

CFDMC

Family Assistance Center Branch Development & Deployment Guidelines



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INTRODUCTION

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

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

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

PURPOSE

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

SCOPE

In the event of a mass casualty/mass fatality incident, a FAC can be established to facilitate the process of identifying fatalities and survivors of an incident, reuniting them with family, and ensuring the provision of emergency social and financial services to survivors and families during the aftermath of an incident or disaster. Family Assistance Centers (FACs) provide information to survivors, family, and friends, coordinate access to support services, and facilitate the collection of information from families that is necessary for identification while providing a responsive and sensitive environment for those affected. An FAC is also a safe place where families and victims can receive care and/or services (psychological support). Establishing a FAC requires coordination of personnel and logistics and may take time to open. Survivors of the incident and their families should be able to receive an array of services, including family reunification aid, identification of loved ones, basic needs and support services, and other assistance through this overall family assistance process. Establishing an FAC requires the coordinated effort of all governmental and non-governmental agencies. Ongoing communications and coordination will be maintained with all impacted jurisdictions through regularly scheduled conference calls and Situation Reports (SITREPs) from the FAC through the EOCs in the affected area.

FRC/FAC DEFINED

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

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

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

SITUATION

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

Natural Disasters:

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

Man-Made Disasters

- Weapons of Mass Destruction Events
- Chemical Attack: Toxic Industrial Chemicals, Chlorine Tank Explosion, Blister Agent, Nerve Agent
- Biological Attack: Aerosolized Anthrax, Plague, Food Contamination
- Radiological Attack: Radiological Dispersal Device
- Nuclear Detonation: 10 Kiloton Improvised Nuclear Device

- Explosives Attack: Bombing using an improvised explosive device
- Technical or Human-Caused Disasters
- Fires
- Hazardous materials
- Chemical rail spills
- Civil disturbance
- Airliner jet crash
- Small plane crash
- Cruise ship crash
- Multiple homicide / shooting
- Building collapse
- Train crash
- Bus crash
- Cyber attack

DEVELOPMENT OF GUIDELINES

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

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

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

Plan developed by the Metro Orlando Family Assistance Working Group in December 2017 was instrumental in the development of these guidelines.

FAC RESPONSE TEAM PERSONNEL

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

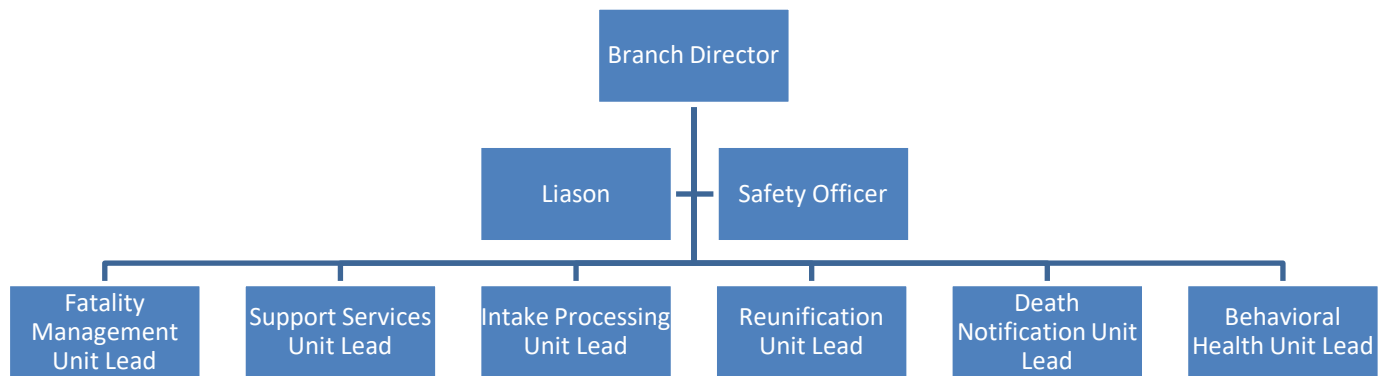
- Utilizing current Region 5 Incident Management Team (IMT) personnel
- Recruiting personnel from Region 5 stakeholder agencies to supplement IMT
- Utilizing already established volunteer groups (i.e., CERT, Medical Reserve Corps) to backfill positions
- Coordinating with the Florida Division of Emergency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

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

CONCEPT OF OPERATIONS

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

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



FAC BRANCH DIRECTOR

The FAC Branch Director responsibility is the overall management of the FAC. The command activity for incidents can be carried out by a single Incident Commander or can encompass multiple persons in what is called Unified Command. The FAC Branch Director is generally selected by qualifications and experience. The Branch Director may have a deputy or deputies, who may or may not be from the same agency, or from an assisting agency. Deputies must have the same qualifications as the person for whom they work as they must be ready to take over that position at any time. It is the intent of the FAC to establish a leadership core of at least 3 commanders.

Other responsibilities include:

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

LIAISON

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

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

Other responsibilities include:

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

SAFETY OFFICER (SOFR)

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

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

Other responsibilities include:

- Participate in planning meetings.
- Identify hazardous situations associated with FAC deployment, set up, and operations.
- Review the SITREP for safety implications.
- Exercise emergency authority to stop and prevent unsafe acts.
- Investigate accidents that have occurred within the FAC area.
- Assign assistants as needed.
- Review and approve the FAC medical plan (ICS 206).
- Develop a 215A Safety Analysis as required by conditions.

OPERATIONS SECTION

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

INTAKE PROCESSING UNIT

The Intake Processing Unit is responsible for registering individuals as they enter the facility and identifying a caseworker who should serve as that person's primary POC for the duration of his or her time at the FAC. The

Intake Processing unit may be on-site and may coordinate with Call Center on screening and intake if needed or be off-site as part of the virtual FAC/Call Center if a physical FAC is not feasible due to the nature of the incident.

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

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

FATALITY MANAGEMENT UNIT

The Fatality Management Unit is responsible for collecting information from family members about their missing loved ones. Fatality management sector members should conduct interviews to obtain ante-mortem (preceding death) information to assist in victim identification as well as having other team members perform DNA collection. The ante-mortem interview should be facilitated by one person to ask questions and another to record this information after the interview is conducted. The interviewers must be trained specifically for FAC information collection as well as in principles of psychological trauma and crisis intervention. The interview team members become the case managers for that family for any aspect of victim identification. Fatality Management Unit personnel/positions would all be filled by the FEMORS team if the District Medical Examiner (or District MEs if event is in multiple ME districts) requests them through ESF-8 at EOC.

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

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

DEATH NOTIFICATION UNIT

The Death Notification Unit is responsible for notifying the legal next of kin of the death of their loved one after the Medical Examiner (ME) makes positive identification of the individual. The Medical Examiner is the only entity with legal responsibility for making positive identifications. ME would make positive identification at office or

temporary morgue and then law enforcement would be notified by one of our investigators of the positive identification. It is at that time law enforcement composes a team to make the death notification. Local law enforcement having jurisdiction will have the lead of the Death Notification Unit. The Death Notification Unit is comprised of the following positions (when staffed):

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

REUNIFICATION UNIT (FOR INJURED VICTIMS)

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

- Reunification Unit Lead
- Hospital Liaison
- Missing Persons Officer

BEHAVIORAL HEALTH UNIT

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

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

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

- Mental Health/Community Services Board
- Social Services
- American Red Cross
- Health Department
- Crisis Response Teams

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

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

SUPPORT SERVICES UNIT

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

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

VICTIM SERVICES

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

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

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

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

SPIRITUAL SUPPORT

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

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

PERSONAL EFFECTS

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

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

DAY CARE SERVICES

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

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

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

REFERRAL SERVICES

The FAC should provide on-site expertise for referrals to appropriate off-site services that may not be available at the FAC. The FAC should not serve as a shelter. If needs or services relating to housing or sheltering are identified, these services should be provided as described in the jurisdiction's mass care or temporary housing plans. Clients

may also be directed to an information portal for information and referrals to off-site services. These services should be identified by the FAC Branch Director based on the magnitude, scope, and needs of the incident. The following functions/organizations may have roles and responsibilities associated with this essential scalable service:

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

SECONDARY SERVICES

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

MEDICAL SERVICES

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

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

FOOD SERVICES

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

aftermath of a mass casualty/mass fatality incident. For example, certain foods may be insensitive to serve (such as barbeque meat, sauces, etc.) and foods should be ethnically appropriate when possible. The following functions/organizations may have roles and responsibilities associated with this essential scalable service:

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

Please note that the Food? will be responsible for responder feeding and counts and will be coordinating with Liaison Officer to report totals to the Incident Logistics Section.

CLOTHING/PERSONAL CARE SERVICES

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

FINANCIAL ASSISTANCE

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

HOUSING

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

PERSONAL ID SERVICES

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

TRANSPORTATION

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

DOCUMENTATION

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

Other responsibilities include:

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

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

INITIAL RESPONSE ACTIONS

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

If FAC activation is required, emergency management or public safety officials should contact the Central Florida Disaster Medical Coalition through coalition emergency contacts (Primary 407-928-1288, Secondary 407-908-0142, info@centralfladisaster.org). The Coalition will notify the FAC Response Team to identify an FAC Branch Director. The Coalition and FAC Branch Director will work together to contact and secure other FAC response team members.

ACTIVATION

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

Emergency Management and FAC support agencies should coordinate to determine the location of the FAC. FAC locations may be pre-determined through established memoranda of understanding (MOU). The facility should be physically located away from the disaster scene, the incident morgue, and staging areas yet still close enough for

staff to travel back and forth as needed. Law enforcement and/or security needs to be on site to protect both clients and staff.

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

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

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

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

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

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

- Reception centers/Reception Processing Sites with accommodations for unaccompanied minors separated from parents or guardians will be established within the FAC and/or FRC.
- Establishing tracking processes and procedures for the tracking of unaccompanied minors and persons seeking assistance at FAC.
- Implement processes for the reunification of unaccompanied minors with parents or guardians.
- Use intake and reunification forms, protocols, and processes to help expedite the reunification of unaccompanied minors with their parents or guardians. A workgroup will be formed in 2021 to identify a standardized process.
- Assign security to rooms, areas of day care, reception centers, or FACs where unaccompanied minors will be held while awaiting reunification.
- Make the National Emergency Child Locator Center (NECLC) available to parents or guardians seeking missing children. NECLC is operated by the National Center for Missing and Exploited Children when a disaster has a presidential declaration.
- Provide resources to access The National Emergency Family Registry and Locator System which is designed to help families reunite when they have become separated during a disaster.

RESOURCE REQUESTS

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

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

TRANSPORTATION

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

SECURITY AND CREDENTIALING

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

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

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

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

Intelligent triage tags

Electronic triage tag using sensors, and memory, allowing for wireless transmission capabilities



SITE SELECTION

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

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

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

BASIC INFRASTRUCTURE NEEDS

When identifying potential facilities and their infrastructure capabilities, it is also important to determine and understand capacity. Base capacity requirements on the expectation of eight to 10 family members for each

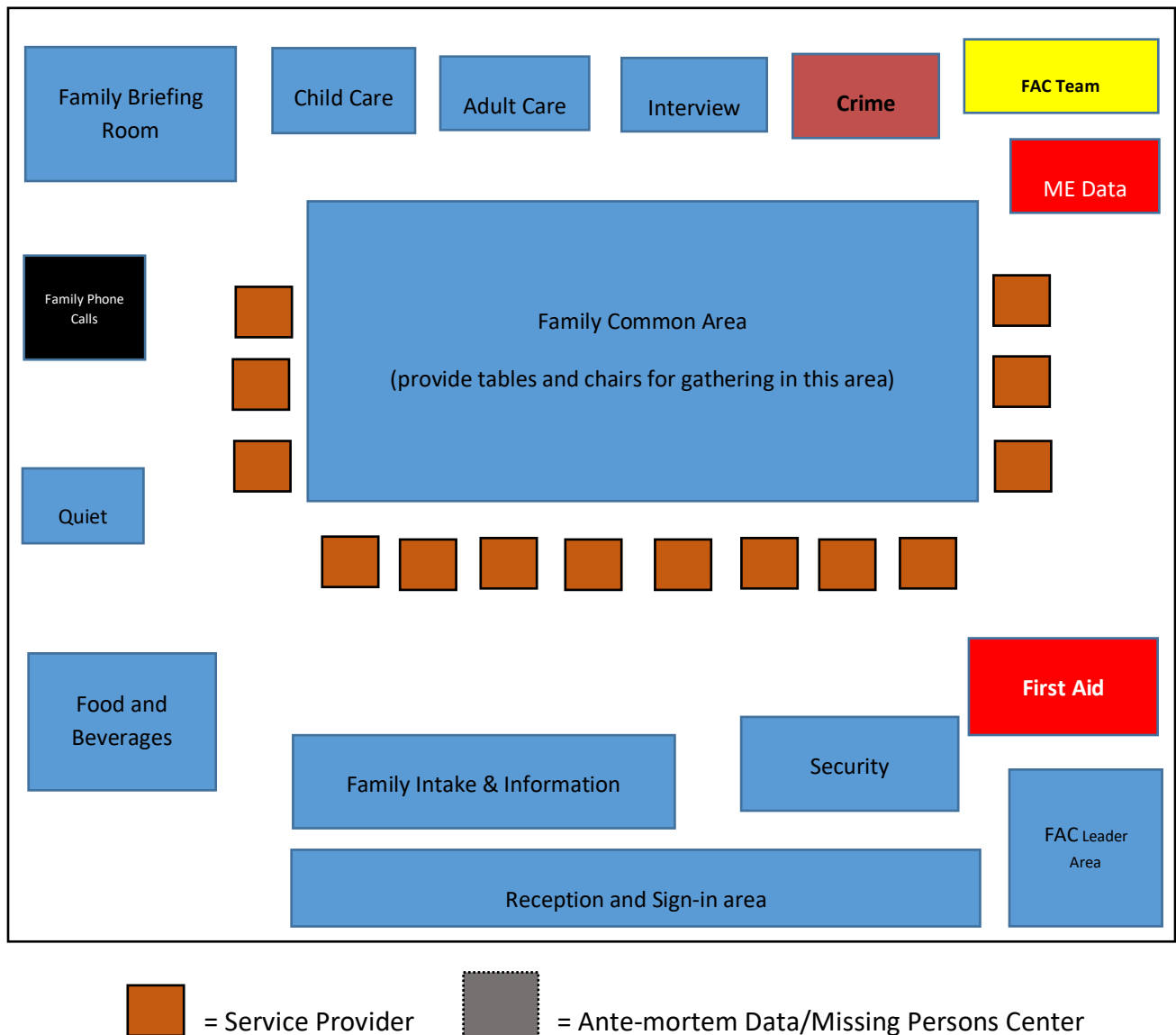
potential victim plus the FAC staffing requirements. Understanding the limits of a facility will lead to more effective facility selection, planning, and setup. Facility, at a minimum, should contain the following:

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

SPACE AND FLOOR PLAN REQUIREMENTS FOR FAC FUNCTIONS

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

Figure 1– FAC Floorplan



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

SEPARATE ENTRANCES FOR STAFF AND FOR FAMILIES

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

RECEPTION AND INFORMATION DESK

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

LARGE GENERAL ASSEMBLY ROOM WITH PUBLIC ADDRESS SYSTEM

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

In the family briefing room, consider the following:

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

REFLECTION ROOM

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

INTERVIEW ROOMS FOR ANTE-MORTEM DATA COLLECTION/DEATH NOTIFICATIONS

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

families and a Notification Team. They must be quiet and private because these meetings are often emotionally charged and long.

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

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

Suggested Number of Interview Rooms for private family meetings:

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

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

QUIET ROOMS FOR COUNSELING/SPIRITUAL CARE/EMOTIONAL SUPPORT

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

Suggested Number of Rooms for Counseling/Emotional Support:

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

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

FIRST AID STATION

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

CHILD CARE CENTER

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

Suggested requirements based on recent mass fatalities are:

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

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

Required safety features:

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

FAC BRANCH DIRECTOR/UNIT LEADS AREA/OFFICE

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

In addition, administrative offices should be available for:

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

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

FAC FACILITY REQUIREMENTS AND EQUIPMENT NEEDS

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

SUPPORTING AGENCIES AND PROGRAMS

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

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

Red Cross Virtual Family Assistance Center (VFAC)

www.redcross.org/vfac

American Red Cross Safe and Well

<https://safeandwell.communityos.org/cms/index.php>

Life360

<https://www.life360.com/>

Google Person Finder

<https://google.org/personfinder/global/home.html>

PUBLIC INFORMATION

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

CALL CENTER

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

callers. A call center should be established as early in the incident as possible to facilitate communication with those not on-site.

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

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

PREPAREDNESS ACTIVITIES

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

REFERENCES

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

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

AUTHORITIES

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

Federal

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

State

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

Local

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

POSITION MATRIX

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

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

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

POSITION CHECKLISTS

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

FAC BRANCH DIRECTOR

FAC Manager

Reports to: EOC Manager

Vest Designation: FAC Branch Director

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

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

<input type="checkbox"/>	Schedule routine briefings with section chiefs to receive status reports and update the action plan regarding the continuance and/or termination of the action plan.
<input type="checkbox"/>	Maintain contact with EOC and all relevant agencies.
<input type="checkbox"/>	Assist with information for media releases submitted to the Public Information Officer (PIO).
Extended:	
<input type="checkbox"/>	Observe all staff for status and signs of stress.
<input type="checkbox"/>	Provide for rest periods for staff.
<input type="checkbox"/>	Prepare end of shift report and update with incident specific information. This information could include number of persons or families assisted or amount/total services provided. At a minimum, present this information to the oncoming FAC Branch director, jurisdiction leadership, current service providers, FAC staff, and the EOC.
<input type="checkbox"/>	Plan for the possibility of extended deployment.
<input type="checkbox"/>	Prepare for the transition to a Disaster Resource Center DRC, if required.

SAFETY OFFICER

Reports to: FAC Branch director

Vest Designation: Safety Officer

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

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

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

Intermediate:	
<input type="checkbox"/>	Ensure that direct communications links are established to communicate with law enforcement.
<input type="checkbox"/>	Conduct team transition briefings at shift change.
<input type="checkbox"/>	Correct or act upon any unsafe conditions or safety hazards at the FAC.
<input type="checkbox"/>	Ensures team action plan is created for each operational period.
<input type="checkbox"/>	Obtain blueprints of facility to develop FAC force protection plan.
<input type="checkbox"/>	Regulate design changes or barriers to channel families/staff into appropriate or inappropriate areas within the FAC.
Extended:	
<input type="checkbox"/>	Advise Operations Section Chief of any safety issues.
<input type="checkbox"/>	Maintain documentation of all actions and decisions on a continual basis; forward completed unit activity log (ICS 214) to Operations Section Chief.
<input type="checkbox"/>	Observe all staff for signs of stress. Report issues to Branch Director.
<input type="checkbox"/>	Provide rest periods and relief for staff.
<input type="checkbox"/>	Plan for the possibility of extended deployment.
<input type="checkbox"/>	Prepare end of shift report and present to oncoming Safety Officer.
<input type="checkbox"/>	Report progress of team to Branch Director.

SUPPORT SERVICES UNIT LEAD

Reports to: Branch Director

Vest Designation: Support Services

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

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

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

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



REUNIFICATION UNIT LEAD

Reports to: Branch Director

Vest Designation: Reunification Unit Lead

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

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

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

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

BEHAVIORAL HEALTH UNIT LEAD

Reports to: Branch Director

Vest Designation: Behavioral Health Team Lead

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

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

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

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

DEATH NOTIFICATION UNIT LEAD

Reports to: Branch Director

Vest Designation: LEA Uniform or Badge Displayed

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

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

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

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

FATALITY MANAGEMENT UNIT LEAD

Reports to: Branch Director

Vest Designation: FM Unit Lead

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

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

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

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

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

INTAKE PROCESSING UNIT LEAD

Reports to: Branch Director

Vest Designation: Intake Processing Unit Lead

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

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

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

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

LIAISON**Reports to:** FAC Branch Director**Vest Designation:** Liaison

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

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