Support Annex 4. Family Assistance Center

1. Introduction

1.1 The Family Assistance Center (FAC) Section is a branch within the mass-fatality incident command structure reporting to the Operations Section Chief. This Branch is responsible for all functions and procedures associated with the establishment and operation of the Family Assistance Center (FAC).

1.1.1 The FAC is the designated site(s) to receive and support relatives of victims, handle telephonic inquiries, and provide support to survivors. The site is established during the response and recovery phases. It should not be co-located next to the incident site, morgue, or Media Information Center. The purpose of the center is to:

1.1.1.1 Provide relatives of victims with information and access to services they may need in the days following the incident.

1.1.1.2 Protect the families from unwelcome media attention, solicitors, and curiosity seekers.

1.1.1.3 Allow investigators and the Medical Examiner access to families so they can seek information which could be useful in identifying the victims.

1.1.1.3.1 This section outlines considerations for establishing a FAC to provide necessary services and support to survivors and families of possible victims in a mass-fatality incident.

1.2 Airline companies and the American Red Cross (ARC) are tasked by the Federal Family Assistance Plan for aviation disasters with responsibility for establishing a Family Support Center (FSC) for aviation disasters. The purpose of an FSC and FAC (non-airline incidents) are the same.

1.2.1 Airline companies are responsible for establishing a facility to provide a safe and private place for survivors and families to grieve and/or await information regarding victims or survivors of the aviation disaster.

1.2.2 The ARC is responsible for:

1.2.2.1 Supervising the individuals providing counseling or other support services to survivors and families in the FSC.

1.2.2.2 Ensuring the effective delivery of any health services needed by families in the FSC.

1.2.2.3 Providing appropriate food in the facility, if needed.
1.2.2.4 Making provisions for child care services for families that bring young children to the FSC.

1.3 In mass-fatality incidents, services to families may be provided by the private companies with responsibility in the incident, volunteer organizations, or federal, state, or local agencies.

1.3.1 The ARC will be tasked as the lead agency for the establishment of the FSC in response to an aircraft crash. In mass-fatality incidents resulting from other causes, the ARC may assist in the establishment of a FAC.

1.3.2 The lead agency will be responsible for all functions of the FAC, including those listed in this appendix.

1.3.3 Pending arrival of the ARC or other provider, local responders will ensure that the initial steps are taken to get the appropriate FAC or FSC established and that a liaison is established with all the agencies involved.

1.4 A shutdown/demobilization plan should be developed early in the incident or the FAC and support services, including when the plan will be implemented.

2. Duties and Responsibilities

2.1 EOC Branch Director

2.1.1 The IC or Operations Section Chief, if assigned, will appoint a Family Assistance Branch Director to coordinate the functions of the FAC.

2.1.1.1 For an aviation disaster, the Branch Director should be from the ARC.

2.1.1.2 For other mass-fatality incidents, a representative from the ARC or other lead agency should be assigned as Branch Director.

2.1.1.3 In the event the representative from the ARC or other lead agency is not trained in ICS, another person will need to be designated as Branch Director and will work with the agency operating the FAC.

2.1.2 The Branch Director will assign group supervisors, as needed, and will manage all functions not assigned to a supervisor.

2.2 Facilities Group

2.2.1 Facilities Group is responsible for acquisition and maintenance of a suitable facility, equipment and supplies, staffing, staff support, scheduling, security, etc. The facilities group staff will be identified by the Emergency Operation Center Officers.
2.2.1.1 The FAC feeding Unit is responsible for coordinating food service for the family members and staff.

2.2.1.2 The logistics Unit is a component of the Logistics Section and provides logistical support the FAC.

2.2.1.3 The Security Unit is responsible for site security and access control at the Center.

2.2.1.4 The Staff Support Unit is responsible for the medical and mental health needs of the FAC staff.

2.2.2 A number of city/county departments and volunteer organizations may be involved in establishing the FAC.

2.3 Family Support Group

2.3.1 The Family Support Group arranges services such as transportation, spiritual care, minor medical services, and counseling for the families. The Family Support Group will be staffed by Coos County Mental Health and/or any credentialed mental health professional with assistance from other county personnel.

2.3.1.1 The Mental Health Coordination Unit is responsible for:

2.3.1.1.1 Credentialing of spiritual and mental health counselors.

2.3.1.1.2 Liaison with other mental health agencies.

2.3.1.1.3 Transition issues.

2.3.1.2 The Family Support Unit is responsible for case management:

2.3.1.2.1 Mental Health Counseling

- Family advocates
- Notification support
- Memorial services support

2.3.1.2.2 Material Assistance

- Clothing
- Housing
- Client transportation
2.3.1.2.3 The Spiritual Care Unit is responsible for:

- Ministerial coordination
- Spiritual counseling
- Memorial service planning lead

2.3.1.2.4 Child Care Unit is responsible for providing child care for families that bring the children to the FAC.

2.3.1.2.5 The Reception Unit is responsible for:

- Registration
- File management
- Information center

2.3.1.2.6 The Client Health Services Unit is responsible for:

- Addressing minor medical needs of clients (family members)
- Liaison to Safety Officer and DHHS
- Patient location

2.3.1.2.7 Mental Health Services:

- Volunteer organizations such as the ARC and The Salvation Army, in conjunction with local, state and federal agencies will attempt to meet the needs of the families. See Resource Management Annex.

- In addition, local clergy may be involved in ministering to families and survivors at their request.

2.4 Disposition Unit

The Disposition Unit will be staffed by Coos County Mental Examiner’s Office personnel, local mortuary companies and/or any credentialed Medical Examiner and/or credentialed Mortician with assistance from other county personnel. See Resource Management Annex.

2.4.1 This unit is part of the Mortuary Services Branch/Disposition Group, but will work primarily out of the FAC.

2.4.2 The Disposition Unit will work with families to coordinate mortuary, burial, and transportation details for the incident victims.

2.5 Interview Unit

The Interview Unit will be staffed by local law enforcement with consideration to the event’s jurisdiction. See Resource Management Annex.
2.5.1 Even through this unit is part of the Mortuary Service Branch, part or all of the Interview Unit will operate out of the FAC.

2.5.2 Members of the Interview Unit are responsible for interviewing family members to obtain as much information as possible about their loved ones. This information may be critical in making positive identification of victims.

2.5.3 Interviewers will serve as liaisons between the Identification Group and family members. Detectives, chaplains, and funeral directors may be utilized in this function.

2.6 Phone Bank Group
Responsible for setting up and operating an information phone bank. The phone bank will be used to receive information from and provide information to family members. The Phone Bank Group will be established through the local manager of Verizon. See Resource Management Annex

3. Concept of Operations
The following should be considered in establishing and operating a FAC:

3.1 Survivors
3.1.1 Some of the primary concerns of survivors could include getting in touch with family members to let them know how they are doing and getting information on family or friends that were also victims of the incident.

3.1.2 When possible, each survivor or surviving family should be assigned a personal representative to communicate with officials, help with housing and transportation needs, and assist with funeral arrangements for deceased family members. It would be helpful for the same person to remain with them the entire time the FAC is in operation.

3.1.3 A standardized registration form should be used to document survivors that have checked in with the FAC. The form should include: (form – Tab A)

3.1.3.1 Identification of any other victim(s) about whom they are seeking information.

3.1.3.2 Information on how to contact them while they are in the local area.

3.1.3.3 Special assistance, special dietary needs, and/or medical conditions of family members staying at the FAC.

3.1.3.4 Information on how to contact them once they have returned home.

3.1.4 Survivors may need a change of clothes and means to take a shower or clean-up.
3.1.5 Survivors should be monitored for the onset of shock or symptoms of a previously undetected injury and should be provided crisis counseling.

3.2 Family
3.2.1 Expect as many as ten family members per victim for a local disaster. (Note: Oklahoma City’s FAC had 1,200 -1,500 family member.)

3.2.2 It is crucial that the legal next-of-kin is correctly identified for determining authority in making decisions regarding the deceased.

3.2.3 When possible, each family should be assigned a personal representative to communicate with officials, help with housing and transportation needs, and assist with funeral arrangements. It would be helpful for the same person to remain with the family the entire time the FAC is in operation.

3.2.4 A cross-reference system needs to be established to help identify when there are individuals/groups seeking information on the same victim.

3.2.5 A standard registration form should be used to document family members that have checked in with the FAC. The form should include:

3.2.5.1 Identification of the victim(s) about whom they are seeking information.

3.2.5.2 Identification of the legal next-of-kin.

3.2.5.3 Information on how to contact them once they have returned home.

3.2.5.4 Information on how to contact them while they are in the local area.

3.2.5.5 Special assistance, special dietary needs, and/or medical conditions of family member staying at the FAC.

3.2.5.6 Disposition instructions, if already known, or special requirements for handling the remains.

3.3 Facility
3.3.1 The Incident Commander or the Medical Examiner, upon recommendation of the Family Assistance Branch Director (if staffed), will make the final determination of the site location.

3.3.1.1 The facility should comply with the Americans with Disabilities Act (ADA).
3.3.1.2 It will be important to stay in the same place for a minimum of one week, as families will need services for at least that long. Choose a location that has enough room from the start so it will not need to be moved.

3.3.1.3 The location should be capable of handling overnight stays or be situated near hotels/motels for families that are from out of town. Blocks of rooms should be reserved in advance to ensure they are available as family members arrive.

3.3.1.4 Motels, churches, conference centers, and schools (if school is not in session) can be considered, assuming that whatever facility is used will be out of service for its normal business. See Resource Management Annex.

3.3.2 The facility should include several private rooms that can be used for:

3.3.2.1 Counseling/consoling of family members.

3.3.2.2 Next-of-kin interviews.

3.3.2.3 Family members/survivors to take care of personal business.

3.3.2.4 Family members/survivors to lie down and rest (this would require that beds/cots, pillows, and blankets be set up in some of the rooms).

3.3.2.5 Next-of-kin notification, once positive identification has been made:

3.3.2.5.1 The room(s) for notification should be set up on a separate, private place, away from the rest of the FAC when possible.

3.3.2.5.2 If possible, the rooms should include closed-circuit TV for families that which to view the body (if such viewing is practical), but not visit the morgue.

3.3.3 There should be a general office area (FAC Information Center) for the gathering and distribution of data and information, including the registration information of family members. The Information Center will:

3.3.3.1 Serve as a single point/location for family members asking questions and/or seeking information/services.

3.3.3.2 Provide a means for family members to leave messages for each other.

3.3.4 A large room should be available for making announcements and general information sharing.

3.3.5 Sources of diversion should be made available. Examples include:
3.3.5.1 Television/Cable TV

3.3.5.2 VCR’s with tapes of suitable movies/shows

3.3.5.3 Radio

3.3.5.4 Books, newspapers, and magazines (a mobile library would be a good resource)

3.3.5.5 Toys, games, books, stuffed animals, etc. to entertain kids

3.3.6 Parking for both staff and family members should be considered in site determination.

3.3.7 Separate entrances should be available for family members and staff. This should include separate registration tables for checking family members and staff in and out.

3.3.8 In notifying the general public of the FAC location, the media can be asked to announce the location of the FAC for at least the first twenty-four hours. A separate information center must be established away from the FAC for the media.

3.3.9 A place where family members and staff can eat should be provided. This may require the hiring of a caterer to provide meals/ snacks.

3.4 Security
Security will be staffed by local law enforcement with consideration to the event’s jurisdiction and available staffing. See Resource Management Annex.

3.4.1 A security system should be in place both inside and outside the FAC to ensure safety and privacy for both family members and staff.

3.4.1.1 Internal security must be set up to assure the privacy of the families and prevent media intrusion.

3.4.1.2 External security should include the parking area for family members and staff.

3.4.2 Family members that have been registered at the FAC and the FAC staff should be given some form of identification to allow easy recognition by security personnel.

3.4.3 Newly arrived families should be escorted into the Center by a member of the center staff who will assist them through the registration process.
3.5  Services
3.5.1  Transportation and food services for family members should be considered in planning for the FAC.

3.5.2  An EMS unit or comparable medical assistance should be available at every area where families of victims are gathered. This will allow immediate medical help, if needed.

3.5.3  If possible, each family should be assigned a personal representative to help them communicate with officials and help with their housing, transportation, and funeral arrangements.

3.5.4  The special needs of family members should be addressed. This may include interpreters, signers, Braille, and TDD phones.

3.5.5  Counseling assistance should be available, including access to clergy of each family’s choice.

3.5.6  Information and assistance in arranging for the final disposition of remains should also be provided. This will be done in cooperation with the Disposition Group.

3.5.7  Provisions should be made for children services for families that bring young children to the FAC.

3.6  Staffing
3.6.1  All staff and volunteers working at the FAC must check in at the beginning of their shift, check out with each break and clock out at the end of their shift after debriefing.

3.6.2  The FAC can be staffed with chaplains, mental health professionals, personnel from the ARC, local funeral directors, local agency personnel, and other volunteers.

3.6.3  The staff should have some sort of uniform and/or identification tags making them easily recognizable to the family members (and each other) such as a County ID badge, Driver’s license or other form of pre-approved credentialing.

3.6.4  A means to verify the credentials of volunteers wanting to work in the FAC should be established and developed before an event.

3.6.4.1  Amateur counselors and/or students should not be allowed access to family members. Credentials should be established before an event, and
verified to ensure that professionalism is maintained. No “free lancing” should be allowed.

3.6.4.2 Some means of screening/identifying “clergy” should also be developed.

- Most fire and law enforcement agencies have established procedures and lists of chaplains/clergy from the local community that they use during emergencies.

- Initial access to family members should be limited to chaplains from the public safety agencies. One of the can be asked to take on the responsibility of coordinating any additional clerical needs of the family members and/or FAC.

3.6.5 FAC workers must be encouraged to take breaks and end their shifts at the designated time.

3.6.5.1 Meals and rest areas should be available for staff workers as well as family members.

3.6.5.2 Critical Incident Stress information (including symptoms) and debriefings should be made available to the FAC staff.

3.6.5.3 Staff should be debriefed at the end of their shifts to discuss concerns, issues, and items of interest/note to provide to the oncoming shift.

3.6.6 Instructions to staff should include information regarding any possible cultural differences and knowledge that translators are available.

3.6.7 Staff members should be alert to complaints, criticisms, and suggestions from the family members that may not have been addressed or planned for. This information can then be incorporated into improvements to the FAC plans and procedures.

3.7 Equipment

3.7.1 A 1-800 telephone bank should be established. The bank should have dedicated call-takers to record information from out-of-town relatives and to provide information. (NOTE: The FAC for the Sioux City plane crash used 10 telephones for their phone bank).

3.7.1.1 Use direct lines. Experience has shown that switchboards do not work well.

3.7.1.2 The phone bank should include at least one TDD.
3.7.2 Direct fax machines on dedicated lines need to be available for communication with out-of-town family members needing to sign releases and for family members/survivors to receive documents while they are at the FAC.

3.7.3 Direct communication with the morgue is important in determining when victims have been identified.

3.7.4 Office equipment should include a copy machine so all families can receive copies of any forms or information they might need.

3.7.5 Phones for use by family members/survivors should also be provided.

3.7.6 A television or radio should be available so the news can be kept current.

3.7.7 Closed-circuit TV for family members who want to view a body (if practical) without visiting the morgue should also be provided. (This is done only after positive Identification has been made. Polaroid pictures should be used in the identification process.

3.8 Demobilization
3.8.1 Early in the incident, the parameters/benchmarks for scaling back support services and the transition/referral of family members to agencies closer to their homes need to be identified.

3.8.2 Survivors should be provided information on physical signs to be aware of which may indicate the need to seek medical care.

3.8.3 Family members and survivors should be given a list of symptoms of Post Traumatic Stress Disorder and contact numbers for support services in their local area.

3.8.4 An exit survey should be conducted and a plan developed for conducting a follow-up survey by mail at least two weeks after the demobilization/shutdown of the FAC.

3.8.5 The Branch Director is responsible for ensuring that all FAC related documents are provided to the Documentation Unit of the Planning Section during demobilization.

4. Annex Development and Maintenance
The Emergency Management Office, ARC, Medical Examiner, and Mental Health are responsible for updating/revising this appendix as needed.

Each agency identified in this appendix will develop and maintain standard operating procedures which address assigned tasks listed in this plan.
5. **Appendices**

A. FAC Interview Form

B. Organizational ICS Chart