Family Assistance

In the immediate aftermath of a mass fatality, families and friends will frantically seek assistance. They will gravitate to where they believe they will find their loved one or where they believe they will find information about them. That translates to the incident site and to local hospitals (thinking their loved ones are injured and have been transported to the nearest hospital). This is why a center or centers to provide family assistance immediately is so important.

The Medical Examiner/Coroner Office needs to be prepared to mobilize the appropriate resources to open a family assistance center in addition to managing the incident. Opening a family assistance center immediately and starting with basic services is critical to meeting families’ needs and to demonstrating to the public that there is some semblance of order, despite the disaster circumstances.

Hospitals will also need to be prepared to mobilize resources to assist families. If there are large numbers of missing people, even larger numbers of family members will arrive looking for loved ones and for information.

Providing family assistance that meets family needs in a mass fatality is a challenging job. Following a large-scale event, family assistance typically involves a range of services provided by local, state, and federal agencies as well as nonprofits and private organizations. All services need to be victim sensitive and easily accessible. An effective family assistance center is a multi-agency effort that requires leadership, collaboration, commitment, flexibility, and organization. The challenges increase as family assistance staff work with families from many countries and cultures for family assistance must be provided in a way that is sensitive to cultural and language differences.

Family assistance is one of the most sensitive operations in mass fatality response. It is important for local organizations to be involved in community planning and to understand their role in providing mass fatality family assistance.

Planning considerations

As you plan for mass fatality family assistance in your community, consider the many contingencies that could impact effective response and what has been learned from previous mass fatalities.

- Anticipate eight to 10 family members per potential victim requesting assistance. For purposes of family assistance, family should be defined broadly and include the many individuals that consider themselves to be the victim’s ‘family,’ even when the law does not formally recognize the relationship. Any time family is used in this.

The Pentagon Family Assistance Center found that families of critically injured survivors had many similar needs for services as those families whose loved ones died.
document, it includes all friends and loved ones that have identified themselves as ‘family’ to the victim.

- Recognize the importance of understanding the full range of people who have been impacted by the incident who will need assistance—families of survivors, families and individuals living in the area impacted by the incident, coworkers of victims, and families of missing persons.

- Be prepared to adjust planning based on the nature of the incident itself, in particular, the length of time recovery and identification will take.

- Plan from the perspective of the bereaved. It is important to realize that the families seeking assistance may remember how they were dealt with after the disaster for years to come.

Careful planning and the pre-disaster relationships that you form will enable you to activate family assistance quickly and are the key to successful family assistance.

**Overview of Section**

The information in this section of the guide provides the foundation of a conceptual model for providing joint family assistance at a Family Assistance Center (FAC). This section includes:

- The purpose and guiding principles of family assistance.
- The functions and key expectations for providing family assistance.
- An example of an organization for family assistance.
- Identification of who is responsible for family assistance and guidelines for FAC leadership and administration.
- Core family assistance services with guidelines.
- Identification of additional services that will likely be required for a large-scale mass fatality.
- Logistics (staffing, communications and information systems, equipment and supplies, and facility requirements).

The information provided will allow for variations and scalability based on the nature, size and complexity of the mass fatality.

Experience informs the guidance in this section. Family assistance provided in response to Hurricane Katrina, the September 11, 2001 acts of terrorism, the Oklahoma City bombing, and...
other mass fatality responses provide a good foundation for developing plans for future family assistance. Key resources used to develop this guidance include:

- *Oklahoma City—Seven Years Later: Lessons for Other Communities*, Oklahoma City National Memorial Institute for the Prevention of Terrorism, 2002. (http://www.terrorisminfo.mipt.org/okc7toc.asp)
- *Response to the Terrorist Attack on the Pentagon: Pentagon Family Assistance Center (PFAC)*
  - After Action Report;
  - Appendix A, PFAC Management Component Source Documents;
  - Appendix B, PFAC Administrative Component Source Documents; and

The highlights and lessons learned from previous experience that are incorporated in this guidance will assist you in developing your family assistance plan.

An additional resource that is available is *Family Reception Center Exercise Guidelines, Disaster Mental Health: A Critical Response Instructor’s Guide*, University of Rochester, 2006. For this guide, contact Jack Herrmann, Senior Advisor Public Health Preparedness for the National Association of County & City Health Officials at jherrmann@naccho.org.

**Key Assumptions**

The following are the key assumptions underlying family assistance:

- Expect eight to 10 family members/loved ones for each potential victim.
- Family members have high expectations regarding:
  - The identification of the deceased,
  - The return of loved ones to them, and
Family members will begin to come to the incident site almost immediately. The family assistance center—with at least basic services—needs to be open and operating within 24 hours at most.

- FAC operations may be long-term.
- Responding to a mass fatality incident can be overwhelming, leading to traumatic stress. 
  
  *Support for responders is essential to monitoring and minimizing the impact.*

### Proposed Approach

Since most jurisdictions are fortunate in that they have never experienced a mass fatality and had to provide mass fatality family assistance, preparing a family assistance plan requires research. This toolkit does that work for you. Lessons learned from recent major mass fatalities in the United States have been incorporated.

This section of the toolkit provides the conceptual framework for establishing a joint family assistance center. The approach used in it is a single family assistance center that opens as soon as possible with basic services—a place to gather and get information, emotional support, and food and beverages—and services added as they become available. Your jurisdiction may prefer to plan for an initial reception center or centers and open its family assistance center in another location at a later time. Or your jurisdiction may decide to plan for multiple family assistance centers. The choice is yours. Whatever you decide, the information below will be helpful.

The key stakeholders for this section are the local jurisdiction ME/C Office, the agency/organization that the ME/C Office has designated to manage and coordinate family assistance in the event of a mass fatality, key agencies that will provide services, and EOC Logistics. It is important for local organizations and local chapters of the American Red Cross and Salvation Army to be involved in community planning and to understand their role in providing mass fatality family assistance.

A mass fatality family assistance plan is a plan in and of itself. Once you’ve completed it, it can be included in your mass fatality plan or be a separate plan that is maintained by the agency/organization that will be coordinating family assistance per agreement with the ME/C Office. If it is a separate plan, include the ME/C responsibilities at the FAC and reference to the family assistance plan in the mass fatality plan.

Note: An effective response to victims’ families is dependent upon prior planning and stakeholder coordination. Understanding the needs of family members, clarifying the roles of responders, leveraging resources, building trust among agencies, and developing a plan with a sound conceptual framework will allow a jurisdiction to focus its planning in the aftermath of a mass fatality incident on the unique aspects of the incident that impact family assistance—facilitating a more rapid and effective response.
Developing Your Family Assistance Plan

Step 1: What is the purpose of family assistance?

The **Purpose** of family assistance is to provide victims’ families with a secure and controlled area:

- To provide a private place for families to grieve.
- To protect families from the media and curiosity seekers.
- To facilitate information exchange between the ME/C Office and families so that families are kept informed and the ME/C Office can obtain information needed to assist in identifying the victims.
- To address family needs (responding quickly and accurately to questions, concerns, and needs—psychological, spiritual, medical and logistical).
- To provide death notifications and facilitate the processing of death certificates and the release of human remains for final disposition.

Effective family assistance emphasizes compassion while imposing structure on a chaotic situation.

The following guiding principles, developed by the Pentagon Family Assistance Center, are appropriate to all mass fatality family assistance.

**Family Assistance Guiding Principles:**

- Maintain a single focus—supporting the families.
- Convey this single focus in all communications and actions, both internally and externally.
- Deliver only unequivocal, accurate information to families with honesty and empathy—although painful, the truth is always most supportive to the families.
- Guide family member expectations from the beginning of the operation.
- Accommodate families’ requests—group or individual situations—to the maximum extent possible and recognize that some requests cannot be met.
- Remain flexible, allowing room to adapt and evolve to meet new requirements and family needs.
- Provide every opportunity for family members to make decisions to regain control of their lives.
Step 2: What are the key functions and family assistance expectations in a mass fatality?

The following are the key family assistance functions with the agency/organization responsible identified.

<table>
<thead>
<tr>
<th>Family Assistance Functions</th>
<th>Agency/Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family briefings</td>
<td>ME/C Office</td>
</tr>
<tr>
<td>Collection of antemortem data for identification of human remains</td>
<td>ME/C Office</td>
</tr>
<tr>
<td>Death notification to next of kin.</td>
<td>ME/C Office</td>
</tr>
<tr>
<td>Management/coordination of all family assistance operations, including all involved organizations and personnel</td>
<td>Agency/organization with which ME/C Office develops an agreement to provide family assistance management (e.g., Social Services Agency/Human Services Agency, Public Health, or American Red Cross)</td>
</tr>
<tr>
<td>Family support services:</td>
<td>A wide array of agencies, organizations, and volunteers that work collaboratively under the direction of the agency in charge of family assistance, for example:</td>
</tr>
<tr>
<td>- Call center,</td>
<td>Department of Mental Health, Alcohol and Drugs, and/or Behavioral Health.</td>
</tr>
<tr>
<td>- Reception and information desk,</td>
<td>American Red Cross.</td>
</tr>
<tr>
<td>- Spiritual care,</td>
<td>Salvation Army</td>
</tr>
<tr>
<td>- Mental health services,</td>
<td>Faith-based organizations and churches.</td>
</tr>
<tr>
<td>- First aid/medication,</td>
<td>Nonprofit organizations.</td>
</tr>
<tr>
<td>- Translation/interpreter services,</td>
<td>Local volunteer agencies.</td>
</tr>
<tr>
<td>- Child care, and</td>
<td></td>
</tr>
<tr>
<td>- Food services/mass care.</td>
<td></td>
</tr>
<tr>
<td>- Web Search/Lead Investigation Center (if the mass fatality involves large numbers of missing persons).</td>
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<tr>
<td>- A wide range of additional services that are based on the incident. These may include: lodging, clothing, transportation, financial assistance, financial services, legal services, crime victims services, etc.</td>
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</tbody>
</table>
Recommendation: Begin to define roles and responsibilities in the planning process. Develop memorandums of agreement/intent with agencies and organizations that will play a major role in the family assistance center. It will better enable your jurisdiction to move quickly and efficiently in the event of a mass fatality. In the memorandums, include agreements to share information with other agencies in the FAC—it is crucial effectively serving families.

Start-Up Expectations

Preparations to open the FAC need to be efficient and fast. Plan for resources and services as they are needed consistent with operational periods.

The FAC should open as soon as possible. The most critical services needed immediately are:

- A safe, secure place for victims’ family members to gather and grieve.
- Accurate information.
- Food for family members and staff.
- A call center/hotline.

Emotional support services (chaplain services and mental health services), basic first aid, and translation/interpreter services (based on impacted population) are also critical services to mobilize quickly.

The sooner additional services are provided, the better.

The following are examples of startup times and length of service for FACs from recent U.S. mass fatalities.

- The Oklahoma bombing (169 deaths): FAC opened within 3 hours and stayed open for 16 days, until the last body was recovered.

- The 9/11/2001 Pentagon attack (182 deaths): FAC call center was open by 3 p.m. September 11 and the FAC opened with 50 volunteers by 7 a.m. the next morning. It operated 24/7 from September 12 through October 12, 2001.

- The 9/11/2001 World Trade Center attack (approximately 2,800 deaths): FAC was opened at its first location on 9/12, moved to a second location the afternoon of 9/12, and moved to its third location on 9/15. When lines of concerned family members stretched eight blocks in four directions, a new fourth site, Pier 94, was prepared. The FAC was open for approximately 460 days with Pier 94, the final site, closing December 2002.

- Hurricane Katrina hit Louisiana on August 29, 2005 (approximately 1,460 deaths—910 deaths processed through DMORT morgues—and 13,197 missing persons reports): FAC opened September 7, 2005 and stayed open for 342 days, closing August 14, 2006.
An FAC Priority Action Checklist for Startup is included in the tools for this toolkit section.

**Expectations for Hours of Operations**

For most mass fatalities, expect the FAC to operate 24 hours/seven days a week in the beginning. While some services will be needed during all open hours, many of the direct services can be provided between 8 a.m. and 5 to 9 p.m.

**Expectations Regarding Changing Needs**

Experience providing family assistance after a mass fatality indicates that the needs of families will change over time. Anticipate this and plan accordingly. Flexibility is a key principle in providing family assistance.

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The following phases illustrate the changing needs of families as family assistance evolves and are based on Pentagon FAC experience.

**Phase 1.** This is the full FAC operation.

Stage 1—families will be seeking basic information about their loved one and be seeking basic emotional support.

Stage 2—families will be seeking specific information about the disposition of remains, about benefits and entitlements, and will be seeking to bond as a group with other families.

Stage 3—families will be seeking a wide range of services. Legal assistance will become important.

Stage 4—families will begin to move on with the next phase of their lives.

**Phase 2.** This is a scaled down version of the FAC. It may:

- Maintain a master locator list of all victim families.
- Provide a walk-in center for families with information and referral and mental health counseling.
- Provide death notifications—information on continued positive identification of human remains.
- Provide a toll-free number for information and referral, legal assistance, counseling, and referral to community agencies for housing and financial aid. This could be the call center in its next stage of evolution to meet family needs.
- Provide a family assistance center resource guide for families to assist them in their transition to longer-term assistance in their communities with information on relevant resources, information about relevant Web sites, and information about financial grants, points of contact for donations, and other benefits.
- Provide a process for donation acceptance, transfer and referrals.

**Phase 3.** This is the long-term response, with resources directed toward easing the long-term emotional, psychological and financial impact on families. Phase 3 may include the following:

- A letter to all families notifying them that Phase 2 activities are closing and providing information to further transition to community-based resources.
- A secure, interactive Web site for families to provide a single source of useful information, including resources, foundations, donations, plans for a memorial (interactive so families can make recommendations and suggestions for the memorial and provide feedback on needs), and links to other related sites. The site will need to be regularly updated and modified to serve the changing needs of families.
- Information on family support groups. Pentagon FAC feedback indicated that families benefited from group support meetings. Publicize organizations that come forward to provide professional assistance in coordinating family support groups in the subsequent months and years.

Even after the FAC closes, families will have long-term needs for continued resources and services. Educate families on the normalcy of this need and encourage them to access resources. Resources, provided by a wide array of public and private agencies, may include: emergency assistance; shelter; transportation; financial assistance, including grants and special funds; legal rights and pro bono services; mental health and crisis counseling as well as special services aimed at helping children cope with grief; educational support; and information and referral. Publicize the multitude of resources that are available.

**Step 3: How will family assistance center be organized?**

An example of an organization for family assistance operations in one center is presented below. In this example, Joint Family Assistance (separate from the ME/C Office Family Assistance responsibilities) is presented as if the designated agency for this role is a government agency in the ME/C Office’s jurisdiction. In this example, the jurisdiction’s social service agency is the agency the ME/C Office has designated to manage and coordinate family assistance.
Example of Field Organization for Mass Fatality Joint Family Assistance Center (FAC)

Incident Command

Operations Section

Coroner Services Branch
  - Family Assistance
    - Family Briefings
    - Antemortem Data Collection
    - Death Notifications

Care & Shelter Branch
  - Joint Family Assistance Center
    - Joint Family Assistance Management
      - Call Center
      - Spiritual Care Services
        - First Aid/Medication Center
        - Child Care
        - Food Services
      - Reception/Information Desk
      - Mental Health Services
        - Translation/Interpreter Services
        - Additional Services (Determined by Incident)

Law Enforcement Branch
  - Site Security
  - Traffic Control
Step 4: Who is responsible for family assistance?

The ME/C Office is responsible for family assistance for all mass fatality incidents. The only exceptions are commercial airline and some transportation accidents. The Federal Family Assistance Act of 1996 requires the National Transportation Safety Board and individual air carriers to take actions to address the needs of families of passengers involved in aircraft accidents.

Due to the demands on the ME/C Office—human remains recovery, morgue services, and some family assistance services—the ME/C Office will typically designate a lead organization to manage and coordinate joint family assistance and work with that organization to ensure that family assistance is provided. A typical organization for this designated role is the jurisdiction’s social services or human services agency, public health department, or the American Red Cross.

Designate the agency/organization that the ME/C Office will work with to provide joint family assistance in your plan. Having one agency that will lead the coordinated response will help reduce the chaos that families will be experiencing.

Guidelines for:
- JFAC Management and
- Administration (Information Systems and Communications Support, Personnel and Interagency Coordination and Management, and Administrative Support) follow.

Joint Family Assistance Center Management

The purpose of Joint Family Assistance Center (JFAC) Management is to provide an organizational structure:

- To plan, execute, coordinate, and monitor family assistance response operations maximizing the utilization of all available resources.
- To coordinate and manage the numerous organizations and personnel involved in providing family assistance and ensure communication and information sharing to enable a successful emergency response.

The JFAC Management Team will include the JFAC Officer in Charge (OIC), Deputy OIC, the ME/C Family Assistance OIC, Administration Officer, and representatives of organizations providing services (e.g., Social Services Agency, Mental Health Department, DMORT, American Red Cross, nonprofit organizations, State Department, Department of Justice, etc.). Team Leaders, representing their service areas, will also participate as needed.
Plan to have the management team meet daily to discuss and resolve issues in a timely manner—focusing on keeping the best interests of families at heart. It is recommended that the Logistics Officer, Personnel and Interagency Coordination Manager, and the Information and Communications Systems Manager, and, in some cases, the caterer be present for all JFAC Management Team meetings.

The goal is to create a simple, flat, decentralized organizational structure that will allow the management team to focus on major issues that affect families while Team Leaders manage more routine support activities within their respective service areas. Plan to empower Team Leaders to use their professional expertise to do their jobs—doing the necessary research and coordination to execute team management decisions.

**Leadership Staff Recommendations**

The JFAC Officer in Charge will coordinate all family assistance services and attend/participate in family briefings. The seniority of the officer in charge and the deputy officer in charge must be appropriate for the scope and mission of the JFAC. They should be mature individuals and possess exceptional leadership, management and communication skills. The officer in charge, in particular, should have significant positional authority and be recognized by those internal and external to the JFAC.

The ME/C Family Assistance Officer in Charge will serve as a member of the JFAC Management Team, lead family briefings, and oversee antemortem data collection and death notifications.

*When designating leadership and management staff for the family assistance center, aim for a core staff that is assigned to support the mission for the duration. This ensures that institutional continuity and trust from family members are maintained throughout the operation.*

The formation of strong, cohesive teams—the management team and service teams—is important and a challenge with the diverse backgrounds needed for family assistance staff. Patience is necessary in establishing new staff teams under crisis conditions.

**Management Guidelines**

- Oversee/coordinate FAC operations—all organizational, staffing, facility, and operational requirements.
  - Establish a command structure to manage the FAC.
  - Appoint a Logistics Officer. The FAC Logistics Officer will be responsible for working with EOC Logistics on the acquisition, storage, issue, and accountability of all supplies, equipment, facilities, personnel and services necessary to support the family assistance operation.
  - Convene daily management team meetings.
  - Ensure development of FAC safety, security and transportation plans.
- Develop FAC mission and objectives.
Establish consistent policies and procedures/guidelines on FAC roles, responsibilities and requirements early in the process.
  - Communicate this information in writing to the management team, team leaders and all staff and volunteers involved in the operation.

While the different agencies/organizations represent complementary tasks and duties, it is important to recognize that all agencies will bring their own assumptions, priorities, needs and interests to the FAC. A clear command structure, mission, and objectives will facilitate development of a team approach. This is imperative to the success of a joint operation.

Oversee enforcement of FAC safety, transportation and security plans.

Monitor human remains recovery operations and morgue operations. Continuous and open communication is necessary in order to provide families and officials with current and timely information on the progress of the operation at the incident site and the morgue.
  - Discuss DNA testing with the Morgue Services Officer in Charge so that family assistance staff and volunteers understand under what conditions DNA testing will be used, to what extent it will be used, from whom the Medical Examiner would like test samples collected, and who will pay for testing of samples.
  - Discuss how personal effects will be handled with the Morgue Services Officer in Charge so that family assistance staff and volunteers understand and are able to inform family and loved ones.

Manage work schedules to allow key staff some respite from the high demands of the mission. Experience indicates that over time, some staff and volunteers will emerge as a secondary victim group.

Maintain and update daily plan.

Plan for future operations.

Monitor ongoing family assistance activities (FAC Daily Status Update) and track mission activities of each organization involved in the FAC.

Managing donations became a significant operation for the Pentagon Family Assistance Center in the first week of operations. This role may be primarily managed by EOC Logistics or a separate agency; however, expect the FAC to carry some responsibility in this area.

- Develop a well-defined policy and guidelines that allow flexibility for handling various types of donations (monetary and non-monetary).
- Maintain inventory and distribute donated items to family members. There may be a need to administer funds and services for several years, which will need to be transitioned to another organization when the FAC closes.
- Develop a database to a system to track the donor’s name, address, the type of donation, the value of the donation, and the disposition of the donation.
- Provide input for the daily family briefings.
- Maintain a daily journal of organizational activities and responses.
- Consult with EOC Logistics regarding the handling of donations.
- Develop a transition plan for when the FAC closes to provide longer-term support to the families.
- Complete JFAC After Action Report.

**FAC Administration**

The purpose of administration is to support the operation of the FAC by 1) information systems and communications management; 2) personnel and interagency coordination; and 3) general administration/support services. Post Incident Activities are included at the end of the Administration section to facilitate post-FAC planning.

**Information Systems and Communications Guidelines**

Purpose: To set up, manage, and provide technical support for FAC information and communications systems.

**Information Systems**

- Establish needs for, procure (working with EOC Logistics), allocate and track all necessary information systems equipment and supplies to support the FAC (computers and software programs, etc.).
  - Oversee distribution, installation, maintenance and recovery of computer equipment.
- Create a centralized database management system to reduce duplication of effort, minimize the potential for errors, and improve response time in retrieving essential information. This will include:
  - System for collecting victim antemortem information.
    - With capacity to communicate with the Morgue Information Resources Center.
- See Mass Fatality Information Systems section of this toolkit.
- System for recording services provided to family members by service team members.
- System to maintain accurate records of staff hours.
- System to maintain accurate accounting for:
  - Supplies and equipment.
  - Food.
  - Donations.
- Provide technical support (computer and software installation and services, maintenance,

The Hurricane Katrina response used ArcGIS software to create a series of Web-based maps to provide a visual representation of the geographical distribution of the missing, the found, and the confirmed deceased by last known location as well as of recovered remains for the entire region.
telecommunication lines, Internet/e-mail access, and
development of database programs).

- Create and manage Web sites, e.g., for families to access and/or for the public to access information on the recovery effort (coordinate with the Joint Information Center).

**Communications Systems**

- Establish needs for, procure (working with EOC Logistics), allocate and track all necessary communications supplies and equipment to support the FAC (2-way radios, cellular phones and service, telephones and service, public address systems, fax machines, etc.).
  - Oversee distribution; installation; maintenance; and recovery of communications equipment.
- Test all communications equipment.
- Develop and activate a communications equipment accountability system.
- Provide technical advice on:
  - Adequacy of communications systems.
  - Geographical limitations.
  - Equipment capabilities.
  - Amount and types of equipment available.
  - Potential problems with equipment.

**Personnel/Interagency Coordination and Management Guidelines**

Purpose: To manage and coordinate FAC staffing and personnel resource requirements, emphasizing interagency cooperation and sharing of information.

**Management/Coordination**

- Identify staffing requirements in consultation with Team Leaders and communicate needs to JFAC Management Team and EOC Logistics/Staff and Volunteer Processing Center.
- Serve as the central focal point for coordination and sharing of information among participating organizations.
  - Conduct daily coordination meetings with all Team Leaders to review daily activities, resolve problem areas, synchronize future family assistance activities, and report on/discuss perceptions/status of family members and loved ones.
  - Brief all family assistance staff and volunteers at the beginning of each shift.
    - Provide updates relevant to all staff.
    - Team Leaders will brief their teams at the beginning of each shift on information specific to their teams (e.g. new procedures).
  - Repeat information in daily e-mails to staff/volunteers.
  - Maintain message boards and post messages for staff and volunteers working at the FAC.
- Assure ongoing emotional support for workers during the operation by monitoring morale and maintaining a proactive, coordinated effort.
  - Provide briefings and Psychological First Aid:
at the end of each shift and
at the conclusion of the operation.

- Make mental health and spiritual care staff available in the staff dining area for informal discussions/support.
- Make additional Psychological First Aid and other mental health support available as needed.

**Encourage/mandate participation.** Make a concerted effort to prevent staff and volunteers from becoming a secondary victim group.

### Scheduling and Tracking

- Maintain master schedule.
- Aim to formalize schedule a week in advance.
  - Coordinate schedules with Team Leaders.
  - Plan for busy times—before and after daily briefings, site visits, etc.
  - Manage work times to allow some respite.
  - Aim to cover 2-week work periods.
  - Contact staff and volunteers to verify availability prior to finalizing and distributing the schedule.
- Distribute schedule.
  - Make daily adjustments as volunteers reschedule or FAC staffing requirements change.
- Develop and maintain:
  - staff/volunteer rosters,
  - organizational and staffing charts,
  - JFAC Management and Team Leader contact information/telephone numbers,
  - Staff/volunteer contact information/telephone numbers, and
  - Daily updated list of all organizations and agency service providers located in the FAC.

### Orientation and Training

All staff and volunteers at the FAC will participate in orientation and training.

When staff/volunteers check-in at FAC:

- Check ID badges against day’s schedule and have staff and volunteers sign the *FAC Daily Staff Registration*.
  - Issue color-coded name tag badges to distinguish assignments/functions, if ID badge was not issued at Staff and Volunteer Processing Center.

Provide orientation for new staff/volunteers:

- Information on meals, parking, sign-in/check-out procedures, and behavioral Dos and DON’Ts.
  - How to provide sympathetic help, protect confidentiality of family information, the most effective support techniques, and warnings NOT to talk to media other
than to take questions and refer to immediate supervisor, who will refer media requests to the Joint Information Center.

- Provide a tour of the FAC.

Team leaders will be responsible for ensuring that each team member participates in team training specific to the team as needed to fulfill position duties.

**Administration/Support Services Guidelines**

Purpose: To manage FAC administrative, resource, and information requirements.

- Manage routine office functions and emerging FAC requirements.
- Compile, generate and maintain correspondence, reports, statistical information, and logs, including the *FAC Daily Status Update*.
- Document FAC operations.
- Monitor and oversee data entry and control activities.
- Monitor broadcast and print news coverage of events to anticipate impact of information on families and center operations.
- Monitor and ensure that all sensitive material is handled or disposed of properly.
- Provide logistical support:
  - Manage resource requirements, maintain inventories of donated, purchased, and leased equipment and supplies, and work with EOC Logistics to manage distribution of donated items to families.
  - Employ an accounting system to accurately record cost data in specific cost categories and track personnel for later reimbursement, including but not limited to:
    - Mission number assigned by the Emergency Operations Center.
    - Daily attendance rosters and time worked logs.
    - Tracking of all supplies and equipment requested, loaned, received, and used.
  - Establish procedures for determining funding sources and processes.
  - Manage and monitor food services (work with caterer and/or provide meal tickets, e.g., to use in hotel dining area if FAC is located in a hotel).
  - Manage and monitor parking passes, transportation, etc.
  - Manage and monitor janitorial services.

- Manage information:
  - Provide responses to calls and requests or provide an appropriate hand off to the primary organization responsible for the issue.
  - Work with graphics staff and the Joint Information Center to:
    - Maintain message boards and post messages for family members.
    - Update/maintain locations and telephone numbers of participating organizations and service providers, team leaders, and key mass fatality response personnel.
    - Create a fact sheet with information on all services provided for families and for all staff/volunteers so that everyone is informed and able to provide accurate information to families.
- Prepare input for the incident family Web site.
- Maintain information on status and location of injured victims.
- Prepare finished copy for informational materials for families, memory board for family briefing room, professional signs, etc.
- Provide information releases to the Joint Information Center regarding the types of support that have been brought in to assist family members and loved ones.
- Provide Department of State necessary information of foreign decedents to facilitate interaction with appropriate foreign government embassies.
- Provide routine administrative/clerical support.
- Coordinate a possible visit to the incident site with the Human Remains Recovery Officer in Charge and any other events that may be scheduled for family members and loved ones.
  - Manage transportation.
  - Coordinate participation of mental health counselors and chaplains to accompany families on buses.
  - Coordinate participation of medical personnel at site.
- Request and collect information for After Action Report using recommended format from staff/volunteers and all agencies and organizations that participate in the FAC.

### Post Incident Activities

The agency/organization responsible for these activities will be determined during planning for FAC closure. Post Incident Activities will most likely be handled by the ME/C Office.

- Arrange for a memorial service.
- Maintain contact with family members and loved ones to keep them informed about the progress of the investigation (if the incident is the result of a crime/terrorist act) and continue to meet their future needs.
  - Inform families prior to the factual report being made public and tell them whom to contact to request a copy of the report.
  - Coordinate with the Department of Justice in arranging meetings with family members to explain their rights under the victims of crime legislation.
- Consult with families about the selection of the burial site for common tissue, the type of service, and the memorial marker. Typically, common tissue is interred during a memorial service to which the victims’ families are invited.
- Consult with family members about any monument, including inscriptions, that is planned to commemorate the incident.
- Consider planning a memorial service one year after the incident.

*Four and a half years after the Oklahoma City bombing, the common tissue was buried on the grounds of the Oklahoma State Capitol in a nondenominational memorial service.*
Step 5: What are the guidelines for core family assistance services?

The core family assistance services or functions are:

- Family Briefings.
- Antemortem Data Collection to assist in identifying victims.
- Death Notifications.
- Call Center/Hotline.
- Reception and Information Desk.
- Spiritual Care Services.
- Mental Health Services.
- Medical/First Aid Services.
- Translation/Interpreter Services.
- Child care.
- Food Services.

A brief description with guidelines for these functions appear below.

A wide range of additional family support services based on the nature of the mass fatality incident will also be required. Information on the core services is followed by:

- Additional support requests made by families at the Pentagon FAC (as examples that could be replicated for a local incident).
- Additional family support services often provided at the FAC.

Family Briefings

Families will have a strong need to receive a continuous flow of information and to understand what happened to their loved ones.

Family briefings are convened to meet this need. Their purpose is:

- To provide information to all families (at the FAC and not at the FAC) on the progress of recovery efforts, identification of victims, the investigation, and other areas of concern.

In general:

- Always provide information to families before releasing it to the general media.

- Maintain contact with families once it is established regardless of whether additional information is available.
Bring in subject matter experts as needed. And, plan to have rescue workers (selected via the Joint Information Center) and officials visit the families so that they can thank the workers for their efforts and support. When this occurs will depend on the nature of the incident.

The ME/C Family Assistance OIC or a designated representative will lead family briefings with the JFAC OIC present to answer questions about FAC services. If possible, have the same person provide all family briefings so that this person can become the recognized authority.

**Information of Interest to Families**

Families will have many questions and concerns as they assimilate and accept information about the deaths of their loved ones. The *Family Concerns and Religions/Cultural Considerations* section of this toolkit contains detailed information on family member concerns and advice on sensitively addressing these concerns that is based on ME/C Office experience in managing mass fatalities. In general, emphasizing respect for family members and a systematic approach can have a calming effect on those in attendance.

**Family Briefing Guidelines**

- Establish procedures for family briefings.
  - When guests are invited to present to families on topics of interest, orient/brief them on the family briefing procedures.
- Prepare family briefing room:
  - Setup a conference call bridge in the room where briefings will be held and provide a toll free number to connect to the bridge to families so that families who are not on site can listen to the briefing.
- Arrange for translators as needed.
- Prepare a schedule for daily family briefings (minimum two per day, e.g., one in the morning at 9:30 and one in the afternoon at 3:30; however, more frequent information sessions may often be held).
- Post the schedule in the FAC. Inform families that they may attend as often as they like and may bring as many people as they like.
- Consider preparing an informational letter for all families in the beginning that addresses key concerns, such as, identification methods, disposition options, issuance of death certificates, and matters related to unidentified remains.
- Collect information from the incident site, the morgue, the FAC, and the Joint Information Center (JIC) for briefings and consult with the JIC as needed to ensure that families are informed first and for consistency in messages to families and to the public.
  - Note: If the incident is the result of a crime, the ME/C must sensitively convey information to families during recovery that is consistent with the information provided to the prosecution.
- Prepare briefings.
- Convene families and friends at FAC for scheduled briefings.
  - Briefings are important even if there is no new information to report.
- Provide information relating to victims and progress of the response effort to families.
Emphasize that the FAC is the best source of current and accurate information for families at each briefing.

- Present information in terms family members can understand.
- Repeat information frequently during the briefing to accommodate families at various levels of receptiveness in the grieving process.
- Plan for question and answer sessions after each briefing (may last up to 2 hours). If a question cannot be answered, get the answer by the next briefing.
- The JFAC Officer in Charge should attend all briefings and make him/herself available after each briefing to meet with families one-on-one at a designated area in the family briefing room, spending as much time as needed to address their concerns.

- Provide copies of transcripts of daily briefing notes (translated as needed), resource and services information, and other pertinent handouts for pick-up in the family briefing room to help families keep track of the difficult and overwhelming information they are receiving.

In the aftermath of a mass fatality, families are often in shock and may not be able to accurately recall what was said to them. Not having the correct information can be very distressing at the time of the event and later.

- Participate in daily JFAC Management meetings to review daily activities, resolve problem areas, and synchronize future family support activities.

### Antemortem Data Collection

The purpose of antemortem data collection is to collect vital information to assist in positive identification of the victims. Antemortem data may include a victim’s physical, clothing and jewelry descriptions, unique characteristics (like tattoos, scars and birthmarks), dental records, medical records, and fingerprint records.

DNA reference samples are collected when conventional means of identification are exhausted or may be inadequate. Family reference samples and personal effects of the victim containing biological material may provide the only method by which victim remains can be identified.

ME/C or ME/C designated personnel will collect antemortem data. They will meet with family members in private areas within the family assistance center or contact them by phone to collect antemortem information. Families may also call the call center and be referred to a member of the antemortem data collection team for an interview.

All interviewers should be personnel specially trained in dealing with grieving individuals. It is helpful to have experienced DNA professionals available to help establish credibility in the DNA identification process.
Antemortem Data Collection Guidelines

- Establish antemortem data collection procedures.
  - Process for setting up family interviews.
  - Documentation—an antemortem data acquisition and entry plan.
    Determine if interviewers will enter the antemortem data into a database or if data entry clerks will transcribe the data from an interview form into a database that will be used for comparisons with postmortem data.

- Consider using the DMORT questionnaire, the VIP Personal Information Questionnaire. It is a universal questionnaire designed to expedite antemortem data collection.
  - Add local jurisdiction death certificate information to the questionnaire so that families do not have to provide this in another interview at the funeral home.

Note: Directions for filling-in the VIP Personal Information Questionnaire are available at:

- For multicultural populations:
  - Ensure proper formatting of first and last names and correct spelling of similar sounding names.
  - Note information about the family’s religious or spiritual beliefs, including practices and rituals, daily prayer times, important dates, beliefs about autopsy, and other information that may be relevant to the rescue, recovery and disposition of their loved ones.
  - Leaders of religious or spiritual communities can also provide guidance.
    Demonstrating sensitivity to cultural beliefs and practices of the victims’ families in a mass fatality—even when needs cannot be met—is important to effective response.

- Identify an address for receipt of all antemortem records (e.g., the ME/C Office).
  - Be prepared to add changing and new information to each person’s file as it is collected from family members, friends, dentists and doctors after the initial interview.
  - Maintain logs of the files, of all incoming data/samples, and of all forwarding data/samples.
    Accountability for forwarding and receiving records is essential.
  - Be prepared for some family members to not want to provide antemortem information or supply DNA for kinship matches because they view doing so as a sign that they have given up hope.

- Orient/brief Antemortem Data Collection Team on the information they need to collect from families (forms, procedures, etc.) and their role as a representative of the ME/C Office.
- Coordinate operations with the Morgue Information Resource Center and the Morgue Records Supervisor.
Schedule interviews with families. Allow 2 hours for each interview with a 30 minute period between interviews.
- Conduct interviews in rooms that are private and quiet.
- Reassure families that all information will remain confidential.
- Collect antemortem data using ME/C approved form. Once form is completed, antemortem information is given to the ME/C, the Morgue Information Resource Center, and any other appropriate agencies approved by the ME/C.
  - Dissuade families from acquiring or carrying the victim’s medical or dental records to the JFAC.
    - Ask family members to sign release forms to allow for the release of the missing person’s dental and medical records.
  - Call dentist and physician offices to request original dental records, x-rays, and medical records.
    - Follow-up call by sending an authorization fax that includes the HIPAA Exemption for Medical Examiners and Coroners, CFR 164.512(g), to verify and confirm the request for the victim’s medical/dental record and request timely delivery of records.
  - Monitor the status of incoming dental records, x-rays, and medical records to insure that all records are original and have been received.
    - Inform families when antemortem data and samples have been received.
    - Have victim records in foreign languages translated as needed.
  - Follow-up on requests that have not been received.
- Arrange for collection of DNA samples.
  - Establish DNA collection procedures to ensure proper collection procedures, prevent cross contamination, and ensure the best possible specimens are collected for subsequent laboratory testing.
  - Provide families with a copy of Appendix G, Identifying Victims Using DNA: A Guide for Families, in the National Institute of Justice’s Lessons Learned From 9/11: DNA Identification in Mass Fatality Incidents, September 2006. The family guide is available in English and Spanish and how to access it is included later in this section under Associated Tools and Resources.
  - Answer family members’ questions regarding collection of DNA samples. Explain the differences between Forensic DNA and Kinship DNA analysis.
  - Maintain an open, honest and sensitive approach to questions surrounding lineage when requesting samples for Kinship DNA analysis.
  - If buccal swabs are used, assist family members in collecting the samples.
  - If blood samples are used, arrange for family members to meet with staff who will be collecting blood samples. Allow families to go to their family physician to collect their blood sample, if they prefer to do so.
- If family members do not visit the FAC, interviews can be conducted over the telephone following the same procedures.
- For families that do not come to the FAC, DNA samples can be arranged through the ME/C and local law enforcement agencies. Send letters and consent forms to families that do not visit the FAC. If necessary, make arrangements to collect samples from anywhere in the world. When families are sending DNA samples, it is important that
they are aware of complex mailing procedures for specimens and that not all companies provide this service.

- If telephone contact is made before a family arrives at the FAC, follow a scripted checklist to request location and information on the following:
  o Physician
  o Dentist
  o Hospital
  o Fingerprints
  o Photographs
  o Military service records
  o Essential vital statistics.

- Arrange for collection samples to be sent to the DNA laboratory that the ME/C Office has approved at the end of each day.
- Get daily status reports from the DNA lab.
- Once the form for antemortem data collection has been completed and copied/printed at the FAC, direct it to the Information Resource Center at the Morgue for review and analysis. This may also be done electronically.
- Maintain chain of custody of records via sign-in and sign-out logs.
- Keep copies of forms at the FAC for reference. When the FAC is closed, the forms will be maintained by the ME/C Office or destroyed.

### Death Notifications

The purpose of death notification is to notify next of kin/family members when their loved one has been positively identified.

- Once notified, the release of the remains between the family, the morgue and the selected funeral home is coordinated.

The death notification process facilitates the return of remains and allows families to grieve, memorialize their loved ones, settle estates, and resolve legal issues.

Death notification is the responsibility of the local ME/C Office. A Death Notification Team is preferred for notifications and may include a representative of the ME/C Office, a crisis counselor, and/or clergy.

### Death Notification Guidelines

- Establish death notification procedures.
  o Notify family members of a loved one’s death in person, if at all possible. Notification can take place at the FAC or at a location of the family’s choice, such as their home. If the family’s selected location is too far for the local ME/C Office to go to, enlist the assistance of local law enforcement for that area.
A team rather than an individual is preferred for notification. It is better to err on the side of having support persons present in case needed than to need them and not have them present.

- Brief Death Notification Team members on death notification procedures and their role as a representative of the ME/C Office.
- Identify the Death Notification Team that will notify the family of a loved one’s death. In cases where local law enforcement in another area is making the notification, encourage them to bring a local mental health professional or member of the clergy.
- When assistance is needed to find next of kin, notify appropriate authorities.
  - If the victim lived out-of-state, the State Office of Emergency Services may assist by contacting the law enforcement agency where next of kin lives.
  - If the victim is from another country, the Agency for International Development, Office of Foreign Disaster Assistance may assist in contacting a deceased foreigner’s family through the appropriate embassy.
- Prepare a fact sheet for each family with relevant information:
  - Explain how identification was determined.
  - Explain process for release of remains.
  - Include:
    - FAC number to call for services and/or referrals.
    - ME/C Office contact person and phone number for further questions and information on how and when the ME’s report will become available, if they are interested.
- Assemble the Death Notification Team and ensure that all members are thoroughly briefed—before meeting with the family—on the information that will be given to the family so that they can answer as many questions as possible.
- Notify next of kin when an identification has been made and the Death Notification Team is ready to meet with them.
- In cases of fragmentation or commingling of remains, counsel families on the available options for disposition of any subsequently identified remains:
  - Notification each time additional remains are identified.
  - Notification at the end of the identification process.
  - Return of the currently identified remains to the family now for final disposition.
  - Return of all remains at the end of the identification process.
  - Note: If DNA analysis is the method used to conduct identifications of fragmented/commingled remains, the physical reassociation of all remains may take place several weeks or months after the incident.
  - Consider other requirements the family may have if they do not impact overall identification efforts.
  - Counsel families on the likelihood of common tissue.
  - Note: Due to the length of time required to complete the scientific identification of the tissue and/or the time required to investigate and complete legal proceedings if the incident is the result of a crime, inform families that internment of common tissue will not occur soon.
- Document the family’s decision. Complete a Release Authorization and place it in the victim’s file.
- Ask family members and loved ones if they desire crisis assistance or someone to talk to.
If family members are undecided or say no, give them the family assistance call center number to use if they change their mind in the future.

- Give families copies of the fact sheet prepared for the notification and of the *Release Authorization* with their decision on disposition of any subsequently identified remains documented.
- Coordinate the release of the remains between the family, the morgue and the selected funeral home.
- Provide the FAC Officer in Charge (and JIC) with names of victims and their next of kin, relationship to victim, and next of kin addresses and telephone numbers after the death notification. The antemortem questionnaire is a good source for this information.

**Call Center/Hotline**

The call center is an important communications link to victims’ families. It manages all calls coming into the family assistance center via a dedicated toll-free telephone number. It is set up as soon as possible after notification of a mass fatality incident.

The purpose of the call center is:

- To provide a critical communications link to victims’ families and to families requesting information on missing persons.
- To act as a primary contact point for all incoming calls to the FAC.

Since most mass fatality events will also have survivors, plan to organize the call center so that it can meet the needs of family and loved ones of both decedents and survivors in the beginning. Each call received should trigger an organized and compassionate process to help find the missing and to help identify the victims.

It is recommended that the setup of the call center be coordinated with the Joint Information Center.

Plan to operate the call center 24/7, with most staffing during the day.

The call center’s communication link can be solely phones or phones and e-mail. If e-mail is included, e-mail protocols will need to be developed and staff will be needed to respond to e-mails.

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The Pentagon FAC had 15 phones with headphones. It received over 5,000 calls, averaging 170 calls per day. They noticed that types of calls changed over the evolution of the operations. In the beginning the calls had a tone of urgency from close family members and friends seeking information on loved ones. In the second week distant relatives and friends began to call. As victims are identified and the call center number had been increasingly publicized, callers began offering to volunteer and wanted to make donations. In the last two weeks of the operations, calls were overwhelmingly focused on a few key areas that included the memorial service, family briefing times, and FAC services.
Managing Mass Fatalities: A Toolkit for Planning

Call Center Training Manual

A resource for developing the call center staff resource information and training manual is the Pentagon Family Assistance Center Information and Training Manual. The manual contains an Introduction; Pentagon Family Assistance Center (PFAC) Call Center Operation (purpose, primary functions, and PFAC services and providers); Crisis Intervention Training Basics (emotional reactions to crisis, hints for helping, and talking about death); Ground Rules for Staff; Confidentiality; Media Requests; Values Clarification; Taking Care of Yourself; Volunteer Information; Call Record and Family Member Contact Information; Questions and Concerns; and Call Center Forms and Additional Information. It is included later in this tool under Associated Tools and Resources.

Resource Information Binder for Call Center Phone Operators at Each Phone Station

A resource information binder is recommended at each phone station with:
- Call center staff resource information and training manual.
- Family assistance center information:
  - points of contact phone numbers
  - scripts for frequently asked questions*
  - daily family briefing updates
  - lists of inured, unaccounted for, and casualties
  - press releases
  - services that are available at the family assistance center
  - local area lodging information
  - transportation information.
- donation information.
- volunteer information (refer to Staff and Volunteer Processing Center).
- a bomb threat checklist (if deemed appropriate).

* The scripts for frequently asked questions need to be updated daily to reflect current questions and concerns of family members from family briefings and Joint Information Center public communications.

Call Center Guidelines

- Establish call center procedures:
  - Respect, consideration, and sensitivity for all callers.
  - Confidentiality.
  - Based on caller:
    - Family members:
      - referral to Antemortem Data Collection Team for collecting sensitive victim and family information,
      - referral to DNA personnel (Antemortem Data Collection Team) to provide guidance on questions such as whether it would be helpful for a certain family member to provide a kinship DNA sample, and
referral to Mental Health Team or Spiritual Care Team when caller is in immediate need of help beyond what is provided in call center.

- Interested volunteers (referral to Staff/Volunteer Processing Center).
- Donations (referral to designated agency handling donations).
- Media (always refer to Joint Information Center).
  - Monitoring of call-type trend information and process for feedback to JFAC OIC for managing FAC activities.

- Take time with each caller as needed—staff is dedicated to meeting the needs and understanding the concerns of each caller. This requires taking time to listen.
- Prior to requesting information, thoroughly explain to family members the process and purpose for requesting personal information.
- Fill out the Call Record And Family Member Contact Form (a Pentagon FAC form that is scripted for standard call processing and data collection and can be modified as needed) or Crisis Call Center Intake Form. Basic information includes:
  - Name of caller, telephone or contact information, if follow-up is required.
  - Family member/victim information, including primary next of kin, addresses, telephone numbers.
  - Reason for call.
  - Type of information provided.
  - Follow-up needed and call center or FAC staff who has responsibility for the follow-up.
- Assess emergency and non-emergency needs of callers.
  - If a caller is in immediate need of speaking with a counselor/chaplain, ask the supervisor to bring one to the call center. If the caller is stable enough, take a name and number to pass to the chaplain/counselor for follow-up.
- Discuss FAC services. Provide information and referral for the appropriate FAC on-site service provider.
- If staff/volunteer needs to vent after receiving an unusual or stressful call, please do so appropriately with a co-worker or the supervisor. Take these opportunities as needed. Be sure that callers and visitors cannot hear any ‘processing’ conversations.
- Take and distribute messages to FAC staff and service providers.
- Turn in collected information on forms to the shift supervisor at the end of each shift.
  - Data entry personnel will enter important personal and demographic information on victims and their families into the database to share with other FAC staff.
  - The supervisor will review contact sheet records and assess required follow-up contact and arrange for follow-up calls.
- Add updated information to phone operator resource binder.
- Maintain confidentiality of family information.

Reception and Information Desk

The reception and information desk should be in a central, highly visible area. It is the families first point of contact and plays a critical role in setting the tone of the FAC experience.
The purpose of the reception and information desk is to welcome and check-in families and visitors to the FAC to ensure FAC security, assess immediate needs of family members, and assist families in accessing services.

The reception and information desk plays an important role in taking care of families by monitoring their visits, assessing their needs, and by reporting to leadership on how families are responding to services at the FAC. This feedback allows the FAC to be proactive and flexible.

Be prepared to:
- Meet families as they arrive.
- Assist when necessary in coordinating activities to meet families’ needs.
- Provide liaison between the family and the agencies involved as needed.
- Control who gains access to the FAC. Each family member should receive a photo identification badge to allow access to secured areas and maintain the privacy of all families.

The Reception and Information Desk Team includes staff working at the desk and escorts. Staff and escorts should receive an orientation briefing that includes training on:
- Awareness of and responding to family grief.
- Importance of confidentiality.
- Continual support of families while in the FAC.
- List of services available at the FAC.
- Tour of the FAC.

Reception and Information Desk Guidelines

- Establish reception and information desk procedures:
  - FAC is only for families and loved ones of anticipated victims and pre-approved guests. Media, curiosity seekers, etc., are not welcome.
  - Consider establishing an order for family members to register and visit various agencies (based on family needs) to ensure that families get the assistance they need.
- Welcome families when they arrive. Escorts may meet families at the entrance and accompany them to the reception and information desk if it is not at the FAC entrance.
- Check-in families, ensuring that they are treated with respect, consideration and sensitivity. Allow people to move through the process at their own pace:
  - Ask them to sign the FAC Daily Sign In Log.
  - Gather locator information on primary and secondary next of kin and who will be visiting the FAC on the FAC Family/Friend Registration Form. Thoroughly explain the process and purpose of requesting this personal information prior to asking questions.
    - Forward this information to administration, the call center, and the antemortem data collection team for further processing and reporting.
  - Provide each family member/friend with a photo ID badge for identification with a same day pass. The photo ID badge should be a different color from staff
badges so that family members and staff can be quickly distinguished. On subsequent visits, check IDs and issue same day passes.

- Assess emergency and non-emergency needs of family member(s).
- Offer information on available services and connect families with the appropriate on-site service providers.
- Give directions for signing in on future visits and for signing out.

- Assign an escort to each family who can take them to a designated area where they will be more comfortable and can be located if necessary or to requested service provider.
  - Escorts can inform families of available services, provide written information that has been developed, provide the schedule for family briefings, assist families in navigating FAC services, and help them with any need that arises during their stay at the FAC.
  
  Expect families visiting the FAC for the first time to use the escorts extensively and to rely less on them during subsequent visits.

- Provide information and referral services.
- When families leave the FAC, ask them to check-out and confirm that the FAC has their address and phone number so that they can be contacted with additional information, including notification of a loved one’s death.

### Spiritual Care Services

The purpose of spiritual care services is to:

- Provide interdenominational pastoral counseling and spiritual care for people of all faiths who request it.
  - Being accessible to the families, friends, and co-workers of victims and to the FAC staff and volunteers during all FAC hours, particularly during large group meetings and events.
- Conduct religious services and provide worship opportunities.
- Provide emotional support/crisis intervention and assist mental health staff as needed.
- Serve as a member of the Death Notification Teams.

**Spiritual Care Guidelines**

- Establish the procedures for spiritual care services.
  - Emphasize reaching across faith group boundaries and not proselytizing. In coordination with mental health counselors, protect family members from being confronted by unwelcome forms of spiritual intrusion.

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*At the Pentagon FAC chaplains were at the FAC the day it opened. They were located at the main entrance point (near the reception/information desk and mental health services), which made their services highly visible. More than 58 chaplains and 22 assistants provided spiritual care with nine to 16 per shift. More than 4,800 contacts were made, of which about 3,800 included family members and friends and about 1,000 were FAC staff and volunteers.*
Be available throughout the FAC to keep a watchful eye on the emotional reactions of those around them. Guide family members to a private room where they can talk about their loss and pray as needed.

At a minimum, maintain records of the number of contacts and the assistance provided to document FAC activities and manage staffing requirements.

- Orient team to procedures.
- Monitor the information received at family briefings, particularly the numbers of positive identifications and of missing victims.
- Choose strategic positions throughout the family briefing room during briefings to reach out to any family experiencing grief or trauma.
- Assist with antemortem interviews and death notifications as needed.
- Assist with callers to the call center as needed.
- Walk around the FAC, visiting and talking to people and monitoring how families and how FAC staff and volunteers are holding up over time.
- Share meals with families to provide support.
- Make counseling in private rooms available.
- Arrange suitable inter-faith memorial service in the days following the incident. Offer single-denominational services at the FAC on Sundays.
- Make materials available to help those who are grieving and to positively reinforce the pastoral contacts with family members.
- Work with mental health staff in providing emotional support for FAC staff and volunteers.
- Work closely with the mental health services staff to maximize assets and minimize functional overlap.
- Attend all special events (e.g., visits to the incident site) to monitor family reactions during activities and provide support.

Mental Health Services

The purpose of mental health services is to:

- Assist family members and FAC staff and volunteers in understanding and managing the full range of grief reactions.
  - Being accessible to families and staff and volunteers during all FAC hours, particularly during large group meetings and events.
- Provide Psychological First Aid, crisis intervention, mediation, and management of ‘at risk’ family members, including child and adolescent counseling.
- Provide referrals, as requested, to mental health professionals and support groups that are in the family member’s local area.
- Provide Psychological First Aid and grief process educational materials for the FAC.

Mental health services goals are to provide services based on the most current best practices:

- For families:
  - To help families grieve and stabilize as they prepare to move on to the next phase of their lives.
The sooner educational information and counseling staff are available, the more likely family members will become aware of issues and seek assistance.

For staff and volunteers:
- To help staff and volunteers cope with the common stress symptoms that result from working in mass fatality response and prevent/mitigate traumatic stress and its symptoms—physical illness and disease, mental and psychological disorders, and relationship problems.

**Mental Health Services Approach**

Psychological First Aid* is the recommended mental health strategy in the immediate aftermath of the disaster. This focus can last for several weeks for large-scale incidents.

*The literature suggests that psychological debriefing may have adverse effects on some disaster survivors and first responders. As a result, many disaster response organizations have chosen to utilize PFA as the supportive intervention of choice for responders in the early aftermath of disaster. It is an evidence-informed modular approach for assisting people in the immediate aftermath of disaster and terrorism to reduce initial distress and foster short and long-term adaptive functioning.*

An additional approach to consider has been developed by the Palo Alto Medical Reserve Corps—a three-stage treatment alternative to Critical Incident Stress Debriefing. Its three phases are: Phase I—psychological first aid, Phase II—intermediate support/anxiety control, and Phase III—continued support/control or support/control plus prolonged exposure. All three phases are empirically derived therapeutic interventions for acute stress reactions following mass casualty trauma.

Resources for Psychological First Aid and the Palo Alto Medical Reserve Corps model are presented later in this document under Associated Tools and Resources.

**Mental Health Services Staffing**

*It is important to maintain an appropriate mix of professionals—social workers; marriage, family and child therapists; psychologists, psychiatrists, and grief counselors—on duty. Aim to develop a core team for continuity.*

The Mental Health Services Team will participate in orientation/training in Psychological First Aid (PFA). For long-term FAC operation, Team members may also participate in orientation/training for evidence based interventions developed by the Palo Alto Medical Reserve Corps to assist families.

*At the Pentagon FAC there were an average of 20 counselors and two administrative assistants on each shift. Each counselor averaged 23 in-person and six telephone contacts a day. An estimated 18,000 contacts were made during the first month. Counselors were located at the main entrance point (near the reception desk and spiritual care services), which made their services highly visible.*

*In response to the 2001 World Trade Center attack, American Red Cross*
Mental Health Services Guidelines

- Establish mental health/emotional support services procedures.
  - Use of Psychological First Aid.
  - Availability throughout the FAC.
  - Recordkeeping. At a minimum maintain records of the number of contacts and the assistance provided to document FAC activities and manage staffing requirements.
  - Confidentiality and privacy protection.
  - Medication. Disaster Psychiatry Outreach is a resource for information on the disorders victims are likely to develop, medications appropriate to dispense on site, and crisis interventions.
- Orient team to procedures and to local resources.
  - Make referral lists available to all staff.
  - Consider using the generic title of ‘counselor’ for all mental health staff to help lessen the avoidance some people have toward the term mental health.
- Walk around the FAC, visiting and talking to people and monitoring how families and how FAC staff and volunteers are holding up over time. Serve as mental health eyes and ears throughout the FAC.
- Guide family members to private rooms for counseling—re: spectrum of normal grief reactions, crisis intervention, mediation, management of ‘at-risk family members, child/adolescent counseling, family counseling, consultation services, and referrals for longer-term follow-up counseling as needed.
- Provide mental health services/consultation in child care center as needed.
- Make PFA handouts for survivors and educational materials on the grief process, how to answer children’s questions about the tragedy, etc., available for distribution throughout the FAC.
- Monitor the information received at family briefings, particularly the numbers of positive identifications.
- Assist with antemortem interviews and death notifications as needed.
- Provide behavioral health assessments and appropriate interventions for callers to the call center as needed.
- Attend all special events (e.g., incident site visits) to monitor behavioral health reactions during activities.
- Provide mental health services for the FAC staff and volunteers and direct staff and volunteers to additional counseling resources as needed.

This is a significant role for the team. A crisis situation is an intense experience for those involved in the response effort—physically, emotionally and psychologically. Research shows that the closer an individual works with traumatized victims, the more likely he or she will experience secondary trauma. Emotional and spiritual support can help minimize the vicarious trauma impact on personnel who are directly supporting victims.
- Work closely with the chaplains to maximize assets and minimize functional overlap.
- Provide consultation to FAC leadership and leaders of other teams.
First Aid/Medication

The medical aid station’s purpose is to:

- Provide immediate emergency medical evaluation and stabilizing care to family members and FAC staff and volunteers.
- Serve as a liaison with medical service providers in the event of a medical emergency.
- Assist family members by providing general support and comfort.

The staff will consist of doctors, nurses, and technicians and is ideally stationed near mental health and spiritual care services.

First Aid/Medication Guidelines

- Establish first aid/medication procedures.
  - Including access to pharmaceuticals.
- Position throughout the facility during family briefings and other events when large numbers of families are gathered for activities.
- Provide first aid/medication as needed.
- Arrange for transport to hospital as needed.

Translation and Interpretation Services

The purpose of translation and interpretation services is to:

- provide translation and interpretation services in individual and family meetings and during family briefings and
to translate FAC materials and antemortem records as needed.

Translation/Interpretation Services Guidelines

- Establish translation and interpretation services guidelines and procedures.
- Be available to all families and all agencies and staff/volunteers during all hours of operation.
  Assist with translation for:
  - Services for families.
  - Written materials that are available for families.
  - Translation of dental and medical records from other countries.

The FAC medical area for the Oklahoma City bombing had eight beds and was staffed by registered nurses, paramedics and doctors.

At the 9/11 New York City Pier 94 FAC, 35-75 volunteer translators worked 8-12 hours shifts and were kept busy all of time.
Child Care

The purpose of child care is to provide a safe and secure environment for FAC families’ children during main FAC operating hours. The primary goal is to establish a friendly and healthy setting for short-term care while providing some respite for parents as they deal with a very difficult, challenging situation.

Services include:

- Providing activities and caring support for children.
- Providing structure, comfort and acknowledgement to minimize the impact of traumatic stress and to meet children’s unique needs.
- Providing information and referral for families who need more extensive child care after FAC hours.

It is recommended that only licensed child care providers be used to provide these services.

Child Care Center Guidelines

- Establish child care center procedures.
  - Whether or not parents/guardians must be on site at FAC when their children are in child care.
  - How security will be ensured, e.g., take a Polaroid photo of each child and his/her parent when the child is brought to child care. Check the photo and/or identification prior to releasing child.
  - Evacuation plan.

- Make sure room(s) is child safe based on the state’s recommendations for child care operations.

- Set up the room(s) daily:
  - Organize play areas with toys accessible to children.
  - Set up bathroom and diaper changing areas.
  - Arrange for snacks, juice, and meals.
  - If a television is available, only use it for tapes and DVDs—not for general TV programs to avoid news broadcasts.

- Orient new staff:
  - Review safety standards.
  - Review hygiene standards for diapering and toileting.
  - Review sign-in and sign-out procedures.
  - Provide information available on dealing with children’s grief/disaster response, number to call if help is needed, evacuation plan, etc.

- Brief staff at the beginning of each shift.

The Pentagon FAC cared for 140 different children, aged 2 months to 21 years (including youth with special needs) from 66 families. On average, the staff cared for 21 children per day.

Operating hours were:
8:00 a.m. to 8:00 p.m. daily (in initial phase)
8:00 a.m. to 5:00 p.m. daily (later when the intensity of the operation decreases).
Hours were adjusted for special events.
- Sign-in (parent/guardian’s name, child’s name and age, time in).
  - Get any special instructions from parents, such as food allergies, medication, approximate time of return and planned location(s) in the building in case parents must be notified if their child is experiencing distress and since they have primary responsibility for evacuating their child(ren) in case of emergency.
- Engage children in age-appropriate activities/provide care.
- Coordinate/monitor special needs of children and coordinate activities to meet those needs (art therapy, trained therapy dogs, child psychiatrists, social workers, etc.).
- Communicate with parents/guardians to pass on appropriate information on activities and issues.
- Sign-out (parent/guardian check Polaroid photo of parent and child/show identification as needed, signs name and time out).
- Daily closing procedures:
  - Ensure that all children have been accounted for.
  - Prepare a daily shift report.
  - Disinfect toys—especially those that children put in their mouths. Place in a sink or tub and spray with bleach solution, rinse, and air dry.
  - Organize room and leave any special instructions for opening—sweeping, replacement of towels, etc.
  - Return key to the FAC Officer in Charge.

Food Service

Food for families and for staff is required. The purpose of food services is to provide three high quality meals daily and make snacks and drinks available during all hours of operation.

Guidelines for Food Services for Families and Staff

- Arrange for two dining areas—one for families and staff and one for staff only (for when staff want private time/time to regroup).
- Provide food (catered, made on premises, food vouchers for the hotel restaurant if the FAC is in a hotel).
  - Three high quality meals daily.
  - Beverages and snacks during all FAC hours of operation.
- Spiritual Care counselors and mental health counselors should be available throughout the hours of operation in both dining rooms and in snack/beverage areas.

Support Ideas and Activities Families Will Appreciate

At the Pentagon Family Assistance Center (PFAC), families identified the following things as valued support in addition to the many available services:
- Memorial Table.
- America’s Heroes Board.
- Pentagon (Incident) Site Visits.
- Families Connecting with Other Families.
- Pentagon Remnant Vials.

These supportive measures can easily be modified for replication during other mass fatality incidents.

### Examples of PFAC Support Ideas and Activities Families Appreciated

<table>
<thead>
<tr>
<th><strong>Memorial Table</strong></th>
<th>The memorial table lined one side of the family briefing room. It provided space for families to place mementos, photos, and letters honoring their loved ones. The memorial table became a powerful and emotional area where family members, visitors, staff, and volunteers solemnly and reverently read the touching letters and viewed the photos of victims.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Heroes Board</strong></td>
<td>The graphics specialists produced a special board that was displayed at the front of the family briefing room. The display was lined with laminated photographs and biographies of the victims that had been published in The Washington Post. New biographies were added daily as they were printed in the paper. The biographies provided a more personal description of the victims than a standard obituary. The American Heroes Board became a place where families, staff, and volunteers would frequently gather to read about the lives of those who had perished.</td>
</tr>
<tr>
<td><strong>Incident Site Diagrams and Charts</strong></td>
<td>A number of family members had a need to know where their loved one was in the Pentagon or in the aircraft at the time of the attack and how the attack site was changing over time. In response, graphics specialists developed graphic displays of the affected Pentagon offices and seating diagrams of Flight 77. To a number of families, seeing where their loved one was at the time of the attack helped them better understand and process what happened. As the recovery process progressed, families were kept updated on the status of the operation and diagrams were used to show the progress of the efforts at the attack site. These charts and diagrams proved to be a powerful way to communicate information to families.</td>
</tr>
<tr>
<td><strong>Incident Site Visits</strong></td>
<td>Family members asked to view the site where their loved ones died. This was originally discouraged, but when it became clear how important this was to the families, necessary arrangements were made for visits. FAC staff conducted the first site visit, which occurred the weekend after the attack. Family members were escorted to the site on buses. A mental health counselor and chaplain were assigned to each bus. Medical personnel and therapy dog teams were on-site to provide additional support. The</td>
</tr>
</tbody>
</table>
Examples of PFAC Support Ideas and Activities Families Appreciated

viewing site was 100 yards from the actual attack site, since recovery work was still being done. FAC staff arranged for a table at the site where families could leave flowers (provided by the FAC) and other mementos of their loved one. A viewing platform was erected for families to see the site from an elevated position. Families were also briefed on the attack, using diagrams and charts to explain what happened. Families were allowed to stay at the site as long as they wished. Blankets were provided as days got colder. Several more visits were arranged. The final set of visits allowed families to get closer to the attack site since the recovery phase had been completed. Going to the actual location where loved ones died proved to be a significant part of the grieving process.

Families Connecting with Other Families

Families were very interested in meeting colleagues of loved ones and wanted to connect with others families experiencing a similar loss. Locations in the family briefing room were designated for families to gather and meet. This provided interested families with opportunities to share information, develop relationships, and form support groups.

Incident Remnant Vials

Many family members requested remnants from the attack site. Remnants were obtained, placed in vials and put in small wooden boxes (designed specifically for this purpose, they were produced and donated by a wood carver). The FAC managed distribution to ensure that every family received one. FAC staff stressed that the vials contained rubble from the site, free of human remains and toxic materials, and were not to be considered as the partial remains of loved ones. To the families, the vials were reminders of where their loved ones had perished.

Special Support Activities

On September 24, a large number of families attended a special Kennedy Center concert hosted by the First Lady. The concert was a special tribute to those who were lost or missing, family members, and survivors. Although family members did not request this, this event and others like it provided a brief reprieve for families.

Memorial Service and Support

One month after the event, a memorial service was held. It appeared to serve as an important milestone in the families’ grieving process. After the memorial service, many families began returning to work, reconnecting to their communities, and resuming their lives.

Some families preferred not to go to the Pentagon for the service. To meet their needs a live satellite dish was positioned to broadcast the event via satellite to the family briefing room so family members, staff, volunteers, and hotel personnel could watch the event. The decision to have a dedicated satellite dish allowed the FAC staff sufficient time to coordinate the logistics for the transmission and avoid the risk of
Examples of PFAC Support Ideas and Activities Families Appreciated


complications that could result from a last minute link-up with a public broadcast network.

Children at the child care center who were eight years old or older and had their parent’s/guardian’s permission, were brought to the family briefing room to view the service. Professional staff were on hand to support any issues the children or family members had. The FAC staff also made arrangements to provide all families with a video tape of the memorial service.

Additional FAC Services

Following a large-scale event, family assistance typically involves a range of services provided by local, state, and federal agencies as well as nonprofit and private organizations. The additional family assistance center services needed will depend on the nature of the incident and on the victim population. Examples of these services—in alphabetical order—include:

- Benefits Counseling and Assistance.
- Financial Assistance.
- Financial Planning.
- Laundry Services.
- Legal Assistance.
- Physical Health Services.
- Salvation Army Services.
- Therapy Dogs International Services.
- US Department of State Services.
- US Department of Veterans Affairs Services.
- US Federal Bureau of Investigation Victim Witness Assistance Program.
- US Social Security Administration Benefits Assistance.
- Web Search/Lead Investigation Center to manage large numbers of missing persons that are not presumed dead.

If the victim population includes members of the armed services or government employees, there are many services available that can be accessed for victim families. If the victim population is predominantly comprised of employees of a large corporation, it is also likely that the impacted corporation will be actively involved in the family assistance center.

The many additional services that provide on-site services at the FAC will need to:

- Appoint a Team Leader.
- Establish procedures for operation.
- Maintain data on the numbers of families/family members served.

Each of these additional service categories is described in a table in the Logistics section under FAC Required Staffing.
FAC Logistics

The FAC logistics requirements are extensive. This section outlines the general requirements for:

- Staffing
- Communications and information systems
- Equipment and supplies
- Facility requirements.

You will have to make decisions in your planning process to complete your logistics planning. The information below can be modified for your jurisdiction. You will need to complete columns for alternate sources/resources to include resources that are available in your jurisdiction and contact information. The exact number of resources required will depend on the nature of the incident and can only be determined at the time of the incident.

Procedures For Managing Logistics/Support Requirements

The FAC Logistics Officer will identify FAC service and support needs and will work closely with Emergency Operations Center Logistics and the Staff and Volunteer Processing Center to procure and allocate service and support needs. The FAC Logistics Officer will also work closely with FAC administrative staff to track and maintain required documentation for supplies, equipment and personnel.

Step 6: Describe staffing requirements.

A core staff from the FAC managing agency and from the local ME/C Office will be important to ensuring continuity for families. Involving additional agencies with experience in providing family assistance for mass fatalities is strongly recommended. The remainder of the FAC staff will be a largely volunteer staff from multiple agencies and organizations.

Guidelines for Staffing the FAC

Information on agencies with expertise in mass fatality family assistance is followed by FAC lead organization and tables for staffing requirements and for additional services/resources.
Agencies with Expertise in Mass Fatality Family Assistance

Examples of agencies that have experience in managing a family assistance center include the American Red Cross and the DMORT Family Assistance Center Team.

**American Red Cross**

American Red Cross (ARC) involvement is activated by contacting the local Red Cross chapter. Local chapter paid and volunteer staff provide the initial response in the form of a Disaster Action Team (DAT). In larger incidents, the DAT may conduct an initial assessment and alert the chapter of the need for a Disaster Relief Operation (DRO). If the disaster is deemed to be beyond local capacity, the local chapter will contact the Red Cross state lead chapter for assistance. If the state lead chapter determines that an incident requires resources beyond the Red Cross resources of the entire state, the state lead unit requests assistance from the Red Cross National Disaster Operations Center (DOC), which will then bring to bear Red Cross resources from across the nation.

The American Red Cross Disaster Services functions and activities that may be available as part of a mass fatality response include:

- Assistance in setting up the FAC and in escorting family members to the site.
- Administration—coordinate and ensure appropriate performance of the Red Cross functions, including effective communication with other agencies, ARC headquarters, daily activity reports, staffing, equipment and supply requests.
- Immediate Emergency Assistance To Families—provide money for travel and transportation, food, clothing, shelter, and funeral costs.
- Hotline to provide immediate access to national and community-based resources, ranging from grief counseling to how to answer questions from children related to the tragedy.
- Disaster Mental Health Services—provide mental health services to families and staff at the FAC.
- Spiritual Care—provide spiritual care services and reach across faith group boundaries without proselytizing. Work in coordination with mental health counselors to protect family members from being confronted by unwelcome forms of spiritual intrusion. Provide supportive spiritual care through empathic listening, demonstrating an understanding of persons in spiritual and emotional distress.
- Child care—ensure that children at the FAC are provided a safe and secure environment to play while their families are at the FAC. Provide structure, comfort, and acknowledgement to meet the unique needs of children immediately following a disaster and to minimize the impact of traumatic stress.
- Interpretation and Translation Services—staff the FAC and be available to clients, agencies and personnel during the hours of operation.
- Supervision and management of staff and family dining areas.
- Provide food for staff and volunteers.
- Public Affairs—provide appropriate information to the media outside the FAC and work with mental health services to prepare family members who wish to address the media.
Logistics—support the physical management of ARC activity at the FAC and act as a liaison with the FAC Logistics Officer and/or facility landlord to address facility requirements and daily supply needs.

- Coordination of therapy dogs.
- Family Gift Program, a cash grant program to assist with living expenses for up to one year while long-term recovery issues are being addressed.

**DMORT Family Assistance Center Team**

DMORT assistance is accessed in California through the California Coroner Mutual Aid process. The DMORT Family Assistance Center Team (FACT), working under the local ME/C, can:

- Provide guidance in setting up the FAC.
- Collect antemortem data, including the collection of DNA reference samples.
- Provide information to next of kin.
- Assist the ME/C with death notifications.

The expertise of organizations such as the American Red Cross and the DMORT FACT will improve response time in activating a joint family assistance center, minimize management and training issues, and enhance operational capability.

**FAC Local Organization**

To the extent possible, staffing and training requirements should be planned in advance to avoid confusion. Government and nonprofit organizations are ideally the primary providers of FAC services. Some commercial businesses may also become involved.

It is recommended that service providing organizations and commercial businesses be carefully screened and approved by the appropriate legal policy and general counsel officials prior to being integrated into the operation.

**Family Assistance Center Staffing Requirements**

A family assistance staff table and a table for additional FAC services are provided to assist your planning.

The family assistance staff table presents the beginning of the process to identify the types of personnel and the alternate staff/potential resources for these staff positions. Continue to fill-in the Alternate Staff/Resources column based on what is appropriate for your jurisdiction.

The quantity or number of staff needed will be determined at the time of the incident, based on its complexity and the estimated number of potential victims.

When determining the number of staff required, *plan for eight to 10 family members/loved ones for each missing or deceased disaster victim.*
### Family Assistance Staff

<table>
<thead>
<tr>
<th>Staff</th>
<th>Quantity</th>
<th>Alternate Staff/Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>JFAC Management Staff</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FAC Officer in Charge</td>
<td></td>
<td>Agency in Charge</td>
</tr>
<tr>
<td>Deputy Officer in Charge</td>
<td></td>
<td>Agency in Charge</td>
</tr>
<tr>
<td>Family Assistance ME/C Officer in Charge</td>
<td></td>
<td>Local ME/C Office</td>
</tr>
<tr>
<td>FAC Logistics Officer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Logistics Team</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administration Officer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legal Advisor (to research and resolve complex legal issues raised by staff and families)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>FAC Administration/Finance Team</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administration Manager</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shift Supervisor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finance Staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Runners</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administrative/Clerical Staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data Entry Staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Graphics Specialists</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel/Interagency Coordination Manager</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shift supervisor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2-3 phone/receptionists</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trainers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Information &amp; Communications Systems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Technical Support Manager</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tech Support Staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Family Briefings Team</strong></td>
<td></td>
<td>Local ME/C Office, DMORT FACT</td>
</tr>
<tr>
<td>Team Leader</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coroner Investigators</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Admin Support Staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Antemortem Data Collection Team</strong></td>
<td></td>
<td>DMORT FACT, law enforcement</td>
</tr>
<tr>
<td>Team Leader</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shift Supervisors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coroner Investigators</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Family Assistance Staff

<table>
<thead>
<tr>
<th>Staff</th>
<th>Quantity</th>
<th>Alternate Staff/Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>DNA Specialists/Genetic Counselors</td>
<td></td>
<td>agents, funeral service personnel</td>
</tr>
<tr>
<td>Clinical Staff for blood draws (DNA collection)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data Entry Clerks</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Death Notification Team

| Team Leader                                         |          | Experienced death investigators, funeral directors |
| Coroner Investigators                                |          |                                               |
| Admin/Support Staff                                 |          |                                               |

### Call Center Team

| Team Leader/Lead Supervisor                         |          | Local hotline staff, Red Cross                 |
| Shift Supervisors                                   |          |                                               |
| Phone Operators                                     |          |                                               |
| Data Entry Staff                                     |          |                                               |

### Reception & Information Desk Team

| Team Leader                                         |          |                                               |
| Shift Supervisors                                   |          |                                               |
| Intake Specialists                                  |          |                                               |
| Escorts (may be helpful if they have counseling training) |          | Red Cross, Salvation Army                     |

### Spiritual Care Team

| Team Leader                                         |          | Public Safety Chaplains, Faith-based Disaster Relief Services (e.g., Lutheran, Baptist, Methodist, Muslim, Assembly of God, etc.), Tzu Chi Foundation, local Council of Churches, local churches |
| Shift Supervisors                                   |          |                                               |
| Chaplains                                           |          |                                               |
| Chaplain Assistants                                  |          |                                               |

### Mental Health Services Team

| Team Leader                                         |          | Mental Health Department and approved contractors, Drug and Alcohol Department and approved contractors, National Association of Social Workers, State Association of |
| Shift Supervisors                                   |          |                                               |
| Mental Health Professionals                         |          |                                               |
| Administrative Assistants                           |          |                                               |
### Family Assistance Staff

<table>
<thead>
<tr>
<th>Staff</th>
<th>Quantity</th>
<th>Alternate Staff/Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marriage and Family Therapists, State Psychological Association, Disaster Psychiatry Outreach, American Red Cross Disaster Mental Health Services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### First Aid/Medication Team

<table>
<thead>
<tr>
<th>Team Leader</th>
<th>Jurisdiction Health &amp; Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors</td>
<td>Agency, Public Health Department, Medical Volunteers for Disaster</td>
</tr>
<tr>
<td>Nurses</td>
<td>Medical Response, Occupational Health &amp; Safety Agency, Federal Disaster Medical Assistance Teams, State Disaster Medical Assistance Teams, American Red Cross</td>
</tr>
<tr>
<td>Paramedics</td>
<td></td>
</tr>
</tbody>
</table>

### Translation/Interpretation Services Team

<table>
<thead>
<tr>
<th>Team Leader</th>
<th>Local CBOs serving non-English speaking populations, Social Services Agency, local Consulate and Embassy representatives, US Department of State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Translators/Interpreters</td>
<td></td>
</tr>
</tbody>
</table>

### Child Care Team

<table>
<thead>
<tr>
<th>Team Leader/Lead Supervisor</th>
<th>Church of the Brethren (MOU with Red Cross), Save the Children, Local Recreation Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Staff caregivers (minimum)</td>
<td></td>
</tr>
<tr>
<td>Use standard staff/child ratios</td>
<td></td>
</tr>
</tbody>
</table>

### Food Services Team

<table>
<thead>
<tr>
<th>Team Leader</th>
<th>Red Cross, Salvation Army, &amp; Jurisdiction’s Department of Corrections, State Restaurant Association</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistants</td>
<td></td>
</tr>
</tbody>
</table>

### Additional Services Teams

<table>
<thead>
<tr>
<th>To be determined</th>
<th>Determined based on required teams</th>
</tr>
</thead>
</table>

Managing Mass Fatalities: A Toolkit for Planning
This table does not include the American Red Cross or DMORT FACT, which were described at the beginning of the staff section and included in the required staff table above.

<table>
<thead>
<tr>
<th>Additional FAC Service Categories</th>
<th>FAC Resources—Agencies &amp; Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefits Counseling and Assistance</td>
<td></td>
</tr>
<tr>
<td>• Assists with death claim benefits, victims’ unpaid compensation, Workers’ Compensation Program employee injury and death claims, death gratuities, and medical, disability and/or life insurance benefits, settlements, and claims.</td>
<td></td>
</tr>
<tr>
<td>• Coordinates the wide range of servicing organizations to facilitate how to access all available financial benefits to which families may be eligible and the processing of payments to families.</td>
<td></td>
</tr>
<tr>
<td>Financial Assistance Services</td>
<td></td>
</tr>
<tr>
<td>• Assists families with donations, cash assistance, food stamps, and other benefits as needed.</td>
<td></td>
</tr>
<tr>
<td>Financial Planning Services</td>
<td></td>
</tr>
<tr>
<td>• Advises on banking issues, payment of bills, and budget and cash flow management.</td>
<td></td>
</tr>
<tr>
<td>• Advises on organization of family finances.</td>
<td></td>
</tr>
<tr>
<td>• Advises on savings options and stocks versus bonds or certificates of deposit for short-term resources.</td>
<td></td>
</tr>
<tr>
<td>• Advises on analysis of future investments.</td>
<td></td>
</tr>
<tr>
<td>• Advises on annuities and insurance policy information.</td>
<td></td>
</tr>
<tr>
<td>• Advises on working with other professionals, such as accountants, attorneys and insurance professionals.</td>
<td></td>
</tr>
<tr>
<td>Laundry Services</td>
<td></td>
</tr>
<tr>
<td>• Washers and dryers for facility needs. May also be needed for families.</td>
<td></td>
</tr>
<tr>
<td>• Laundry service.</td>
<td></td>
</tr>
<tr>
<td>Legal Assistance</td>
<td></td>
</tr>
<tr>
<td>• Meets with each family to ascertain relevant facts concerning legal issues and provides consultation on issues such as:</td>
<td></td>
</tr>
<tr>
<td>• Securing victim’s automobile(s), housing and personal...</td>
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</tr>
<tr>
<td>Additional FAC Services</td>
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<td>-------------------------</td>
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<tr>
<td><strong>Additional FAC Service Categories</strong></td>
<td><strong>FAC Resources—Agencies &amp; Contact Information</strong></td>
</tr>
<tr>
<td>effects;</td>
<td></td>
</tr>
<tr>
<td>- Accessing victim’s single-holder bank and brokerage accounts;</td>
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<tr>
<td>- Creditor matters;</td>
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<tr>
<td>- Identity theft;</td>
<td></td>
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<tr>
<td>- Child custody;</td>
<td></td>
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<tr>
<td>- Media relations;</td>
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<tr>
<td>- Estate administration; and</td>
<td></td>
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<tr>
<td>- Probate issues.</td>
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</tr>
<tr>
<td>▪ Advises on how to respond to and evaluate solicitations for representation in possible mass casualty tort claims.</td>
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</tr>
<tr>
<td><strong>Physical Health Services</strong></td>
<td></td>
</tr>
<tr>
<td>▪ Massage.</td>
<td></td>
</tr>
<tr>
<td>▪ Chiropractic treatment.</td>
<td></td>
</tr>
<tr>
<td><strong>Salvation Army Services</strong></td>
<td></td>
</tr>
<tr>
<td>▪ Has disaster response teams. Typical focus is on aiding emergency response workers.</td>
<td></td>
</tr>
<tr>
<td>▪ Provides grief counseling at FAC.</td>
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</tr>
<tr>
<td>▪ Willing to assist in the FAC in any way needed, e.g., warmly greeting families and attending to their needs.</td>
<td></td>
</tr>
<tr>
<td><strong>Therapy Dogs International Services</strong></td>
<td></td>
</tr>
<tr>
<td>▪ Specially trained therapy dogs and qualified handlers to support the FAC mission.</td>
<td></td>
</tr>
<tr>
<td>▪ The dog teams help comfort families and provide companionship during FAC visits.</td>
<td></td>
</tr>
<tr>
<td>- Dogs are available for petting and hugging, providing unconditional acceptance and affection.</td>
<td></td>
</tr>
<tr>
<td>▪ They provide a great deal of comfort to the children in the child care center.</td>
<td></td>
</tr>
<tr>
<td>- Handlers assist FAC by defusing the stress so that all can enjoy a few moments of focusing on matters other than those associated with the tragedy.</td>
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</tr>
</tbody>
</table>
### Additional FAC Services

<table>
<thead>
<tr>
<th>Additional FAC Service Categories</th>
<th>FAC Resources—Agencies &amp; Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>US Department of Justice Office of Victims of Crime and State Victim Assistance and Compensation Programs</strong> (if the mass fatality is related to a criminal act)</td>
<td></td>
</tr>
<tr>
<td>▪ Provides a representative to the family assistance management team to coordinate with other members on DOJ-related issues.</td>
<td></td>
</tr>
<tr>
<td>▪ Provides information to victims’ family members, on-site and off-site, as required under the Victims of Crime Act of 1984, the Victim and Witness Protection Act of 1982 as amended, other relevant statutes, and the 1995 Attorney General Guidelines for Victim Assistance.</td>
<td></td>
</tr>
<tr>
<td>▪ Assists the FAC with additional trained and experienced crisis counselors through the Office for Victims of Crimes Community Response Program.</td>
<td></td>
</tr>
<tr>
<td>▪ Provides updates to victims’ family members on the progress of the criminal investigation.</td>
<td></td>
</tr>
<tr>
<td><strong>US Department of State Services</strong></td>
<td></td>
</tr>
<tr>
<td>▪ Official notification of foreign governments that have citizens involved in the mass fatality.</td>
<td></td>
</tr>
<tr>
<td>▪ Assistance with notifying and obtaining antemortem information from families of victims living in other countries.</td>
<td></td>
</tr>
<tr>
<td>▪ Maintenance of daily contact with foreign families that do not travel to the United States.</td>
<td></td>
</tr>
<tr>
<td>▪ Assistance with entry into the United States and to extend or grant visas for families of foreign victims.</td>
<td></td>
</tr>
<tr>
<td>▪ Assistance in the effort to provide the ME/C with the necessary information on foreign victims to complete death certificates.</td>
<td></td>
</tr>
<tr>
<td>▪ Facilitation of necessary consulate and customs services for the return of remains and personal effects to the victim’s country.</td>
<td></td>
</tr>
<tr>
<td><strong>US Department of Veterans Affairs</strong></td>
<td></td>
</tr>
<tr>
<td>▪ Claims Processing.</td>
<td></td>
</tr>
<tr>
<td>▪ Toll-Free Telephone Service.</td>
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<tr>
<td>▪ Web Page.</td>
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</tbody>
</table>
## Additional FAC Services

<table>
<thead>
<tr>
<th>Additional FAC Service Categories</th>
<th>FAC Resources—Agencies &amp; Contact Information</th>
</tr>
</thead>
</table>

### US Federal Bureau of Investigation Victim Witness Assistance Program
(if the mass fatality is related to a criminal act)
- Notifies victims of their rights as a Federal crime victim.
- Provides information on the FBI’s criminal investigation through a victim notification system, if the victim chooses to be notified.

### US Federal Emergency Management Agency Services
- Helps families apply for assistance through other agencies.
- Offers limited assistance in the areas of crisis counseling, mortgage and rental assistance, and unpaid funeral expenses.
- Helps with financial assistance to cover lost wages, loss of support, and uncovered or uninsured medical treatment.

### US Social Security Administration Benefits Assistance
- Provides families with information on eligibility requirements for benefits.
  - Survivor benefits for an eligible widow or widower age 60 or older, 50 or older if disabled, and any age if caring for a child under the age of 16.
  - Survivor benefits for children under age 16 or unmarried and under age 19, but still in high school.
  - Survivor benefits for disabled adult children.
  - Survivor benefits for parents, if the worker was the primary means of support.
  - A special one-time payment of $255 to the worker’s surviving spouse or minor children.
- Helps families file claims for earned Social Security, disability benefits, and disbursed death benefits without a death certificate.

### Web Search/Lead Investigation Center
A Web Search/Lead Investigation Center will be needed if the mass fatality involves large numbers of missing persons who are not presumed injured or dead (e.g., Hurricane Katrina). The purpose of the Web Search/Lead Investigation Center is:
### Additional FAC Services

<table>
<thead>
<tr>
<th>Additional FAC Service Categories</th>
<th>FAC Resources—Agencies &amp; Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ To perform searches for missing persons using numerous resources—mounting sophisticated Internet searches, making calls, and doing mailings. Finding missing persons who are alive allows the ME/C to focus the human remains identification process on those who are truly missing.</td>
<td></td>
</tr>
<tr>
<td>▪ To follow the wishes of the individual found concerning reunification with family and notifications made to family or friends.</td>
<td></td>
</tr>
<tr>
<td>▪ To assist in locating relatives for DNA samples and for information essential to making positive identifications of human remains.</td>
<td></td>
</tr>
</tbody>
</table>

If a Web Search/Lead Investigation Center is required, involve stakeholder agencies as early as possible. This includes the State Police, National Center for Missing and Exploited Children, and the National Center for Missing Adults. They have the greatest expertise in finding missing persons and have access to databases that are not accessible by the public. These are also the agencies to which this function will be transitioned when the FAC closes.
Step 7: Describe communication and information systems requirements.

The FAC will need communications and information systems.

Guidelines for Determining Communications and Information Systems Requirements

The Information Systems and Communications Guidelines under Administration earlier in this section will assist in determining information systems and communications systems requirements.

The FAC will need communication and information systems. Plan to:

- Develop a comprehensive strategy for establishing lines of communication and managing information flow and for meeting information systems needs.
- Consult with ME/C to determine mass fatality software that will be used (e.g., DMORT VIP, WIN ID, and/or local ME/C Office software) to collect antemortem data.
  Note: See Mass Fatality Information Systems section of this toolkit.
- Train personnel in use of equipment and software as needed.
- Implement safeguards and regulate access to information to ensure integrity of sensitive victim and victim family data.
- Have alternate backup systems in case there are problems with main communication lines, Web-based or area networks, electronic database systems, etc., or they are not available.

Planning considerations:

- Establish key points of contact and phone lists of staff and of responding organizations and agencies.
- Identify the methods of communication to be used and how they will be integrated into management and service delivery functions.
- Assess the necessary capabilities for contracting telephone system services (dedicated toll-free lines with branching capability), including publicizing phone numbers.
  - For call center phones, seek telephone contract service that includes the capacity to roll calls over and expand telephone lines during peak hours. Request telephone company monitoring of the number of incoming calls, quantity of calls answered, number of calls not answered, the length of time of calls, and the total number of calls per hours. This is important to managing staffing requirements, assess training needs, and identifying technical problems with equipment and making appropriate adjustments to call center operations.
- Identify communication needs of families:
  - Computer with Internet/e-mail access.
  - Calling cards and/or banks of free long distance telephones.
  - Cellular telephones.
- Determine what information is essential to support the operation.
- Establish an information management system that provides standard and centralized processes and procedures for collecting, processing, retrieving, controlling, and reporting information.
- Identify existing information management systems and technologies within the agency/organization or those used in crisis response organizations. Note: selection of software for antemortem data collection is the ME/C decision.
- Establish a comprehensive victim assistance program database for tracking contact information, services available and services delivered. (For example, New York City’s family assistance center used a network, Web-based approach for managing all their computer systems so that family services and interactions were recorded in one centralized database.)
- Implement safeguards and regulate access to information to ensure integrity of sensitive victim and victim family data.
- Develop pre-formatted templates for forms and databases.
- Identify critical information for after action reports, records preservation, and historical documentation of the operation.
- Produce diagrams, displays and signage to communicate important information and manage traffic flow.

Step 8: Describe equipment and supply requirements.

The equipment and supply requirements for family assistance are not normally part of ME/C Office inventory.

Guidelines for FAC Equipment and Supplies

The DMORT Disaster Portable Morgue Unit (DPMU) is a packaged system that contains computers and related equipment to support the family assistance center management of antemortem information.

The following table is a Family Assistance Center Equipment/Materials List. Complete the Sources column by filling in sources that are appropriate for your jurisdiction. You can also determine a baseline quantity as part of your planning. Then, in the event of a mass fatality, refine the numbers based on the nature of the incident and the potential number of victims and missing persons.

See Mass Fatality Information Systems section of this toolkit for information re: antemortem data collection requirements.

Plan to add to the supplies and equipment list based on FAC Team Leader input.
## Family Assistance Center (FAC) Equipment/Materials List

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bulletin board(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Burn bags and shredders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cell phones (with chargers)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chairs/tables</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Care Center (first aid kit; toys, cribs, cots, linens, blankets, pillows &amp; furniture to enhance children’s comfort and sense of safety; diaper changing supplies)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Computers (PCs/laptops) at each team station and for families</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Computer connectivity (e-mail, internet, modems, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Copy (high speed) machine(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crates, boxes for files</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DNA Collection Materials</td>
<td></td>
<td></td>
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<tr>
<td>Fax machines</td>
<td></td>
<td></td>
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<tr>
<td>Flashlights and batteries</td>
<td></td>
<td></td>
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<tr>
<td>General comfort item packages</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maps (local area, facility diagrams, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Microphone, podium &amp; audiovisual (Family Briefing Room)</td>
<td></td>
<td></td>
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<tr>
<td>Nametags/badges</td>
<td></td>
<td></td>
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<tr>
<td>Office supplies (paper, binders, steno pads, log books, print cartridges, pencils, etc.)</td>
<td></td>
<td></td>
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<tr>
<td>Pagers</td>
<td></td>
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<tr>
<td>Parking passes</td>
<td></td>
<td></td>
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<tr>
<td>Pertinent Instructions/Directives/Forms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radio (portable)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Snacks, beverages, meal passes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone lines into the FAC (including toll-free) and head phones</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone lines, public</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone books, directories (local)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transportation vehicles</td>
<td></td>
<td></td>
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<tr>
<td>Trash bags</td>
<td></td>
<td></td>
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<tr>
<td>Trash receptacles</td>
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<td></td>
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<tr>
<td>TV/Cable connections (Management, Call Center, Family Area)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TV/VCR combination (Child Care Center, Family Briefing Room)</td>
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</tbody>
</table>
Step 9: Describe facility requirements.

The family assistance center is the site where family members and friends of potential disaster victims will gather to receive information about the recovery process, provide information about their missing loved ones, receive death notifications, and receive services to meet their needs.

Guidelines for an FAC Facility

It is imperative to open a center as soon as possible (less than 24 hours) with basic family reception services. It may be easier to select a site that will meet all family assistance needs in the long-term rather than begin with a smaller reception center and then move to an established family assistance center. However, how family assistance is managed will depend on the incident, extent of pre-planning, the resources at hand, and your jurisdiction’s decisions regarding how family assistance will be provided.

As a rule of thumb, anticipate eight to 10 family members per potential victim.

There will be more options for a family assistance center for smaller mass fatalities. Site selection for a large-scale mass fatality may be more difficult. Consider pre-identifying potential facilities in different geographical areas in your jurisdiction. A jurisdiction may also want to consider some form of memorandum of understanding or contract that could be activated in the event of a mass fatality.

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

A professional logistics/events company can be called in to set up the FAC.

Site Selection Considerations

The type of mass fatality incident and the number of fatalities and persons needing assistance will affect site selection. Location and functional capability are important when determining the site.
Incident Characteristics
There may be specifics of the incident that will determine site selection that will only be recognized at the time of the incident.

Availability—Immediate and Long-Term
Immediate, with flexible, long-term availability is needed.

Location in Relation to the Incident Site and the Morgue
Close enough to the site to allow the ME/C and others to travel easily between the incident site, morgue and FAC, but far enough from the site that families are not continually exposed to the scene and to prevent sensory input (sights, sounds, and smells).

Adequate Size to Meet the Needs of Anticipated Number of Families
The FAC facility size should not be underestimated. Enough floor space is needed to conduct the many FAC functions. Sufficient space for expanding the operation as family needs evolve is required. Remember, anticipate eight to 10 family members per potential victim. And then add staff.

Accessibility
Easily accessible for victims’ families and friends and for staff and volunteers or plan to provide transportation.

Needs of the Participating Agencies
Different service teams may have different needs regarding their space. The Team Leaders will need to communicate with the FAC Logistics Officer regarding specific team needs for furniture, equipment and supplies.

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

Need for Transportation Services
If location is difficult to access by public transportation and/or there are parking limitations, transportation services will be necessary.

Security Requirements
FAC security will need to be arranged. Access to the FAC must be controlled so that families and friends of the victims have privacy and are not overwhelmed by the press, photographers, and the public.

Security needs include:
- site security (external and internal with some officers in plain clothes),
- parking lot(s),
security around the perimeter, and
traffic control.

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

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

Basic Infrastructure Needs

When identifying potential facilities and their infrastructure capabilities, it is also important to determine and understand capacity. Base capacity requirements on the expectation of 8-10 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.

- 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).

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.

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 members and friends of possible victims and invited guests come to the FAC. FAC staff will 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 ID badges for family members and friends will be needed.

**Large General Assembly Room with Public Address System**
This room will need to be large enough to accommodate all families and friends (8-10 per potential victim) for the family briefings. It must be able to accommodate a phone 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, including sign language, as needed.

In the family briefing room, you may want to consider:

- 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 (diagram 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, usually from the JFAC OIC.
- 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 Antemortem Data Collection/Death Notifications**
These rooms are used by the ME/C Office to collect antemortem information for identification and for death notifications. At least some of the rooms should be large to accommodate large families and a death notification team. They must be quiet and private because these meetings are often emotionally charged and long.

*Suggested Number of ME/C Interview Rooms:*
- 6 rooms if estimation of decedents and injured is \( \leq 100 \).
- 12 rooms if estimation of decedents and injured is 101 to 200.
- 15 rooms if estimation of decedents and injured is \( \geq 201 \).

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

**Counseling/Spiritual Care/Emotional Support Rooms**
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.

**Medical Aid Station**
Family members and friends of victims 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.

**Call Center**
Requirements for the call center are:
- Quiet area where access can be controlled that is separated from primary FAC activity.
- Dedicated phone lines (toll-free numbers). Telephone contract support services should be established and services should include the capacity to roll calls over and expand telephone lines during peak hours, ability to monitor calls, and the capability to produce reports of call activity.
- Layout: arrange in classroom style with
  - 2 rows of long tables with 5 tables on each side of the room.
  - 1 long table in the front of the room for information materials pertinent to the operation.

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

Suggested requirements based on recent mass fatalities are:
- Secluded area of the facility away from high traffic areas.

*The FAC medical area for the Oklahoma City bombing had eight beds and was staffed by registered nurses, paramedics and doctors.*
- 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).

**Command and Control Center and Administrative Offices**
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:
- all FAC leadership and support staff.
- tech support.
- data entry.
- the different teams including mental health professionals, clergy, and medical examiners.
- all 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.

**Associated Tools and Resources**

*Priority Action Checklist for FAC Startup* (Pentagon FAC with slight modification)
Job Responsibility Checklists

The job responsibility checklists in this toolkit present a general summary of actions. It should be understood that:

- Some required actions may not be listed, but must be identified and assumed by the appropriate position.
- Some actions may be the primary responsibility of a particular position, but may require assistance and coordination from other position(s).
- The actions are listed in a general chronological order, but deviation may be required to meet incident objectives.

The Common Responsibilities Job Checklist presents general actions that pertain to ALL personnel at the FAC. In addition to instructions listed in their respective job responsibility checklists, all personnel are responsible for the Common Responsibilities. The Common Responsibilities Job Checklist is only included with the Command and Control section of this toolkit.

The following job responsibility checklists are attached.
- Family Assistance Center Officer in Charge.
- Family Assistance ME/C Officer in Charge.
- FAC Logistics Officer.
- Common Team Leader Responsibilities.

Responsibilities of the:
- Antemortem Group Officer in Charge,
- Data Collection Specialist,
- Notification Specialist, and
- Family Care and Communication Group Officer in Charge


FAC Forms

- FAC Daily Status Update (Modified Pentagon FAC Form)
- FAC Daily Staff Registration
- FAC Family/Friend Registration
- FAC Daily Sign In Log
- VIP/DMORT (Victim Identification Profile) Personal Information Questionnaire
- Requested Record List
- Call Center Form Options:
  - Call Record And Family Member Contact Form (a Pentagon FAC form that is scripted for standard call processing and data collection and can be modified as needed)
Resources:


- *Pentagon Family Assistance Center Call Center Staff Resource Information and Training Manual* in Appendix C, the *Pentagon Family Assistance Center Operations Component Source Documents*. This is an information and training manual for call center staff. It is available at: http://www.defenselink.mil/mapcentral/actionrpt.html.

- *Psychological First Aid, Field Operations Guide 2nd Edition* by the National Child Traumatic Stress Network and the National Center for PTSD. Psychological First Aid (PFA) is an evidence-informed modular approach for assisting people in the immediate aftermath of disaster and terrorism to reduce initial distress and foster short and long-term adaptive functioning. The guide includes:
  - An introduction and overview of PFA.
  - Preparing to deliver PFA.
  - Core actions.
  - PFA Provider Care.
  - Provider worksheets.
  - Handouts for survivors.

  PFA is used by mental health specialists including first responders, incident command systems, primary and emergency health care providers, school crisis response teams, faith-based organizations, disaster relief organizations, Community Emergency Response Teams, Medical Reserve Corps, and the Citizens Corps in diverse settings.


- Training by the Palo Alto Medical Reserve Corps for their 3-stage treatment alternative to Critical Incident Stress Debriefing—Phase I: psychological first aid, Phase II: intermediate support/anxiety control, and Phase III: continued support/control or support/control plus prolonged exposure. All three phases are empirically derived therapeutic interventions for acute stress reactions following mass casualty trauma. Contact information for the Palo Alto Medical Reserve Corps is available at: http://www.paloaltomrc.org/Home/tabid/37/Default.aspx.
Family Assistance Center Tools

Job Responsibility Checklists
Family Assistance Center Officer in Charge
Family Assistance ME/C Officer in Charge
FAC Logistics Officer
Common Team Leader Responsibilities
Job Action Guide

Joint Family Assistance Center Officer in Charge

This is a checklist of responsibilities specific to FAC Division Operations. Briefings and reporting requirements are not included. Responsibilities specific to the organization tasked with family assistance center management will need to be added to the list of responsibilities to customize the checklist to the organization.

Description of Position

The Joint Family Assistance Center Officer in Charge (OIC) oversees and operates the Family Assistance Center (FAC) for the local ME/C Office and ensures that needed services are provided and available resources are maximized.

- With the FAC Logistics Officer and EOC Logistics, identify the FAC site and coordinate its setup with the FAC Logistics Officer.
- Establish the physical operation of the FAC.
- Ensure security and privacy of families at the FAC.
- Establish a JFAC Management Team and convene daily JFAC Management Team Meetings.
- Develop FAC mission and objectives.
- Establish consistent policies and procedures on FAC staff and volunteer roles, responsibilities and requirements and communicate to all staff and volunteers early in the process.
- Manage day to day family assistance activities.
- Maintain and update daily FAC plan and plan for future operations.
- Assign responsibilities and tasks to the management team and team leaders.
- Facilitate the exchange of information among team leaders at daily briefings. Team leaders will facilitate information exchange among team members at the team’s daily briefings.
- Monitor incident site, morgue operations and the media. Ensure critical information is kept current.
- Inform management team and team leaders of significant developments.
- Ensure individual logs are kept current.
______ Ensure services to meet family needs by monitoring ongoing FAC activities (including daily status reports) and tracking mission activities of each organization.

______ Participate in daily family briefings, providing input as requested.

______ Ensure assignment of duties for FAC services’ staff and volunteers to meet families’ physical, behavioral health, psychosocial, and spiritual needs.

______ Coordinate with FAC Logistics and the Staff Processing Center to ensure staffing of key functional areas and to ensure all FAC services’ staff and volunteers have appropriate credentials (licensure/certification/approval) to provide services to families.

______ Ensure maintenance of strict confidentiality standards by all FAC staff and volunteers.

______ Ensure provision of on-site childcare by approved providers.

______ Assess needs of families and coordinate access to additional services as needed.

______ Assess needs of FAC staff and volunteers and coordinate access to mental health services/spiritual care services and additional services as needed.

______ Coordinate release of information to the media with the Family Assistance Branch ME/C Officer in Charge and with the Joint Information Center (JIC) regarding daily briefings with media that will be conducted in a secure outside of/area away from the FAC, families and friends.

______ Collect information that may be used for family briefings.

______ Coordinate with JIC on information to be placed on Web site(s).

______ Ensure implementation of FAC safety, transportation and security plans.

______ Serve as liaison between FAC and outside human services agencies.

______ Maintain daily journal of organizational activities and responses.

______ Develop a transition plan for when the FAC closes to provide longer-term support to families.

______ Oversee deactivation of the FAC.

______ Complete JFAC After Action Report.
Job Action Guide

Family Assistance Branch ME/C Officer in Charge

Description of Position

The Family Assistance Branch ME/C Officer in Charge (OIC) works closely with the JFAC Officer in Charge, conducts family briefings, and oversees ME/C responsibilities at the Family Assistance Center (FAC)—family briefings, antemortem data collection, and death notifications.

Description of Duties

______ Select ME/C Representatives (e.g., experienced death investigators and funeral directors familiar with Medical Examiner/Coroner’s Administration operations as members of the death notification team and DMORT, law enforcement agents, social workers, and funeral personnel as coroner investigators for antemortem data collection, etc.) and assign ME/C responsibilities at the FAC.

______ Assist the agency to which the ME/C Office has delegated JFAC management in coordinating services to meet family needs at the FAC.

______ Establish and supervise family briefing procedures.

______ Conduct 1 – 2 daily family briefings providing accurate and timely information to families prior to media briefings.

______ Coordinate release of information to the media/consult with the Joint Information Center/Public Information Officer regarding daily briefings with media that will be conducted in a secure area away from the FAC, families and friends.

______ Serve as Liaison between the ME/C Office and families.

______ Establish and supervise death notification procedures with members of the death notification teams.

______ Establish and supervise antemortem data collection procedures.

______ Ensure collection of antemortem data and efficient transfer to the Morgue Information Resource Center.

______ Ensure collection of DNA as directed by the ME/C office and its transfer to the selected DNA lab.

______ Serve as liaison with outside agencies at the FAC.
**Job Action Guide**

**FAC Logistics Officer**

**Description of Position**

The FAC Logistics Officer reports to the Joint Family Assistance Center Officer in Charge (JFAC OIC) and is responsible for the acquisition, storage, issue, and accountability of all supplies, equipment, facilities, personnel and services necessary to support the Family Assistance Center (FAC). He/she will monitor the status of all procurement actions and staffing requirements and interface with Emergency Operations Center (EOC) Logistics to ensure that FAC service and support needs are met. FAC Logistics operations will be dependent on determination of who approves supply/personnel requests and establishment of spending thresholds, e.g., the level of spending authority for the site versus requirement of EOC Logistics approval.

______ See Common Responsibilities Job Checklist.

______ Identify and track all necessary communication supplies and equipment to support the FAC and consult with EOC Logistics to locate, allocate, and procure communication supplies and equipment needed for the FAC.

______ Identify and track all necessary health and medical services, supplies and equipment to support the FAC and consult with EOC Logistics to locate, allocate, and procure health and medical services, supplies and equipment needed for the FAC.

______ Identify all necessary food services, supplies, and equipment needed to support the FAC—staff and families—and consult with EOC Logistics to locate, allocate, and procure food services, supplies, and equipment needed for the FAC.

______ Identify and track all necessary supplies and equipment to support the FAC and consult with EOC Logistics to locate, allocate, and procure supplies and equipment needed for the FAC.

______ Identify and track facility needs and consult with EOC Logistics on locating and procuring FAC facility(s).

______ Identify and track transportation needs and consult with EOC Logistics to locate and procure transportation needed for the FAC—for staff and for families.

______ Identify and track staff/volunteer needs and consult with EOC Logistics and the Staff/Volunteer Processing Center to locate and procure staff and volunteers needed for the FAC.

______ Identify and track information systems needs and consult with EOC Logistics to locate and procure information systems equipment, software, networks, and technical support.
needed for the FAC—for staff and for families.

____ Make requests using EOC logistics request forms.

____ Hand-carry, as necessary, logistics request forms for all high-priority supply actions to FAC OIC and/or fax to EOC Logistics.

____ Maintain expense data, accountability documents, procurement documents, and other information pertaining to the FAC logistics operation as directed by EOC Logistics.

____ Ensure that the FAC Logistics is staffed at all times during operating hours.

____ Ensure that personnel logs include the name, agency, driver’s license number and in/out times are maintained.

____ Ensure that facilities, transportation, medical, and communications plans are implemented.

____ Coordinate appropriate memorial site visits and services.
Managing Mass Fatalities: A Toolkit for Planning

Job Action Guide

Common Responsibilities—FAC Team Leaders

Description of Position
The FAC Team Leaders oversee the team activities within the Family Assistance Center (FAC) in order to meet families’ needs in the specific service area. The FAC Team Leaders report directly to the JFAC Officer in Charge (OIC) or, for ME/C FAC teams, to the Family Assistance ME/C Officer in Charge (OIC).

Description of Duties

______ See Common Responsibilities Job Checklist.
______ Establish team procedures.
______ Supervise subordinates.
______ Participate in JFAC Management Team Meetings as requested.
______ Convene team meetings at the beginning and end of shifts.
______ Monitor how staff and volunteers are holding up over time. Ensure that mental health and spiritual care services are available for team members and encourage their participation.
______ Maintain daily log and collects data on services from each team member.
______ Provide JFAC Officer in Charge with requested team performance statistics daily.
______ Consult with FAC Logistics Officer regarding team staffing, equipment and supply needs.
______ Prepare performance evaluations for assigned staff and volunteers as requested.

On-site Operations

______ Receive FAC assignment from JFAC Officer in Charge and/or the Family Assistance ME/C Officer in Charge.
______ Assist in the setup of team service area.
______ Ensure accountability and confidentiality of family and victim information and records.
Provide direction to team members as needed.

**Deactivation**

- Ensure all records and documentation are completed and submitted to the JFAC Officer in Charge and/or the Family Assistance ME/C Officer in Charge.
- Assist in the critique of the FAC performance for the After Action Report.
Family Assistance Center Tools

Forms

FAC Priority Action Checklist for Startup
FAC Daily Status Update
FAC Daily Staff Registration
FAC Family/Friend Registration
FAC Daily Sign In Log
DMORT/VIP (Victim Identification Profile) Personal Information Questionnaire
Requested Record List
Call Center Forms:

Call Record And Family Member Contact Form (a Pentagon FAC form that is scripted for standard call processing and data collection and can be modified as needed)
Crisis Call Center Intake Form
Release Authorization
FAC Priority Action Checklist for Startup

- Lead organization for FAC management informed of mass fatality and of need for FAC.
- Identify a location and facility.
- Alert partners that have been identified in planning of the need to activate the FAC.
- Coordinate approval for emergency funding and resources.
- Secure the facility.
- Coordinate security with local law enforcement agencies.
- Coordinate public affairs/community relations support with Operational Area Emergency Operations Center Joint Information Center (media control/publicizing the FAC).
- Coordinate on-site legal advisory/assistance support.
- Identify JFAC officer in charge, deputy officer in charge, and core supervisory staff.
- Establish organizational (organizational chart/functional components) and chain of command structure (duties and responsibilities) to include required support services.
- Establish staffing and volunteer requirements.
- Communicate FAC mission and requirements/procedures with governmental and non-governmental agencies and organizations involved in the FAC (written policy and procedures).
- Establish a call center and activate toll-free telephone number(s). Coordinate with Joint Information Center if appropriate.
- Establish core Management, Administrative and Operations teams and coordinate activation of services (core services: Reception/Registration; ME/C Services (family briefings, antemortem data collection, and death notification); mental health services; spiritual care services; first aid/medical services; childcare; and others to meet situational requirements).
- Identify, obtain and establish required telecommunications (telephones, faxes, computers, equipment, supplies, and materials—refer to FAC Equipment/Materials Checklist in this guide under FAC Logistics).
- Obtain required transportation, parking, food services and other logistical support services.
- Obtain graphics support for signage, building passes/name tags and visual information...
requirements.

____ Set up standardized communications/information management system for collecting, managing, controlling, and sharing of information/data (templates, processes, and procedures).

____ Set up standardized reporting and correspondence templates, processes, and procedures.

____ Publish resource directories of key service providers and essential resource and referral information.

____ Coordinate daily family briefings.

____ Coordinate site visits (location of incident) or other trips/special events as required.

____ Identify and coordinate long-term services and resource requirements to support victims’ families.

____ Develop, communicate, and execute a transition plan to manage long-term support for follow-on phases of the operation.
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<td>Number of families that have requested FAC assistance within the last 24 hours via the phone</td>
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<td>Number of families at FAC that have requested support services for each service area</td>
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<td>Number of families that have been assisted by FAC personnel in last 24 hours for each service area</td>
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<td>Number of families at home that have been contacted by FAC representative within the last 24 hours for each service area</td>
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<td>Number of mass fatality response personnel that have received FAC assistance/Psychological First Aid in last 24 hours</td>
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<td>Faith communities represented by FAC families</td>
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<td>Number of antemortem data collection interviews</td>
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<td>Number of dental records, medical records and x-rays that have been requested/received</td>
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<td>Number of families using child care</td>
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<td>Number and ages of children receiving child care</td>
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<td>Number of people eating meals at the FAC</td>
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<td>Representative feedback from families that illustrates the perspective of families, key concerns, etc.</td>
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FAC Family/Friend Registration Form

Disaster Victim Name

| Last Name: | First Name: | MI: |

For Multiple Disaster Victims of Same Family, Use Additional Forms and Cross Reference with Victim Name at Bottom of this page.

1. Presenting Family Member/Friend Name(s)

| Last Name: | First Name: | MI: |

SS# (optional): Relationship to Victim:

Permanent Address:

| City: | State: | ZIP: |

Phone Number(s): ( ) ( )

Photo Identification Verification (type/#/state/country):

Medications/Medical Needs? Yes No

If Yes, indicate Medications/Needs:

Physician’s Name: ___________________________ Physician’s Phone #: ___________________________

Next of Kin to Disaster Victim? Yes No

If No, Name of Next of Kin:

Notes:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Cross Reference to Victim Name(s):

| Last Name: | First Name: | MI: |
| Last Name: | First Name: | MI: |
| Last Name: | First Name: | MI: |
**Disaster Victim Name**

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**2. Presenting Family Member/Friend Name(s)**

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<td>If Yes, indicate Medications/Needs:</td>
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<th>Photo Identification Verification (type/#/state/country):</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Medications/Medical Needs?:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If Yes, indicate Medications/Needs:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physician’s Name:</th>
<th>Physician’s Phone #:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Notes:</th>
<th></th>
</tr>
</thead>
</table>
### Disaster Victim Name

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>MI:</th>
</tr>
</thead>
</table>

### 4. Presenting Family Member/Friend Name(s)

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>MI:</th>
</tr>
</thead>
<tbody>
<tr>
<td>SS# (optional):</td>
<td>Relationship to Victim:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Permanent Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>City:</td>
</tr>
</tbody>
</table>

| Phone Number(s): | ( ) | ( ) |

| Photo Identification Verification (type/#/state/country): |

<table>
<thead>
<tr>
<th>Medications/Medical Needs?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If Yes, indicate Medications/Needs:</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Physician’s Name:</th>
<th>Physician’s Phone #:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Notes:</th>
</tr>
</thead>
</table>

### 5. Presenting Family Member/Friend Name(s)

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>MI:</th>
</tr>
</thead>
<tbody>
<tr>
<td>SS#(optional):</td>
<td>Relationship to Victim:</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Permanent Address:</th>
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</thead>
<tbody>
<tr>
<td>City:</td>
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</tbody>
</table>

| Phone Number(s): | ( ) | ( ) |

| Photo Identification Verification (type/#/state/country): |

<table>
<thead>
<tr>
<th>Medications/Medical Needs?</th>
<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
<tr>
<td>If Yes, indicate Medications/Needs:</td>
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<table>
<thead>
<tr>
<th>Physician’s Name:</th>
<th>Physician’s Phone #:</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Notes:</th>
</tr>
</thead>
</table>
### Next of Kin Information

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

<table>
<thead>
<tr>
<th>NOK Last Name:</th>
<th>First Name:</th>
<th>MI:</th>
<th>SS# (optional):</th>
<th>Relationship to Victim:</th>
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<tbody>
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</table>

Current Address (or Temporary Lodging):

<table>
<thead>
<tr>
<th>City:</th>
<th>County:</th>
<th>State:</th>
<th>ZIP:</th>
</tr>
</thead>
<tbody>
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<table>
<thead>
<tr>
<th>Phone Number(s):</th>
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</table>

Medications/Medical Needs?  
Yes  
No

If Yes, indicate Medications/Needs:

<table>
<thead>
<tr>
<th>Physician’s Name:</th>
<th>Physician’s Phone #:</th>
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Notes:

<p>| |</p>
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### Source

Information regarding Next of Kin provided by:

Relationship to Next of Kin:

### Disaster Name:

<table>
<thead>
<tr>
<th>Information Logged by:</th>
<th>Initials:</th>
<th>Date:</th>
<th>Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
FAC Daily Sign In Log

Victim Name
Last Name: ____________ First Name: ____________ MI: ____________

Victim Name Cross Check: ____________ ____________

<table>
<thead>
<tr>
<th>Date</th>
<th>Time of Arrival</th>
<th>Family Member Name <em>Please Print</em></th>
<th>Signature</th>
<th>Time of Departure</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Managing Mass Fatalities: A Toolkit for Planning
REQUESTED RECORDS LIST

Case Number: ________________________________________________

Victim Name: ________________________________________________
  Last          First          Middle

Informant Name: ________________________________________________
  Last          First          Middle

Informant Address: ________________________________________________

Informant Phone(s): ________________________________________________

<table>
<thead>
<tr>
<th>Location</th>
<th>Contact</th>
<th>Phone</th>
<th>Date Ordered</th>
<th>Date Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental</td>
<td></td>
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<td>Fingerprint</td>
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<td>Radiograph</td>
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<tr>
<td>Medical Records</td>
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<tr>
<td>Photo Requests</td>
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</tbody>
</table>

Notes
# PENTAGON FAMILY ASSISTANCE CENTER
## SCRIPTED CALL RECORD
### AND FAMILY MEMBER CONTACT FORM

Please Print clearly and verify all information recorded.

<table>
<thead>
<tr>
<th>General Call/Inquiry:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Date of Call</strong></td>
</tr>
<tr>
<td>Hello. This is the Pentagon Family Assistance Center. May I please have your name?</td>
</tr>
<tr>
<td>Thank you. I want you to know we are here to try to answer any questions you have, but unfortunately we may not have all the answers.</td>
</tr>
</tbody>
</table>

### Family Member Inquiry and Information:

- May I have your telephone number?
- May I have the name of the person that you are calling about?
- What is your relationship to that person?
- Are you the Primary Next-of-Kin?
- What is the individual’s Organization/Military Service Affiliation?
  - Army
  - Air Force
  - Marine Corps
  - Navy
  - Civilian Personnel
  - OSD
  - American Airlines
- Where does he/she work?
- Do you know the office?
- By any chance, do you have their social security number?
### Reason for Call (Questions/Concerns):

**Summarize:**

---

**When is the best time to reach you?**

**At what address can we reach you during the next 24 hours?**

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip</th>
</tr>
</thead>
</table>

**What is the telephone number at this address?**

**Is this your normal home address? (If NO, complete below)**

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip</th>
<th>Telephone Number</th>
</tr>
</thead>
</table>

**Are there any other ways that we can reach you, such as a cell phone, pager, or e-mail?**

<table>
<thead>
<tr>
<th>Work Phone</th>
<th>Cell Phone</th>
<th>Pager</th>
</tr>
</thead>
</table>

**E-mail Address**

---

**Thank you for calling. We will be here 24 hours, if you want additional information. Family Briefings will be conducted at the Pentagon Family Assistance Center, Sheraton Crystal City Hotel, (address) at (times) daily.**

**Follow-up Needed/PFAC Staff Responsible:**
## Crisis Call Center Intake Form

### Information Received by Operator

<table>
<thead>
<tr>
<th>Name of Caller:</th>
<th></th>
<th>Date:</th>
<th>Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caller's Address:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
<td>ZIP:</td>
<td></td>
</tr>
<tr>
<td>Phone Number(s):</td>
<td>( )</td>
<td>( )</td>
<td></td>
</tr>
<tr>
<td>Reason caller is contacting Call Center:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Name of Potential Disaster Victim:

### Relationship to Caller:

### Last known location of Victim:

### Comments:

### Information Given to Caller

<table>
<thead>
<tr>
<th>Call back at:</th>
<th>Will be called by FAC Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Call # upon arrival at FAC</td>
<td>None</td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

### Intake Operator's Name:

### Information Logged

<table>
<thead>
<tr>
<th>Date:</th>
<th>Time:</th>
<th>Initials:</th>
</tr>
</thead>
</table>

Managing Mass Fatalities: A Toolkit for Planning
Release Authorization

Name of Deceased ____________________________ MRN-________________________

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

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

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

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

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

________________________________________

________________________________________

________________________________________

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

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

Signed: _______________________________ Relationship to Deceased: _______________________

Print Name: _______________________________ Date Signed: ____________ Time: ______

Complete Address: ______________________________________________________________

Telephone Number(s): _______________________________

Signed: _______________________________ Relationship to Deceased: _______________________

Print Name: _______________________________ Date Signed: ____________ Time: ______

Complete Address: ______________________________________________________________

Telephone Number(s): ____________________________________________________________