family and include these notes in the envelope.
11. *Operational Considerations.* Consider the following tenets:
- Maintain continuity in Advocates and Behavioral Health Support personnel assigned to each patron/family
  - Consider requesting Public Information Officer (Department of Justice Victim Assistance) for each impacted family
  - Ensure that information is announced to the patron/family before the public

c. **Missing Persons Call Center**

A Missing Persons Call Center will be established as soon as possible after the incident to receive calls from members of the public who wish to report someone missing.

The *insert lead agency* is tasked with activating and operating the Missing Persons Call Center. This Missing Persons Call Center will be established at *insert location* using telephone number(s) *insert telephone numbers*.

Call operators will be trained and provided by *insert agency*. Requests can be made to the American Red Cross for a team of Virtual Reunification Subject Matter Experts led by a Virtual Reunification Call Center Coordinator. Another option is to request a Telecommunicator Emergency Response Team (TERT) through the *insert jurisdiction* Office of Emergency Management to supplement call center staff in the long term.

Once call center operators are notified and assembled on station, they will be issued instructions with a script and copies of the *Call Center Intake Form*. They will receive a briefing on the incident and their roles and responsibilities. Shifts and sleep schedule will be established. A communications check will be conducted from an outside venue to ensure that the phones are working properly.

After preparations are completed, the PIO will be informed. A Public Safety message will be issued announcing the opening of the Missing Persons Hotline and the telephone number to be used. Template message is found at **Annex H, Message 2**.

Operators will collect basic information regarding the missing person using the script and *Call Center Intake Form* found at **Tab 23**. Supervisors will ensure that this information is provided to law enforcement in a timely manner following receipt.

Operators should also anticipate that the public will attempt to use this Missing Persons Call Center to answer a variety of other information needs. Operators should be prepared for this and attempt to quickly yet courteously refer callers to those agencies/and or web sites most appropriate to fulfilling their needs.

d. **Virtual Family Assistance Center**

A Virtual Family Assistance Center (VFAC) (**Annex K**) may be established to facilitate family reunification and receive information to

assist in victim identification when family members are unable to travel to the area.

The VFAC may be staffed by *(211 or other designated agency)*. It will incorporate the call center with an activated VFAC web page.

The VFAC will:

- Serve as the primary point of communications for family members unable to travel to the physical Family Assistance Center location.
- Collect antemortem data via telephone
- Provide basic information to callers based on information contained in reference documents provided
- Refer other calls to the appropriate unit within the Family Assistance Center

e. **Memorial Services**

The Family Assistance Center may take a supporting role in the planning and conduct of memorial services for incident fatalities. The following are considerations for the planning and conduct of memorials and services:

- *Location of the memorial.* Attempts should be made to establish a memorial outside the crime scene and in an area that affords safe access to the grieving.
- *Consult with Family Members.* Solicit input from family members in regards to arrangements for memorials and memorial services.
- *Consult with Clergy.* Clergy at the Family Assistance Center can be instrumental in the planning/conduct of vigils and memorial services.
- *Security.* The jurisdiction should arrange for security of the memorial site. It is recommended that security be provided by law enforcement personnel from outside the jurisdiction that did not participate in response efforts. This is done to allow responders to attend the services (if they so desire – not mandatory), and to lessen the psychological impact on responders in the aftermath of the response.
- *Public Announcement.* The Public Information Officer assigned to support the Family Assistance Center will coordinate and issue timely public announcement of the memorial services through traditional media and multiple social media platforms.
  - Agenda and memorial flyer

- *Items left at the memorial.* Consider the use of local museum staff to catalogue and photograph items left at the incident memorial(s).

## 5. **Transitional Phase.**

- a. *Transition of Services.* Prior to closure, the Family Assistance Center will help transition services to remote and long-term victim and family specific services.
- b. *Closing.* The decision to close the Family Assistance Center will be made by the **lead agency** in consultation with current partner agencies. Typically this is done when it is agreed that:
  - Immediate patron and family needs have been met
  - Site visits and memorial services have been held
  - Initial search and rescue efforts have concluded
  - Victims and survivors have been identified and families return to their homes.
  - The focus of incident operations has shifted to recovery
- c. *Record of Expenditures.* All FAC personnel must submit any requests for reimbursement with copies of receipts to the FAC Group Supervisor or his/her designated representative prior to their departure.
- d. *Critical Incident and/or Behavioral Health Services for Family Assistance Center Staff.* Prior to departure, each of the FAC staff members will meet with Mental Health Support personnel to conduct a debriefing and discuss services available.
- e. *After Action Hotwash.* The FAC Group Supervisor will lead a Hotwash of lessons learned and recommendations for future improvement. As incident response is scaled down, departures typically will not occur at one time. The FAC Group Supervisor or designated representative will meet with all staff members prior to departure. Each should fill out and submit a Hotwash document to capture their observations and recommendations.
- f. *Turnover the Facility.* Return the facility and resources back to appropriate condition. Clean the facility. Conduct an After-Action Survey of the facility with the owner.

## IV. Organization and Assignment of Responsibilities

### A. Local Agencies

1. **Insert Lead Agency**
  - a. Serve as local lead agency in activation and operation of the Family Assistance Center
    - (1) Designate individual to serve as Family Assistance Center Group Supervisor
  - b. Establish and operate the Family Assistance Center
  - c. Establish Virtual Family Assistance Center
  - d. Contact/alert participating agencies to provide staff for roles identified in the plan
  - e. Secure/Assign staff for those roles outlined in the plan
  - f. Coordinate the acquisition of the location, equipment, and supplies needed to support operations
    - (1) Pre-Identify possible locations for Family Assistance Center
    - (2) Seek to establish Memoranda of Agreement with facility owner(s)
    - (3) Conduct joint pre-occupation and post-occupation inspections of the facility with the owner/representative and record noted damages, deficiencies
2. **Medical Examiner/Coroner** (dependent on state law)
  - a. Secure necessary staff to support mass fatality response operations. This may require requests for assistance from state and federal agencies.
  - b. Document the context and coordinate the recovery of human remains
  - c. Establish positive identify of all incident-related decedents by scientific means
  - d. Determine and certify the cause(s) and manner of incident-related deaths
  - e. Collect and preserve all micro-legal evidence, and release said evidence to local law enforcement authorities
  - f. Recover and document all personal property associated with the human remains and release to next of kin
  - g. Ensure appropriate notification of next of kin

- h. Coordinate the disposition of decedents including interim storage of all human remains resulting from the incident
  - i. Maintain the official log of reported and confirmed deaths resulting from the incident
  - j. Serve as the lead agency for the release of all information regarding deaths resulting from emergencies and disasters
  - k. Share information on victim recovery and identification operations
  - l. Provide representative to conduct daily Family Briefings at the FAC
3. **Criminal Justice Victim Services Providers** (human caused events)
- a. Provide initial Psychological First Aid and emergency emotional support to victim survivors and family members (patrons) in FRC and FAC.
  - b. Assist with death notifications and assist in gathering information from families.
  - c. Produce and distribute handouts describing behavioral health support available to patrons and staff.
  - d. Provide support to survivors and family members during family briefings and site visits.
4. ***Insert Local Behavioral Health Agency***
- a. Secure staff to provide behavioral health support/services.
  - b. Provide referrals for ongoing behavioral health support.
  - c. Provide initial emergency behavioral health support (3-5 day surge) to impacted community.
  - d. Provide/coordinate Child Assessment Services.
  - e. Provide Psychological First Aid and/or behavioral health services to patrons and staff
  - f. Produce and distribute handouts describing behavioral health support available to patrons and staff.
  - g. Team members attend family briefings and site visits.
5. ***Local Health and Human Services Agency***
- a. Provide support to patrons as needed (interpreters, translators, referrals to support agencies or resources)
  - b. Collaborate with representatives from Child Protective Services, applicable law enforcement agencies, and the Red Cross to arrange for care of

minors who are either separated from family members or have become situational orphans as a result of the Mass Fatality Incident

- c. Provide information papers to Call Center staff so that they can provide detailed information on available services and procedures
- d. Maintain Help Desk to answer questions and secure service available to patrons
- e. Maintain list of local Advocates trained in Psychological First Aid

#### 5. **Local Law Enforcement Agency(s)**

- a. Provide/coordinate security at the Family Assistance Center. This may be an assignment for assisting law enforcement assets from outside the jurisdiction
- b. Lead or support investigations into Mass Casualty Incidents
- c. Provide security for the Family Assistance Center, memorial events, and memorial sites
- d. Aid the Victim Information Center in collecting or providing information that could help facilitate decedent identification
- e. Assist with the acquisition and analysis of antemortem and postmortem prints
- f. Collaborate with applicable agencies in management of unaccompanied minors or separated family members, as applicable
- g. Secure staff to support these responsibilities

#### 5. ***Insert Jurisdiction* Office of Emergency Management**

- a. Prepare emergency proclamation.
- b. Serve as the primary emergency agency for events occurring within their jurisdiction
- c. Coordinate the jurisdiction-wide effort to support mass fatality response agencies
- d. Respond to requests from the Family Assistance Center and/or refer such requests when unable to fulfill them
- e. Upon request, assist with establishing contact with legal counsel located within their jurisdictions
- f. Share information concerning the incident

## 6. **Funeral Home Directors / Mortuary Services**

- a. Manage final disposition of human remains
- b. Provide representatives to the FAC to assist patrons in managing final disposition of human remains
- c. Provide space for temporary internment after a disaster

## 7. **Faith Based Organizations**

- a. Train/credential all clergy allowed to work in the FAC
- b. Provide requested pastoral counseling and spiritual care to patrons of all faiths
- c. Serve as cultural liaisons when issues around the treatment of decedents and interaction with family members (e.g., who were notified of the death) arises
- d. Assist Call Center by talking with callers in distress when appropriate
- e. Arrange and conduct interfaith memorial services
- f. Team members attend family briefings and site visits

## 8. **Chamber of Commerce.** The *insert jurisdiction* Chamber of Commerce will provide a representative(s) to:

- a. Provide information (handouts) on hotel availability/assist in lodging for families
- b. Provide travel information (flights, rental cars)
- c. Provide listings (handouts) of local restaurants

## 9. **Hospitals**

- a. Set up a temporary Family Reception Center area within their facilities
- b. Assign a point of contact from the hospital to work with the lead Family Assistance Advocate assigned to their hospital
- c. Provide updated patient lists to the Office of the Medical Examiner to assist in family reunification
- d. Manage the disposition of casualties that become fatalities while in their care/custody
- e. Report deaths to the Medical Examiner's Office

## **B. State Agencies**

### **1. *Insert State* Department of Public Safety**

- a. Lead Agency if investigating the incident (without involvement of Federal investigative agencies).
- b. Provide Victim Services consultation and resources
- c. Provide Critical Incident Response Services (CIRS)/ Peer Support to first responders
- d. Assist local law enforcement with traffic control, closing /rerouting of streets in support of mass fatality operations
- e. Assist in the identification of the deceased using physical information
- f. If requested and available, assist in taking of samples for DNA and in the processing of those samples using the Crime Lab
- g. Determine who to outsource to if testing cannot be done within capacity of lab and contract with that organization
- h. If requested and available, provide staff to train FAC personnel on DNA collection

### **2. Office of the Attorney General (OAG)**

- a. OAG - Victim Services Division will facilitate the Crime Victims' Compensation application process for eligible victims and qualified claimants.

### **3. Department of State Health Services**

- a. Provide case support to patrons as needed (i.e., interpreters, translators, referrals) to support agencies or resources
- b. Coordinate/collaborate for health services needs for the FAC

### **4. Health and Human Services (HHS)**

- a. HHS-Disaster Behavioral Health Services (DBHS)
  - (1) Deploy staff and resources as necessary to supplement regional and local capabilities and disaster behavioral health activities.
  - (2) Coordinate behavioral health resources.
  - (3) Assess impact of disaster on HHS contracted behavioral health providers and facilitate mutual aid among LMHAs.
  - (4) Provide consultation to local and state partner agencies regarding (DBHS) matters.

- (5) Coordinate Critical Incident Stress Management (CISM) services for first responders via the statewide CISM Network.

## **C. Federal Agencies**

Federal agencies may respond to an aviation or railways incident, or terrorist attacks and/or criminal incidents in violation of federal law. In those instances, the following agencies may participate and/or provide assistance and support to Family Assistance Center operations.

### **1. National Transportation Safety Board**

- a. Lead agency in the event of a legislated aviation or passenger rail accident (per 49 USC 1136 and 1139):
  - Coordinate assistance efforts with local and State authorities
  - Coordinate support of other federal agencies providing family assistance support to local jurisdiction(s)
  - Oversee air and rail carrier family assistance response
  - Coordinate JFSCO operations
- b. Serve as a technical advisor to assist local jurisdictions with FAC operations

### **2. Disaster Mortuary Operations Response Team (DMORT)**

- a. Upon request, the DMORT may provide a Victim Information Center (VIC) Team to aid in the establishment of the FAC
- b. Assist with victim identification and mortuary services if the resources of the Medical Examiner's Office are overwhelmed

### **3. Department of Homeland Security**

- a. **FEMA** (*FEMA may become involved if it is a federally declared incident*)
  - (1) Provide Individual Assistance to survivors and families impacted by the incident
  - (2) Respond to requests for assistance
- b. **U.S. Coast Guard**
  - (1) Provide support and expertise related to mass fatality incidents taking place in water

#### **4. Department of Justice**

- a. Lead agency to coordinate Crime Victim Assistance for families for federal crime-related events
- b. In the event that an incident is officially classified as a criminal act or terrorist attack, coordinate communications with families/friends to gain and provide information about the incident
- c. Provide assistance of Public Information Officers to families
- d. FBI Division of Victim Assistance will lead in coordinating/providing Victim Services to those impacted by the incident

#### **5. Department of State**

- a. Assist with providing services to aid in information collection and communications with foreign countries, foreign nationals, or Americans living or traveling abroad
- b. Assist in gathering antemortem data or DNA reference samples
- c. Notify foreign governments and families of foreign citizens involved in the incident
- d. Provide additional interpretation/translation services and assist families of foreign victims and survivors with entry into the United States

#### **D. Volunteer Organizations Active in Disasters**

##### **a. American Red Cross**

The primary responsibility of the American Red Cross for a National Transportation & Safety Board (NTSB) to include Rail event is to serve as a “functional lead for family care and crisis intervention, supporting field efforts and integrating spontaneous volunteers.”

Additional responsibilities include, but not limited to the following, can also be provided upon request from applicable lead agency in a non-legislated event:

- (1) Assign a representative to the Joint Family Support Operations Center (JFSOC) to coordinate Red Cross related issues and family requests for assistance.
- (2) Coordinate with the air/rail passenger carrier to establish designated areas within the Family Assistance Center (FAC) for families to grieve privately

- (3) Coordinate and manage multiple organizations and personnel offering counseling, religious and other support services to the operation including a staff/volunteer processing center.
- (4) Coordinate with the applicable air/rail passenger carrier personnel for provision of crisis and grief counseling for family members who do not travel to the accident city
- (5) Deploy behavioral response team to provide on-site emotional support as necessary.
- (6) Coordinate with available resources of crisis support agencies to ensure ongoing emotional support for responders/workers during the operation to include debriefings prior to departure.
- (7) Establish a Red Cross Liaison with the air/rail passenger carrier at each supporting medical treatment facility to monitor the status of injured survivors and to provide assistance to their families
- (8) Coordinate on-site childcare services for families who arrive with young children, if deemed necessary.
- (9) Deploy spiritual care response team to coordinate on-site spiritual care support if necessary.
- (10) If a Friends/Relatives Reception Center is established, provide health, mental and spiritual care representatives as deemed needed if requested.
- (11) If desired by the family, Red Cross will coordinate planning for a suitable interfaith memorial service within the first few days following the accident.
- (12) Arrange a memorial service for any future burial of unidentified remains.
- (13) Facilitate accommodation to those with access and functional needs
- (14) Train/credential all agency volunteers allowed to work in the FAC
- (15) Upon request, provide trained/credentialed volunteers to support Family Assistance Center operations during emergencies

b. Salvation Army

- (1) Train /Credential all agency volunteers allowed to work in the FAC
- (2) Provide liaison to the Joint Family Support Operations Center

- (3) Upon request, provide trained/credentialed volunteers to support Family Assistance Center operations during emergencies

## IV. Administration and Logistics

### A. Funding.

1. The Family Assistance Center Group Supervisor will control and authorize all expenditures of funds in support of FAC Operations
2. Emergency Response Personnel working in the FAC will retain original copies of receipts for all expenditures made in support of FAC Operations
3. Copies of receipts for all expenditures incurred in Family Assistance Center operations will be submitted to the Family Assistance Center Group Supervisor for subsequent submission to the Finance and Administration Section prior to departure for home stations

- B. Facility Locations.** Based on criteria found in **Tab 6** and **7**, the *insert jurisdiction* has determined the following facilities are suitable for use as a Family Assistance Center and has established Memoranda of Agreement for their use:

1. *Insert name, address, and contact information for selected facility*
2. *Insert name, address, and contact information for selected facility*
3. *Insert name, address, and contact information for selected facility*

- C. Donations.** It is recommended that the jurisdiction establish a “One Fund” account into which all unrestricted financial donations are channeled.

In advance, the jurisdiction should establish general parameters to ensure equitable distribution of donations among survivors and family members. It is also recommended that the jurisdiction assign responsibility in advance to a disinterested non-profit entity to administer the account and oversee disbursement of these donations.

The PIO should provide public messaging that only financial donations will be accepted.

Other types of donations (e.g., airline tickets for survivors, families and friends) can be accommodated separately.

## **V. Direction, Control, and Coordination**

### **A. Local Lead Agencies**

*Insert Lead Agency* is the designated local lead agency to establish the Family Assistance Center, when the Mass Fatality Incident is localized, requiring regional resources.

### **B. Federally Mandated Lead Agencies**

1. *National Transportation Safety Board (NTSB)* will lead/direct Family Assistance Center operations in the aftermath of civil aviation accidents, and significant highway, rail, marine, pipeline and hazardous material transportation accidents within the United States
2. *Federal Bureau of Investigation (Division of Victim Services)* will lead/direct Family Assistance Center operations in the aftermath of federal criminal incidents as defined in HSPD-8

### **C. Family Assistance Center Group Supervisor**

1. Designated by local lead agency when the Mass Fatality Incident is localized incident requiring regional resources
2. Appointed by Incident/Unified Command in response to multi-jurisdictional Mass Fatality Incidents
3. FAC Group Supervisor is in charge of all FAC Operations
4. FAC Group Supervisor will appoint Unit and Team Leaders to provide oversight to various aspects of FAC Operations.

### **D. Coordinating Instructions**

1. The Family Assistance Center will ensure continuity in the assignment of Behavioral Health advocates
2. Patrons/Families will be informed of new information prior to public announcements and/or release to the media.

## References – *Insert Jurisdiction* Family Assistance Center Plan

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## **Glossary – *Insert Jurisdiction* Family Assistance Center Plan**

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**Antemortem:** Prior to death

**Anthropologist:** An individual who is qualified to analyze human skeletal remains. Anthropologists can resolve commingling, develop a biological profile from skeletal remains (estimate sex, age, ancestry and stature, and perform identifications of human remains).

**Casualty:** A person who is injured in a mass fatality incident but does not die.

**Cause of Death:** A formal, certified opinion by an attending physician or the medicolegal authority of the internal medical condition and/or external incident or chain of incidents that resulted in death

**Direct Reference:** A DNA sample obtained from the deceased or their personal effects used for comparison with other DNA samples in laboratory identification procedures

**Disaster Morgue:** An existing morgue facility that has been reconfigured to accommodate a mass fatality incident or a temporary facility established inside of an existing structure (e.g., warehouse, hangar) or tented structure.

**Emergency/Disaster Declarations:** Official emergency declarations made by specified elected officials at the local, state, or federal level authorizing the use of equipment supplies, personnel and resources as may be necessary to cope with a disaster or emergency. Formal declarations are made when the incident requires more assets and resources than exist within the jurisdiction.

**Family Assistance:** The provision of services and information to the family members of those killed and to those injured or otherwise impacted by the incident. Family assistance presumes that the provision of information and access to services is essential.

**Family Assistance Center (FAC):** The designated location/facility established to exchange accurate, timely information, render support services for victim family members of mass fatality incidents and friends who travel to the incident location

**Family Reception Center (FRC):** A temporary location established minutes or hours after incident notification – before the Family Assistance Center is operational. Done to avoid the unmanageable congregation of family members at the medical examiner's office or the incident site.

**Family Reference:** A DNA sample taken from a biological relative (only one generation removed) or a spouse of the deceased used for comparison with other DNA samples in laboratory identification procedures. Also referred to as indirect references.

**Fatality:** A person who dies as a direct or indirect result of a mass fatality incident (interchangeable with victim, decedent)

**Fatality Management:** The process of locating, recovering, processing, identifying, and releasing for final disposition deceased victims of a mass fatality incident.

**Final Disposition of Human Remains.** The concluding arrangement for the remains of the decedent, a decision of the next of kin. Options include burial, entombment, cremation, or donation.

**Friends and Relatives Center:** Term used by Red Cross to designate a secure, private location for family members to gather in the immediate aftermath of a mass casualty event.

**Human Remains (HR):** A deceased body or fragmented parts from a deceased body.

**Incident Command System:** A prescribed method of command, control, and coordination within the National Incident Management System to provide a common organizational structure designed to aid in the management of facilities, equipment, supplies and information.

**Identification:** The process of identifying human remains via the comparison of antemortem records (e.g., x-rays, photographs, physical attributes, DNA samples, circumstantial data,) collected from families (preferably at the FAC) to the same data collected during the postmortem period (in the morgue). Identifications can be performed by a variety of individuals including anthropologists, pathologists but must be approved by the medicolegal authority.

**Joint Information Center:** A facility established to coordinate all incident-related public information activities. It is the central point of contact for all news media. Public information officers from all participating agencies should co-locate at the Joint Information Center.

**Justice of the Peace:** An elected county official whose duties include serving as the medicolegal authority in counties that do not maintain an Office of the Medical Examiner.

**Just-in-Time Training:** Instruction provided to capable individuals with general skills enabling them to perform task-specific functions immediately following instruction.

**Manner of Death:** A classification of the fashion or circumstances that resulted in death – either homicide, suicide, accidental, natural or undetermined.

**Mass Fatality Incident:** Any incident that results in more fatalities than a local jurisdiction can adequately manage, whether natural or manmade, accidental or intentional.

**Medicolegal:** Of or pertaining to law as affected by medical facts.

**Missing Person:** Those persons whose whereabouts are unknown to family and friends following an incident.

**Morgue:** The facility location where decedents undergo external and internal physical examinations.

**Mortuary Affairs:** A term synonymous with fatality management, generally referring to the provision of necessary care and disposition of missing and decedent persons, including their personal effects.

**Mutual Aid Agreement:** Written or oral agreement between and among agencies/organizations and/or jurisdictions that provides a mechanism to quickly obtain emergency assistance in the form of personnel, equipment, materials and other associated services. The primary objective is to facilitate rapid, short-term deployment of emergency support prior to, during, and/or after an incident.

**National Incident Management System:** That part of the National Response Framework that outlines how government and private entities at all levels can work together to manage domestic incidents, regardless of their cause, size, location or complexity.

**Next of Kin (general):** Immediate family members including parents, spouses, siblings, and children.

**Next-of-Kin (Texas specific):** As per the Texas Health and Safety Code (Title 8, Subtitle C, Chapter 711.002), (a) except as provided by the Subsection (l), unless a decedent has left directions in writing for the disposition of the decedent's remains as provided in Subsection (g), the following persons in the priority listed, have the right to control the disposition, including cremation, of the decedent's remains, shall inter the remains, and are liable for the reasonable cost of interment:

- (1) The person designated in a written instrument signed by the decedent;
- (2) The decedent's surviving spouse;
- (3) Any one of the decedent's surviving children;
- (4) Either one of the decedent's surviving parents;
- (5) Any one of the decedent's surviving adult siblings; or
- (6) Any adult person in the next degree of kinship in the order named by law to inherit the estate of the decedent.

**Non-Governmental Organization:** Independent organizations free from government control.

**Non-Profit Organization:** A business or enterprise that does not distribute its surplus funds to owners or shareholders but instead uses them to help pursue its goals.

**Odonatologist:** A dentist who is qualified to perform dental examinations. These individuals can perform identifications of human remains through the comparison of antemortem and postmortem dental radiographs.

**Pathologist:** A medical doctor who is qualified to perform autopsies. These individuals are responsible for approving positive decedent identifications and making cause and manner of death recommendations to the medicolegal authority.

**Patrons:** Family members and close friends that have access to the Family Assistance Center.

**Personal Effects:** Belongings of an individual including clothing, clothing accessories, jewelry, and other property on their person or otherwise in their possession.

**Postmortem:** After death

**Radiographer:** Technician qualified to take x-rays of Human Remains during the morgue process for comparison to antemortem x-rays and for use in triage

**Situational Orphan:** A child, due to circumstances of a mass fatality incident, who has been involuntarily separated or otherwise detached or displaced from their immediate family, relatives, or designated care givers. The child may or may not have actually been orphaned as a results of the mass fatality incident.

**Spontaneous Unaffiliated Volunteers:** An individual not associated with any recognized disaster response agency – who may or may not have special skills, knowledge, or experience – who arrives, unsolicited at an incident to render assistance.

**Survivor:** Anyone who is exposed to or otherwise encounters a mass fatality incident that does not perish as a result of the incident.

**Temporary Morgue (Disaster Portable Morgue Unit):** An ad hoc morgue operation established specifically to process and identify human remains resulting from a mass fatality incident.

**Victim:** A person who dies as a result of a mass fatality incident (interchangeable with fatality, decedent)

**Victim Identification Program:** A disaster management computer software program designed to collect personal information of known and unknown individuals and then conduct comparative analysis to suggest best probable matches or exclusion of ante- and post-mortem information to aid in identification processes of unidentified individuals.

## **Acronyms – *Insert Jurisdiction* Family Assistance Center Plan**

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<b>ADA</b>	Americans with Disabilities Act of 1990
<b>AM</b>	Antemortem
<b>ARC</b>	American Red Cross
<b>BCFS</b>	Organization previously known as Baptist Child and Family Services
<b>BCP</b>	Body Collection Point
<b>CBRNE</b>	Chemical, Biological, Radiological, Nuclear and High-Yield Explosive
<b>CDC</b>	Center for Disease Control
<b>CMOC</b>	Catastrophic Medical Operations Center
<b>CONOPS</b>	Concept of Operations
<b>CT</b>	Common Tissue
<b>DDC</b>	Disaster District Committee ( <i>State of Texas</i> )
<b>DMORT</b>	Disaster Mortuary Operational Response Team
<b>DHHS</b>	Department of Health and Human Services
<b>DHS</b>	Department of Homeland Security
<b>DHS</b>	Disaster Health Services (Red Cross)
<b>DOD</b>	Department of Defense
<b>DOJ</b>	Department of Justice
<b>DMH</b>	Disaster Mental Health
<b>DNA</b>	Deoxyribonucleic Acid
<b>DS</b>	Disaster Site
<b>DSC</b>	Disaster Spiritual Care
<b>DSHS</b>	Department of State Health Services ( <i>State of Texas</i> )
<b>DVR</b>	Deceased Victim Record
<b>EMAC</b>	Emergency Management Assistance Compact
<b>EMC</b>	Emergency Management Coordinator
<b>EMS</b>	Emergency Medical Services

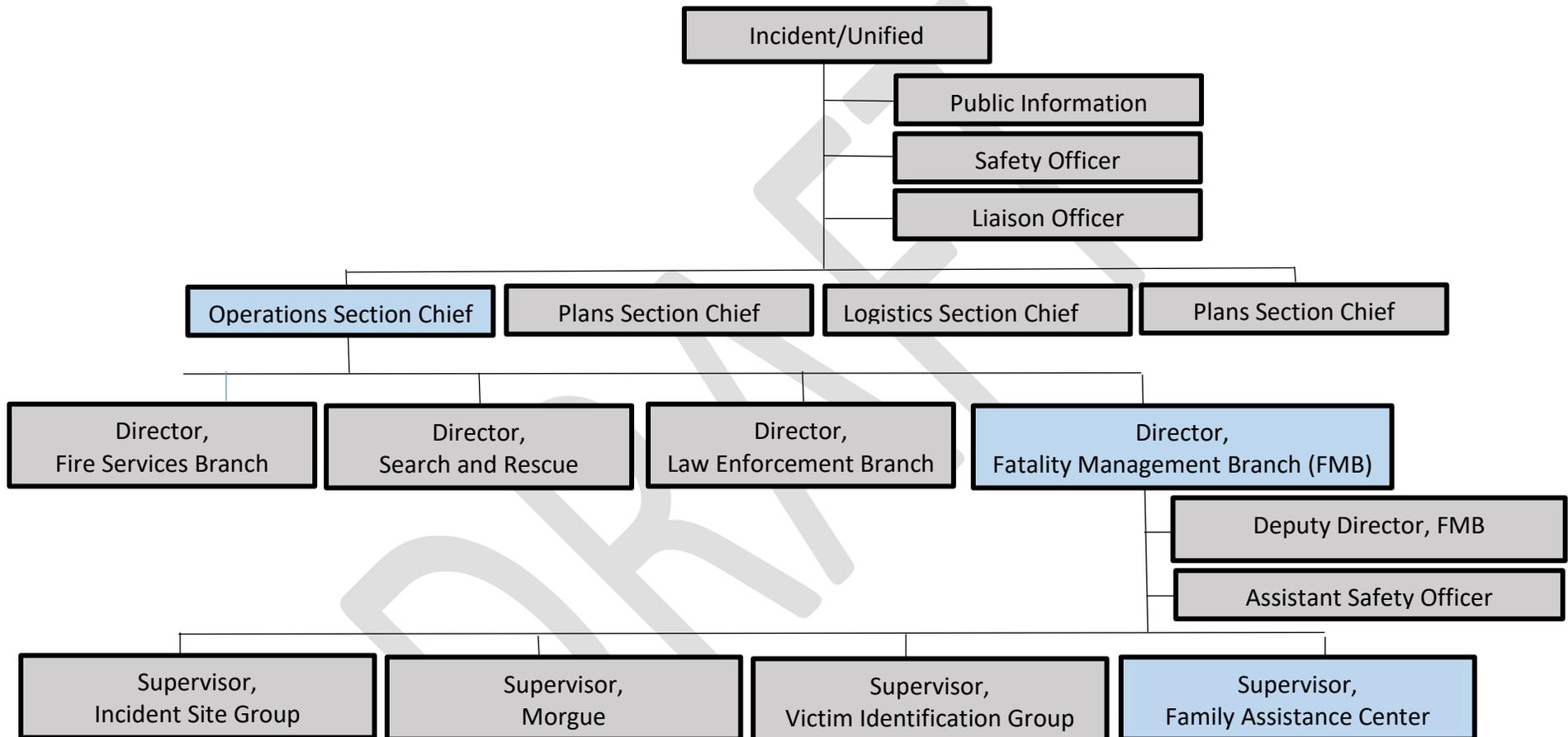
<b>EOC</b>	Emergency Operations Center
<b>ERT</b>	Evidence Response Team
<b>ESF-8</b>	Emergency Support Function-8
<b>ESF</b>	Emergency Support Function
<b>FAC</b>	Family Assistance Center
<b>FBI</b>	Federal Bureau of Investigation
<b>FEMA</b>	Federal Emergency Management Agency
<b>FFRC</b>	Family and Friends Reunification Center ( <i>Red Cross terminology for FRC</i> )
<b>FRC</b>	Family Reunification Center
<b>GPS</b>	Global Positioning System
<b>Hazmat</b>	Hazardous Materials
<b>HIV</b>	Human Immunodeficiency Virus
<b>HPP</b>	Hospital Preparedness Program
<b>HR</b>	Human Remains
<b>HSEEP</b>	Homeland Security Exercise and Evaluation Program
<b>IC</b>	Incident Command or Incident Commander
<b>ICS</b>	Incident Command System
<b>ID</b>	Identification
<b>IED</b>	Improvised Explosive Device
<b>IT</b>	Information Technology
<b>JFSOC</b>	Joint Family Support Operations Center
<b>JIC</b>	Joint Information Center
<b>JIS</b>	Joint Information System
<b>JP</b>	Justice of the Peace
<b>LHD</b>	Local Health Department
<b>LMHA</b>	Local Mental Health Authority
<b>MA</b>	Mortuary Affairs

<b>MACC</b>	Multi-Agency Coordinating Center
<b>MF</b>	Mass Fatality
<b>MFI</b>	Mass Fatality Incident
<b>MOU</b>	Memorandum of Understanding
<b>MPCC</b>	Missing Persons Call Center
<b>MSDS</b>	Material Safety Data Sheet
<b>MT</b>	Morgue Triage
<b>NIMS</b>	National Incident Management System
<b>NGO</b>	Non-Governmental Organization
<b>NOK</b>	Next of Kin
<b>NRF</b>	National Response Framework
<b>NTSB</b>	National Transportation Safety Board
<b>OEM</b>	Office of Emergency Management
<b>PA</b>	Public Affairs
<b>PE</b>	Personal Effects
<b>PHEP</b>	Public Health Preparedness Program
<b>PHIN</b>	Public Health Information Network
<b>PIO</b>	Public Information Officer
<b>PM</b>	Postmortem
<b>PPE</b>	Personal Protective Equipment
<b>RAC</b>	Regional Advisory Council
<b>RM</b>	Reported Missing
<b>SAR</b>	Search and Rescue
<b>SME</b>	Subject Matter Expert
<b>SMOC</b>	State Medical Operations Center (State of Texas)
<b>SOC</b>	State Operations Center (State of Texas)
<b>TCEQ</b>	Texas Commission on Environmental Quality (State of Texas)

<b>TERT</b>	Telecommunicator Emergency Response Team
<b>TSA</b>	Trauma Service Area
<b>VOAD</b>	Volunteer Organizations Active in Disasters
<b>VIC</b>	Victim Identification Center
<b>VIP</b>	Victim Identification Program

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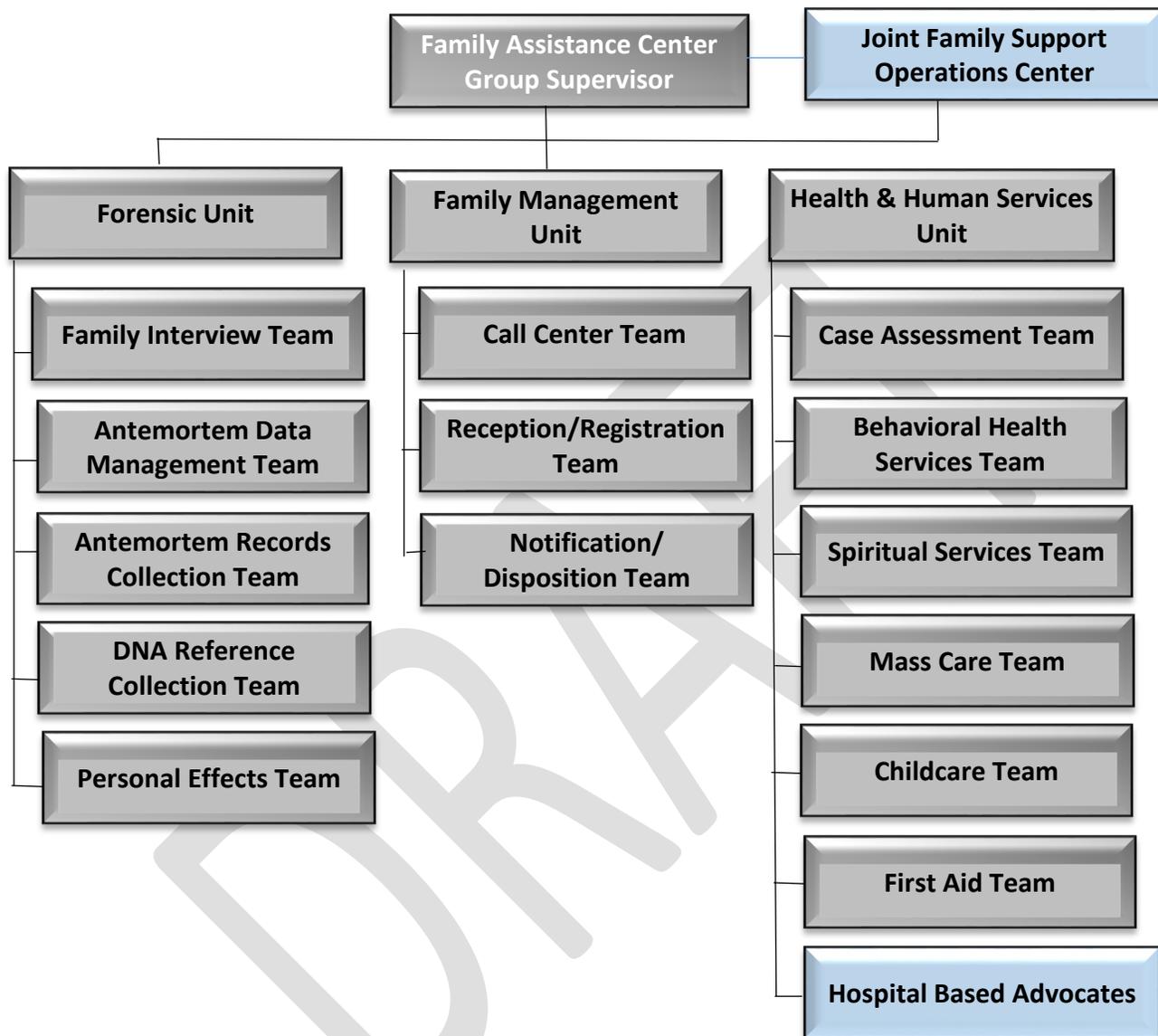
## Annex A: Suggested FAC Organizational Structure (Incident Command)



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**Tab 1: Suggested FAC Organizational Structure**



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## Annex B: Recommended FAC Staffing

- Purpose.** To provide information on recommended staffing positions, their roles and responsibilities and shifts for effective operation of the Family Assistance Center.
- Scalable Approach.** The size of the Family Assistance Center varies with the number of estimated fatalities resulting from the incident as the disaster level impacts resource needs.

Incident Level	Size	Expected Family and Friends	Daily Capacity for Critical Services
<b>Level 4: Small</b>	Fewer than 20 fatalities with intact remains	Fewer than 120	3-5 interviewers/ 12 hrs. a day = 12-20 interviews per day
<b>Level 3: Medium</b>	20-100 fatalities with intact remains OR fewer fatalities that are fragmented and/or highly dispersed	120 - 599	5-10 interviewers/ 12 hrs. a day = 20-40 interviews per day
<b>Level 2: Large</b>	101-500 fatalities with intact remains OR fewer fatalities that are fragmented and/or highly dispersed	600 - 3,000	10-30 interviewers/ 12 hrs. a day = 40-120 interviews per day
<b>Level 1: Catastrophic</b>	More than 500 fatalities	More than 3,000	30-50 interviewers/ 12 hours a day = 120-200 interviews per day

- Staffing.** Understanding that the operation of the Family Assistance Center is scalable, the following personnel are typically required to provide effective operations in the Family Assistance Center:

Staff Position	Number	Possible Resource
FAC Group Supervisor	1	Lead Agency
FAC Deputy Group Supervisor	1 per shift	
Forensic Unit Leader	1 per shift	VIC Team
Family Interview Team Leader	1 per shift	VIC Team

<b>Staff Position</b>	<b>Number</b>	<b>Possible Resource</b>
Family Interviewers	1 per station per shift	VIC Team
Family Interview Data Input Staff	1 per station per shift	VIC Team
Antemortem Data Management Team Leader	1 per shift	
Antemortem Data Management Input Staff	1 per station per shift	
Antemortem Data Collection Team Leader	1 per shift	
Antemortem Data Collection Staff	1 per station per shift	
DNA Reference Collection Team Leader	1 per shift	
DNA Collection Attendant	1 per station per shift	
Personal Effects Team Leader	1 per shift	
Personal Effects Staff	1 per station per shift	
Family Management Unit Team Leader	1 per shift	
Call Center Team Leader	1 per shift	
Call Center Staff	1 per station per shift	
Reception/Registration Team Leader	1 per shift	
Reception/Registration Staff	1 per station per shift	
Notification/Disposition Team Leader	1 per shift	Medical Examiner
Notification/Disposition Staff	Coordinate with LE	Medical Examiner
Health and Human Services Team Leader	1 per shift	

<b>Staff Position</b>	<b>Number</b>	<b>Possible Resource</b>
Case Assignment Team Leader	1 per shift	
Case Assignment Staff	1 per station per shift	
Mental Health Team Leader	1 per shift	Local Mental Health Authority <sup>1</sup> / State Department of Mental Health Services, and/or Red Cross
Mental Health Support	1 per station per shift	Local Mental Health Authority <sup>1</sup> / State Department of Mental Health Services, and/or Red Cross
Spiritual Services Team Leader	1 per shift	Local Clergy (trained <sup>3</sup> ) or Red Cross
Spiritual Services Staff	1 per station per shift	Local Clergy (trained <sup>3</sup> ) or Red Cross
Childcare Team Leader	1 per shift	American Red Cross or BCFS
Childcare Staff	1 per station per shift	American Red Cross; or Save the Children; or Child Disaster Services (Church of the Brethren) Or BCFS
Mass Care Team Leader	1 per shift	American Red Cross
Mass Care Staff	1 per station per shift	American Red Cross
First Aid Team Leader	1 per shift	Medical Reserve Corps and/or Red Cross
First Aid Staff	1 per station per shift	Medical Reserve Corps and/or Red Cross

- <sup>1</sup> The number of stations is dependent upon size of Family Assistance Center
- <sup>2</sup> Local Behavioral Health Authorities in rural areas are typically shorthanded and may only be able to perform this function for a short period of time due to ongoing case load.
- <sup>3</sup> Seek those members of the clergy who are trained in Psychological First Aid

*Adapted from the DOJ "Mass Fatality Family Assistance Operations: Recommended Strategies for Local and State Agencies,"  
FBI Office for Victim Assistance*

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## Tab 2: FAC Staff Roles and Responsibilities

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1. **Purpose.** To outline the roles and responsibilities of selected staff members and assigned units and teams in the Family Assistance Center.
2. **Organization.** For ease of discussion, individual sections are listed as teams although the team may consist of only one person and a single person can perform more than one team function based upon scale of the operation.
3. **Responsibilities.** In accordance with the ICS organizational structure for a Family Assistance Center identified in **Annex A (Tab 1)**, assigned responsibilities are listed below:
  - a. **Family Assistance Center Group Supervisor**
    - (1) Individual in charge of all FAC Operations
    - (2) Appoint Unit and Team Leaders who will provide oversight to various aspects of Family Assistance Center Operations
    - (3) Coordinate with the Fatality Management Branch Director
    - (4) Provide periodic reports to Incident Command thru Fatality Management Branch Director
    - (5) Ensures appropriate flow of information between FAC and Morgue Group Supervisor and Victim Identification Group Supervisor
    - (6) Conducts daily Family Information Briefings
    - (7) Coordinates with PIO and JIC
  - b. **Family Assistance Center Deputy Group Supervisor**
    - (1) Assumes FAC Group Supervisor's responsibilities as required (shift)
  - c. **Joint Family Support Operations Center (JFSOC)**
    - (1) The JFSOC serves as the Command and Control Center to monitor, plan, coordinate and execute a family assistance operation
  - d. **Forensic Unit**
    - (1) Family Interview Team
      - Receive detailed information using VIP interview forms (**Tab 26**) from patrons to aid in identification process
      - Establish next-of-kin status
      - Discuss family's preference for death notification
        - Do not notify (families are content not knowing specific details of the identification)
        - Notify one time (i.e., when the first remains are identified)

- Notify each time remains are identified
- Wait to notify until all known remains are identified
- Notify through a third party (clergy, funeral director, etc.)

(2) DNA Reference Collection Team

- Obtain buccal swab DNA samples from biologically-related family members

(3) Antemortem Data Management Team

- Provide clerical support for all aspects of the FAC
- Ensure that information from family interviews is entered into the database
- Manage all hard-copy files Team
- Scan victim photographs and other pertinent documents into the database

(4) Antemortem Records Collection Team

- Request medical records from physicians, dentists, etc. to aid in the identification process
- Share that information with the Postmortem Records Collection Team working at the Victim Identification Center

(5) Personal Effects Team

- Receive personal effects from the Quality Assurance Team at the Victim Identification Center (VIC)
- Inventory, refurbish, and catalogue personal effects (PE)
- Return PE to family members

**e. Family Management Unit**

(1) Family Management Unit Leader

- Oversees the operation of the Family Management Unit
- Coordinates Family Briefings with the Medical Examiner's Office and the Joint Information Center
- Ensures times and location of daily Family Briefings are posted throughout the FAC
- Ensures patrons are notified of times and locations of Family Briefings
- Coordinates establishment of a conference call bridge for Family Briefings
- Coordinates with the Logistics Section to ensure that the briefing room has required functioning equipment and needed supplies
-

## (2) Call Center Team

- Receive missing persons calls from the public
- Determine nature of call
- Forward to law enforcement for processing

## (3) Reception / Registration Team

- Greet and register patrons, including:
  - Those whose loved ones are “known missing,” or “possible missing”
  - Those who have already been interviewed by law enforcement
- Issue access badges
- Guide family and friends of victims whose missing status is “not known” to the American Red Cross Safe and Well website
- Direct patrons who have not met with law enforcement to the appropriate personnel
- Educate patrons about the FAC process

## (4) Notification and Disposition Team.

All notifications of deaths will be performed in accordance with local protocols.

- In accordance with local protocols, facilitate notification of family members of an identification match. Do this in accordance with wishes stated during the family interview, such as:
  - Do not notify (families are content not knowing specific details of the identification)
  - Notify one time (i.e., when the first remains are identified)
  - Notify each time remains are identified
  - Wait to notify until all known remains are identified
  - Notify through a third party (clergy, funeral director, etc.)
- Ensure that the local agency tasked with notification responsibilities is informed in a timely manner of the families wishes

## f. **Health and Human Services Unit**

### (1) Case Assessment Team

- Provide support to patrons as needed (i.e., interpreters, translators, referrals to support agencies or resources)
- Maintain Help Desk to answer questions and secure services available to patrons

- Work with representatives from Child Protective Services to arrange for care of minors who are either separated from family member or have become “situational orphans” as a result of the Mass Fatality Incident

#### (2) Behavioral Health Services

- Provide Psychological First Aid and/or behavioral health services to patrons and staff
- Ensure team members are present at family briefings and site visits

#### (3) Spiritual Services Team

- Provide requested pastoral counseling and spiritual care to patrons of all faiths
- Assist Call Center by talking with callers in distress
- Arrange and conduct interfaith memorial services when appropriate
- Ensure that team members are present at family briefings and site visits

#### (4) Childcare Team

- Provide temporary respite care for children while parents or guardians are at the FAC for interviews, briefings, and/or meetings

#### (5) Mass Care Team

- Provide three meals each day and ensure snacks and drinks are available during all hours of operation for both patrons and staff
- Arrange limited lodging for out-of-town family members
- Give hotel/restaurant meal vouchers if the FAC is located in a hotel with dining services
- Make available Spiritual care and Behavioral Health Services team members for patrons and staff during meal times

#### (6) First Aid Team

- Provide basic first aid for patrons and staff at the FAC
- Serve as a liaison with medical service providers in the event of a medical emergency

### **4. Shifts**

#### a. Schedule.

- (1) To limit impact to the mental health of Family Assistance Center staff members, the FAC Supervisor will establish limits to the number of hours staff personnel will work in a day. A 4-6 hour shift is often used.
- (2) Shift schedule and Shift Change Briefings should be established so as not to conflict with required meetings/briefing of the Incident Command. Ideally, Family Assistance Center

Shift Briefings should be conducted following Incident Command Shift Briefings to provide staff with the latest and most up-to-date information.

b. All Staff (Changeover) Briefing.

- (1) All staff members of incoming and outgoing shifts will all attend daily scheduled Shift Change Briefings to ensure coordinated transition of responsibilities and to provide continuity to patrons.
- (2) Agenda of staff briefings is found at **Tab 5**.

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## Tab 3 – Staff Confidentiality Agreement

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All Family Assistance Center staff members will read and sign the following confidentiality agreement:

### **FAMILY ASSISTANCE CENTER CONFIDENTIALITY AGREEMENT**

As a staff member at the 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 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 FAC will be kept strictly confidential. This includes 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 FAC.
3. I understand that I must not release information from reports, records, correspondence and other documents, however acquired, containing medical or other confidential information, and that I may not release such information except in a manner authorized by law, such as in a statistical form that will not reveal the identity of an individual and or clients involved.
4. I may not release or make public, except as provided by law, individual case information including demographic data and client contacts.
5. I will not remove client information or records from the FAC.
6. When client information must be discussed with other FAC personnel 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.
7. I will not discuss confidential information with people who are not authorized, and/or who do not have the need or the right to know the information.
8. I will use only that information which is minimally necessary to conduct my assignment.

9. I will maintain and safeguard the security of all personally identifiable health information, to include any confidential files I maintain and/or obtain at the FAC for which I am responsible for out of the view of unauthorized persons.
10. When I dispose of a document that contains personal identifiable health information and/or client information, I will ensure that the document is properly shredded.
11. I understand my obligations under this Agreement will continue after FAC operations demobilize or my termination from the FAC.
12. I will report activities by any other individual or entity that I suspect may compromise the confidentiality, integrity, or availability of confidential information. Reports are made in good faith about suspected activities and will be held in confidence to the extent permitted by law.

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 I am conducting with the FAC, which will affect future business relationships with the local jurisdiction, public health department and/or local and state agencies
2. Prosecution by federal or state authorities if criminal or civil penalties are imposed as it relates to failure to comply with this agreement, including jail and fines 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 with the FAC.

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

<b>Staff Member</b>	Print Name: _____ Date/Time: _____	Signature: _____ Agency: _____
<b>FAC Group Supervisor</b>	Print Name: _____ Date/Time: _____	Signature: _____ Agency: _____

*Derived from Texas Department of State Health Services Family Assistance Center Toolkit, September 2016, page 26-27*



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## Tab 5 – Staff Briefings

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All Family Assistance Center staff members for both incoming and outgoing shifts will all attend an All Staff Briefing prior to the scheduled Shift Change to ensure coordinated transition of responsibilities and to provide continuity to patrons.

The times of the All Staff Briefings should be coordinated to occur following the Incident Command Shift Briefs so as to provide the FAC Staff with the latest incident information.

Each Staff Briefing should address/include the following:

- Introductions of new personnel
- Goals and Objectives
- New Initiatives
- Status of Rescue, Recovery, and Identification efforts
- Status of Incident Investigation
- Status of Secondary Services
- Status of disposition and return of remains
- Return of personal effects
- FAC operations and demographic data
- Issues raised during previous shift

All new incoming personnel will be briefed upon arrival and sign a confidentiality agreement, prior to work assignment.

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## Annex C: FAC Facility Requirements

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1. **Purpose.** To provide information on recommended Family Assistance Center site requirements, floor plan, equipment and initial supply list.
2. **Facility Requirements (Tab 6).** This chart provides recommended Family Assistance Center site specifications for the type, capacities and square footage of rooms, computed for a mass incident of 100 fatalities. Scaling ratios are provided so as to these numbers may be adjusted to the size and scope of the incident.

Selected facility(ies) must comply with the Americans with Disabilities Act.

3. **FAC Facility Assessment Considerations (Tab 7)** lists considerations to be used in selecting suitable sites or facilities for Family Assistance Centers.
4. **Sample Memorandum of Agreement (Tab 8).** This template Memorandum of Agreement may be used to ensure agreement between the jurisdiction and the owner/host on the availability and use of a designated facility as a Family Assistance Center during crisis situations. It serves to clearly establish the terms and conditions of its use. The jurisdiction is advised to coordinate this draft Memorandum of Agreement with their General Counsel prior to signing/implementation.
5. **Facility Inspection Checklist (Tab 9).** This checklist, adapted from the American Red Cross, should be used prior to occupation and following completion of the facility's use to ensure that the building is returned to the owner in its original condition, or that agreement is reached to replace any missing equipment/supplies and/or repair any damages incurred.
6. **Security.** Family Assistance Center Supervisor will request local law enforcement agency(s) provide/coordinate security for the FAC. This may include street closures and assigning law enforcement officers to the FAC throughout its operation.

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## Tab 6: FAC Facility Requirements

The size of the Family Assistance Center can be scaled based upon the size of the incident. The following charts provide specifications computed for a Mass Fatality Incident of 100 fatalities.

Number of Fatalities	Anticipated Number of Family /Friends		Incident Size	
100	800		Medium	
Room Type	Number of Rooms/Areas	Capacity	Suggested Square Footage	Square Footage Scaling Key
Check-In/Reception Area	1	20	200	10ft <sup>2</sup> /person
Family Interview/Notification Rooms	7	10	100	10ft <sup>2</sup> /person
Private Counseling Rooms	7	10	100	10ft <sup>2</sup> /person
Family Waiting Area	1	400	4000	10ft <sup>2</sup> /person
Family Briefing Area	1	800	8000	10ft <sup>2</sup> /person
Childcare Area	1	30	900	30ft <sup>2</sup> /child
Meditation/Spiritual Care Area	1	15	600	40ft <sup>2</sup> /person
Television Room	1	160	1600	10ft <sup>2</sup> /person
Family Computer/Phone Bank Room	1	160	4800	30ft <sup>2</sup> /person
Food Service	1	400	4800	12ft <sup>2</sup> /person
On-Site Command Area	1	20	600	30ft <sup>2</sup> /person
Command Staff Operations Room	1	12	360	30ft <sup>2</sup> /person
Behavioral Health Team Office	1	7	210	30ft <sup>2</sup> /person
Behavioral Health Staff Room	1	4	120	30ft <sup>2</sup> /person
Staff Break Room	1	15	450	30ft <sup>2</sup> /person
Other Meeting Rooms	TBD	10	100	10ft <sup>2</sup> /person
<b>Total Number of Rooms</b>	27	--	--	--
Restroom Stalls	27	--	--	--

*Adapted from the DOJ "Mass Fatality Family Assistance Operations: Recommended Strategies for Local and State Agencies,"  
FBI Office for Victim Assistance*

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## Tab 7: FAC Facility Assessment Considerations

### FAC Facility Assessment Considerations

*Read the following considerations below prior to selecting a FAC facility*

#### General Information

- A FAC should be close to the incident site but should not be in view of the incident. Family/friends should not have to pass the incident site on their way to/from the FAC.
- One large FAC is preferred over several smaller ones.
- Ideally, the FAC could be activated within 12-24 hours of an incident.
- Sites should be community neutral, ideally faith-based organizations are not preferred for a FAC. Recommended locations include hotels, community centers, university student buildings, and conference centers.
- In a mass fatality incident with a separated population of affected residents, works, business owners, and those who have not lost a friend or family, a separate facility for secondary services should be established to provide other secondary services. If a secondary services facility is established near the FAC, the two facilities should have separate, clearly marked entrances.

#### Building Specifications

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

##### Quiet Room

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

##### Childcare Area

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

##### Entrances / Exits:

- Preferably the facility could be locked down to monitor security and control ingress/egress
- Ensure that the facility is ADA compliant according to [Texas Accessibility Standards](#)
- (<http://www.license.state.tx.us/AB/2012TAS/2012tasComplete.pdf>)

##### Loading Docks:

- Have enough space to bring in and unload large semi-trucks
- Have material handling equipment on site (pallet jack, dolly, etc.)

*Taken from the DSHS Mass Fatality Management Planning Toolkit: January 2015*

## FAC Facility Assessment Considerations

### Restrooms:

- 10 stalls per 300 users
  - If possible, have a separate staff room
  - Ensure handicap accessible restroom for men and women
- 

### Accessibility

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

### Supplies/IT/Utilities

- Should have no known disruption to communications services

*Taken from the DSHS Mass Fatality Management Planning Toolkit: January 2015*

## FAC Facility Assessment Checklist

**General Site Information**

Date \_\_\_\_\_

Facility Name \_\_\_\_\_

Total Square Footage \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Non Profit    Faith-Based    City    State    For Profit    Other

*First Contact:*

Name: \_\_\_\_\_ Position \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*Second Contact:*

Name: \_\_\_\_\_ Position \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Can this facility be opened within:    2 hrs    4 hrs    6 hrs    12 hrs    24 hrs    Other

Is this facility familiar to the local population:    Yes    No

Facility currently in use:    Yes    No

If yes, current function is: \_\_\_\_\_

Current MOU Agreement with this facility:    Yes    No   Describe \_\_\_\_\_

**Building Specifications**

Specifications	Y/N	Comments	Available for Use Y/N:
Number of Rooms		# of rooms	
Capacity of Rooms * (See <i>Room Assessment Worksheet</i> for more details on each room)		Capacity of Room: _____ Capacity of Room: _____	
Equipment Supply Area		Dimensions: _____ x _____ = _____ ft <sup>2</sup> Capacity _____	

## FAC Facility Assessment Checklist

### Building Specifications

Specifications	Y/N	Comments	Available for Use: Y/N
Ability to secure facility and surrounding area		Describe:	
Loading Docks		# of Bays: _____ Forklift on Site Y/N: _____ Operator available Y/N: _____ Electrical Power Available Y/N: Explain _____ Material Handling Equipment Y/N: _____	
Number of Restrooms		# of Men's _____ # of Women's _____ # of Family/Unisex: _____ # of ADA Accessible: _____	
Baby Changing Areas		# of Sites _____ Where located: _____	
Food Preparation and Consumption Facilities		Capacity of Food Prep Areas: _____ Capacity of Food Consumption Areas (for staff and families) _____	
Type of Food Preparation Areas		<input type="checkbox"/> Full Commercial <input type="checkbox"/> Warming <input type="checkbox"/> Partial <input type="checkbox"/> Walk-In Refrigerators	
Refrigeration		Size: _____ Type: _____ Temp Controlled Y/N: _____	

## FAC Facility Assessment Checklist

### Accessibility:

Specifications	Y/N	Comments	Available for Use: Y/N
Primary Parking Lot		# of spaces for staff: _____ # of spaces for clients: _____ Cost of Parking per car: _____ Validation Available: Y/N _____ Cost _____ Is Parking Secure? Y/N _____ Describe:	
Secondary Parking Lot		# of spaces: _____ Cost per car: _____ Is Parking Secure? Y/N _____	
Adequate Road Access		Describe:	
Texas Accessibility (ADA) Standards Compliant		# Stairs _____ ADA adaptable Y/N: _____ ADA Compliant Y/N: _____	
Public Transportation		Stop Name/Line: _____ Stop Name/Line: _____	
Security		# of Officers: _____ Security System Provided: _____ Surveillance Camera on site: Y/N: _____	
Coordination with EMS, Fire, Police Response		<input type="checkbox"/> YES <input type="checkbox"/> NO Describe:	

## FAC Facility Assessment Checklist

### Supplies/IT/Utilities:

Specifications	Y/N	Comments	Available for Use: Y/N
Tables		# on site: _____ Size: _____	
Chairs		# on site: _____	
Beds		# Adult Beds/Cots on site: _____ # Pediatric Beds/Cribs on site: _____	
Childcare Supplies		Describe:	
Temporary Partitions		# on site: _____ Describe:	
Computers		# on site: _____	
Fax Machines		# on site: _____	
Copiers		# on site: _____	
Telephones		# on site: _____	
Televisions		# on site: _____	
Scanners		# on site: _____	
File Storage Containers		# on site: _____	
Podium		# on site: _____	
Audio/Visual Equipment		# on site: _____ Describe:	

## FAC Facility Assessment Checklist

Specifications	Y/N	Comments	Available for Use: Y/N
Industrial Fans		# on site: _____	
Janitorial Services		# of trash cans on site: _____ Describe removal methods: _____ Sharps Container Y/N and #: _____	
Fire Safety System		<input type="checkbox"/> Sprinklers <input type="checkbox"/> Alarms <input type="checkbox"/> Smoke Detectors <input type="checkbox"/> Carbon Monoxide Detector Date of last test/ inspection: _____ # of Extinguishers: _____	
Radio		# and Type: _____ Known Interference or Shielding Y/N: _____	
Internet		Service Provider: _____ Type of Internet: WiFi ___ Hardware ___ Satellite ___ Known Interference or Shielding Y/N: _____	
Cable TV		Service Provider: _____	
Telephone		Service Provider: _____ Known Interference or Shielding Y/N: _____	
Electricity		Service Provider: _____	
Overhead Lighting		Sufficient for FAC Operation Y/N: _____	
Generator		Sufficient for FAC Operation Y/N: _____ Transfer switch for trailer mounted generator Y/N: ___	

## FAC Facility Assessment Checklist

Specifications	Y/N	Comments	Available for Use: Y/N
Water		Service Provider: _____ <input type="checkbox"/> Hot <input type="checkbox"/> Cold <input type="checkbox"/> Potable	
Heat/AC		Heat Y/N: _____ AC Y/N: _____ Type: <input type="checkbox"/> Electric <input type="checkbox"/> Gas	
Gas		Service Provider: _____	
Transportation Vehicles		Describe:	

**Services the facility will continue to provide:**

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

**Necessary documents to be attached:**

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

## FAC Facility Assessment Checklist

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

### Main Service Areas

- Reception and Registration
- Family Meeting/Gathering Area (for waiting, dining, conversation, etc.)
- Case Assessment Area (to arrange for secondary services)
- Family Interview/ Notification Rooms
- Family Briefing Room
- Television Room
- Computer/ Telephone Bank Area (for families)
- Childcare Area
- First Aid Area
- Food Preparation Area (not necessary if food is prepared offsite)
- Memorial Area (wall, table, room)
- Quiet Room (behavioral health consultations, prayer room, etc.)

### Back Office Areas

- Staff Check-In
- Command Staff Area
- Data Entry/Management Area
- Staff Conference Room
- Staff Break Room

*Taken from the DSHS Mass Fatality Management Planning Toolkit: January 2015*

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## Tab 8 – Facility Memorandum of Agreement

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*Host jurisdictions are advised to coordinate this draft Memorandum of Agreement with their General Counsel prior to signing/implementation. The document below is adapted from the American Red Cross Shelter Memorandum of Agreement*

### FAMILY ASSISTANCE CENTER Memorandum of Agreement

This agreement is between the *jurisdiction* and a facility owner (“Owner”) so the *jurisdiction* can use the facility as a Family Assistance Center during/following a mass casualty incident.

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

#### Parties and Facility

##### Owner:

Legal Name: \_\_\_\_\_

24-Hour Point of Contact:

Name and title: \_\_\_\_\_

Work phone: \_\_\_\_\_ Cell phone/pager: \_\_\_\_\_

Address for Legal Notices:

\_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

##### *Insert Jurisdiction:*

Legal Name: \_\_\_\_\_

24-Hour Point of Contact:

Name and title: \_\_\_\_\_

Work phone: \_\_\_\_\_ Cell phone/pager: \_\_\_\_\_

Address for Legal Notices:

\_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Family Assistance Center Facility:

(Insert name and complete street address of building or, if multiple buildings, write “See attached Facility List” and attach Facility List including complete street address of each building that is part of this Agreement).

\_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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## Terms and Conditions

1. Use of Facility: Upon request and if feasible, the Owner will permit the jurisdiction to use the Facility on a temporary basis as a Family Assistance Center.
2. Facility Management: The *insert jurisdiction* will have primary responsibility for the operation of the Family Assistance Center and will designate one of its employees as Director, to manage the Family Assistance Center's activities. The Owner will designate a Facility Coordinator to coordinate with the Director, Family Assistance Center, regarding the use of the Facility by the *insert jurisdiction*.
3. Condition of Facility: The Facility Coordinator and Director, Family Assistance Center (or designee) will jointly conduct a pre-occupancy survey/inspection of the Facility before it is turned over to the *insert jurisdiction*. They will jointly record any existing damage or conditions. The Facility Coordinator will identify and secure all equipment that the *insert jurisdiction* should not use while sheltering in the Facility. The *insert jurisdiction* will exercise reasonable care while using the Facility as a shelter and will make no modifications to the Facility without the express written approval of the Owner.
4. Food Services: Upon request by the *insert jurisdiction*, and if such resources exist and are available, the Owner will make the food service resources of the Facility, including food, supplies, equipment and food service workers, available to feed the shelter occupants. The Facility Coordinator will designate a Food Service Manager to coordinate the provision of meals at the direction of and in cooperation with the Director. The Food Service Manager will establish a feeding schedule, determine food service inventory and needs, and supervise meal planning and preparation. The Food Service Manager and Director will jointly conduct a pre-occupancy inventory of the food and food service supplies in the Facility before it is turned over to the *insert jurisdiction*.
5. Custodial Services: Upon request by the *insert jurisdiction* and if such resources exist and are available, the Owner will make its custodial resources, including supplies and custodial workers, available to provide cleaning and sanitation services at the shelter. The Facility Coordinator will designate a Facility Custodian to coordinate the provision of cleaning and sanitation services at the direction of and in cooperation with the Director.
6. Security: In coordination with the Facility Coordinator; the Director, as he or she deems necessary and appropriate, will coordinate with law enforcement regarding any public safety issues at the Family Assistance Center.
7. Signage and Publicity: The *insert jurisdiction* may post banners/signs identifying the Family Assistance Center and its components/offices in locations approved by the Facility Coordinator and will remove such signs when the Family Assistance Center is closed. The Owner will not issue press releases or other publicity concerning the Family Assistance Center without the express written consent of the Director. The Owner will refer all media questions about the shelter to the Director, Family Assistance Center.

8. Closing the Shelter: The *insert jurisdiction* will notify the Owner or Facility Coordinator of the closing date for the shelter. Before the *insert jurisdiction* vacates the Facility, the Director and Facility Coordinator will jointly conduct a post-occupancy survey/inspection to record any damage or conditions. The Director and Facility Coordinator or Food Service Manager will conduct a post-occupancy inventory of the food and supplies used during the shelter operation.
9. Reimbursement: The *insert jurisdiction* will reimburse the Owner for the following:
  - a. *Damage to the Facility or other property of Owner*, reasonable wear and tear excepted, resulting from the operations of the *insert jurisdiction*. Reimbursement for facility damage will be based on replacement at actual cash value. The *insert jurisdiction* will select from among bids from at least three reputable contractors. The *insert jurisdiction* is not responsible for storm damage or other damage caused by the disaster.
  - b. *Reasonable costs associated with custodial and food service personnel* which would not have been incurred but for the *jurisdiction's* use of the Facility as a Family Assistance Center. The *insert jurisdiction* will reimburse at per-hour, straight-time rate for wages actually incurred but will not reimburse for (i) overtime or (ii) costs of salaried staff.
  - c. *Reasonable, actual, out-of-pocket operational costs*, including the costs of the utilities indicated below, to the extent that such costs would not have been incurred but for the Jurisdiction's use of the Premises (both parties must initial all utilities to be reimbursed by the Jurisdiction):

	Facility Owner's initials	<i>insert jurisdiction</i> initials
Water	_____	_____
Gas	_____	_____
Electricity	_____	_____
Waste Disposal	_____	_____

The Owner will submit any request for reimbursement to the Jurisdiction within 60 days after the shelter closes.

- Any request for reimbursement for food, supplies or operational costs must be accompanied by supporting invoices.
  - Any request for reimbursement for personnel costs must be accompanied by a list of the personnel with the dates and hours worked at the shelter.
10. Insurance: The *insert jurisdiction* shall carry insurance coverage in the amounts of at least \$1,000,000 per occurrence for Commercial General Liability and Automobile Liability. The Jurisdiction shall also carry Workers' Compensation coverage with statutory limits for the jurisdiction within which the facility is located and \$1,000,000 in Employers' Liability.
  11. Indemnification: The *insert jurisdiction* shall defend, hold harmless, and indemnify Owner against any legal liability, including reasonable attorney fees, in respect to bodily injury, death and property damage arising from the negligence of the Jurisdiction during the use of the Premises.

12. Term: The term of this agreement begins on the date of the last signature below and ends 30 days after written notice by either party.

\_\_\_\_\_  
Owner (legal name)

\_\_\_\_\_  
*insert jurisdiction* (legal name)

\_\_\_\_\_  
By (signature)

\_\_\_\_\_  
By (signature)

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

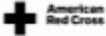
*Adapted from the American Red Cross Shelter Memorandum of Agreement*

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## Tab 9: Template – Facility Inspection

		<h3>Facility/Shelter Opening &amp; Closing Inspection</h3>			
Name of Facility _____		Address _____			
Name of Facility Rep & Operator _____		Phone # _____			
Opening Inspection					
<i>Areas to Inspect When Opening the Facility/Shelter (Check yes, no, not applicable (NA) or unknown (U). Specific areas needing correction and those responsible for making them should be noted under "Comments". Take pictures of pre-existing damages)</i>					
Yes	No	NA	U	Comments	Areas to Inspect
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Are indoor and outdoor walking surfaces free of trip and fall hazards (e.g. uneven sidewalks, unprotected walkways, loose/missing tiles, wires, etc...)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Are the routes to exits relatively straight and clear of obstructions (e.g. blocked, chained, obstructed)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Are all emergency exits properly identified and secured, and there are at least two exits per floor?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Are illuminated exit and exit directional signs visible from all aisles?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Are all kitchen equipment and bathroom fixtures in working order?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Is there an emergency evacuation plan posted and an identified meeting place?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Are there guidelines for directing occupants to an identified assembly area away from the building once they reach the ground floor?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Are there any site specific hazards (e.g. hazardous chemicals and machinery)? If so, describe them.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Is the facility neat, clean and orderly?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Are the following utility systems in good working order: electricity, water, sewage system, HVAC?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Are fire extinguishers and smoke detectors present, inspected and properly serviced with current inspection tags?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		If power fails, is automatic emergency lighting available for exit routes, stairs and restrooms?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Is there a back-up power source?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Are first aid kits readily available and fully stocked? Where?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Will occupants of the building be notified that an emergency evacuation is necessary by a public address system or alarm?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Are floors and walls free of damage?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Is the parking area free of damage?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		SHELTER ONLY: Are there accessible parking spaces available?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		SHELTER ONLY: Is there at least one entrance to the building accessible for people with mobility issues with signage identifying the location of the accessible entrance?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		SHELTER ONLY: Is there at least one accessible restroom?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		SHELTER ONLY: Are there routes without steps available to access service delivery areas, restrooms and showers? Can service be provided in an area that can be accessed by routes without steps?
Any Damage or Additional Comments _____					
_____					
_____					
_____					
Name of person addressing issues _____		Phone # _____			
Print Red Cross Name & Title _____		Signature _____		Date _____	
Print Facility Owner/ Rep Name & Title _____		Signature _____		Date _____	
Facility/Shelter Opening & Closing Inspection				Rev. 03-2012	

*Facility/Shelter Opening and Closing Inspection Form provided courtesy of American Red Cross*



## ANNEX D: FAC Equipment, Supplies, and Signage

**Equipment.** It is recommended that the *insert jurisdiction* and its partner agencies provide the following minimum equipment to the Family Assistance Center. Jurisdictions may expand upon this list. It is also recommended that, during the planning phase, the jurisdiction identify and reach agreement with those agencies will provide what equipment.

Family Assistance Center RECOMMENDED EQUIPMENT LIST			
Equipment Needed	Location in FAC	Responsible Agency	Notes
Tables	General		
Chairs	General		
Desks	General		
Room Dividers	General		
Copy Machine/ Scanner/ Fax	Staff Area		
Telephones - Incoming Calls	Communications		Minimum of 2
Telephones Outgoing Calls	Communications		Minimum of 2
Internet Access	Communications		
WiFi Capability	Communications		Throughout Facility
Radio	Communications		
Public Address System	Communications		
Laptop/Tablets/Desktop Computers w/Internet	Communications		
Badging Equipment*	Check-In/Reception		*Or wristbands
Projector	Family Briefing Area		
Remote	Family Briefing Area		
Laptop Computer	Family Briefing Area		
Camera	Family Briefing Area		For Skype Link
Conference Telephone	Family Briefing Area		
Screen	Family Briefing Area		
Microphones	Family Briefing Area		
Speaker System	Family Briefing Area		
Color Copier/Scanner/ Printer/ Fax	Medical Examiner		
Television	Childcare Area		
Television	Family Waiting Area		
Sofas	Family Waiting Area		
Chairs	Family Waiting Area		
Tables	Family Waiting Area		
First Aid Kit	First Aid Area		
Water Bowl	Comfort Dog		

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## **Tab 10 – Recommended Supplies**

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The following is an initial list of recommended supplies typically needed to establish and operate the Family Assistance Center:

### **Access Badges or Wristbands**

### **Forms**

(see [Annex I: Documents Forms, and Handouts](#))

### **Food**

- Meals
- Snacks
- Water

### **Paper Goods**

- Plates
- Cups
- Napkins
- Plastic cutlery
- Toilet paper
- Tissues
- Paper towels

### **DNA Reference Collection**

- Bucal DNS Swabs

### **Child Care**

- Toys
- Coloring Books and Crayons
- Diapers
- Handi wipes

### **File Storage**

- Boxes
- Locker with lock

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## **Tab 11 – Recommended Signage**

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It is highly recommended that the jurisdiction develop a signage package to assist in rapidly setting up the Family Assistance Center.

It is recommended that signage also be provided in Spanish for bi-lingual populations. Consideration should be given to displaying signs to accommodate the visually impaired.

Consideration should be given to banners with grommets versus signs for easy storage and reuse. Banners can be easily rolled up and stored. Temporary small stick-on hangers may be used to display the banners on a number of varied surfaces.

### **FAMILY ASSISTANCE CENTER**

**REST ROOMS**

**ENTRY/EXIT**

**RECEPTION /**

**REGISTRATION**

**HELP DESK**

**FAMILY BRIEFING AREA**

**DAILY BRIEFING AT \_\_\_**

**DO NOT ENTER**

**DINING AREA**

**CHILDCARE**

**COUNSELING AREA**

**CHILDREN'S SAFE AREA**

**HOURS OF OPERATION**

**QUIET ROOM**

**FAC STAFF ONLY**

**CENTER RULES**

**NO MEDIA/PHOTOS/OR VIDEO**

**FIRST AID**

**FAMILY INTERVIEWS**

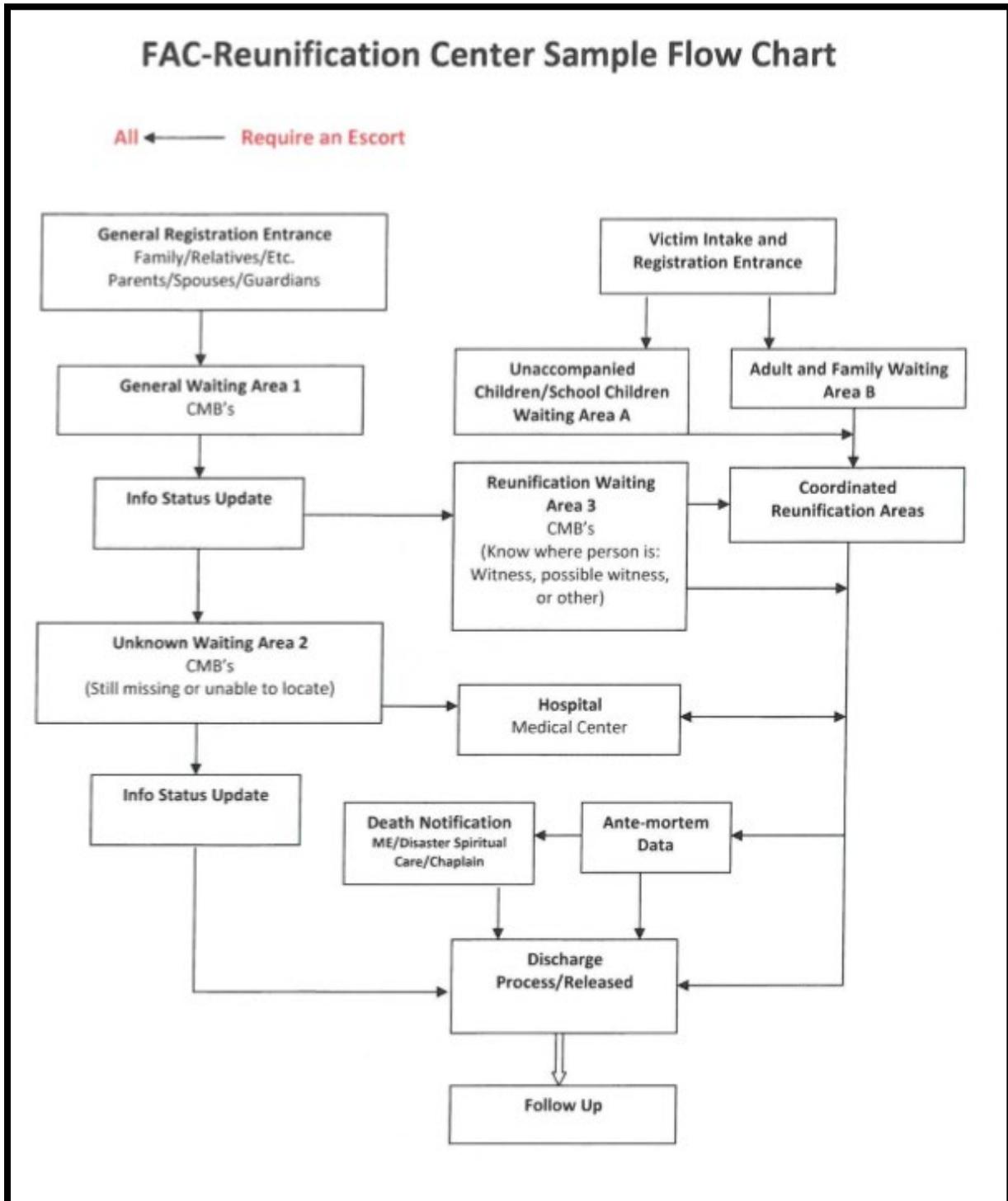
**BEHAVIORAL HEALTH**

**SPIRITUAL SERVICES**

**CALL CENTER**

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## ANNEX E: FAC Processing Flow Chart



*Taken from DOJ "Mass Fatality Family Assistance Operations: Recommended Strategies for Local and State Agencies,"  
FBI Office for Victim Assistance*

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## ANNEX F: Family Assistance Center Standards of Behavior

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1. **Purpose.** To clearly establish standards of ethical behavior for staff members and visitors to the Family Assistance Center.
2. **Code of Conduct.** All personnel assigned to or visiting the Family Assistance Center will be briefed on and be provided a copy of the Code of Conduct (page 87). While listed as Tab 12, no Tab heading is provided so that this document can be easily reprinted and disseminated.
3. **Confidentiality Agreement.** All staff members working at or visiting the Family Assistance Center will be required to sign a confidentiality agreement (Tab 3) to protect the personal information of families, missing persons, and decedents.
4. **Family Assistance Center Rules.** All staff members, patrons and other visitors to the Family Assistance Center will adhere to the Family Assistance Center Rules (page 89). While listed as Tab 13, no tab heading is provided so that this document can be easily reprinted and disseminated. These rules will be provided in flyer format to patrons and posted conspicuously in and at the entrance to the Family Assistance Center. No Tab heading is provided so that this document can be easily reprinted and disseminated.
5. **Photography.** Photography is strictly forbidden in the Family Assistance Center and associated Mass Fatality Incident operations. Staff personnel, family members and friends will only be allowed to take photographs in designated areas.

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## **FAMILY ASSISTANCE CENTER CODE OF CONDUCT\***

- Protect the privacy of the decedents and clients. Do not share any information or provide access to the media without specific permission from your supervisor and the expressed consent of the families. Follow principles outlined in Health Insurance Portability and Accountability Act (HIPAA) policies.
- Photos or videos of the Family Assistance Center and Memorial Services are prohibited.
- Communicate openly, respectfully, and directly with families and staff in order to optimize services and to promote mutual trust and understanding. Handle conflict promptly, appropriately, and in the correct environment by asking for help and offering positive solutions to problems that are identified.
- Conduct FAC related business with integrity and in an ethical manner.
- Be sensitive to an environment where a number of family members will be grieving. Refrain from engaging in loud conversations, laughter, and other social conversations in family areas.
- Be sensitive to differences in cultural and religious beliefs during your interactions with families.
- Assist others in providing care and/or services promptly. Act as an ambassador for the Family Assistance Center by maintaining positive communication regarding the FAC, both inside and outside the facility.
- Clearly identify yourself and your position to family members and staff. Wear your nametag.
- Be understanding and sensitive to the difficult situation that family members face. Do not criticize decisions in the presence of families
- Protect the property and other assets entrusted to you by families and others against loss, theft, or abuse.
- Take responsibility and be accountable for your entire job requirements as outlined in job action sheets and organizational policies.
- As a member of the Family Assistance Center staff, it is strongly recommended that you refrain from posting any information on Facebook or other social media platforms regarding this incident and its aftermath. No photos.

*\* Adapted from the Los Angeles County Operational Area, Family Assistance Center Plan, V1, March 31, 2010, p.12.*

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## **FAMILY ASSISTANCE CENTER RULES**

- **All Must Register.** All personnel will register and be provided a badge or bracelet prior to being admitted to the Family Assistance Center.
- **Display Your Badge/Wristlet.** Badges/wristlets must be worn/displayed prominently at all times.
- **No Drugs, Alcohol, Weapons, or Pets** are permitted
- **No Media Representatives** are allowed access to the Family Assistance Center
- **No Video or Photographs.** Out of respect for the privacy of family and friends, no photographing or videotaping is allowed inside the Family Assistance Center or in memorial services.
- **No Smoking.** Use of all tobacco products, matches, or lighters inside the Family Assistance Center is prohibited.
- **Control Your Children.** Parents are responsible for keeping track of and controlling the actions of their children. Do not leave children unattended.
- **You are responsible for your personal belongings.** Family Assistance Center staff cannot assume responsibility for belongings. Lock valuables in your car, out of sight, or keep valuables with you.
- **Respect the privacy of others.** This is a difficult time for many families and friends. Please be respectful of their privacy.
- **Sign Out.** Those leaving the Family Assistance Center for any period of time must sign out and sign in at the registration area.
- **Help keep the Family Assistance Center clean.** Please pick up after yourself. Help clean up of other areas when possible. •
- **Be respectful and courteous to others at all times.** Loud, boisterous and disruptive behavior is not permitted.
- **Immediately report all health or safety concerns** to the Family Assistance Center staff.

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## ANNEX G – Family Briefings

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1. **Purpose.** To provide information for the required conduct of Family Briefings to family members and friends of missing persons and decedents.
2. **Tenets.**
  - The Medical Examiner or a representative from that Office will conduct daily Family Briefings for family members and friends.
  - The Family Briefings should begin within 24 hours following activation of the Family Assistance Center.
  - Family Briefings must be conducted at least once daily, ideally at a uniform time and are held even when there is no significant news to report
  - Time of daily Family Briefings should be scheduled so as not to conflict with required meetings held by the Incident Command or other meetings requiring the presence of the FAC Supervisor.
  - Translators should be provided to ensure communications with individuals persons who have hearing and/or speech disabilities and for those who do not speak English
  - Family Briefings are not open to the media or general public. Numbers to the conference call bridge will not be released to personnel other than family members.
3. **Family Management Unit Leader.** The Family Management Unit Leader will facilitate preparations for the conduct of Family Briefings
  - Coordinate Family Briefings with the Medical Examiner’s Office and the Joint Information Center
  - Coordinate establishment of a conference call bridge for Family Briefings to connect to family members and friends who are not on site.
  - Coordinate with the Logistics Section to ensure that the briefing room has required functioning equipment and needed supplies
  - Ensure times/location of daily Family Briefings are posted throughout the FAC.
  - Ensure patrons are notified of times and locations of Family Briefings.
4. **Agenda.** Typical Agenda for Family Briefings should address the following topics:
  - Introductions
  - Description of Services available at the Family Assistance Center
  - Update on Mass Fatality Incident recovery operations and progress
  - Progress made in the Identification Process
  - Site Visits
  - Memorial Services (if appropriate)
  - Return of Personal Effects

- Questions
- Time/Date of next Family Briefing

5. **Frequently Asked Questions.** The following questions should be anticipated and agency representatives be prepared to address at Family Assistance Briefings:

Medical Examiners / Justices of the Peace

- How many of the deceased have been recovered?
- How long do you think the recovery process will take?
- How many bodies have been positively identified?
- How long do you think it will take to finish positively identifying all of the bodies?
- What is the condition of the bodies?
- How many bodies have been released?
- How much staff do you have working on the incident?
- How many hours per day are your staff working?
- Are you still waiting on any resources to complete the recovery?
- What will happen with the personal effects?
- When will death certificates be issued?

Incident Investigators

- What is the status of the ongoing investigation?
- Was the cause of the incident intentional, accidental, or an act of nature?
- Was there any forewarning that the incident would occur?
- What agencies are involved in working the incident?
- How many investigators are working the incident?
- How experienced are the investigators working the incident?
- When will we be able to visit the incident site?
- When will the investigation provide more concrete answers?
- What could have been done to save more people?

Industry Personnel (if applicable)

- What are you doing about the incident?
- What are you going to do to help take care of the affected families?
- Will you pay for funeral expenses?
- Will you pay for (and/or continue to pay for) the families' living expenses while we are at the incident site?

- What benefits will you provide to us?
- Did you know that an incident like this could happen?
- How many of your employees were killed and of what level were they?

*Taken from Texas Department of State Health Services Family Assistance Center Toolkit, (September 2016, p. 32)*

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## **ANNEX H: Public Information**

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A Public Information Officer will be assigned to the Family Assistance Center.

The following messages will be completed and sent out through both the media and social media to announce the activation of the Family Assistance Center.

- Message 1** – Family Assistance Center Opens
- Message 1a** – Family Assistance Center Opens (Spanish Translation)
- Message 2** – Missing Persons Call Center Hotline
- Message 2a** – Missing Persons Call Center Hotline (Spanish Translation)
- Message 3** – Virtual Family Assistance Center
- Message 3** – Virtual Family Assistance Center (Spanish Translation)
- Message 4** – Transition to Long-Term Care
- Message 4a** – Transition to Long-Term Care (Spanish Translation)

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## Message 1: Family Assistance Center Opens

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[Headline Field] **FAMILY ASSISTANCE CENTER OPENS** in *insert jurisdiction*

This is an important emergency message from the *insert jurisdiction*.

In the aftermath of the *insert name of the incident*, the *insert jurisdiction* has opened a Family Assistance Center, located at *insert address*. The Center's hours of operation are from *insert hours of operation*, daily. The Family Assistance Center is accessible via public transportation from Stop \_\_\_ on the *insert name of line*.

The Center is open to family members and friends of the victims and survivors of *insert name of the incident*. The Family Assistance Center serves as a reunification center for family members who need to be reunited with loved ones involved in the incident. Its staff members seek to provide timely and accurate information for families of victims, survivors, and missing persons from the incident. The Center also serves as a focal point for the collection of information that may assist in identifying the missing, and assists families in accessing community resources as needed.

Out of respect to their privacy, the Center will not be open to the media or general public.

For more information, visit *insert url*.

**SMS TEXT:** FAMILY ASSISTANCE CENTER OPENS at *insert address* to provide services for family members and friends of victims, survivors, and missing persons in the aftermath of *insert name of incident*. For more details... *insert url*.

**TWITTER:** [Include graphic]

FAMILY ASSISTANCE CENTER OPENS for family and friends of victims and survivors in the aftermath of *insert incident* located at *insert address*. For more details... *insert url*.

**Facebook/NextDoor:**

[Include graphic] FAMILY ASSISTANCE CENTER OPENS.

The *insert agency* has announced the opening of a Family Assistance Center to assist family members and friends of those injured or missing in the recent *insert incident*. The Family Assistance Center is located at *insert location* with hours of operation from *insert hours of operation*, daily. The Family Assistance Center is accessible via public transportation from Stop \_\_\_ on the *insert name of line*.

If you need additional information or assistance, call *insert telephone number*.

For more details, tune to local radio and TV stations and visit *insert url*.

## Message 1a: Family Assistance Center Opens (Spanish)

---

[Headline Field] **EL CENTRO DE ASISTENCIA FAMILIAR ABRE** el *insert jurisdiction*

Este es un mensaje de emergencia importante del *insert jurisdiction*.

A raíz de la *insert name of the incident*, el *insert jurisdiction* ha abierto un Centro de Asistencia Familiar, ubicado en *insert address*. El horario de atención del Centro es de *insert hours of operation*, diariamente. El Centro de Asistencia Familiar es accesible por medio de transporte público desde la parada *insert name of stop* en la línea *insert name of line*.

El Centro está abierto a familiares y amigos de las víctimas de *insert name of the incident*. El Centro de Asistencia Familiar sirve como centro de reunificación para los miembros de la familia que necesitan reunirse con los seres queridos involucrados en el incidente. Los miembros del personal buscan proporcionar información oportuna y precisa a las familias de las víctimas y personas desaparecidas del incidente. El Centro también sirve como un punto focal para recopilar información que pueda ayudar en la identificación de los desaparecidos, y ayuda a las familias en el acceso a recursos de la comunidad, según sea necesario.

Por respeto a su privacidad, el Centro no estará abierto a los medios de comunicación ni al público en general.

Para más información visite *insert url*.

**SMS TEXT:** EL CENTRO DE ASISTENCIA FAMILIAR ABRE en *insert address* para prestar servicios a familiares y amigos de víctimas y personas desaparecidas después de *insert name of incident*. Para más información visite ... *insert url*.

**TWITTER:** [Include graphic]

CENTRO DE ASISTENCIA FAMILIAR ABRE en *insert address* para prestar servicios a familiares y amigos de víctimas y personas desaparecidas después de *insert name of incident*.... Para más información visite ... *insert url*.

**Facebook/NextDoor:**

[Include graphic] CENTRO DE ASISTENCIA FAMILIAR ABRE.

La *insert agency* anuncia la abertura del Centro de Asistencia Familiar para asistir a familiares y amigos de los heridos o desaparecidos en el reciente *insert incident*. El Centro de Asistencia Familiar, está ubicado en *insert address*. El horario de atención del Centro es de *insert hours of operation*, diariamente. El Centro de Asistencia Familiar es accesible por medio de transporte público desde la parada *insert name of stop* en la línea *insert name of line*.

Si necesita información adicional o asistencia, llame al *insert telephone number*.

Para más detalles, sintonice las estaciones locales de radio y televisión y visite *insert url*.

## Message 2: Missing Persons Call Center Hotline Opens

---

[Headline Field] **MISSING PERSONS CALL CENTER HOTLINE OPENS** following *insert incident*

This is an important emergency message from the *insert jurisdiction*.

In the aftermath of the *insert name of the incident*, the *insert jurisdiction* has established a Missing Persons Call Center at *insert telephone number*. The Missing Person Call Centers' hours of operation are from *insert hours of operation*, daily.

Members of the public wishing to report a missing person may call the Missing Persons Call Center. This is the source to report missing loved ones. Operators will collect basic information regarding the missing person, contact information from the caller, and other details useful to law enforcement agencies in conducting their investigations.

**SMS TEXT:** MISSING PERSONS CALL CENTER HOTLINE Opens at *insert telephone number* to report and collect information on missing persons in the aftermath of *insert name of incident*. For more details... *insert url*.

**TWITTER:** [Include graphic]

MISSING PERSONS CENTER HOTLINE established at *insert telephone number* to report and collect information in the aftermath of *insert incident*. For more details... *insert url*.

**Facebook/NextDoor:**

[Include graphic] MISSING PERSONS CALL CENTER HOTLINE Opens.

The *insert agency* has announced the opening of a Hotline to report Missing Persons and collect information vital to their investigations in the aftermath of the recent *insert incident*. The Missing Persons Hotline Number is *insert telephone*. The Hotline will be open from *insert hours of operation*, daily.

If you need additional information or assistance, call *insert telephone number*.

For more details, tune to local radio and TV stations and visit *insert url*.

## Message 2a: Missing Persons Call Center Hotline (Spanish)

---

*The following message will be completed and sent out through the Hispanic-based media and on social media to announce activation of a Missing Persons Call Center Hotline:*

[Headline Field] **SE ABRE EL CENTRO DE LLAMADAS DE PERSONAS DESAPARECIDAS.**

Este es un mensaje de emergencia importante del *insert jurisdiction*.

A raíz de la *insert name of the incident*, el *insert jurisdiction* ha establecido un centro de llamadas para personas desaparecidas al *insert telephone number*. Las horas de operación del Centro de Llamadas de Personas Desaparecidas serán de *insert hours of operation*, diariamente.

Los miembros del público que deseen reportar una persona desaparecida pueden llamar al Centro de Llamadas de Personas Desaparecidas. Esta es la fuente para reportar seres queridos desaparecidos. Los operadores recopilarán información básica sobre la persona desaparecida, la información de contacto de la persona que llama y otros detalles útiles para que las agencias policiales realicen sus investigaciones.

**SMS TEXT:** CENTRO DE LLAMADAS DE PERSONAS DESAPARECIDAS está disponible al *insert telephone number* para reportar y recopilar información sobre personas desaparecidas después de *insert name of incident*. Para más información... *insert url*.

**TWITTER:** [Include graphic]

CENTRO DE LLAMADAS DE PERSONAS DESAPARECIDAS está disponible al *insert telephone number* para reportar y recopilar información sobre personas desaparecidas después de *insert name of incident*. Para más información... *insert url*.

**Facebook/NextDoor:**

[Include graphic] Se abre el CENTRO DE LLAMADAS DE PERSONAS DESAPARECIDAS.

La *insert agency* ha anunciado la apertura de una línea directa para informar sobre personas desaparecidas y recopilar información vital para sus investigaciones a raíz de la reciente *insert incident*. Llame el Centro de Llamadas de Personas Desaparecidas al *insert telephone*. Las horas de operación serán de *insert hours of operation*, diariamente.

Si necesita información adicional o asistencia, llame al *insert telephone number*.

Para más detalles, sintonice las estaciones locales de radio y televisión y visite *insert url*.

## Message 3: Virtual Family Assistance Center

---

The following message will be completed and sent out through the media and social media to announce activation of a Virtual Family Assistance Center, its telephone number and web site address:

[Headline Field] **VIRTUAL FAMILY ASSISTANCE CENTER OPENS** in *insert jurisdiction*  
This is an important emergency message from the *insert jurisdiction*.

In the aftermath of the *insert name of the incident*, the *insert jurisdiction* has established an online Virtual Family Assistance Center, at *insert url*, to support family members and survivors unable to travel to the local area. Its hours of operation are from *insert hours of operation*, daily. Telephone number for service referrals is *insert telephone number*.

The Virtual Family Assistance Center provides information to family members of survivors and missing persons from the *insert name of the incident*. It seeks to provide timely and accurate information for those families who are unable to travel to this area. The Virtual Family Assistance Center also serves as a focal point for the collection of information that may assist in identifying the missing, and assists families in accessing supporting resources, as needed.

The Virtual Family Assistance Center is not open to the media or general public.

**SMS TEXT:** VIRTUAL FAMILY ASSISTANCE CENTER OPENS to provide services for family members and friends of survivors and missing persons in the aftermath of *insert name of incident*. Family members can access this information at *insert url* or by telephone at *insert telephone number*

**TWITTER:** [Include graphic]

VIRTUAL FAMILY ASSISTANCE CENTER OPENS for victims' and survivors' families and friends in the aftermath of *insert incident*. The Virtual Family Assistance Center is accessed online at *insert url* or by telephone at *insert telephone number*.

**Facebook/NextDoor:**

[Include graphic] VIRTUAL FAMILY ASSISTANCE CENTER OPENS.

The *insert agency* has announced establishment of an online Virtual Family Assistance Center at *insert url* to assist family members and friends of those injured or missing in the recent *insert incident* who are unable to travel to the area. Telephone number for service referrals is *insert telephone number*. Hours of operation are from *insert hours of operation*, daily.

## Message 3a: Virtual Family Assistance Center (Spanish)

---

The following message will be completed and sent out through the Hispanic-based media and on social media to announce activation of a Virtual Family Assistance Center, its telephone number and web site address:

[Headline Field] **EI CENTRO VIRTUAL DE ASISTENCIA FAMILIAR SE ABRE EN *insert jurisdiction***

Este es un mensaje importante de emergencia del *insert jurisdiction*.

A raíz de *insert name of the incident*, el *insert jurisdiction* ha establecido un Centro Virtual de Asistencia Familiar en línea, en *insert url*, para apoyar a los miembros de la familia y las víctimas que no pueden viajar al área local. El horario de atención es de *insert hours of operation*, diariamente. El número de teléfono para referencias de servicio es *insert telephone number*.

El Centro Virtual de Asistencia Familiar proporciona información a los familiares de las víctimas y personas desaparecidas durante el *insert name of the incident*. Su objetivo es proporcionar información oportuna y precisa para aquellas familias que no pueden viajar a esta zona. El Centro Virtual de Asistencia Familiar también sirve como un punto central para la recolección de información que pueda ayudar en la identificación de los desaparecidos, y ayudar a las familias con el acceso a los recursos de apoyo, de acuerdo con sus necesidades.

El Centro Virtual de Asistencia Familiar no está disponible a los medios de comunicación o al público en general.

**SMS TEXT:** EL CENTRO VIRTUAL DE ASISTENCIA FAMILIAR SE ABRE para proporcionar servicios a los familiares y amigos de las víctimas y personas desaparecidas a raíz de *insert name of incident*. Los miembros de las familias pueden acceder a esta información en *insert url* o por teléfono al *insert telephone number*

**TWITTER:** [Include graphic]

EL CENTRO VIRTUAL DE ASISTENCIA FAMILIAR SE ABRE para proporcionar servicios a los familiares y amigos de las víctimas y personas desaparecidas a raíz de *insert name of incident*. Los miembros de las familias pueden acceder a esta información en *insert url* o por teléfono al *insert telephone number*

**Facebook/NextDoor:** [Include graphic]

EL CENTRO VIRTUAL DE ASISTENCIA FAMILIAR SE ABRE *Insert agency* anuncia el establecimiento de un Centro Virtual de Asistencia Familiar en línea en *insert url* para asistir a los familiares y amigos de las víctimas o personas desaparecidas durante el *insert incident* quienes no pueden viajar a la zona afectada. El número de teléfono para referencias de servicios es *insert telephone number*. El horario de atención es de *insert hours of operation*, diariamente.

## **Message 4: Family Assistance Center's Transition to Long-Term Care**

---

*The following message will be completed and sent out through the media and on social media to announce the closing of the Family Assistance Center, and transition to long-term care:*

[Headline Field] **FAMILY ASSISTANCE CENTER TRANSITIONS TO LONG-TERM CARE following *insert incident***

This is an important emergency message from the *insert jurisdiction*.

The *insert jurisdiction* has announced that support for family members and survivors of the *insert name of the incident* will transition to long-term care beginning on *insert day and date*.

The Family Assistance Center at *insert address* will close on *insert date*. Information on available support services is provided at *insert hyperlink*. Referrals to support services remain available by calling *insert telephone number*. Hours of operation are from *insert hours of operation*, daily.

**SMS TEXT:** FAMILY ASSISTANCE CENTER closes on *insert date* as services transition to long-term care. For more details... *insert url*.

**TWITTER:** [Include graphic]

FAMILY ASSISTANCE CENTER established in the aftermath of *insert name of incident* will close on *insert date*. For more details... *insert url*.

**FACEBOOK/NextDoor:**

[Include graphic] FAMILY ASSISTANCE CENTER TRANSITIONS TO LONG-TERM CARE.

The *insert agency* has announced that support for family members and survivors of the *insert name of the incident* will transition to long-term care beginning on *insert day and date*. The Family Assistance Center, located at *insert address* will close on *insert date*.

Information on available support services is provided at *insert hyperlink*. If you need additional information or assistance, call *insert telephone number* from *insert hours of operation*, daily.

## Message 4a: FAC's Transition to Long-Term Care (Spanish)

---

The following message will be completed and sent out through the Hispanic-based media and on social media to announce the closing of the Family Assistance Center, and transition to long-term care:

[Headline Field] **EL CENTRO DE ASISTENCIA FAMILIAR SE TRANSFIERE A SERVICIOS DE CUIDADO A LARGO PLAZO** después del *insert incident*

Este es un mensaje de emergencia importante del *insert jurisdiction*.

El *insert jurisdiction* ha anunciado que el apoyo a los familiares y víctimas del *insert name of the incident* serán transferidos a atención a largo plazo a partir de *insert day and date*.

El Centro de Asistencia Familiar en *insert address* se cerrará el *insert date*. La información sobre los servicios de apoyo disponibles está en *insert hyperlink*. Referencias para servicios de apoyo están aún disponibles llamando al *insert telephone number*. Las horas de operación son de *insert hours of operation*, diariamente.

**SMS TEXT:** EL CENTRO DE ASISTENCIA FAMILIAR Se cerrará el *insert date* ya que ahora se ofrecerán servicios de cuidado a largo plazo. Para más detalles acuda a *insert url*.

**TWITTER:** [Include graphic]

EL CENTRO DE ASISTENCIA FAMILIAR establecido a raíz de *insert name of incident* se cerrará a partir del *insert date*. Para más detalles acuda a *insert url*.

**Facebook/NextDoor:**

[Include graphic] EL CENTRO DE ASISTENCIA FAMILIAR SE TRANSFIERE A SERVICIOS DE CUIDADO A LARGO PLAZO.

La *insert agency* ha anunciado que el apoyo a los familiares y las víctimas de *insert name of the incident* harán la transición a servicios de atención a largo plazo a partir de *insert day and date*. El Centro de Asistencia Familiar en *insert address* se cerrará el *insert date*.

Información sobre los servicios de apoyo disponibles se proporciona en *insert hyperlink*. Si necesita información adicional o asistencia, llame al *insert telephone number* durante las siguientes horas *insert hours of operation*, diariamente.

## **ANNEX I: Documents, Forms, and Handouts**

---

The following documents are provided without Tab headings to allow for direct reproduction and dissemination to Family Assistance Center Patrons

- **Family Registration Form (Tab 14)**
- **Managing and Preventing Stress (Tab 15)**
- **Coping With Sleep Difficulties (Tab 16)**

Additionally, it is recommended that information handouts on the following topics be created and reproduced for dissemination to patrons at the Family Assistance Center:

- **Sample FAC Daily Schedule (Tab 17)**
- **Behavioral Health Services (Local document – not included)**
- **Listing of area restaurants (Local document – not included)**
- **Listing of hotels, motels and other available lodging options in the area (Local document – not included)**
- **Maps of local area (Local document – not included)**

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# FAC Family Member Registration Form

Date \_\_\_\_\_

**Family Member Name**

	Last Name	First Name	Middle Initial
<b>Victim 1</b>	_____	_____	_____
<b>Victim 2</b>	_____	_____	_____
<b>Victim 3</b>	_____	_____	_____
<b>Victim 4</b>	_____	_____	_____

Family Member's Relationship to Victims:

**Victim 1** \_\_\_\_\_

**Victim 3** \_\_\_\_\_

**Victim 2** \_\_\_\_\_

**Victim 4** \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Temporary Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ Type:  Cell  Home  Work

Alternate Phone Number \_\_\_\_\_ Type:  Cell  Home  Work

Social Security Number \_\_\_\_\_

Identification Verified By \_\_\_\_\_

Temporary Phone Number \_\_\_\_\_ Type:  Cell  Home  Work

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## **SURVIVING A TRAUMATIC EVENT:**

### ***What to Expect in Your Personal, Family, Work and Financial Life***

#### **◆ THINGS TO REMEMBER WHEN TRYING TO UNDERSTAND DISASTER INCIDENTS**

- No one who sees a disaster is untouched by it
- It is normal to feel anxious about you and your family's safety
- Profound sadness, grief, and anger are normal reactions to an abnormal event
- Acknowledging our feelings helps us recover
- Focusing on our strengths and abilities will help you to heal
- Accepting help from community programs and resources is healthy
- We each have different needs and different ways of coping
- It is common to want to strike back at people who have caused great pain. However, nothing good is accomplished by hateful language or actions

#### **◆ SIGNS THAT ADULTS NEED STRESS MANAGEMENT ASSISTANCE**

- Difficulty communicating thoughts
- Difficulty sleeping
- Difficulty maintaining balance
- Easily frustrated
- Increased use of drugs/alcohol
- Limited attention span
- Poor Work Performance
- Tunnel vision/muffled hearing
- Colds or flu-like symptoms
- Disorientation or confusion
- Difficulty concentrating
- Reluctance to leave home
- Depression, sadness
- Feelings of hopelessness
- Mood-swings
- Crying easily
- Overwhelming guilt and self-doubt
- Fear of crowds, strangers, or being alone

#### **◆ WAYS TO HELP MANAGE THE STRESS**

- Talk with someone about your feelings whether you feel anger, sorrow, or any other emotions – even though it may be difficult to discuss
- Don't hold yourself responsible for the disastrous event or be frustrated because you feel that you cannot help directly in the rescue work
- Take steps to promote your own physical and emotional healing by staying active in your daily life patterns or by adjusting them. This healthy outlook will help yourself and your family. (i.e., healthy eating, rest, exercise, relaxation, meditation)
- Maintain a normal household and daily routine, but limit any demanding responsibilities of you and your family
- Spend time with your family and friends.
- Participate in memorials, rituals, and the use of symbols as a way to express feelings.
- Establish a family emergency plan. This can help you feel that there is something you can do which can be very comforting.

*When to seek help: If self-help strategies are not helping or you find you are using drugs and/or alcohol to cope, you may wish to seek outside or professional assistance with your stress symptoms.*

*DSHS Mass Fatality Management Planning Toolkit: January 2015*

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## COPING WITH SLEEP DIFFICULTIES

Sleep difficulties are a frequent consequence of stress. Here are some recommendations for developing good sleep hygiene to reduce the likelihood of long-term sleep problems.

- Avoid stimulants. Try not to drink beverages or eat food (such as chocolate) or take medications containing caffeine 6-8 hours before going to bed.
- Avoid stimulating activity too close to bed time. Exercise can be very beneficial in managing stress. However it is best done 4-6 hours prior to bed. Avoid working out just prior to bedtime as exercise stimulates your body and can affect your sleep.
- Alcohol may help you fall asleep; however, alcohol interferes with REM sleep and may prevent you from sleeping through the night and getting restful and beneficial sleep. Do not depend on alcohol to help you get a good night's sleep.
- Sleeping pills are only a temporary treatment for sleep difficulties. You may feel worse the next day.
- Avoid heavy meals right before bed and decrease fluid intake in the evenings.
- Control your sleep cycle. Regardless of what time you go to bed, wake up at the same time each day, including weekends. **DO NOT TAKE NAPS DURING THE DAY.**
- Do not get into bed until you feel relaxed and sleepy.
- If you don't fall asleep in 20-30 minutes, get out of bed, leave the bedroom, and find a non-stimulating activity or task until you feel sleepy again.
- If you find you are unable to sleep due to reviewing stressful events in your mind or worrying about things that you need to do, get out of bed and try writing down what is going on in your head. Make a list of things to do; list the things you have already accomplished, etc. When you are finished, go back to bed if you have become sleepy. If not, find a relaxing activity until you do feel sleepy.
- Keep your bedroom dark, quiet, and at a comfortable temperature. Use the bedroom only for sleeping. Don't fall asleep in other parts of the house. If tired, go to bed.
- If you fall asleep but then wake up, do not turn on a bright light. If you are unable to go back to sleep after 20-30 minutes, get up and find some relaxing or non-stimulating activity until you are sleep again.

Do not worry if you have a few restless or sleepless nights after a stressful experience. This is normal. If you follow good sleep hygiene, your sleep difficulties will be less severe and will pass.

*Adapted from Jeff Feldman, Ph.D., Wake Forest University Medical Center*

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## Tab 17: FAC Daily Schedule (Sample)

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### Family Assistance Center **SAMPLE** DAILY SCHEDULE

6:00 am	Incident Command Briefing	(off-site)
7:00 am	All Staff Briefing/Shift Change	Briefing Room
8:00 am	Family Assistance Center Opens	
9:00 am	Coordination Calls with Hospitals	
10:00 am	Family Briefing	Briefing Room
11:30 am	Lunch Served	
3:00 pm	Coordination Calls with Hospitals	
5:00 pm	Dinner Served	
6:00 pm	Incident Command Briefing	(off-site)
10:00 pm	Family Assistance Center Closes	

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# ANNEX J: Missing Person Call Center

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*The following call center script and Intake Form will be used by call center operators:*

Note: Family Assistance Center planners may request a team of American Red Cross Virtual Reunification Subject Matter Experts, led by a Virtual Reunification Call Center Coordinator to provide expert call services.

## Call Center Script

**Answer the call.**

**Follow this script:**

***(Name of incident) Call Center. This is (your name). How may I help you?***

If the call is about:

### **1. MISSING PERSONS**

a. Follow this script.

***Thank you very much for calling. May I please get some information?***

b. Fill out the Call Center Intake Form as completely as possible.

c. End the call by saying:

***I appreciate your call. You do not need to call 9-1-1. This information will be given to the group dealing with missing persons. Someone will be back in touch with you as soon as possible.***

### **2. REQUESTING INFORMATION ABOUT A MISSING PERSON**

a. Follow this script.

***Our call center only gathers information. Law enforcement and Search and Rescue Teams have direct access to it and are actively using this information to locate missing persons. We appreciate your concern, but cannot give out information to anyone.***

b. Refer caller to the Red Cross Safe and Well website – [www.safeandwell.org](http://www.safeandwell.org)

### **3. A REPORTED MISSING PERSON WHO HAS BEEN FOUND**

a. Take down information on the “Call Center Intake Form” and write FOUND in the “Reason for the Call” section of the intake form.

b. Ask caller to also go to the Red Cross web site [www.safeandwell.org](http://www.safeandwell.org), click “List myself as safe and well” tab

- c. Immediately send this information to the FAC Family Management Unit Leader

#### **4. SELF-SAFE**

- a. If a person calls to report that they are individually okay, take down the information on the “Call Center Intake Form” and write SELF-SAFE on the “Reason for the Call” section of the intake form.
- b. Immediately send this information to the FAC Family Management Unit Leader

#### **5. VOLUNTEERING TO HELP**

- a. Thank the caller for their desire to help.
- b. Refer caller to the local volunteer web site or phone number

#### **6. MAKING A DONATION**

- a. Do not solicit donations.
- b. If donations are offered, thank the caller for their generosity.
- c. Refer caller to the local donation web site or phone number

#### **7. OTHER INCIDENT RELATED QUERIES**

- a. Thank the caller for their inquiry.
- b. Refer caller to the Regional Joint Information Center website URL

#### **Remember:**

1. All information is strictly confidential – you may not release any information on an individual’s status. Another entity will contact the missing person’s next of kin.
2. Be patient. Some people may be very frustrated – just remember that they are concerned and are trying to find their loved ones.
3. Be compassionate. When taking the information, do not give the feel of a credit card phone application.
4. Do not make any promises or guarantees. Avoid phrases like “someone will find them,” or “I’m sure everything will be OK.” Use words like “hopefully, possibly, maybe, sometime soon.”
5. Do not promise a time when someone will return the call.
6. If the caller is in extreme distress – or if they make any threats, get as much contact information as possible and immediately notify the FAC Family Management Unit Leader.
7. Take your time with the caller, but do not linger any more than necessary. Each phone line is very much needed.

*Adapted from the Texas DSHS Mass Fatality Management Planning Toolkit: January 2015*

## Tab 22: Call Center Intake Form

<b>Intake Information</b>
Call Taken By _____ Date of Call _____ Time of Call _____
Reason for Call: <input type="checkbox"/> Report Missing Person <input type="checkbox"/> Report Found Person
<input type="checkbox"/> Other: _____

<b>Caller Information</b>
Name _____
Phone Number(s) _____
Address _____
City _____ State _____ Zip _____

<b>Missing Person Information</b>
Person Calling About _____
Relationship to that Person _____
Are they the Primary Next of Kin? <input type="checkbox"/> Yes <input type="checkbox"/> No
If No, who is the next of Kin? _____
<i>Where the Person Lives</i>
Address _____
City _____ State _____ Zip _____
Phone Number(s) _____
<i>Where the Person Works</i>
Address _____
City _____ State _____ Zip _____
Phone Number(s) _____
Social Security Number _____
Why does the caller believe the Person was in/around the incident location? _____
_____
<b>Missing person category</b> <input type="checkbox"/> Known Missing <input type="checkbox"/> Possible Missing <input type="checkbox"/> Not Known

<b>Follow-up with the Caller</b>
Best time to reach them _____ Phone number(s) _____
Address for the next 24 hours _____
City _____ State _____ Zip _____ Email _____

Follow-up needed?/FAC staff assigned \_\_\_\_\_

*Adapted from the Texas DSHS Family Assistance Center Toolkit: September 2016*

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## ANNEX K: Virtual Family Assistance Center

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1. **Purpose.** To provide outline procedures, roles and responsibilities to establish and operate a Virtual Family Assistance Center, a component of the Family Assistance Center.

The Virtual Family Assistance Center typically consists of a call center with an on-line information page to connect non-travelling family members with Family Assistance Center personnel.

2. **General.** It should be anticipated that not all family members and friends will be able to travel to the Family Assistance Center or region of the incident. Additionally, there may be circumstances (i.e., pandemic influenza or other communicable diseases) in which social distancing is appropriate, the jurisdiction would prefer that information be gathered via telephone/web site/social media than require family member(s)' physical presence.

The Virtual Family Assistance Center will primarily consist of a web page (url) with information on support services available and a telephone number for questions and referral services.

The Virtual Family Assistance Center's telephone line/call center may be hosted by the region's 211 (if available) or other another pre-determined agency/organization (*host entity*).

3. **Process.**

- a. **Sponsoring Call Center**

- (1) *Host entity* is alerted that its personnel will be tasked to serve as call center operators for Virtual Family Assistance Center
- (2) Operators are selected to answer telephones based on their training and supervisors' assessments of their compassion and patience
- (3) Remaining operators may be utilized in monitoring, updating and referring patrons through the Virtual Family Assistance Center web page
- (4) Operators are each provided tabbed notebooks with information papers and talking points to dispense information to patrons
- (5) Operators are briefed on roles, responsibilities, and protocols related to this mission

- (6) Shift schedule is established
- (7) Communications checks via telephone are made with law enforcement, medical examiner's office and the Family Assistance Center
- (8) Shift supervisor confirms operators are ready
- (9) PIO makes public announcement that the Virtual Family Assistance Center has been established and provides telephone number to call  
([Annex H, Message 3](#))

**b. Patron Calls**

(1) General.

- (a) A family member/patron calls in to the Virtual Family Assistance Center telephone line.
- (b) The VFAC operator listens to the family member/patron and records the call.
- (c) Depending upon the nature of the call, the VFAC operator determines if s/he can answer the question posed, or:
  - Refers the patron to the appropriate unit within the FAC; or
  - Writes down the name of the caller, their telephone number and question. The VFAC operator tells the caller s/he will receive a call-back within 24 hours. The call is then referred to the appropriate agency/person for timely response.

(2) Missing Person(s).

- (a) The patron contacts the call center to report missing person(s)
- (b) The VFAC operator records the information (Interview Sheet at [Tab 28](#))
- (c) The VFAC operator forwards the missing person information to law enforcement
- (d) Law enforcement will call the patron to complete a missing person's report
- (e) If the patron confirms that the missing person is either a Level 1 – “known missing,” or Level 2 – “likely missing,” the patron is referred to the FAC
- (f) Family Interview is conducted virtually between a FAC interviewer and the caller/family member

(3) Known Dead.

- (a) The patron calls VFAC Call Center to report a home death
- (b) The VFAC operator notifies the appropriate Medicolegal authority

- (c) The Medical Examiner (or designee) calls the patron to schedule pickup or to give instructions as to what to do with the deceased.
- c. **Requests for Information.** Should the patron request information, the VFAC operator may provide known general information, or will refer the patron to the appropriate unit at the Family Assistance Center.
- (1) General Information
- (a) Public Health Concerns: Safety issues, food, water, medications, etc.
  - (b) Financial Assistance: resources and application/referral process
  - (c) Social Security: access to death and disability benefits
  - (d) Legal Assistance: insurance benefits and death-related concerns
  - (e) Other patron services
- (2) Individual Specific Information and Support
- (a) Death certificate information
  - (b) Burial sites
  - (c) Information regarding keeping the decedent in the home if the body cannot be immediately moved
  - (d) Stress and grief coping mechanisms
  - (e) Spiritual and behavioral health support
- d. **VFAC Web Page.** To complement the information provided to patrons outside the region, the *jurisdiction* will create and activate a VFAC Web Page that incorporates the following information:
- Telephone number to VFAC
  - Link to incident web page
  - Access to form to capture and submit antemortem data
  - Link to the American Red Cross [www.safeandwell.org](http://www.safeandwell.org) web site
  - Links to the National Missing & Exploited Children ([www.missingkids.com/ourwork/ncmecdata](http://www.missingkids.com/ourwork/ncmecdata))
  - Links to nation-wide mental health support
  - Links to victim assistance services (i.e., FBI Victim Services Division, American Red Cross, various state law enforcement victim services)
  - Status to include statistics on the incident

- Names (and memorial photos?) of known victims (only posted following confirmation of notification of family members)
- Information on commonly addressed topics as listed in paragraph c., (Requests for Information), found above.

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## ANNEX L: Security and Care of Unaccompanied Children

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**General.** The *child safety agency* is designated to ensure the safety, security, and accountability of unaccompanied children in the event the Family Assistance Center is activated. This is an extremely sensitive and compelling mission to provide for the safety and welfare of children until they are reunited with appropriately identified family/guardians. The personnel or entity assigned this task should not be assigned duties outside that realm.

The *child safety agency* will:

1. **Take Immediate Action to Keep Children Safe.** Gather children in a safe/secure area and do a headcount. If children must be moved to a secondary location for reunification, contact key holder to arrange for access to that facility.
2. **Security/Evacuation.** Immediately gather unaccompanied children in a safe, secure restricted space with restroom access. Conduct a head count and establish a roster of children in attendance (**Tab 23**) Compare with any rosters of children expected to be in attendance.

Establish security and move the children to a Safe Area within the Family Assistance Center or to another pre-identified location. Establish an Unaccompanied Minors Safe Area with staff to provide child care and resources.

3. **Determine Current and Future Staffing Needs.**
  - a. Due to the sensitivity of family reunification operations, it is recommended that all personnel entrusted with the security and care of children come from a combination of trusted sources:
    - (1) *Existing Paid Staff Members* – These are paid staff members from the *child safety agency* who are known, have undergone background checks, and have otherwise been vetted in accordance with standard operating procedures. They will be issued a badge authorizing entry to the FAC and Children’s Safe Area.
    - (2) *Pre-credentialed Volunteer Staff.* These are persons with a known history with the *child safety agency*, and who have undergone background checks. They will be issued a badge authorizing entry to the FAC and Children’s Safe Area
    - (3) *Staff from “Trusted Sources.”* These are vetted and credentialed personnel from such organizations as the Red Cross and Medical Reserve Corps volunteers, State Health and Human Services, social workers from *insert local mental health authority and the State Department of Child and Family Services*) and be vetted and credentialed by these organizations in

advance. Each person will be issued a badge authorizing entry to the FAC and the Children's Safe Area since healthcare staff may not know them

- b. Determine personnel staffing needs based on the number of children that need to be reunified, the nature of the incident and the Family Assistance Center's proximity to the incident.
  - c. Notify community partners for necessary assistance (social workers, nurses, mental health advisors, etc.) to meet staffing needs.
  - d. **Conduct Staff Registration.** Register and check the credentials of personnel entrusted with the security and care staff who will monitor and care for children and unaccompanied minors. Issue badges and if available, identifying clothing to identify those cleared to interact with unaccompanied minors.
  - e. **Organize Family Reunification Teams.** Assemble teams based on needed skill sets and establish shifts to ensure the ability to provide security and care for the children over an extended period of time.
4. **Public Information.** As soon as possible, issue initial media messages to assure the public that the children's safety is the *child safety agency's* primary concern. If known, outline protocols for parents/guardians to be reunited with their children. Coordinate all messages with the Public Information Officer assigned to the FAC and the Joint Information System.
  5. **Parent/Guardian Notifications.** Begin orderly parent/guardian notifications should begin as soon as possible. Children with cell phones should be given explicit instructions on what to say or text to their parents/guardians. For example:

***"I am OK. Please wait for further instructions on how and where to pick me up. Do not call me back as we have to keep the phone lines open."***
  6. **Family Assistance Center Children's Safe Area.** Help set up the following key areas to the Family Assistance Center to care for the children until reunification with their parents and/or guardians.
    - a. Unaccompanied Children's Safe Area (with restroom access)
    - b. Counseling Area (with restroom access separate from the children); and
    - c. Accessible Medical/First Aid Area with resources for children and parents/guardians with special or medical needs, ideally near a door with outside access.
  7. **Procure Supplies.** Quickly inventory and secure available supplies for the children in appropriate locations. Review procurement strategies for obtaining additional needed supplies and equipment. Proactively order supplies needed for the next 72 hours.
  8. **Set Up Signage and Traffic Controls.** Do this both inside and outside the Family Assistance Center to maintain physical separation between the public and unaccompanied minors.

*Adapted from the Western Region Homeland Security Advisory Council, "Family Reunification Plan Template," August 2017*

## Tab 23: Child Accountability Roster

Personnel assigned responsibilities to ensure the safety and security of unaccompanied children in the Family Assistance Center will account for all children using the roster below:

Family Reunification Center <b>CHILD ACCOUNTABILITY ROSTER</b>					
Child's Name	Room No.	DOB	Parent/Guardian's Name	ID Provided	Child Released
<b>Family Reunification Staff Member</b>				<b>Date:</b>	

From the Western Region Homeland Security Advisory Council, "Family Reunification Plan Template," August 2017

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## **ANNEX M: Victim Identification**

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The following forms are provided for use in collecting information to assist in victim identification:

**Tab 24:** DNA Reference Collection Form

**Tab 25:** Dental Records Request Form

**Tab 26:** Victim Information Profile

**Tab 27:** DMORT Victim Information Profile

Also provided are talking points to explain the Victim Identification Process in anticipation of queries regarding the time involved and actions necessary to complete and confirm victim identification.

**Tab 28:** Talking Points

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## Tab 24: DNA Reference Collection Form

<b>Family and/or Donor Reference Collection Form</b>				
(Each donor needs to fill in a separate form and submit a separate sample for each missing person.)				
Missing Individual Information				
Last Name	Suffix (Jr., Sr.)	First Name	Middle Name	Sex (circle)  M    F
The missing person has been known by the following additional names (include maiden name)		Date of Birth Year _ _ _ _ Month _ _ Day _ _		Social Security Number or citizenship (if not a U.S. citizen)
Donor Information				
Last Name	Suffix (Jr., Sr.)	First Name	Middle Name	
Telephone numbers (in order of preference)				
1st: (    )		2nd: (    )		3rd: (    )
Home Street Address				
City	State	ZIP	Country	
Date of Birth Year _ _ _ _ Month _ _ Day _ _		Sex (circle) M    F	E-mail address (please print)	
I am providing a family reference sample, as I am the missing individual's _____ <span style="display: block; text-align: right; font-size: small;">(e.g., mother, father, sister, son)</span>				
Please circle your relationship to the missing individual:				
Other: (please specify) _____ (e.g., grandchild, friend, roommate)				

Adapted from the Texas DSHS Family Assistance Center Toolkit: September 2016

Name of Missing Individual: \_\_\_\_\_  
(Last, First, Middle, Suffix)

**Please note:**

- *If there is a possibility that there may be someone else's DNA on a personal item, it is helpful to submit a biological sample from the person(s) who might have also used the item (reference sample). Please refer to the Sample Family and/or Donor Reference Collection Form.*
- *Items submitted should be directly attributable to the missing individual.*
  - *Biological samples suitable for testing include:*
    - *Bloodstain cards (e.g., newborn screening cards (Guthrie cards) or cards obtained from other repositories).*
    - *Oral swabs (e.g., from home DNA identification kits).*
    - *Blood stored for elective surgery.*
    - *Pathology samples (e.g., biopsy samples, PAP smears).*
    - *Extracted teeth (baby/wisdom).*
    - *Hair samples.*
  - *Personal items that might contain the missing individual's DNA include:*
    - *Used toothbrushes.*
    - *Used shavers/razors.*
    - *Unwashed undergarments and other suitable clothing items.*
    - *Used personal hygiene items (e.g., feminine sanitary napkins).*
    - *Other personality handled or used items (consult the testing laboratory for specific criteria).*

I, \_\_\_\_\_ hereby grant permission to  
(Please print or type name of submitter)

extract and type DNA from the items listed on page 1 for the purpose of assisting in the identification of a missing person. I understand that in the testing process the item may become damaged or destroyed and may not be returned.

\_\_\_\_\_  
(Signature of submitter)

\_\_\_\_\_  
(Date)

The items were received on \_\_\_\_\_ at \_\_\_\_\_  
(Date) (Collection location)

\_\_\_\_\_  
(Collection address)

Sample(s) received by \_\_\_\_\_  
(For testing agency use only)

## Tab 25: Dental Records Request Form

Dear Doctor \_\_\_\_\_:

As you may be aware, your patient, \_\_\_\_\_, was a possible victim of the \_\_\_\_\_ disaster that occurred \_\_\_\_\_.

As I am team leader of the \_\_\_\_\_ Dental Association Forensic Dental Identification team, I am requesting all dental records you may have available for this individual. Any charts, radiographs, photographs and/or diagnostic models you could provide would be helpful. If possible, original records should be sent.

We will be happy to return the records to you after the identification process is complete.

Sincerely,

\_\_\_\_\_

Team Leader

.....

Please return this form with the records you supply:

I am supplying the following records: \_\_\_\_\_

\_\_\_\_\_

These records are \_\_\_ Originals \_\_\_ Copies  
(Please clarify any unusual abbreviations, numbering systems, etc.)

Patient's Name: \_\_\_\_\_

Treating Dentist's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_

I would like these records returned to me: \_\_\_ Yes \_\_\_ No

Thank you.

## Antemortem Dental Record

ID #: \_\_\_\_\_

Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

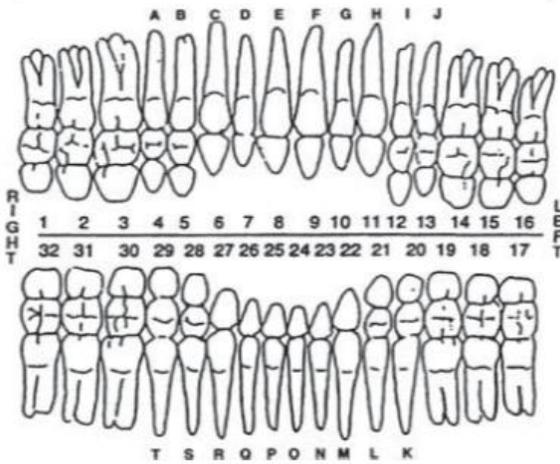
Date: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Age/DOB: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye: \_\_\_\_\_ Hair: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Team Member: \_\_\_\_\_

Confirm by: \_\_\_\_\_

Type, Date and Number of XRays \_\_\_\_\_



Codes	
Primary Codes	Secondary Codes
M - Mesial	A - Annotation
O - Occlusal	B - Deciduous
D - Distal	C - Crown
F - Facial	E - Resin
L - Lingual	G - Gold
I - Incisal	H - Porcelain
U - Unerupted	N - Non-Precious
V - Virgin	P - Pontic
X - Missing	R - Root Canal
J - Missing Cr	S - Silver Amalgam
/ - No Data	T - Denture Tooth
	Z - Temporary

A: \_\_\_\_\_  
 B: \_\_\_\_\_  
 C: \_\_\_\_\_

IDAs: \_\_\_\_\_

				Description	Code
1	18				
2	17				
3	16				
4	15	A	55		
5	14	B	54		
6	13	C	53		
7	12	D	52		
8	11	E	51		
9	21	F	61		
10	22	G	62		
11	23	H	63		
12	24	I	64		
13	25	J	65		
14	26				
15	27				
16	28				
17	38				
18	37				
19	36				
20	35	K	75		
21	34	L	74		
22	33	M	73		
23	32	N	72		
24	31	O	71		
25	41	P	81		
26	42	Q	82		
27	43	R	83		
28	44	S	84		
29	45	T	85		
30	46				
31	47				
32	48				

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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*Taken from the Texas DSHS Family Assistance Center Toolkit: September 2016*

## Tab 26: Victim Information Profile (VIP)

VIP Personal Information				Incident _____	
Page 1 of 8				Incident Date _____	
RM # _____					
Last _____ / Suffix _____ / First _____ / Middle _____		Sex _____		If Female/Maiden Name _____ Age _____	
DOB MM/DD/YYYY _____		Race _____		SSN # /ID # _____	
Address _____		Apt # _____		City _____ State _____ Zip _____	
County _____		Country _____		Inside City Limits _____ Religious Preference _____	
Education: level completed: Elem/Second(0-12): _____ College _____ Degree Earned: _____					
Alias 1 Last _____ First _____ Middle _____		Alias 2 Last _____ First _____ Middle _____			
Phone (H) _____		Phone (W) _____		Phone (Cell) _____	
Status <input type="radio"/> Is Married <input type="radio"/> Never Married <input type="radio"/> Widowed <input type="radio"/> Divorced <input type="radio"/> Separated <input type="radio"/> Civil Union <input type="radio"/> Unkn Wedding Date _____					
Spouse Last _____ Suffix _____ Maiden/birth Name _____ First _____ Middle _____		<input type="radio"/> Living <input type="radio"/> Deceased <input type="radio"/> Unknown			
Father Last _____ Suffix _____ First _____ Middle _____		<input type="radio"/> Living <input type="radio"/> Deceased <input type="radio"/> Unknown			
Mother Last _____ Maiden/Birth Name _____ First _____ Middle _____		<input type="radio"/> Living <input type="radio"/> Deceased <input type="radio"/> Unknown			
Informant	Last _____ / Suffix _____ / First _____ / Middle _____		Relationship <input type="radio"/> Spouse <input type="radio"/> Uncle		
	Address _____		<input type="radio"/> Father <input type="radio"/> Aunt		
	City _____ State _____ Zip _____		<input type="radio"/> Mother <input type="radio"/> Cousin		
	Home Phone _____ Work Phone _____ Cell Phone _____		<input type="radio"/> Brother <input type="radio"/> Employer		
E-mail _____		<input type="radio"/> Sister <input type="radio"/> Friend			
Type of Initial Contact _____		<input type="radio"/> Son <input type="radio"/> Other			
Initial Contact Date _____		<input type="radio"/> Dir			
Legal Next of Kin	OK to Contact Legal Next of Kin? <input type="radio"/> Yes <input type="radio"/> No				
	Last _____ Suffix _____ First _____ Middle _____		Relationship: <input type="radio"/> Spouse <input type="radio"/> Uncle		
	Address _____		<input type="radio"/> Father <input type="radio"/> Aunt		
	City _____ State _____ Zip _____		<input type="radio"/> Mother <input type="radio"/> Cousin		
Home _____ Work _____		<input type="radio"/> Brother <input type="radio"/> Employer			
E-mail _____		<input type="radio"/> Sister <input type="radio"/> Friend			
On Site/Cell Phone _____		<input type="radio"/> Son <input type="radio"/> Other			
Other: _____		<input type="radio"/> Dir			
Contacts	1 Permanent Contact: <input type="checkbox"/> / Additional Contact? <input type="checkbox"/>				
	Last _____ / Suffix _____ / First _____ / Middle _____		Relationship <input type="radio"/> Spouse <input type="radio"/> Uncle		
	Address _____		<input type="radio"/> Father <input type="radio"/> Aunt		
	City _____ State _____ Zip _____		<input type="radio"/> Mother <input type="radio"/> Cousin		
Home Phone _____ Work Phone _____ Cell Phone _____		<input type="radio"/> Brother <input type="radio"/> Employer			
E-mail _____		<input type="radio"/> Sister <input type="radio"/> Friend			
Type of Initial Contact _____		<input type="radio"/> Son <input type="radio"/> Other			
Initial Contact Date _____		<input type="radio"/> Dir			
Other: _____					

VIP Physical Description						Incident _____
Page 2 of 8						Incident Date _____
RM # _____ / _____						
Last	/	Suffix	/	First	/	Middle
Age	DOB	Sex	Race			
Height Inches: _____ / Height cm _____ Approx. Weight (Pounds): _____ / Weight Kilos _____						
<b>H a i r</b>	Hair Color		<input type="checkbox"/> Auburn <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Salt & Pepper <input type="checkbox"/> Other <input type="checkbox"/> Blonde <input type="checkbox"/> Black <input type="checkbox"/> Red <input type="checkbox"/> White			
	Hair Length		<input type="checkbox"/> Bald <input type="checkbox"/> Short < 3" <input type="checkbox"/> Male Pattern Baldness: Description <input type="checkbox"/> Shaved <input type="checkbox"/> Medium <input type="checkbox"/> Long			
	Hair Accessory		<input type="checkbox"/> Extensions <input type="checkbox"/> Hair Piece <input type="checkbox"/> Hair Transplant <input type="checkbox"/> Wig <input type="checkbox"/> N/A			
	Hair Description		<input type="radio"/> Curly <input type="radio"/> Wavy <input type="radio"/> Straight <input type="radio"/> N/A <input type="radio"/> Other: _____			
	Facial Hair Type		<input type="radio"/> Clean Shaven <input type="radio"/> Beard & Mustache <input type="radio"/> Goatee <input type="radio"/> Sideburns <input type="radio"/> N/A <input type="radio"/> Mustache <input type="radio"/> Beard <input type="radio"/> Stubble <input type="radio"/> Lower Lip			
<b>F a c i a l</b>	Facial Hair Color		<input type="radio"/> Blonde <input type="radio"/> Black <input type="radio"/> Red <input type="radio"/> White <input type="radio"/> NA <input type="radio"/> Brown <input type="radio"/> Gray <input type="radio"/> Salt & Pepper			
			Facial Hair Notes: _____			
<b>E y e</b>	Eye Color		<input type="checkbox"/> Blue <input type="checkbox"/> Brown <input type="checkbox"/> Green <input type="checkbox"/> Hazel <input type="checkbox"/> Gray <input type="checkbox"/> Black <input checked="" type="checkbox"/> Other: _____			
	Optical Color/Description of Glasses lense:		_____			
	Optical Lens		<input type="checkbox"/> Contacts <input type="checkbox"/> Glasses <input type="checkbox"/> Implants <input type="checkbox"/> None   Desc. _____			
	Eye Status		<input type="checkbox"/> Both Intact <input type="checkbox"/> Missing R <input type="checkbox"/> Missing L <input type="checkbox"/> Glass R <input type="checkbox"/> Glass L <input type="checkbox"/> Cataract			
<b>N a i l</b>	Fingernail Type		<input type="radio"/> Natural <input type="radio"/> Artificial <input type="radio"/> Unknown   Length: <input type="radio"/> Extremely Long <input type="radio"/> Long <input type="radio"/> Medium <input type="radio"/> Short			
	Fingernail Color		_____ Description _____			
	Toenail Color		_____ Toenail description _____			
Body Piercing(s)? <input type="radio"/> Yes <input type="radio"/> No   Photos? <input type="radio"/> Yes <input type="radio"/> No   Photo Location _____						
#	Location	Side	Quantity	Description (include evidence of old piercings)	Photo	
1	_____	_____	_____	_____	_____	
2	_____	_____	_____	_____	_____	
3	_____	_____	_____	_____	_____	
4	_____	_____	_____	_____	_____	
5	_____	_____	_____	_____	_____	
Tattoo(s) <input type="radio"/> Yes <input type="radio"/> No   Photos? <input type="radio"/> Yes <input type="radio"/> No   Photo Location _____						
#	Location	Side	Tattoo Description			
1	_____	_____	_____			
2	_____	_____	_____			
3	_____	_____	_____			
4	_____	_____	_____			
5	_____	_____	_____			

*Taken from the Texas DSHS Family Assistance Center Toolkit: September 2016*





VIP Jewelry

Page 5 of 8

Incident \_\_\_\_\_  
Incident Date \_\_\_\_\_

RM # \_\_\_\_\_

Last	/	Suffix	/	First	/	Middle	Age	DOB	Sex	Race
------	---	--------	---	-------	---	--------	-----	-----	-----	------

**WATCH:**

#	Type/ Make	Band Material Watch Face Color	Description	Photo Available <input type="radio"/> Yes <input type="radio"/> No	Inscription
1					

**JEWELRY:**

1	Jewelry/Type Style	Material Color/ Stone Color?	Size / Where Worn/ Frequently Worn? <input type="radio"/> Yes <input type="radio"/> No	Description	Photo Available <input type="radio"/> Yes <input type="radio"/> No	Inscription
2	Jewelry/Type Style	Material Color/ Stone Color?	Size / Where Worn/ Frequently Worn? <input type="radio"/> Yes <input type="radio"/> No	Description	Photo Available <input type="radio"/> Yes <input type="radio"/> No	Inscription
3	Jewelry/Type Style	Material Color/ Stone Color?	Size / Where Worn/ Frequently Worn? <input type="radio"/> Yes <input type="radio"/> No	Description	Photo Available <input type="radio"/> Yes <input type="radio"/> No	Inscription
4	Jewelry/Type Style	Material Color/ Stone Color?	Size / Where Worn/ Frequently Worn? <input type="radio"/> Yes <input type="radio"/> No	Description	Photo Available <input type="radio"/> Yes <input type="radio"/> No	Inscription
5	Jewelry/Type Style	Material Color/ Stone Color?	Size / Where Worn/ Frequently Worn? <input type="radio"/> Yes <input type="radio"/> No	Description	Photo Available <input type="radio"/> Yes <input type="radio"/> No	Inscription
6	Jewelry/Type Style	Material Color/ Stone Color?	Size / Where Worn/ Frequently Worn? <input type="radio"/> Yes <input type="radio"/> No	Description	Photo Available <input type="radio"/> Yes <input type="radio"/> No	Inscription

Other Commonly Carried Personal Effects \_\_\_\_\_

Gather this information only in the case of a Missing Person Report

Cell Phone Number \_\_\_\_\_ Cell Phone Type: \_\_\_\_\_ Service Provider: \_\_\_\_\_

**VIP Clothing and Personal Effects** Incident \_\_\_\_\_

Page 6 of 8

Incident Date \_\_\_\_\_

RM # \_\_\_\_\_

Last \_\_\_\_\_ / Suffix \_\_\_\_\_ / First \_\_\_\_\_ / Middle \_\_\_\_\_ Age \_\_\_\_\_ | DOB \_\_\_\_\_ | Sex \_\_\_\_\_ | Race \_\_\_\_\_

CLOTHING:	Clothing Items	Color	Description	Size

Wallet: Description \_\_\_\_\_  
 Contents \_\_\_\_\_

Purse: Description \_\_\_\_\_  
 Contents \_\_\_\_\_

Pockets: Contents Left \_\_\_\_\_  
 Contents Right \_\_\_\_\_

Other Commonly Carried \_\_\_\_\_  
 Personal Effects \_\_\_\_\_

Gather this information only in the case of a Missing Person Report

Cell Phone Number \_\_\_\_\_ Cell Phone Type: \_\_\_\_\_ Service Provider: \_\_\_\_\_

*Taken from the Texas DSHS Family Assistance Center Toolkit: September 2016*

RM # \_\_\_\_\_

Last	Suffix	First	Middle	Age	DOB	Sex	Race
------	--------	-------	--------	-----	-----	-----	------

**Potential Living Biological Donors**  
All BIOLOGICAL Relatives of Missing Individual  
Such as: Mother/Father/Spouse/Sister/Brother/Children/Uncle,Aunt/Cousin

To add New Donor tab to last field of last Donor.

Last Name	First Name	Middle Name	Social Security/Last 4	DOB	Sex	Relationship
Address	City	State	Zip	Phone 1	E-Mail	

Last Name	First Name	Middle Name	Social Security/Last 4	DOB	Sex	Relationship
Address	City	State	Zip	Phone 1	E-Mail	

Last Name	First Name	Middle Name	Social Security/Last 4	DOB	Sex	Relationship
Address	City	State	Zip	Phone 1	E-Mail	

Last Name	First Name	Middle Name	Social Security/Last 4	DOB	Sex	Relationship
Address	City	State	Zip	Phone 1	E-Mail	

Last Name	First Name	Middle Name	Social Security/Last 4	DOB	Sex	Relationship
Address	City	State	Zip	Phone 1	E-Mail	

Last Name	First Name	Middle Name	Social Security/Last 4	DOB	Sex	Relationship
Address	City	State	Zip	Phone 1	E-Mail	

Last Name	First Name	Middle Name	Social Security/Last 4	DOB	Sex	Relationship
Address	City	State	Zip	Phone 1	E-Mail	

Last Name	First Name	Middle Name	Social Security/Last 4	DOB	Sex	Relationship
Address	City	State	Zip	Phone 1	E-Mail	

**Primary donor for Nuclear DNA Analysis**

An "appropriate family member" or **nuclear DNA Analysis** is someone who is biologically related to and only one generation removed from the deceased. The following are the family members who are appropriate donors to provide reference specimens, and in the order of preference (family members highlighted in bold print are the most desirable):

1. Natural (Biological) Mother and Father, AND
2. Spouse and Natural (Biological) Children, AND
3. A Natural (Biological) Mother or Father and victim's biological children, OR
4. Multiple Full Siblings of the Victim (i.e. children from the same Mother and Father).

*Taken from the Texas DSHS Family Assistance Center Toolkit: September 2016*



## Tab 27: DMORT Victim Information Profile (VIP)

The following form should be used to record information taken from interviews with family members/friends of the missing.

<b>Incident Name:</b>				<b>Prepared By (date/time/initials):</b>						
<b>Operational Period</b>		<b>Date/Time From:</b>			<b>Date/Time To:</b>					
<b>Full Name of Missing Individual:</b>										
<b>Other Names (nicknames, maiden name, aliases etc.):</b>				<b>Sex</b>		Male	Female			
<b>Age:</b>		<b>Date of Birth:</b>		<b>If exact age unknown, mark age group:</b>		Infant	Child	Teen	Adult	Elderly
<b>Personal Information</b>	<b>Ethnic Group:</b>					<b>Skin Color:</b>				
	<b>Birth City, State, Country:</b>					<b>Birth Hospital:</b>				
	<b>Religious Preferences:</b>					<b>Place of Worship:</b>				
	<b>Education Level:</b>					<b>Last School Attended:</b>				
	<b>Marital Status:</b>		Single	Engaged	Married	Widowed	Divorced	Separated	Unknown	
	<b>Occupation:</b>				<b>Employer Information (Name, Address, Phone #):</b>					
	<b>Type of Business:</b>									
	<b>Ever been fingerprinted/foot printed:</b>			Yes	No	Unknown	<i>Print location:</i>			
	<b>Military Service:</b>	Yes	No	Unknown	<i>Service #:</i>		<i>Approx. Service Dates:</i>			
		<i>Branch:</i>			<i>Country:</i>		<i>Military DNA Taken:</i>		Yes	No
	<b>Ever been arrested:</b>		Yes	No	Unknown	<i>Arrested by:</i>				
	<b>United States Citizen:</b>		Yes	No	<b>Resident Alien Card:</b>		Yes	No	<i>Number:</i>	
	<b>Immigration Status:</b>				<b>Work Visa:</b>		Yes	No	<i>Number:</i>	
	<b>List Memberships (Clubs, Fraternities, Sports, etc):</b>									
<b>Personal Items that may be with person, describe in as much detail as possible:</b>		Watch	Necklace	Earrings	Rings	Bracelets	<b>Other Jewelry:</b>			
		Keys/Key Chain		Wallet	Purse	Cellular/Smart Phone		Music Player	Camera	

	Description/Other:							
<b>Identifying Habits:</b>	Tobacco:	Chewing	Pipe	Cigarettes	Type:	Amount:		
	Recreational Drug user		Type:		Amount:	Other:		
	Description/Other:							
<b>Skin Markings, include quantity, location on the body, side of the body, along with any evidence of past skin markings (mark photos taken and provide location):</b>	Scars		Moles/Birthmarks		Piercings		Tattoos	
	Yes- location: No		Yes- location: No		Yes- location: No		Yes- location: No	

<b>Height:</b>			<b>If exact height unknown, mark estimate:</b>				Short	Average	Tall		
<b>Weight:</b>			<b>If exact weight unknown, mark estimate:</b>				Slim	Average	Overweight		
<b>Eye Color:</b>	Blue	Brown	Green	Gray	Hazel	Black	Other:		Color/Description:		
<b>Eyewear:</b>	Contacts	Glasses	Implants	None	Description:						
<b>Eye Status:</b>	Missing R	Missing L	Glass R	Glass L	Cataract	Vision Correction		Description:			
<b>Hair Color:</b>	Auburn	Brown	Gray	Salt & Pepper		Blonde	Black	Red	White	Other:	
<b>Hair Length:</b>	Bald	Shaved	Short < 3"	Medium	Long	Very Long		Male Pattern Baldness (describe):			
<b>Hair Accessories:</b>	Extensions		Hair pieces	Hair Transplant		Wig	Other (barrettes, clips, hair ties, etc.):				
<b>Hair Description:</b>	Thin	Average	Thick	<b>Texture:</b>	Curly	Wavy	Straight	N/A	Other:		
<b>Facial Hair:</b>	Clean Shaven	Stubble	Lower Lip	Goatee	Moustache		Beard	Beard & Mustache		Sideburns	N/A
<b>Facial Hair Color:</b>	Brown	Gray	Salt & Pepper		Blonde	Black	Red	White	Other:		
<b>Body Hair:</b>	<i>Describe - location, amount, color:</i>										
<b>Fingernail Type:</b>	Natural	Artificial	Unknown		<b>Fingernail Length:</b>		Extremely long	Long	Medium	Short	
<b>Fingernail Color:</b>					<b>Characteristics:</b>	Bitten	Decorated	Misshapen	Yellowed or Fungus		
<b>Toenail Color:</b>					<b>Characteristics:</b>	Bitten	Decorated	Misshapen	Yellowed or Fungus		

<b>Unique Physical Characteristics</b> (i.e. shape of ears, nose, chin; any deformities or amputations; other special characteristics)								
<b>Last Seen:</b>	Alone	with an Individual	with a Group	<b>Group Type and Members:</b>				
	Last Location victim was seen (description, name, etc.):							
<b>Clothing last seen in or known to be wearing</b> - describe in as much detail as possible (the type, colors, fabrics, sizes, brands, etc):								
Top		Bottom		Undergarments		Footwear	Outerwear/Accessories:	
<b>Dentist Information</b>	<i>Dentist:</i>			<i>Address:</i>				
	<i>Practice Name:</i>			<i>Phone #:</i>		<i>Email:</i>		
<b>Dental Records Requested:</b>		Yes	No	<b>Dental Records Obtained:</b>		Yes	No - reason:	Date of Records:
<b>Dental Condition or Treatments</b> , describe any obvious features (i.e. missing teeth, gaps, crowns, false teeth):								

<b>Physician Information</b>	<i>Physician:</i>			<i>Address:</i>					
	<i>Practice Name:</i>			<i>Phone #:</i>		<i>Email:</i>			
<b>Physician Records Requested:</b>		Yes	No	<b>Records Obtained:</b>		Yes	No - reason:	Date of Records:	
<b>Diabetic:</b>	Yes	No	Unknown	<b>If female, pregnancy in the past 12 months</b>			Yes - when:	No	Unknown
<b>Current Medications</b> (OTC or prescribed):									
<b>Past injuries</b> , include body location and side (amputations, bone									

fractures, etc.):											
Radiographs:	Physician:					Type(s) of Radiograph:					
	Location:					Dates taken (if known):					
Past Surgeries(type and date, if known):	Tracheotomy	Gall Bladder Removal	Caesarean	Reconstructive	Appendectomy	Laparotomy	Mastectomy				
	Open heart	Tonsillectomy	Description/Other:								
Objects in body including body location and side:	Pacemaker	Bullets	Implants	Needles	Shrapnel	Artificial Joints	Metal Plates and/or Screws				
	Description/Other:										
Any additional important data or information:											
Item(s) with missing person's fingerprints:		Yes	No	Item(s) potentially having samples of missing person's DNA:				Yes	No		
Photograph(s) of missing person attached:		Yes	No	Primary Familial DNA Sample:			Yes - Relation:		No		
Individual(s) Providing Information:											
Contact Information for Potential Primary Familial DNA Donor:	Full Name:			Address:					Sex: M F		
	Phone #1:		Phone #2:			Email:			DOB:		
Relationship to Missing Person:		Mother	Father	Daughter	Son	Aunt	Uncle	Cousin	Grandmother	Grandfather	
Contact Information for Potential Primary Familial DNA Donor:	Full Name:			Address:					Sex: M F		
	Phone #1:		Phone #2:			Email:			DOB:		
Relationship to Missing Person:		Mother	Father	Daughter	Son	Aunt	Uncle	Cousin	Grandmother	Grandfather	

*This Interview Form was taken from the Texas DSHS Mass Fatality Management Planning Toolkit: January 2015*

## Tab 28: Talking Points - Victim Identification Process

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*Past experience has shown that family members and friends will be impatient to find the status of their relative(s). Designated staff members of the Family Assistance Center should refer to the talking points below to explain what may be perceived as “delays” in identification of bodies of victims.*

- **Initially, I may not be able to answer all the questions you may have.**
  - I will take your questions and research them, and get back to you with an appropriate answer as soon as possible.
  - Please write down your question, and the name and telephone number or email address at which we can contact you to provide a cogent response.
- **We understand your wish to receive information on missing family members and/or friends.**
  - The authorities are doing their best to locate and verify identities of victims and the injured.
  - Currently, the Medical Examiner, County Coroner, local law enforcement, the (*insert name of state Department of Public Safety*), and its Forensics Specialists are working in concert to complete these tasks so that we can provide this information to you.
  - This is a mass casualty incident. We have limited assets. The Medical Examiner’s office has requested additional resources to assist in our efforts.
- **We are hard at work.** The responding agencies are working diligently to process and positively identify the bodies of the decedents.
- **We need to ensure we get it right.**
  - There are really no reasonable short-cuts to the process.
  - We want to ensure that we correctly identify the victims and survivors.
  - We would not want to inform a family of the loss of a loved one – and find later that we had provided incorrect information. We would not want to put the family through that.
- **Timely Notice.** The family will be notified by the appropriate authorities as soon as a positive identification is made.
  - Our policy is to ALWAYS share information and inform family members FIRST should there be any significant activities or information.
  - The daily Family Briefings are one means to do that.

- **Family Briefings.** We recommend that you attend the daily Family Briefings.
  - The Family Assistance Center will conduct daily Family Briefings at *insert time* in the *insert location*.
  - These meetings provide updates on all activities related to the mass fatality response, including recovery temporary morgue, and FAC operations.
  - We provide information any changed in response procedures, difficulties encountered, or anything that will affect the timely identification of the deceased.
  - These meetings afford family members an opportunity to express any concerns or issues they may have and to provide authorities a chance to address them.
  
- **Identification of Remains takes time**
  - First, Law Enforcement agencies are required to secure and process the scene
  - Their first priority is placed on locating and saving the wounded and any survivors
  - We cannot give you a definitive answer on how the identification process will take. There are a number of factors that impinge upon our ability to provide answers right away.
  - These factors may include:
    - The time needed to locate and move the victim. This can be exacerbated by weather and local conditions (flooding, high water, etc.)
    - The cause of death (trauma, fire, smoke inhalation)
    - The condition of the body
    - The possibility of contamination
    - The ability to find a “known” (DNA sample, fingerprints, dental x-rays, etc.) to match known personal history (former broken bones, scars, tattoos, other body markings)
    - possible identifying clothing or jewelry
  
- **The Realities of DNA Processing.**
  - DNA confirmation of the decedent takes significantly longer than what is seen in movies and on television – it doesn’t happen in just a few hours.

- Typically, it takes a week for DNA results – and that is under normal operations. Consider that due to this incident, the workload of the Medical Examiner’s office has intensified.
- The time required has been exacerbated by the sheer numbers of victims to be processed.
- We ask that you understand. They are doing all they can to identify the decedents.
- **You can help.** Identification of victims and survivors can be accomplished more quickly through the comparison of dental records, fingerprints, DNA samples.
  - We ask that you assist us by ensuring you have provided as much information to help identify the decedents as possible. This may be information that perhaps only you know that can help in the identification process. We will keep this information confidential.
  - We have persons standing by to interview family members and to record or help access that information.

If you know the doctors, dentists or have information that could help in the physical identification of the victim(s), we ask that you submit that information to our team.

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## **ANNEX N – Final Disposition**

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“Religious Practices Regarding Final Disposition” (**Tab 29**) provides information on to increase the awareness and promote understanding of FAC staff members to the requests of grieving family members.

The following forms are also provided to assist in recording key information and decisions made by family members regarding final disposition of the decedents:

Remains Release Authorization Form (**Tab 30**)

Funeral Information and Release Form (**Tab 31**)

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**Tab 29 – Religious Practices Regarding Final Disposition**

<b>RELIGIOUS PRACTICES REGARDING FINAL DISPOSITION</b>				
<b>Religious Group</b>	<b>Autopsy</b>	<b>Burial</b>	<b>Cremation</b>	<b>Considerations</b>
<b>Baha'i</b>	Allowed as long as the body is treated with respect	Must be buried within one hour's travel of the place of death	Forbidden	Body is not to be embalmed unless required by state law
<b>Buddhism</b>	Not favored but allowed in necessary situations	Allowed	Allowed	Embalming permitted
<b>Protestant and Catholic Christianity</b>	Allowed	Favored	Allowed	Funeral usually held within 2 days of death
<b>Eastern Orthodox Christianity</b>	Forbidden unless there are compelling reasons	Favored along with entombment	Forbidden	Embalming is permitted. Although there are no specific restrictions or organ donation, donation of the entire body for experimentation or research is not consistent with Church tradition.
<b>Hinduism</b>	Not permitted unless required by law	Rare, though practiced to some extent	Preferred	Embalming is not favored
<b>Islam</b>	Not permitted unless required by law	Favored	Forbidden	Embalming allowed
<b>Judaism</b>	Not permitted unless required by law, all blood stained clothing must be buried with the deceased (Orthodox)	Only form of disposition used	Forbidden	No removals are to be made from sundown Friday to sundown Saturday, unless death occurs in a public place (Orthodox). Embalming is forbidden unless required by state law (Orthodox)
<i>Research by Amy Burdette, Texas Department of State Health Services, 2004</i>				

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## Tab 30 – Remains Release Authorization Form

### Release Authorization

**Name of the Deceased:** \_\_\_\_\_

Please be advised that identified human remains will be buried in an appropriate manner.

In the event any additional tissue(s) are recovered in the future and are identified as belonging to the above named deceased, I/WE request the following (please check one of the boxes below):

- I/WE do not wish to be notified. I/WE are authorizing the appropriate administrator(s) to dispose of said tissues by methods deemed appropriate by said administrator(s)
- I/WE wish to be notified and will make a decision regarding disposition at that time.

I/WE the undersigned hereby authorize \_\_\_\_\_ to release the remains of  
(Name of Medical Examiner/Coroner)

\_\_\_\_\_ to the designated Disaster Mortuary Operational Response Team (DMORT)  
(Name of the Deceased)

I/WE further authorize the designated DMORT to embalm, perform postmortem reconstructive surgery techniques, and otherwise prepare the remains as they deem necessary, and on completion, to release the remains to (Name, Address and Phone No. of Funeral Home/Agent):

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

Signed: \_\_\_\_\_ Relationship to Deceased: \_\_\_\_\_

Print Name \_\_\_\_\_ Date Signed \_\_\_\_\_ Time: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Signed: \_\_\_\_\_ Relationship to Deceased: \_\_\_\_\_

Print Name \_\_\_\_\_ Date Signed \_\_\_\_\_ Time: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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## Tab 31 – Funeral Information and Release Form

<b>Funeral Information and Release Form</b>				Page 1 of 2
Date: _____				
<b>Information About the Decedent</b>				
Last Name	First Name	Middle Name	Age	Race
Place of Birth (City, State)	Date of Birth (MM/DD/YYYY)	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Street Address of Residence		City	County	
Is the Address Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No		Country of Citizenship	State	Zip Code
Predominant Occupation of the Decedent			Type of Business or Industry	
Is the Decedent of Hispanic Heritage? <input type="checkbox"/> Yes <input type="checkbox"/> No		Highest Level of Education, & Grade/Degree Completed		
Was the Decedent Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No		Branch	Serial Number	
Approximate Dates (MM/DD/YYYY):		Date of Entry	Date of Discharge	
<b>Status of Decedent:</b> Married    Never Married    Widowed    Divorced				
<b>Decedent's Father</b>				
First Name		Middle Name		Last Name
<b>Decedent's Mother</b>				
First Name	Middle Name	Last Name	Maiden Name	
<b>Surviving Spouse ( if wife, please give maiden name)</b>				
First Name		Middle Name		Last Name
Address		City	State	Zip Code

# Funeral Information and Release Form

Page 2 of 2

Date: \_\_\_\_\_

## Name of Decedent

_____	_____	_____
First Name	Middle Name	Last Name

## Disposition

_____	_____	
Name of the Place of Disposition (cemetery, crematory, etc.)	Preferred Method of Disposition (burial, cremation, other [describe])	
_____	_____	
City	County	State

## Funeral Home Information

_____	_____		
Funeral Director's Name (First and Last)	Name of Funeral Home		
_____	_____	_____	_____
Address	City	State	Zip Code
( ) _____	( ) _____		
Phone Number	Fax Number		

*I attest that, to the best of my knowledge, the information on this form is accurate.*

_____	_____	_____
Name	Relationship to the Decedent	Date

_____	_____
Names(s) of Interviewer(s)	Date

_____	_____	_____
Funeral Home Notified	Date	Time

Notified By: \_\_\_\_\_  
Name

Action Pending: \_\_\_\_\_  
Action(s)

## ANNEX O – Training and Support Resources

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Note: The training courses listed below are subject to change.

### **American Red Cross**

- ***Integrated Care Condolence Team Fundamentals (ICCT)***  
Integrated Care Condolence Team Fundamentals supports the standards and procedures and highlights the unique aspects of working as a team to provide services to families and friends of missing, injured and deceased loved ones. Students are required to: demonstrate knowledge of Disaster Health Services, Disaster Mental Health, Casework and Recovery planning, and Disaster Spiritual Care roles on a disaster operation and describe how responders work together to form an integrated team; provide compassionate, effective services for families who have lost a loved one, or who have missing or hospitalized loved ones.

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- ***Mass Casualty Incident Response Basics***  
The Mass Casualty Incident Response Basics is a web-based course that provides the learner with information on how the Red Cross responds to and provides services after a mass casualty incident. This web-based course could also serve as the just in time training for event based volunteers.

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- ***Mass Casualty Incident Response Management***  
Mass Casualty Incident Response Management is an instructor-led (classroom and virtual classroom) course that provides regional and divisional leadership the skills and tools needed to effectively lead mass casualty incident responses. instructor-led training (ILT) version is 4 hours.

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- ***Mass Casualty Incident Response Management Simulation***  
The Mass Casualty Incident Response Management Simulation is a facilitator-led simulation that provides regional and divisional leadership the opportunity to practice the content learned during the Mass Casualty Incident Response Management course.

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- ***Psychological First Aid: Helping Others in Times of Stress***  
Psychological First Aid: Helping Others in Times of Stress is a basic level web-based, instructor-led and virtual instructor-led course that provides a framework for understanding the factors that affect stress responses in disaster relief workers and the clients they serve.  
For more information contact [DisasterTraining@redcross.org](mailto:DisasterTraining@redcross.org)

## **BCFS Health and Human Services**

- **Mass Fatality 101.** This 4-hour course introduces the fundamentals of mass fatality management to first responders, healthcare providers, and jurisdictional agencies who require an overview of the mass fatality management process. Mass Fatality 101 covers the basics of body recovery, the forensics and identification process, and the facilitation of family assistance centers.

Elements of this course include:

- Mass fatality incident basics – medico-legal authority, role of elected officials, coordination with medical examiners, incident command, legal considerations
- Field and site recovery – search and recovery, coordination with authorities, types of searches and techniques, handling of remains and personal effects, processing and documentation, temporary storage, transportation
- Disaster morgue services – morgue operations, victim identification process, team roles and responsibilities, cultural considerations
- Family assistance centers (FACs)– management of FACs, obtaining antecedent information, family support services

For more information contact <https://bcfsemd.org/interested-training-or-workshop#overlay-context=>

- **Mass Fatality Management for First Responders.** This 8-hour course is designed to teach first responders about the mass fatality process and their role in body recovery, identification, and resolution.

The course includes an in-depth examination of:

- Authorities and planning for mass fatality incidents – jurisdictional authorities, coordination of efforts, planning considerations
- Field and site recovery – search and recovery, mapping, types of search and techniques, handling remains and personal effects, processing and documentation, temporary storage, decontamination
- Disaster morgue services – layout and equipment, staffing, documentation, operations, support services, victim identification process and systems, cultural considerations, stress management
- Managing family assistance centers – FAC operations, antecedent information, documentation, family support services

For more information contact <https://bcfsemd.org/interested-training-or-workshop#overlay-context=>

- **Mass Fatality Management for Elected Officials.** This 4-hour course is an introduction to the principles of mass fatality management directed toward elected officials. Not all jurisdictions have medical examiners or coroners so the medico-legal authority often rests with the local elected official. Even with a

medical examiner/coroner involved, the elected officials need to understand their roles and responsibilities in a mass fatality event.

Elements of this course include:

- Basics of emergency management principles and the incident command system
  - Lines of authority/command and control
  - Legal requirements within the local jurisdiction
  - Roles and responsibilities of the elected official
  - Coordination and the collaborative process with multiple agencies
  - Public engagement and dealing with the media
  - Family assistance centers
  - Community recovery after a mass fatality event
- **Managing Family Assistance Centers (FAC) and Call Centers.** This 4-hour course guides jurisdictions through setting up and managing family assistance centers and call centers during a mass fatality event.

Topics cover the full spectrum of potential services offered at a FAC including:

- Facility set up and layout
- Family briefings and communication
- Ante-mortem collection and the VIP system
- Call center management
- Crisis counseling and grief management
- Support agency coordination
- Coordination with hospital family reception centers and information exchange
- Memorials and site visits
- Political issues/media management
- Finances

For more information contact <https://bcfsemd.org/interested-training-or-workshop#overlay-context=>

### ***First Responder Support Network***

- ***Basic Peer Support Training.*** Part of the First Responder Support Network, Basic Peer Support Training is a three-day course designed to provide students with an understanding of basic peer support skills, information about starting and maintaining peer support programs and other relevant and current information regarding stress, coping and treatment. [www.frsn.org/education/trainings](http://www.frsn.org/education/trainings)

## **Federal Law Enforcement Training Centers (FLETC)**

- **Critical Incident Stress Management (CISM).** Critical Incident Stress Management (CISM) is 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. [www.fleetc.gov/critical-incident-stress-management-cism-peer-support-program](http://www.fleetc.gov/critical-incident-stress-management-cism-peer-support-program)

## **National Child Traumatic Stress Network.**

- **Psychological First Aid (PFA).** Psychological First Aid is an evidence-informed modular approach to help children, adolescents, adults, and families in the immediate aftermath of disaster and terrorism. Individuals affected by a disaster or traumatic incident, whether survivors, witnesses, or responders to such events, may struggle with or face new challenges following the event.

PFA is designed to reduce the initial distress caused by traumatic events and to foster short- and long-term adaptive functioning and coping. PFA does not assume that all survivors will develop severe mental health problems or long-term difficulties in recovery. Instead, it is based on an understanding that disaster survivors and others affected by such events will experience a broad range of early reactions (e.g., physical, psychological, behavioral, spiritual). Some of these reactions will cause enough distress to interfere with adaptive coping, and recovery may be helped by support from compassionate and caring disaster responders.

PFA core actions constitute the basic objectives of providing early assistance within days or weeks following an event. Providers should be flexible, and base the amount of time they spend on each core action on the survivors' specific needs and concerns. The core skills are designed to be helpful in addressing the survivors' and responders' needs and concerns. PFA is designed for delivery in diverse settings. Mental health and other disaster response workers may be called upon to provide Psychological First Aid in general population shelters, special needs shelters, field hospitals and medical triage areas, acute care facilities (e.g., Emergency Departments), staging areas or respite centers for first responders or other relief workers, emergency operations centers, crisis hotlines or phone banks, feeding locations, disaster assistance service centers, family reception and assistance centers, homes, businesses, and other community settings. <https://www.nctsn.org/resources/psychological-first-aid-pfa-online>

## Other Training and Resources

- **Comfort Dogs.** The Lutheran Church Charities K-9 Comfort Dog Ministry is a national human-care ministry embracing the unique, calming nature and skills of purebred Golden Retrievers. LCC K-9 Comfort Dogs are working animals, trained to interact with people of all ages and circumstances who are suffering and in need. The LCC K-9 Comfort Dogs serve every day in the community in which they are placed and are dispatched in times of disaster and crisis to bring comfort to all those affected, including first responders and the volunteers who serve them. Lutheran Church Charities currently has over 130 LCC K-9 Comfort Dogs serving in more than 20 states. <https://www.lutheranchurchcharities.org/k-9-comfort-dogs-about.html>
- **Post Critical Incident Seminar.** The Post Critical Incident Seminar is a three-day course offered at no charge to Texas Law Enforcement Officers and Tele-Communicators who have experienced highly traumatic events. The PCIS provides education on trauma, patterns of resolution, and field-tested coping strategies to promote recovery and resilience in a format used by the FBI since 1985. During this seminar, attendees share experiences with fellow officers who have been involved in traumatic incidents; give and receive support; understand trauma recovery methods by working with law enforcement-related mental health professionals; learn coping strategies to recovery from past trauma and build resiliency for future incidents; and train to use the Eye Movement Desensitization and Processing Technique to help resolve recurring trauma.

Officers typically attend this seminar conducted 3-6 months (no earlier than 3 months) after a traumatic incident. Spouses are also invited to attend. There is no registration fee for the seminar. Attendees receive 24 hours TCOLE credits. Travel, meals and lodging are paid for by the agency. [www.lemionline.org](http://www.lemionline.org)

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# Appendix 1: Activation Call List

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In the event of a Mass Fatality Incident and notice of activation for the Family Assistance Center, the 911 is authorized to conduct the following activation notifications by both telephone and email in the order listed below:

Notification should include both telephone call and email. As a minimum, it should state that:

*This is not an exercise. The **insert jurisdiction** has experienced a Mass Fatality Incident resulting from **insert short description** and will activate its Family Assistance Center. The **insert lead agency** has requested the assistance of your agency. Until the location of the Family Assistance Center is confirmed, your assets are asked to report to the incident staging area vicinity **insert location**.*

*A Conference Call to discuss incident impact and projected service needs will be held at \_\_\_:\_\_\_ am/pm. We ask that your agency's designated representative call the following number at \_\_\_\_\_ . This conference call should serve to answer your immediate questions.*

*For critical communications, you may contact the designated Family Assistance Facility Group Supervisor by text at **insert cell phone number**. This is not an exercise.*

911 will report back to the designated Lead Agency for the Family Assistance Center upon completion of notifications.

**Dispatch**

Telephone:  
Email:

**Local Lead Agency**

Telephone:  
Email:

**Local Mental Health Authority**

Telephone:  
Email:

**Medical Examiner**

Telephone:  
Email:

**Office of the District Attorney**

Telephone:  
Email:

<b>Office of Emergency Management</b>	Telephone: Email:
<b>District Disaster Coordinator (Texas)</b>	Telephone: Email:
<b>Texas Department of Public Safety</b>	Telephone: Email:
<b>FBI Division of Victim Assistance</b>	Telephone: Email:
<b>FEMA Individual Assistance</b>	Telephone: Email:
<b>American Red Cross</b>	Telephone: Email:
<b>Salvation Army</b>	Telephone: Email:
<b>BCFS</b>	Telephone: Email:
<b>Medical Service Corps</b>	Telephone: Email:
<b>Local Chamber of Commerce</b>	Telephone: Email:
<b>Comfort Dogs</b>	Telephone: Email:
<b>Small Business Administration</b>	Telephone: Email: