Family Assistance Center Plan
CT DEMHS Region 2
ESF #8 Healthcare Coalition

Version 1.0
12/15/2017

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The Connecticut Division of Emergency Management and Homeland Security (CT DEMHS) Region 2 Emergency Support Function #8 Healthcare Coalition hereby accepts the Family Assistance Center (FAC) Plan. It is to serve as an Annex to the Region's Public Health Emergency Response Plan. Although not all situations can be expected or planned for, this plan will serve as the FAC guideline for a public health emergency response.

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Revision History

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09/18/2017	Revision to 13.0 Plan Maintenance & Development Addition of 14.0 Region 2 FAC "Go-Kits" Revised Appendices with Region 2 footer	30, 31	Made by Jessica Stelmaszek, MPH, Naugatuck Valley Health District
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1.0   INTRODUCTION

Incidents resulting in mass casualties and/or fatalities present significant response challenges. Among those challenges are meeting the unique needs of the victims and their families, particularly in the case of mass fatalities. Mass Fatality Management is included in the Target Capability List promulgated by the U.S. Department of Homeland Security, and is among the Public Health Preparedness Capabilities identified by the Centers for Disease Control and Prevention (CDC) in its National Standards for State and Local Planning.

The CDC defines the Capability of Fatality Management as follows:

> Fatality management is the ability to coordinate with other organizations (e.g., law enforcement, healthcare, emergency management, and medical examiner/coroner) to ensure the proper recovery, handling, identification, transportation, tracking, storage, and disposal of human remains and personal effects; certify cause of death; and facilitate access to mental/behavioral health services to the family members, responders, and survivors of an incident.

The Connecticut Department of Public Health (DPH) Office of Public Health Preparedness & Response (OPHPR) has advised local health departments/districts (LHDs) that the state will conduct a significant portion of the fatality management operations as provided in the state mass fatality plan. However, DPH has specifically indicated that establishment of a regional Family Assistance Center (FAC), as a component of fatality management, will largely require local resources and a regional response. The Region 2 ESF #8 Healthcare Coalition has developed this plan in response to this need.

Various sources were utilized in preparation of this document and are referenced in the appendices of this plan. In several areas, language is gleaned directly from these guidance documents and templates.

This plan is integrated into the CT Department of Emergency Services & Public Protection Division of Emergency Management & Homeland Security (DEMHS) Region 2 Emergency Support Function #8 Healthcare Coalition (ESF8 HCC) Public Health Emergency Response Plan, as an appendix.

2.0   PURPOSE OF THE FAMILY ASSISTANCE CENTER (FAC)

The Family Assistance Center (FAC) is a framework for providing family assistance following a mass fatality incident (MFI). Family Assistance is defined as the provision of services and information to the family members of those killed, injured, or otherwise impacted by the incident. Although the specific needs of those impacted by a MFI will vary widely, family assistance presumes that the provision of information and access to services is essential.
The FAC is focused on the ***immediate aftermath*** of a MFI to give survivors and families of victims a safe, central gathering place in relative proximity to the disaster site. The FAC provides a venue for authorities to provide information to victims, coordinate access to

support services, and facilitate the collection of information from families that is necessary for victim identification. While established at a physical location, the FAC may also be established virtually to support family members who may be unable or unwilling to travel to the geographic area near the incident.

The primary goals of the FAC are:
1. To provide for a safe, private gathering location for families of victims, separated from the rest of the community.
2. To coordinate and provide the support to meet the needs of these families.
3. To provide for a location for the medical examiner and other public officials to meet with families, assist with investigative efforts, and for the release of official information.

The FAC concept was developed nationally in response to a need to provide timely and official factual information to families of victims across multiple incidents, often aviation disasters and terrorism attacks. Families also identified a need for privacy and a process to receive various support services while awaiting further information, victim identification, and ultimately the logistics of the release of the victims' remains to their families.

The FAC will be integrated into the Incident Command System organization for the incident, and will operate as long as deemed necessary by Incident Command. FACs may operate anywhere from hours to several weeks, the duration of which is often tied to the victim recovery and identification process and other investigative activities. Since the FAC is focused on short-term information and services, FAC management must develop plans to provide support and assistance to families once they depart the FAC.

The family assistance model provides responding agencies with the ability to provide a consistent and coordinated response to victims and families, because it centralizes the flow of information and services and assigns responsibilities to specific response agencies.

3.0 AUTHORITY

Authority for all-hazards preparedness planning and emergency response is contained in Title 28 of the Connecticut General Statutes, as amended and local Executive Orders, Charter Provisions and Ordinances.

4.0 ASSUMPTIONS

The following planning assumptions have been identified:

A. FAC Operations
1. Incidents warranting the activation of an FAC may occur as a result of natural, human-caused, or technological sources and may vary in size, scope and complexity.
2. The demands of FAC operations, in addition to managing the primary incident, can easily exceed local resources and may require a regional response.

3. FAC operations may be long-term.
4. Responding to a mass-casualty or mass-fatality incident can be overwhelming and lead to traumatic stress. Support for responders and staff at an assistance center will be essential.
5. Ethnic, religious, and cultural traditions must be considered at all FACs.
6. Both behavioral health and spiritual care resources need to be made available at FACs.
7. It is anticipated that there may be up to ten or more family members or loved ones that may arrive or need assistance for each potential victim.
8. Not all family members will come to the FAC. Services need to be available virtually to support and provide information to those who are not physically on site at the FAC.
9. After an incident, family members will immediately call or self-report to agencies or locations seeking information about their loved ones. This could include the incident site, 911, 211, hospitals, clinics, fire departments, police stations, EMS stations, town/city hall, or the Medical Examiner's Office.
10. Coordination among responding agencies about family member welfare inquiries, missing persons reports, and patient tracking will be necessary.
11. The FAC should be operational in a timely manner. Certain incidents will require a sense of urgency in establishing the FAC to provide basic services as soon as possible.
12. There may be a need to provide a place for families to convene until an FAC is established. This may occur at a hospital, airport, or other community site.
13. The FAC may need to operate extended hours during the initial days or weeks after an incident.
14. The FAC will NOT serve as an overnight shelter.
15. Large media presence will necessitate on-site public information officer (PIO) assistance.
16. This regional plan is designed to facilitate collaboration and coordination in a regional response without any presumption of a regional funding source; financial costs to responding jurisdictions will be borne in a manner similar to any response or recovery effort. The funding source for the FAC operations may not be known at the time the FAC is opened.
17. Donations will not be accepted or processed at the FAC.
18. Photography should not be allowed in any part of the FAC.

B. Family Concerns

1. Family members will have high expectations regarding the:
    i. identification of the deceased;
    ii. return of their loved ones to them; and
    iii. ongoing information and updates.
2. Victim identification may take days, weeks or more depending on the nature of the incident.
3. Families and individuals will not grieve or process information in the same way. Ethnic and cultural traditions will be important factors in how families grieve.

4. Family members who live afar may travel to the FAC and need assistance with basic resources such as lodging, toiletries, clothes, prescriptions, etc.
5. Family interviews will need to be conducted with multiple family members in order to collect sufficient ante mortem information to assist with victim identification.
6. Media will want to access the FAC and some family members will want to speak with them and some will not.

5.0 SCOPE

The scope of this plan is for the establishment and operation of a FAC in a CT DEMHS Region 2 municipality where:

1. It is anticipated that the operation of the FAC will exceed local resources.

2. Standard mutual aid requests to neighboring municipalities alone will be insufficient.

3. A specific request for the deployment of regional resources to stand up an FAC has been made by the municipality where the incident is located.

Certain incidents will result in the activation of a Joint Family Support Operations Center and/or FAC by federal agencies. Those operations are beyond the scope of this plan.

6.0 ACTIVATION

6.1. TEAM ACTIVATION

The decision to activate a regionally supported FAC will be done by the local Incident Command and/or Emergency Operations Center (EOC) leadership, based upon the needs of the incident. Please refer to the CT DEMHS Region 2 ESF #8 PHERP for terminology and explanations of activation levels used by the Region 2 Regional Coordination Center, DEMHS Regional Offices, and the State Emergency Operations Center (SEOC).

Activation Process
- The local jurisdiction's Emergency Management Director (EMD) notifies the Region 2 DEMHS Coordinator requesting activation of a Region 2 FAC Support Team. (To be developed). The EMD will provide a point of contact at either the EOC or ICP to coordinate the teams' activation. The EMD will use the State designated activation request forms.
- Region 2 DEMHS Coordinator processes this request, making necessary notifications to state officials and receiving approvals as needed, and requesting a regional response by disseminating to local officials via the ESF #8 Chair and Co-chair and the protocol for acknowledging such request.
- Assets will not be deployed until confirmed through the local contact at the EOC or ICP coordinating the activation.

6.2. SITE REQUIREMENTS

The best location for a FAC will largely be contingent upon the type of incident and the number of fatalities. Local officials may conduct assessments to pre-determine potential sites. It is encouraged that both public (e.g., municipal facilities) and private (e.g., hotels with conference centers) venues may be considered.

Ideally, the FAC should be established in a facility such as a modern hotel or convention center with conference rooms, reception areas, private interviewing rooms, telecommunications, computer support, Internet access, telephone lines, (nearby) lodging accommodations, food service, accessibility (i.e. Americans with Disabilities Act (ADA) accommodations), and parking. A FAC must be of sufficient size and appropriate design to permit core direct services to be provided in a secured environment that offers seclusion from the media, as well as the provision of other disaster services.

Local EMDs are encouraged in conjunction with local health agencies to pre-identify such sites within their respective jurisdictions. See Appendix B: Facility Agreement.

If a FAC is being considered outside the jurisdiction of the primary incident scene, the requesting EMD must contact the EMD of the desired jurisdiction for the FAC to approve and coordinate such operations.

General considerations for site requirements are as follows. See Appendix C: Sample Floor Plan.

- The FAC should be established in close proximity to the incident, but just far away that families will not be subjected to viewing or hearing anything at the incident scene. Those traveling to/from the FAC should not have to pass the incident scene.

- Ability to lock-down the entire facility or a specific section being utilized as a FAC.

- One large FAC is preferred over several smaller ones so that regional resources may be leveraged and concentrated.

- An ideal site should have the ability to be secured and setup in a timely manner.

- The FAC site should be community-neutral (e.g., faith-based organizations not preferred due to the complexity of religious beliefs)

Table 1. Site Recommendations

Function	Facility Recommendations
Command area	• Sufficient to coordinate operations, including tables, chairs, internet access, telephones, etc.
Staff check-in area	• Area for staff check-in that is ideally separate from the family check-in area. Table, chairs.
Family registration area	• Area for family to check in and register. Tables, chairs, waiting area.
Waiting / Briefing area	• Large room with tables, chairs for family briefings • Include food service here unless a separate area is available.
First Aid	• Smaller, separate room/area reasonably close to the family waiting/briefing area. Table, chairs
Private counseling rooms	• Recommended ratio of 1:15 private rooms to families
Ante Mortem Interview Rooms	• Recommended ratio of 1:15 private rooms to families

Child Sitting Area	• Preferably have separate space with one entrance and exit
	• If possible, separate into age-appropriate areas
	• Remove all potential hazards (sharp corners/objects, objects with a potential to fall, open sockets and wires, etc.)
	• Recommended ratios of:
	    ○ 1:4 for infants (maximum size of 8)
	    ○ 1:7 for toddlers (maximum size of 14)
	    ○ 1:10 for preschoolers (maximum size of 20)
	    ○ 1:15 for school-age children (maximum size of 30)

Entrances/Exits	• Preferably the facility could be locked down to monitor security and control ingress/egress
Loading Docks (if possible)	• Have enough space to bring in large trucks • Have material handling equipment on site
Restrooms	• Recommended 10 stalls per 300 users
Accessibility: • Public Transportation • Proximity in the community	• ADA compliant • Distance to nearest public transportation should be considered • FAC site should have accessible road or transportation to area hospitals
Supplies/IT/Utilities: Radio/Internet/Telephone:	• Should have no known disruption to communications services • Landline telephones if call-center is needed • WiFi preferred • Charging stations *See the Equipment and Supplies document in the Attachments section.*

6.3. SITE ACTIVATION

Activation of a FAC site is the responsibility of the local EMD with recommendation from the Incident Command and/or EOC of the municipality where the incident has occurred. Steps include:

- Research available sites.

- If utilization of a site in another municipality is considered, contact the EMD from that municipality for coordination.

- Determine if FAC Staging Area for responding FAC personnel can be onsite and available within necessary timeframe, or identify alternate FAC Staging Area location.

- Contact site for confirmation of availability and activate.

See Appendix D: Activation Checklist and Appendix E: Facility Opening & Closing Form.

6.4. SITE SECURITY ASSESSMENT

A security assessment of the FAC site should be made prior to starting operations. Law Enforcement is responsible for this assessment, unless they have delegated the task to another qualified entity. The following list is a general outline of the basic security assessment that should be performed:

Interior
- Walk through of the entire facility to ensure the facility is safe.
- Secure all doors.
- Limit points of entry to the facility.
- Designate one entrance and a separate exit.
- Post security personnel at entrance, exit and other vital

locations. Exterior
- Secure perimeter and parking facilities.
- Ensure media and the general public are both kept away from the entrance and exit. Develop awareness where media will be permitted.
- Appraise incident command or the branch director of any issues related to securing the site and ensuring safe passage for family members.

Security Guidelines
- Security personnel at each location will be clearly identified and visibly positioned in strategic locations in the facility.
- Security will maintain a presence at the FAC daily from open to close for the duration of the FAC operation.
- Security will secure the facility at the end of each day.

See Appendix F: Site Assessment Worksheet.

7.0 STAFFING

The overall leadership of the FAC will be assigned by Incident Command and integrated into the ICS Organization for the incident. See Appendix G: Sample FAC Organizational Chart. The leader of the FAC (e.g., FAC Branch Manager) will establish staffing requirements with the Incident Commander. Available staff will initially be placed in the Labor Pool until assigned.   The Labor Pool may be sourced from:

- Law Enforcement
- Fire Service
- Other municipal staff (e.g., Local Health Department/District, Public Works, Social Services, Community Services, etc.)
- Emergency Medical Services (EMS)
- Medical Reserve Corps (MRC)
- Community Emergency Response Team (CERT)
- American Red Cross (ARC)
- Other local and/or regional agencies with appropriately trained staff and/or volunteers (e.g., universities, community health providers, community mental health providers, family service agencies, etc.) at the discretion of Incident Command.
- Other state assets (e.g., Office of the Chief Medical Examiner, Emergency Credentialing Program, Disaster Behavioral Health Response Network) as available, necessary and appropriate based upon jurisdiction and/or at the discretion of Incident Command.
- Other federal assets (e.g., FBI, U.S. Department of Justice) as available, necessary, and appropriate based upon jurisdiction and/or at the discretion of Incident Command.

Depending upon the needs of the incident, assigned staff will be advised to report directly to the FAC site or to a Staging Area, which may be an area co-located on the FAC facility/campus or at an offsite location.

See Appendix H: Staff Determination Tool.

7.1. STAFF REGISTRATION & CREDENTIALING

Upon arriving at the FAC, staff will register and sign-in:

- Staff/volunteers will report to the staff registration area of the FAC and sign-in using the designated FEMA ICS approved forms.

- Government-issued or response organization picture identification will be required from all individuals to be presented to the registration staff.

- During registration, individuals will be cross-checked against individuals previously identified as available and authorized/requested to respond.

- Any roles requiring licensure / certification may be verified as necessary and appropriate.

- Individuals will be advised of their assignment, where to report, and immediate supervisor, unless remaining in the Labor Pool.

- Instructions will be provided regarding sign-out of equipment/supplies and obtaining job-specific guidance (e.g., job action sheets, job aids, etc.). See Appendix I: Job Action Sheet.

- Incident-specific instructions on staff identification will be provided

7.2. STAFF IDENTIFICATION

All personnel working at the FAC are required to wear identification. Minimum requirements will be their response organization photo identification card. Site specific access identification may also be required. The specific requirements will be determined by the FAC leadership.

Some staff may also be required to wear an incident command vest.

7.3. SHIFT CHANGE PROCEDURE

The FAC leadership should develop a deliberate, structured shift change process that includes:

Oncoming Shift

- Schedule oncoming shift a minimum of 30 minutes prior to out-going shift.

- Check in as per Staff Registration & Credentialing section.

- Receive any "pass down" or shift change report from individual being relieved, as appropriate.

- Receive shift briefing from

supervisor. Outgoing Shift

- Provide "pass down" or shift change report to individual assuming the role, as appropriate.

- Report to supervisor for shift debriefing.

- Complete/finalize any paperwork, such as Unit Log, and submit as directed by supervisor.

- Return equipment/supplies as directed.

- Report to staff registration to sign-out on check in/out log (ICS-211) and return any site-specific badge if issued. See Appendix J: ICS-211.

7.4. STAFF BRIEFINGS

The briefing is a structured opportunity to provide information to staff concerning what is likely to happen during a shift and generally to prepare staff for the range of stressors/challenges unique to a FAC operation likely to be encountered during their shift. See Appendix K: Briefing Checklist. Briefings should be held on a regular basis:

All Staff

- Start of shift (e.g., and All FAC staff meeting)

- At other regular intervals during the operational period as determined by FAC leadership

- End of shift (shift debriefing) including any CISD/EAP briefing as appropriate.

- FAC closure (Demobilization briefing) including any CISD/EAP briefing as appropriate.

- Any other time as deemed necessary by FAC

leadership <u>Command Staff</u>

- FAC leadership meeting near the start of an operational period.

- FAC leadership meeting near the end of an operational period.

- Any other time as deemed necessary by FAC

leadership <u>Section and Unit Briefings</u>

- At the discretion of the Section/Unit Leader

Briefings should be conducted at an appropriate location so all participants can hear and see the presenter and allow time for and encourage questions during the briefing.

7.5. POLICY ON SPONTANEOUS UNAFFILIATED VOLUNTEERS

Past experience has highlighted that during a disaster, individuals will come forward to offer their assistance. Spontaneous Unaffiliated Volunteers (SUV) is any individual who offers such assistance but who does not have an affiliation with any known response or community agency.

General options for SUV include:

- Referral to another organization to establish an affiliation (e.g., American Red Cross, MRC, CERT, etc.) however it must be understood that timeframes required to establish affiliation may exist and ensuring sufficient training and background may conflict with the individual's desire to provide help immediately.

- Placement of the SUV on a list for further review and credentialing for potential use at the FAC or elsewhere in the overall response, based upon the needs of the incident, and only after exhausting other resources. This decision must be made by the FAC and overall Incident Command.

Even if SUVs are not expected to be utilized, it is encouraged to capture contact information from these individuals so that they may be subsequently contacted after the incident and encouraged to affiliate with an appropriate agency.

8.0 COMMAND & CONTROL

8.1. FAC MANAGEMENT

The Incident Command system will be utilized to manage the FAC. The FAC leader (e.g., FAC Branch Manager) and FAC leadership team will establish the FAC organizational structure, utilizing ICS concepts.

FUNCTIONS:

- Providing overall leadership and authority at the FAC
- Identifying needs & gaps
- Ensuring communication and coordination across agencies represented at the FAC
- Anticipate and coordinate any dignitary visits to the FAC
- Coordinating release of information in concert with overall incident PIO or JIC
- Coordinating and managing requests and authorizing resources
- Avoiding duplication of services
- Setting priorities as relates to the FAC
- Plan for transition

RESPONSIBLE AGENCIES: The FAC Command staff will be determined and designated by the IC/EOC.

8.2. MEDIA & THE PUBLIC INFORMATION OFFICER (PIO)

The media will not be permitted nor allowed access to the FAC. However, it can be expected that media inquiries may be presented at the FAC. The overall incident PIO or JIC will handle media inquiries and public information dissemination. See Appendix L: PIO Cheat Sheet.

FUNCTIONS: Directly coordinate with the overall incident PIO or JIC. Coordinate release of approved information. Serve as single point of contact for any media inquiries at the FAC. Refer media to appropriate locations. Monitor social media as necessary; provide for rumor control and disseminate correct information as appropriate.

RESPONSIBLE AGENCIES: This position will be assigned based upon the specific circumstances of the incident and the agency best suited to support this role.

8.3. SAFETY OFFICER

FUNCTIONS: The Safety Officer will maintain vigilance over facility safety, including:

- Ensuring environmental safety of the building is maintained

- Ensuring fire safety (e.g., exists not blocked, no overcrowding, etc.)

- Identifying and referring any security concerns

RESPONSIBLE AGENCIES: The FAC Safety Officer will typically be assigned from the IC Safety Officer.

See Appendix M: Safety Walkthrough Checklist.

9.0 OPERATIONS

9.1. RESOURCE DESK

FUNCTIONS: The Resource Desk at the FAC is staffed to help families navigate the services offered at the FAC. The Resource Desk will have various documents and forms available to assist families, as well as ability to refer family members to appropriate on-site support when appropriate. A listing of available resources should be made available. Sample lists of commonly requested resources are provided in the appendices of this plan.

RESPONSIBLE AGENCIES: The Resource Desk can be staffed by any response organization personnel as assigned. Whenever possible, behavioral health should be available in this area to provide support.

9.1.2 GREETERS

FUNCTION: Greeters are positioned near the Resource Desk and tasked with screening incoming individuals, welcoming incoming family members and directing them to the registration area. Greeters should know how to access approved translation services. Individuals who are clearly not looking for family members are referred elsewhere as appropriate.

Individuals arriving at the FAC who are not looking for a family member and do not leave immediately are reported to security.

RESPONSIBLE AGENCIES: Greeters can be staffed by any response organization personnel as assigned. If resources are not available, this function can be performed by Security. Behavioral Health should be available in this area to provide support.

9.1.3 USHERS

FUNCTION: Ushers are positioned near the Resource Desk and are tasked with escorting family members within the FAC as necessary, such as assisting in navigating within the FAC or when bringing family members to a secure location within the FAC.

RESPONSIBLE AGENCIES: Ushers can be staffed by any response organization personnel as assigned.

9.2. FAMILY REGISTRATION & PROCEDURES

FUNCTION: Upon arrival at the FAC, family members are directed to the Family Registration area where the following procedure is utilized to register family members at the FAC. Reception and registration will set the tone for the FAC and will provide families with an orientation to family assistance operations and the services available. Throughout the registration process translation, interpretation, American Sign Language and braille services should be on hand to assist with any needs. Behavioral health providers should also be on hand during client welcoming and registration to provide services as needed.

RESPONSIBLE AGENCIES: Any response organization personnel as assigned. Behavioral Health and Translation services should be available to provide assistance with the registration process if necessary.

PROCEDURE:
- All family members will sign-in upon arrival.

- If this is the family member's first visit to the FAC they must complete a registration form. An ICS FEMA Family/Friend Registration form will be used. See Appendix N: Family Registration Form

- If someone has presented to the registration area and is not looking for a family member or is providing suspicious information, notify security immediately. Site security is crucial to preserving privacy.

- For the purposes of the FAC, "Family" will include immediate family and household members. However, at the discretion of the FAC leadership, this may be expanded to other individuals that consider the victim to be a part of the victim's family, even if there is not a legal familial relationship, and/or individuals that investigators wish to bring to the FAC.

- Adult family members will be asked to sign-in and provide government-issued photo identification during the registration process to confirm their identity. Individuals who cannot produce identification will be referred to Law Enforcement. See Appendix O: Family Sign In-Out Form

- Once registered and positively identified, all registered family members will have a wristband placed. These wristbands will be different colors of each day for the duration of the operation. Utilization of the wristbands available in the DEMHS shelter operations trailers is suggested.

- Provide all family members with a Family Resource Packet if available.

- For the purposes of continuity of care and if staff resources allow, a Family Liaison (discussed below) should be assigned whenever possible based upon resource availability.

- All family members must remove their wristband at the close of the FAC for the duration of the operation.

9.2.1. FAMILY LIASION

<u>FUNCTION</u>: An individual assigned to a family to provide family members with a brief overview of the <u>services</u> provided at the FAC, provide them with the time of the next scheduled Family Briefing, a tour of the facility (if possible) and assist them with the items in the Family Resource Packet and with any immediate and ongoing needs during the course of their stay at the FAC.

<u>RESPONSIBLE AGENCIES:</u> While the Family Liaison may be assigned to any response organization as <u>assigned</u> by Incident Command, behavioral health support should be strongly considered.

9.3.   VULNERABLE POPULATIONS

9.3.1. FUNCTIONAL NEEDS SUPPORT SERVICES

Children and adults with disabilities have the same right to services in general population as other residents. Disabilities may vary and include: physical, sensory, mental health, and cognitive and/or intellectual disabilities.

- Effective Communication – People with disabilities must be given information that is comparable in content and detail to that given to the general public. It must also be accessible, understandable and timely.
    - Auxiliary aids and services may be needed to ensure effective communication. These resources may include pen and paper; sign language interpreters through on-site or video; and interpretation aids for people who are deaf, deaf-blind, hard of hearing or have speech impairments. People who are blind, deaf-blind, have low vision, or have cognitive disabilities may need large print information or people to assist with reading and filling out forms.
- Program Modifications – People with disabilities must have equal access to emergency programs and services, which may entail modifications to rules, policies, practices, and procedures.
    - Service staff may need to change the way questions are asked, provide reader assistance to complete forms, or provide assistance in a more accessible location.

9.3.2. TRANSLATION/INTERPRETER SERVICES

Linguistic competence is the capacity to communicate effectively, and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who have low literacy skills or are not literate, and individuals with disabilities.

To ensure the FAC and its staff are linguistically competent, translation and interpreter services may be necessary at the FAC and should be anticipated. The FAC should incorporate the translation/interpreter services of the local jurisdiction to provide these services.

Language assistance services will be provided through the availability of bilingual staff and the use of a medical translation phone/video remote interpretation service, as available by the lead local health department. Ideally, family and friends should not be used to provide interpretation services at the FAC, except when requested by the recipient.

Easily understood individual-related materials, vital information in most commonly encountered languages and appropriate signage during the FAC will be made available to the extent possible.

If necessary, resources from another responding jurisdiction may be utilized as agreed upon by the two municipalities. See Appendix P: Translation/ Interpreter Resources.

9.3.3. CULTURAL CONSIDERATIONS

Cultural, ethnic, and religious beliefs must be considered in all aspects of the FAC. The values, norms, and traditions of different populations affect how individuals perceive, think about, and make judgments about health, health behaviors, and public health services. A well-trained, diverse, and culturally competent workforce helps enhance delivery of programs, processes, and services in a manner that is socially, culturally, and linguistically appropriate.

Cultural traditions will impact a wide range of issues, including the family grieving process, spiritual care needs, and what food may be served. Religious and cultural beliefs and practices surrounding death will be important to survivors. There will likely be specific concerns regarding:
- Autopsies.
- Timeframe and handling of the body, including ceremonial washing of the deceased.
- Religious ceremonies and/or items to be left with the dead.

During a disaster, the Medical Examiner/Coroner (ME/C) will need to determine to what extent he/she is able to accommodate various religious beliefs and practices.

See Appendix Q: Cultural and Religious Considerations for more information.

9.3.4. ANIMALS

Only service animals in compliance with state and federal law will be permitted at the FAC.   Resources permitting, an animal shelter for pets may be established within or

near the same facility as the FAC, with the intention that family members will be available to assist in their care. If necessary, activate the local Animal Control Officer and/or the regional State Animal Response Team.

9.4. FAMILY BRIEFINGS

FUNCTION: Family Briefings are conducted as a group to provide and disseminate general information on the status of the overall response and recovery effort, educate family members on the process of victim identification, what to expect at the FAC, and what services are available through the FAC. The primary goal is to ensure that families have current and accurate information.

RESPONSIBLE AGENCIES: Briefings will be coordinated by FAC leadership with information provided by representatives from Law Enforcement, Medical Examiner, and others as deemed appropriate by Incident Command, such as representatives from state and federal agencies.

Facilitators of the Briefing should be selected in a very intentional manner and, whenever possible, be a consistent individual. They must have an overall understanding of FAC operations and a strong compassionate and command presence in front of large diverse groups who have been deeply traumatized. Ideally, they will have had training in conducting such briefings.

Family Briefings in a group setting may not always be practical or possible during various stages of the recovery effort, based upon the situation and resource available. However, it is still important to have a strategy for communicating with families on a consistent basis.

9.4.1. GUIDELINES

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

- Provide family briefings as soon as possible and maintain a regular schedule for briefings. The frequency of briefings may change over time depending on need.

- The Medical Examiner, or their designee, should be present at all briefings to report on victim identification processes and progress.

- Operations Section leadership should be present at all briefings to answer questions relating to their respective areas.

- Security should be present to ensure only appropriate people are allowed into the briefing room.

9.4.2. PROCEDURE

- The Public Information Officer (PIO) or the Deputy PIO in coordination with the FAC Director and Medical Examiner schedules the time and location of the family briefings.

- The Medical Examiner or their designee will run the family briefings, with representation by the FAC Director and support agencies as necessary.

- Prepare the schedule for the family briefings.

- Post the schedule in the FAC and inform families where and when there are briefings.

- The logistics team will set up the family briefing room with chairs, conference call equipment, microphones, projectors and other audio/visual equipment as needed.

- Ensure that there are conference call capabilities for all families not physically at the FAC.

- The Behavioral Health team will ensure that there are behavioral health and spiritual care providers present at all family briefings.

- Translation and interpretation services. See Appendix F for further information.

- Ensure there is a scribe to take notes on the briefings.

- Suggested briefing outline:

    o Present information in terms that the family members can understand.

    o Repeat important information frequently during the briefings to accommodate families at various levels of receptiveness in the grieving process.

    o Plan for a question and answer session that may take an hour.

- Provide copies of transcripts or briefing notes.

9.4.3. AGENDA/TALKING POINT GUIDELINES

The following represents suggested information that may be communicated to families or those seeking services (topics should be adjusted depending upon the nature of the incident and as needs change over the course of the event).

- Introduction of presenters and key FAC staff as appropriate.

- Emphasize that the FAC is the best source of current information for the families.

- Situation status

    o Number of missing, positive identification and casualties

    o Status of search, rescue, and recovery operation

    o Status of criminal investigation

- Procedures

    o Medical examiner information, notification, mortuary processes and procedures

- o   DNA, medical and dental records collection

- o   Process to issue death certificates

- o   Victims' personal effects (process for return)

- Review of services available at the FAC

- Review family privacy rights / interaction with media

- Encourage family members to bring questions or rumors to FAC staff members so that accurate information may be provided.

- Additional resources

- Q&A

9.5. FAMILY INTERVIEWS

FUNCTION: Collection of ante mortem data for identification of human remains and to assist in the investigation. Conducted in private interview room(s) or designated areas. See Appendix R: DMORT VIP Ante Mortem Interview Form.

RESPONSIBLE AGENCIES:

Primary: Law Enforcement; Medical Examiner; assigned DMORT members if activated

Support: Behavioral Health, Faith-based Organizations

9.6. REUNIFICATION SERVICES

Reunification between survivors and family members is primarily done immediately after an incident and typically prior to the establishment of a FAC. However, at the discretion of Incident Command, this function may be moved into the FAC when necessary and appropriate.

FUNCTIONS:

- Obtaining potential and/or actual victim information from FAC family registration information, through ICP/EOC, and area hospitals.

- Research status of potential victims and attempt to reconcile.

- Facilitate reunification of confirmed survivors with

family. RESPONSIBLE AGENCIES:

- If reunification has moved into the FAC, initial intake of family should follow FAC Registration procedures and be performed by FAC Registration staff.

- Research and reconciliation of data may be performed by any response agency as assigned by IC.

- Family interviews, ongoing family communication and notification of status of potential victim (hospitalized, death, unknown/unaccounted) should be

performed by Law Enforcement and/or Medical Examiner, although IC may choose to delegate communication of survivors to other response organizations. Behavioral Health and/or Faith-Based Organization support should be utilized.

9.7. DEATH NOTIFICATIONS

FUNCTION: Formal notification of death to next of

kin. RESPONSIBLE AGENCIES:

Primary: Law Enforcement; Medical Examiner

Support: Behavioral Health, Faith-based Organizations

9.8. RELEASE OF PERSONAL EFFECTS

Re-association of Remains
 In situations where remains are fragmented and commingled, identified remains may be re-associated so that remains belonging to individuals are returned together to the next of kin. Often, because DNA analysis is the method used to conduct these identifications, the physical re-association of remains can take place several weeks or months after an accident.

Procedure:
- Remains will be re-associated one decedent at a time.
- Remains related to a particular decedent will be removed from the storage container (refrigerator trailer) and moved into an area designated for re-association.
- The appropriate documentation (Identification Summary Report, DNA laboratory results, VIP forms, postmortem photographs) will be used to select the appropriately numbered remains for that decedent.
- Remains will be examined to ensure that the physical characteristics are identical to those on the associated documentation.
- After review, all remains associated with the decedent will be placed in the appropriate container, such as a casket, transfer case, body bag, etc.
- Remains will then be returned to storage or sent to embalming if being conducted in the incident morgue.
- If remains are to be released, they should be sent to Final Identification Review before release.

FUNCTION: Formal release of personal effects from victims to

family. RESPONSIBLE AGENCIES:

Primary: Law Enforcement; Medical Examiner

Support: Behavioral Health, Faith-based Organizations

9.9. PSYCHOLOGICAL SUPPORT SERVICES

FUNCTIONS: For the purposes of this plan, psychological services include a wide range of support. Providing access to these services is a key component of the FAC. Refer to table below.

RESPONSIBLE AGENCIES: Refer to Table 2. FAC Psychological Support Services.

Table 2. FAC Psychological Support Services

FAC Functional Area	Behavioral Health Support Description	Credentials Required	Potential Source Agencies (always subject to IC approval)
Staff Briefing	Prepare staff for shift. Ideally a brief PFA JITT included.	FAC Behavioral Health Lead or designee	LHD, MRC, DBHRN, ARC
Staff Debriefing at end of shift and at FAC closure	Check-in/support at end of shift/at FAC closure	FAC Behavioral Health Lead or designee	LHD, MRC, DBHRN, ARC, EAP
Reunification Services (if included at FAC)	Behavioral health support/ Psychological First Aid	Minimally PFA Training. Ideally a credentialed behavioral health responder.	LHD, MRC, CERT, DBHRN, ARC
Resource Desk Services	Behavioral health support/ Psychological First Aid	Minimally PFA Training. Ideally a credentialed behavioral health responder.	LHD, MRC, CERT, DBHRN, ARC
Family Registration Activities	Behavioral health support/ Psychological First Aid	Minimally PFA Training. Ideally a credentialed behavioral health responder.	LHD, MRC, CERT, DBHRN, ARC
Family Briefings	Behavioral health support/ Psychological First Aid	Minimally PFA Training. Ideally a credentialed behavioral health responder or clergy.	LHD, MRC, CERT, DBHRN, ARC, Clergy
Family Interviews	Behavioral health support/ Psychological First Aid	Minimally PFA Training. Ideally a credentialed behavioral health responder or clergy.	LHD, MRC, CERT, DBHRN, ARC, Clergy
Death Notifications	Behavioral health support/ Psychological First Aid	Minimally PFA Training. Ideally a credentialed behavioral health responder or clergy.	LHD, MRC, CERT, DBHRN, ARC, Clergy
Release of Personal Effects	Behavioral health support/ Psychological First Aid	Minimally PFA Training. Ideally a credentialed behavioral health responder or clergy.	LHD, MRC, CERT, DBHRN, ARC, Clergy
Referral to community-based mental health providers	Follow-up information for ongoing behavioral health care	Minimally PFA Training. Ideally a credentialed behavioral health responder or clergy.	LHD, MRC, CERT, DBHRN, ARC, Clergy, Local Social Services

Individuals identified to be in immediate crisis (e.g., suicidal ideation) will be continuously monitored and immediately referred to EMS for hospital transport & evaluation. Individuals unwilling to be transported who are determined by a proper authority (e.g., police officer; psychologist; or clinical social worker or advanced practice registered nurse with additional training required by state statute) to be a danger to themselves or others will be transported to a hospital by EMS under a properly signed Emergency Evaluation Request.

9.10. MEDICAL SUPPORT SERVICES

9.10.1. EMERGENCY MEDICAL SERVICES

FUNCTIONS: Emergency Medical Services available at the FAC may be limited to First Aid, based upon availability of personnel. FAC leadership will determine if onsite standby by a higher level of care (e.g., EMT) and/or need for an onsite standby ambulance is needed.

RESPONSIBLE AGENCIES: First Aid may be provided by any properly trained individual from any response organization with appropriate supplies and equipment. If EMS standby personnel and/or ambulance is requested, the EMS agency with Primary Service Area responsibility for the municipality where the FAC is located will be contacted through the dispatch center.

9.10.2. MEDICAL CARE & PHARMACY

FUNCTIONS: Medical Care and Pharmacy services will be limited to connecting clients to health care providers and pharmacies. This is primarily directed to out of state family members that may be unaware of the services available and need assistance.

RESPONSIBLE AGENCIES: While any response agency may assist as assigned, use of ESF-8 organization personnel, such as Local Health and MRC is recommended.

9.11. SITE VISITS

Family members may express a desire to visit the incident scene. This will be coordinated by Incident Command and only scheduled once the site is safe and human remains and clearly distinguishable personal effects are either removed or not visible from a viewing area.

FUNCTIONS: Assist Law Enforcement and IC as needed with scheduling and transportation of family members from the FAC to the Incident Scene. Assist with credentialing of family prior to departure from FAC.

RESPONSIBLE AGENCIES: Any response organization personnel as assigned. If available and subject to IC approval, behavioral health, a member of the clergy and/or the Family Liaison may accompany family members to visit the scene.

9.12. MEMORIAL EVENTS

Memorial events have been identified as an important part of transition for families leaving the FAC prior to returning home. There is a wide range of possible events, including multi-faith spiritual services, onsite memorials, vigils, etc. These are typically public events.

FUNCTION: The FAC will assist and coordinate in regards to providing family members with the schedules of events and assisting with transportation needs.

RESPONSIBLE AGENCIES: Any response organization personnel as assigned.

9.13. OTHER FAMILY SUPPORT SERVICES

9.13.1. TRAVEL ASSITANCE

FUNCTIONS: Provide information to assist with:

- Emergency travel arrangements for air, ground transport.
- Access to lodging as needed.
- Managing family travel costs (i.e., access to discounted services, NGO financial aid, etc.)

RESPONSIBLE AGENCIES: Any response organization personnel as assigned.

9.13.2. OTHER ASSISTANCE

FUNCTIONS: Provide information to assist with:

- Access to family financial assistance; completion of required paperwork, etc.
- Obtaining resources for legal services.
- Access to crime victim services.

RESPONSIBLE AGENCIES: Any response organization personnel as assigned. This function may be assumed by the Resource Desk.

9.14. CHILD SITTING

Child Sitting is provided at the discretion of the Incident Commander, allowing parents and guardians to conduct interviews with officials and attend certain meetings, etc. where they do not feel their children should be present. Outside of these parameters, it is expected that parents/guardians will provide for the care of their children at all times.

Child Sitting will be limited to "baby sitting"-like services where children will be supervised by responsible adults. Refer to Section 6.2, Table 1 for recommended ratios of adults to children. It is recommended that the FAC incorporate a sign-in/out document that clearly describes the services as limited to "child sitting" and that the FAC does NOT operate as a day care nor should the parent/guardian have any expectation beyond basic child sitting services. See Appendix S: Child Sitting Area Sign In and Appendix T: Child Sitting Safe Area Checklist.

10.0 CALL CENTER

At the discretion of Incident Command, it may be necessary and/or practical to establish a Call Center within the FAC. As soon as family members become aware of an incident, they will seek official information and/or request assistance. An FAC Call Center may perform several of the functions of the FAC virtually as needed, and may be co-located at a physical FAC to ensure efficient coordination of resources and information.

See Appendix U: Call Center Log Form, Appendix V: Call Center Intake Form, and Appendix W: Call Center Script.

11.0 FAC LOGISTICS

11.1. FACILITY MAINTENANCE

FUNCTIONS:

- Provide for routine cleaning of facility

- Assist with building security matters, such as locking of certain exterior doors.

- Assist with facility equipment setup, such as room configuration, tables, chairs, etc.

RESPONSIBLE AGENCIES: Ideally performed by the agency normally assigned to the facility; may be supported by any response agency.

11.2. TACTICAL COMMUNICATIONS

The FAC may utilize a wide variety of communications assets, including portable two-way radios and cell phones provided by the response agencies. Depending upon the size and scope of the FAC, additional communications assets may be required to better enable cross-discipline and/or cross-jurisdictional communication.

Additional communications assets, in the form of both equipment and trained Communications Unit Leaders and Communications Technicians, are available by activation of the Region 5 Communications Response Team (activated through the local Dispatch Center) as well as accessing regional and state assets through the DEMHS Region 5 Office.

11.3. INFORMATION TECHNOLOGY

FUNCTIONS: Information Technology considerations at the FAC include:

- Provide secure internet and telecom for FAC operations. Internet bandwidth, including WiFi, should be prioritized for FAC staff operations. WiFi must be secure.

- Whenever possible, provide a separate, secure WiFi for family member access.

- Provide access to TV when appropriate or requested.

<u>RESPONSIBLE AGENCY:</u> Utilize the agency that normally supports the IT infrastructure at the facility and incorporate into the Logistics component of the FAC.

11.4. NUTRITION SERVICES

The FAC should be prepared to provide water and limited nutrition to family and FAC staff. Remember that cultural considerations must be followed in serving food to family.

The FAC will only secure and accept food from an approved source (i.e. licensed food service establishment), including food donations. Questions regarding appropriate food handling, storage, and holding of food should be referred to the Local Health Department/District for the jurisdiction to ensure food safety.

The FAC and its staff will NOT prepare food onsite. Food service will be obtained by:

- An approved food service establishment co-located with the FAC (i.e., in the case of a hotel with catering services)
- Prepared food sourced from local food service establishments (i.e. delivery)
- Canteen services such as ARC.

12.0 DEMOBILIZATION

Planning to demobilize the FAC should begin as soon as the facility is operational. The Planning Section in coordination with the IC/EOC will create plans and triggers for the FAC demobilization, with the Demobilization Unit responsible for the coordination of demobilization. The time and date of demobilization should be clearly communicated to all families, and referral services and, if necessary, case management, may be set-up in advance to handle any further follow-up for families.

General demobilization considerations
- Number of clients seen/day.
- Number of decedents still to identify.
- Number of unaccounted for persons still to locate.
- Ability for other organization to handle current operation needs off site.
- Need for daily briefings.

Example criteria to consider for demobilization
- Fewer than five clients per day register at the FAC three days in a row.
- Memorial services have been arranged for family and friends.
- Provision for the return of personal effects has been arranged.

- Ongoing case management and/or hotline number has been established if needed.

See Appendix X: Demobilization Procedures and Appendix Y: Demobilization Checklist.

13.0 PLAN DEVELOPMENT & MAINTENANCE

This plan will be reviewed and updated at least annually and whenever appropriate based upon the evolution of planning guidance and consideration of improvement plans and lessons learned from real world incidents, drills, and exercises.

The CT DEMHS Region 2 Emergency Planning Team will have ultimate approval of the FAC plan.

Recommended review schedule:
It is recommended that each year, a Local Health Department/Health District (LHD) within CT DEMHS Region 2 will primary responsibility for annual review and plan maintenance. The LHD should work with and use guidance from the FAC Subcommittee to complete this review. It is recommended that the lead LHD and/or FAC Subcommittee Chair report their findings at the annual January ESF 8 HCC meeting.

CT DEMHS Region 2 LHDs were provided a FAC binder with a hard copy of this plan and its appendices in addition to an electronic version on a USB. It is recommended that LHDs bring their FAC binder and USB to the January ESF 8 HCC meeting to update accordingly.

The following recommended schedule is subject to change per the CT DEMHS Region 5 ESF 8 HCC.

2018	Connecticut River Area Health District
2019	East Shore District Health Department
2020	Chesprocott Health District
2021	Madison Health Department
2022	Naugatuck Valley Health District
2023	Meriden Health Department
2024	Milford Health Department
2025	New Haven Health Department
2026	Quinnipiack Valley Health District
2027	Wallingford Health Department
2028	West Haven Health Department

2029: CT DEMHS Region 2 ESF 8 Healthcare Coalition will assess the process of reviewing and updating this plan.

14.0 Region 2 FAC "Go-KITs"

Three mobile Family Assistance Center "Go-Kits" have been purchased and assembled for the Region. The intention for these kits is to be placed strategically throughout the region at a location with 24/7 access. The FAC Subcommittee recommends that the kits be stored at hospitals within the region. The purpose of the kits is to provide the basic elements to get a FAC operation ready.

"Go-Kit" Inventory
Each kit contains the following:
- CT DEMHS Region 2 ESF 8 HCC FAC Plan with appendices
- Basic signage with English and Spanish on cardstock, includes direction arrows
- Two sets of solid color wrist bands (quantity: 500 each color)
- 100 blank ID badge holders with lanyards
- 12 assorted mini animal stuffed animals

Recommended review schedule:
It is recommended that each year, the host site of the "Go-Kit" take the lead for review.
The host site should work with and use guidance from the FAC Subcommittee to complete this review. It is recommended that the host site and/or FAC Subcommittee Chair report any updates at the annual January ESF 8 HCC meeting. Replacing contents of the "Go-Kits" will be contingent upon availability of regional funding.

APPENDIX A: GLOSSARY OF ACRONYMS

Acronym	Meaning
ARC	American Red Cross
CDC	U.S. Centers for Disease Control & Prevention
CERT	Community Emergency Response Team
CISD	Critical Incident Stress Debriefing
DBHRN	Connecticut Disaster Behavioral Health Response Network
DEMHS	Connecticut Division of Emergency Management and Homeland Security
DPH	Connecticut Department of Public Health
EAP	Employee Assistance Program
EMD	Emergency Management Director
EMS	Emergency Medical Services
EMT	Emergency Medical Technician
EOC	Emergency Operations Center
ESF 8	Emergency Support Function # 8 (Public Health & Medical Services)
FAC	Family Assistance Center
HCC	Healthcare Coalition
IC	Incident Command
ICP	Incident Command Post
ICS	Incident Command System
IT	Information Technology
JIC	Joint Information Center
LHD	Local Health Department or Local Health District
MCI	Mass Casualty Incident
MFI	Mass Fatality Incident
MFM	Mass Fatality Management
MRC	Medical Reserve Corps
PFA	Psychological First Aid
PIO	Public Information Officer
REPT	Region Emergency Planning Team
SUV	Spontaneous Unaffiliated Volunteers
TCL	Target Capabilities List
UASI	Urban Area Security Initiative

APPENDIX B: FACILITY AGREEMENT

(This resource begins on the following page.)

FAMILY ASSISTANCE CENTER FACILITY AGREEMENT

This agreement is between the LOCAL JURISDICTION and a facility owner ("Owner") so the LOCAL JURISDICTION can use the facility as a Family Assistance Center (FAC).

Facility Name:

_____

Parties and Facility

<u>Facility Owner</u>:

Legal name:

_____

Chapter:

_____

24-Hour Point of Contact:

      Name and title:

_____

      Work phone: _____ Cell phone: _____

Address for Legal Notices:

_____

_____

_____

_____

<u>Family Assistance Center</u>:

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

_____

_____

_____

_____

FAMILY ASSISTANCE CENTER FACILITY AGREEMENT

LOCAL JURISDICTION:

Legal name: _____

Chapter: _____

24-Hour Point of Contact:

      Name and title: _____

      Work phone: _____ Cell phone: _____

Address for Legal Notices:

_____

_____

_____

_____

    Copies of legal notices must also be sent to:

      The LOCAL JURISDICTION's General Counsel Office

FAMILY ASSISTANCE CENTER FACILITY AGREEMENT

Terms and Conditions

1. <u>Use of Facility</u>: Upon request and if feasible, the Owner will permit the LOCAL JURISDICTION to use the Facility on a temporary basis as a Family Assistance Center.

2. <u>Family Assistance Center</u>: The LOCAL JURISDICTION will have primary responsibility for the operation of the FAC and will designate a LOCAL JURISDICTION official, the FAC Manager, to manage the sheltering activities. The Owner will designate a Facility Coordinator to coordinate with the FAC Manager regarding the use of the Facility by the LOCAL JURISDICTION.

3. <u>Condition of Facility</u>: The Facility Coordinator and FAC Manager (or designee) will jointly conduct a pre-occupancy survey of the Facility before it is turned over to the LOCAL JURISDICTION. They will use the first page of the *Facility Opening/Closing Form* to record any existing damage or conditions. The Facility Coordinator will identify and secure all equipment that the LOCAL JURISDICTION should not use while sheltering in the Facility. The LOCAL JURISDICTION will exercise reasonable care while using the Facility as a FAC and will make no modifications to the Facility without the express written approval of the Owner.

4. <u>Food Services</u>: Upon request by the LOCAL JURISDICTION, and if such resources exist and are available, the Owner will make the food service resources of the Facility, including food, supplies, equipment and food service workers, available to feed the FAC occupants. The Facility Coordinator will designate a Food Service Manager to coordinate the provision of meals at the direction of and in cooperation with the FAC Manager. The Food Service Manager will establish a feeding schedule, determine food service inventory and needs, and supervise meal planning and preparation. The Food Service Manager and FAC Manager will jointly conduct a pre-occupancy inventory of the food and food service supplies in the Facility before it is turned over to the LOCAL JURISDICTION.

5. <u>Custodial Services</u>: Upon request by the LOCAL JURISDICTION and if such resources exist and are available, the Owner will make its custodial resources, including supplies and custodial workers, available to provide cleaning and

sanitation services at the FAC. The Facility Coordinator will designate a Facility Custodian to coordinate the provision of cleaning and sanitation services at the direction of and in cooperation with the FAC Manager.

6. <u>Security</u>: In coordination with the Facility Coordinator; the FAC Manager, as he or she deems necessary and appropriate, will coordinate with law enforcement regarding any public safety issues at the FAC.

7. <u>Signage and Publicity</u>: The LOCAL JURISDICTION may post signs identifying the FAC as a LOCAL JURISDICTION FAC in locations approved by the Facility Coordinator and will remove such signs when the FAC is closed. The Owner will not issue press releases or other publicity concerning the FAC and will refer all media questions about the FAC to the FAC Manager.

8. <u>Closing the FAC</u>: The LOCAL JURISDICTION will notify the Owner or Facility Coordinator of the closing date for the FAC. Before the LOCAL JURISDICTION vacates the Facility, the FAC Manager and Facility Coordinator will jointly conduct a post-occupancy survey, using the second page of the FAC/Facility Opening/Closing Form to record any damage or conditions. The FAC Manager and Facility Coordinator or Food Service Manager will conduct a post-occupancy inventory of the food and supplies used during the shelter operation.

9. <u>Reimbursement</u>: The LOCAL JURISDICTION will reimburse the Owner for the following:

a. *Damage to the Facility or other property of Owner*, reasonable wear and tear excepted, resulting from the operations of the LOCAL JURISDICTION. Reimbursement for facility damage will be based on replacement at actual cash value. The LOCAL JURISDICTION will select from among bids from at least three reputable contractors. The LOCAL JURISDICTION is not responsible for storm damage or other damage caused by the disaster.

b. *Reasonable costs associated with custodial and food service personnel* which would not have been incurred but for the LOCAL JURISDICTION's use of the Facility for sheltering. The LOCAL JURISDICTION will reimburse at per-hour, straight-time rate for wages actually incurred but will not reimburse for (i) overtime or (ii) costs of salaried staff.

c. *Reasonable, actual, out-of-pocket operational costs*, including the costs of the utilities indicated below, to the extent that such costs would not have been incurred but for the LOCAL JURISDICTION's use of the Premises (both parties must initial all utilities to be reimbursed by the LOCAL JURISDICTION):

FAMILY ASSISTANCE CENTER FACILITY AGREEMENT

	Owner initials	LOCAL JURISDICTION initials
Water	_____	_____
Gas	_____	_____
Electricity	_____	_____
Waste Disposal	_____	_____

The Owner will submit any request for reimbursement to the LOCAL JURISDICTION within 60 days after the FAC closes. Any request for reimbursement for food, supplies or operational costs must be accompanied by supporting invoices. Any request for reimbursement for personnel costs must be accompanied by a list of the personnel with the dates and hours worked at the shelter.

10. <u>Insurance</u>: The LOCAL JURISDICTION shall carry insurance coverage in the amounts of at least $1,000,000 per occurrence for Commercial General Liability and Automobile Liability. The LOCAL JURISDICTION shall also carry Workers' Compensation coverage with statutory limits for the jurisdiction within which the facility is located and $1,000,000 in Employers' Liability.

11. <u>Indemnification</u>: The LOCAL JURISDICTION shall defend, hold harmless, and indemnify Owner against any legal liability, including reasonable attorney fees, in respect to bodily injury, death and property damage arising from the negligence of the LOCAL JURISDICTION during the use of the Premises.

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

FAMILY ASSISTANCE CENTER FACILITY AGREEMENT

Owner (legal name)   THE LOCAL JURISDICTION (legal name)

By (signature)   By (signature)

Name (printed)   Name (printed)

Title   Title

Date   Date

APPENDIX C: SAMPLE FLOOR PLAN OF FAC

POSSIBLE FAMILY ASSISTANCE CENTER (FAC) LAYOUT*

* THIS DIAGRAM IS A SCHEMATIC. THESE ARE OPERATIONAL/SERVICE PROVISION AREAS NOT DRAWN TO SIZE OR MEANT TO INDICATE LOCATION. SPECIFIC FAC LAYOUT WILL BE BASED ON THE PHYSICAL FACILITY. *
* AREAS HIGHLIGHTED IN ORANGE ARE CRITICAL AREAS THAT SHOULD BE CONSIDERED WHEN DETERMINING THE LAYOUT OF A FAMILY ASSISTANCE CENTER. *
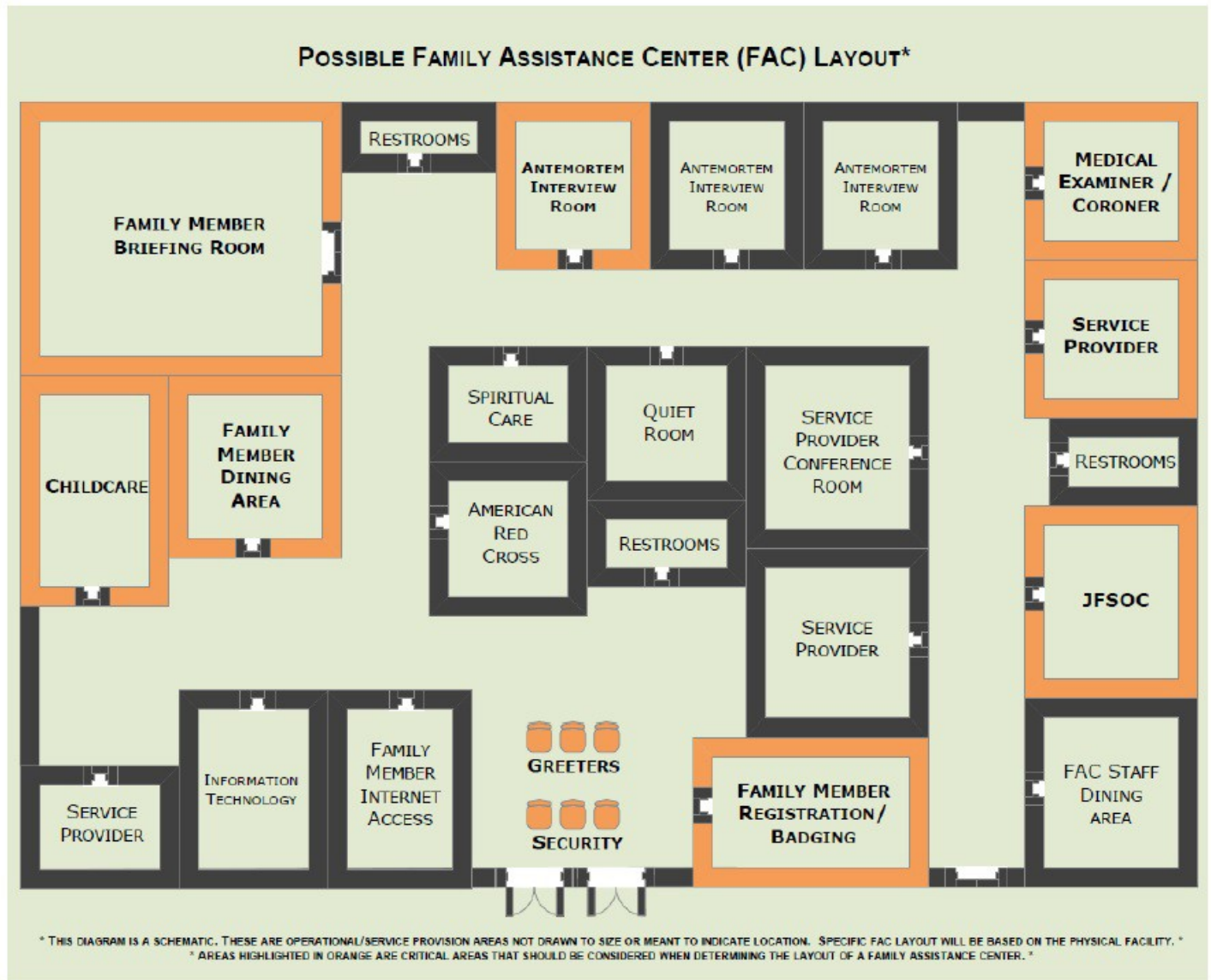
APPENDIX D: ACTIVATION CHECKLIST

(This resource begins on the following page.)

FAC ACTIVATION CHECKLIST

☐ Based on the incident size, number of victims, and other factors listed in the plan,

determine the approximate scale of the event:

Incident Type _____

Date _____ Time _____

Approximate number of victims _____

Estimated number of family/friend to arrive at the AC _____

Estimated incident size (# of days, geographic) _____

☐ Logistics: review site assessment worksheets and select the location of the AC facility

Facility Activation Information

Facility Name _____

Street Address _____

City _____ State_____ Zip Code_____

☐ Identify and activate services that will be provided at the FAC (check all that apply).

  ☐ Reception/Registration
  ☐ Family Briefings
  ☐ Call Center
  ☐ Resource Desk
  ☐ Family Interviews
  ☐ Death Notifications
  ☐ Child sitting Services
  ☐ Translation/Interpretation
  Services
  ☐ First Aid/ EMS
  ☐ Medical Support Services
  ☐ Psychological Support Services

FAC ACTIVATION CHECKLIST

☐ Coordinate with partners and local agencies to fill any resource or staff needs.

☐ Identify all staff and volunteers.

☐ Identify and acquire all equipment and supplies needed for the AC Facility.

☐ Set up FAC Facility.

☐ Ensure information technology needs are met and tested.

☐ Establish and implement tactical security plan for the facility.

☐ Open the AC Facility and coordinate messaging with PIO: location, hours and services.

APPENDIX E: FACILITY OPENING & CLOSING FORM

(This resource begins on the following page.)

Facility Opening/Closing Form

Name of Facility _____   Address_____

Name of Facility Rep & Operator _____   Phone # _____

Opening Inspection

Areas to Inspect When Opening the Facility (*Check yes, no, not applicable (NA) or unknown (U). Specific areas needing correction and those responsible for making them are noted in the "Comments" column. Remember, to take pictures of pre-existing damages.*)

Yes	No	NA	U	Comments	Areas to Inspect
☐	☐	☐	☐		Are indoor and outdoor walking surfaces free of trip and fall hazards (e.g. uneven sidewalks, unprotected walkways, loose/missing tiles, wires, etc.)?
☐	☐	☐	☐		Are the routes to exits relatively straight and clear of obstructions (e.g. blocked, chained, obstructed)?
☐	☐	☐	☐		Are all emergency exits properly identified and secured, and there are at least two exits per floor?
☐	☐	☐	☐		Are illuminated exit and exit directional signs visible from all aisles?
☐	☐	☐	☐		Are all kitchen equipment and bathroom fixtures in working order?
☐	☐	☐	☐		Is there an emergency evacuation plan posted and an identified meeting place?
☐	☐	☐	☐		Are there guidelines for directing occupants to an identified assembly area away from the building once they reach the ground floor?
☐	☐	☐	☐		Are there any site specific hazards (e.g. hazardous chemicals and machinery)? If so, describe them.
☐	☐	☐	☐		Is the facility neat, clean and orderly?
☐	☐	☐	☐		Are the following utility systems in good working order: electricity, water, sewage system, HVAC?
☐	☐	☐	☐		Are fire extinguishers, carbon dioxide and smoke detectors present, inspected and properly serviced with current inspection tags?
☐	☐	☐	☐		If power fails, is automatic emergency lighting available for exit routes, stairs and restrooms?
☐	☐	☐	☐		Is there a back-up power source?
☐	☐	☐	☐		Are first aid and AED kits readily available and fully stocked? Where?
☐	☐	☐	☐		Will occupants of the building be notified that an emergency evacuation is necessary by a public address system or alarm?
☐	☐	☐	☐		Are floors and walls free of damage?
☐	☐	☐	☐		Is the parking area free of damage?
☐	☐	☐	☐		Are there accessible parking spaces?
☐	☐	☐	☐		Is there at least one entrance to the building accessible for people with mobility issues with signage identifying the location of the accessible entrance?
☐	☐	☐	☐		Is there at least one accessible restroom?
☐	☐	☐	☐		Are there routes without steps available to access service delivery areas, restrooms and showers? Can service be provided in an area that can be accessed by routes without steps?

Any Damage or Additional Comments: _____

_____

Lead Agency
Printed Name & Title _____   Signature _____   Date_____

Facility Rep/Operator
Printed Name & Title_____   Signature _____   Date_____

Facility Opening/Closing Form

Name of Facility _____   Address_____

Name of Facility Rep & Operator _____   Phone # _____

Closing Inspection

Facility Used   From_____   To_____

Any Damage or Additional Comments:

_____

_____

_____

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_____

Lead Agency
Printed Name & Title _____   Signature _____   Date_____

Facility Rep/Operator
Printed Name & Title_____   Signature _____   Date_____

Facility Opening/Closing Form

APPENDIX F: SITE ASSESSMENT WORKSHEET

(This resource begins on the following page.)

PROSPECTIVE FAC SITE ASSESSMENT WORKSHEET

General Site Information:

Review Date _____

Facility name _____

Year Built _____ Total Square Footage _____

Street Address _____

City _____ State_____ Zip Code_____

☐ Non-Profit ☐ Faith-Based ☐ City ☐ State ☐ For Profit ☐ Other _____

First Contact:

      Name _____ Position _____

      Phone _____ Email _____

Second Contact:

      Name _____ Position _____

      Phone _____ Email _____

What times of the year is the site available: _____

_____

What supersedes availability for emergency use _____

Can this site be opened within: ☐ 2 hrs ☐ 4 hrs ☐ 6 hrs ☐ 12 hrs ☐ 24 hrs Other _____

Site appropriate for what size event (see the *Staffing Determination Tool* in the Forms section for guidance):

☐ Small ☐ Medium ☐ Large ☐ Catastrophic

Is this site familiar to the local population: ☐ Yes ☐ No

Current MOU Agreement with this site ☐ Yes ☐ No Details: _____

_____

PROSPECTIVE FAC SITE ASSESSMENT WORKSHEET

Specifications	Y/N	Comments	Available for Use Y/N:
Number of Rooms		# rooms: _____	
Capacity of Rooms * *(See Room Assessment Worksheet for more details on each room)*		Capacity of Room: _____ Capacity of Room: _____ Capacity of Room: _____ Capacity of Room: _____ Capacity of Room: _____ Capacity of Room: _____ Capacity of Room: _____ Capacity of Room: _____ Capacity of Room: _____ Capacity of Room: _____ Capacity of Room: _____	
Equipment Supply Area		Dimensions: _____X_____=_____ ft^2 Capacity of Room: _____	
Ability to lock the site		Describe:	
Loading Docks		# of Bays: _____ Forklift on site Y/N: _____ Operator Available Y/N:_____ Electrical Power Available Y/N: Explain: _____ Material Handling Equipment Y/N: _____	
Number of Toilets		# of Men's_____ # of Women's: _____ # of Family/Unisex: _____ # of ADA Accessible: _____	
Baby Changing Areas		# of sites: _____ Where located: _____	

PROSPECTIVE FAC SITE ASSESSMENT WORKSHEET

Food preparation and consumption facilities		Capacity of food prep areas: _____ Capacity of Food Consumption area (for staff and families): _____	
Type of Food Preparation Areas		☐ Full Commercial ☐ Warming ☐ Partial ☐ Walk-in refrigerator/Freezer	
Refrigeration		Size: _____ Type: _____ Temp Controlled Y/N: _____	

ACCESSIBILITY:

Specifications	Y/N	Comments	Available for use: Y/N
Primary Parking Lot		# of spaces for staff: _____ # of spaces for clients: _____ Cost of Parking per car_____ Validation Available ? Y/N _____ Cost: _____ Valet Available ? Y/N _____ Is Parking Secured? Y/N _____ Describe:	

PROSPECTIVE FAC SITE ASSESSMENT WORKSHEET

Secondary Parking Lot		# of spaces: _____ Cost per car _____ Is Parking Secured Y/N _____	
Adequate Road Access		Describe: _____	
ADA Accessible		# Stairs : _____ ADA adaptable Y/N: _____ ADA Compliant Y/N: _____ (Refer to ADA checklist for Emergency Shelters)	
Public Transportation		Stop Name/Line: _____ Stop Name/Line: _____	
Proximity to Local Hospitals		Hospital name: _____ # Miles away: _____	

PROSPECTIVE FAC SITE ASSESSMENT WORKSHEET

| Security | # of Officers _____

 Security System Provider: _____

 Surveillance Cameras on site: Y/N _____

 Real time or remote monitoring _____ | |

SUPPLIES/IT/UTILITIES:

Specifications	Y/N	Comments	Available for use: Y/N
Tables		# on site: _____ Size: _____	
Chairs		# on site:	
Beds		# Adult beds/cots on site: _____ # Pediatric beds/cribs on site:_____	
Childcare equipment		Describe:	
Temporary Partitions		# on site:_____ Describe:	
Computers		# on site:	
FAX machines		# on site:	
Copiers		# on site:	

PROSPECTIVE FAC SITE ASSESSMENT WORKSHEET

Telephones		# on site:	
Televisions		# on site:	
Scanners		# on site:	
Shredders		# on site:	
File Storage Container		# on site:	
Podium		# on site:	
Audio/Visual Equipment		# on site: _____ Description: _____	
Industrial Fans		# on site:	
Janitorial Services		# of trash cans on site:_____ Describe removal methods: _____ Sharps Container Y/N and #: _____	
Fire Safety System		☐ Sprinklers ☐ Alarms ☐ Smoke Detectors ☐ Carbon Monoxide Detector Date of last test/inspection: _____ # of Extinguishers: _____	

PROSPECTIVE FAC SITE ASSESSMENT WORKSHEET

Radio		# and Type: _____ Known interference or Shielding Y/N: _____	
Internet		Service provider:_____ Type of Internet: ☐ Wi-Fi ☐ Hardwire ☐ Satellite Known interference or Shielding Y/N: _____	
Cable TV		Service provider:	
Phone- Include Cell Phones		Service provider: _____ Known interference or coverage gaps Y/N: _____	
Electricity		Service provider: Outlets per room/capacity:	
Overhead Lighting		Sufficient for AC Operation Y/N:	
Generator		Sufficient for AC Operation Y/N: _____ Transfer switch for trailer mounted generator Y/N: _____	
Water		Service provider: _____ ☐ Hot ☐ Cold ☐ Potable	
Heat/AC		Heat Y/N: _____ AC Y/N: _____ Type : ☐ Electric ☐ Gas	
Gas		Services Provider:	

Transportation vehicles		Describe:	

FACILITY DOCUMENTS

Services the facility will continue to provide:

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

NECESSARY DOCUMENTS TO BE ATTACHED:

Document	Y/N	Comments
MOU or contract for the site		
Fire and Capacity Regulations		
Evacuation Plan of site		
Floor Plan of site		
Photographs of Site (including Satellite images)		
Maps		

PROSPECTIVE FAC SITE ASSESSMENT WORKSHEET

RECOMMENDED FUNCTIONAL AREAS CHECKLIST

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

Main Service Areas

- ☐ Reception and Registration
- ☐ Family Interview/Notification Rooms
- ☐ Behavioral Health Services
    - ☐ Private Consultation Areas
    - ☐ Staff Meeting Room
    - ☐ Staff Break Room
- ☐ Missing Persons Call Center (could be off site)
- ☐ Waiting Area
- ☐ Family briefing area (for families and responders to gather and brief)
- ☐ Television room (located away from the waiting room)

- ☐ Computer/Phone Bank
- ☐ Childcare Area
- ☐ Food Preparations Area
- ☐ Dining Area
- ☐ Family Meeting/Gathering area (for families to meet one another)
- ☐ Media Station (secured location far enough away from the FAC but sufficient for briefings)
- ☐ Memorial area (wall, room, table)
- ☐ Incident site map/diagram area
- ☐ Secondary Services area (social services area)

Back Office Areas

- ☐ Staff Check-in
- ☐ Staff Work Area
- ☐ Command Staff Area
- ☐ Staff Conference Rooms
- ☐ Staff Break Roo

APPENDIX G: SAMPLE FAC ORGANIZATIONAL CHART

(This resource begins on the following page.)

FAC Command

Health and Safety Officer

Public Information Officer

FAC Operations Section

Medical Group

- Psychological Support Unit
- First Aid / EMS Unit
- Medical Support Services Unit

ME / Coroner Group

- Family Interview Unit
- Death Notification Unit

Security Group

- Interior Security Unit
- Exterior Security Unit
- Traffic Control Unit

Reception Group

- Greeter Unit
- Usher Unit
- Registration Unit
- Family Liaison Unit
- Call Center Unit
- Resource Desk Unit

Vulnerable Population Group

- Interpreter Unit
- Disabilities Unit
- Child Sitting Unit

FAC Logistics Section

- Communications /IT Unit
- Nutrition Unit
- Supply Unit
- Facilities Unit
- Site Visit Coordination Unit

Organizational Level	Title	Support Position
FAC Command	FAC Leader	Deputy
Command Staff	Officer	Assistant
Section	Chief	Deputy
Branch	Director	Deputy
Group	Supervisor	N/A
Unit	Leader	N/A
Strike Team/Task Force	Leader	Single Resource Boss

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APPENDIX H: STAFF DETERMINATION TOOL

(This resource begins on the following page.)

FAC STAFFING DETERMINATION TOOL

This staffing model is an example. Depending on the event, positions may be combined, eliminated, or managed by lead agency. Not all staff positions will be active during specific timelines of response.

A/N = As needed   TBD = To be determined at the time of the incident

	Small	Medium	Large	Catastrophic
Potential Fatalities	**<20**	**20-100**	**101-500**	**>500**
Family and Friends	**<160**	**160-800**	**800-4,000**	**>4,000**
Family Assistance Center Leadership				
Branch Director/Site Manager	1	1	1	1
Deputy Branch Director/Site Manager	0	1	1	1
Public Information Officer	A/N	1	1	1
Safety Officer	1	1	1	1
Leadership Staff Total	**2**	**4**	**4**	**4**

Operations Section				
Operation Section Chief	1	1	1	1
Reception Group				
Reception Group Supervisor	1	1	1	1
Usher Unit				
Usher Unit Leaders	1	TBD	TBD	TBD
Ushers	TBD	TBD	TBD	TBD
Registration Unit				
Registration Unit Leader	1	1	1	2
Registration Unit Staff	1	1	2-3	3-4
Greeter Unit				
Greeter Unit Leader	1	1	1	1
Greeters	2	TBD	TBD	TBD
Family Liaison Unit				
Family Liaison Unit Leader	1	1	1	1
Family Liaisons	TBD	TBD	TBD	TBD
Call Center Unit				
Call Center Unit Leader	1	1	1	1
Call Center Unit Staff	TBD	TBD	TBD	TBD
Resource Desk Unit				
Resource Desk Unit Leader	1	1	1	1
Resource Desk Unit Staff	TBD	TBD	TBD	TBD
Reception Group Total				

Medical Examiner / Coroner Group				
Medical Examiner/Coroner Group Supervisor	1	1	1	1
Family Interview Unit				

FAC STAFFING DETERMINATION TOOL

Family Interview Unit Leader	1	1	1	1
Family Interview Unit Staff	2	2-4	4-8	8-12
Notification Unit				
Notification Unit Leader	1	1-2	2-4	4-8
Notification Unit Staff	2-4	4-10	10-20	20-50
Medical Examiner Group Total	**5-7**	**8-17**	**17-33**	**33-71**

Medical Group				
Medical Group Supervisor	1	1	1	1
Psychological Support Unit				
Psychological Support Unit Leader	1	1	1	1
Psychological Support Staff	TBD	TBD	TBD	TBD
First Aid / EMS Unit				
First Aid / EMS Unit Leader	1	1	1	1
First Aid / EMS Unit Staff	TBD	TBD	TBD	TBD
Medical Support Services Unit				
Medical Support Services Unit Leader	1	1	1	1
Medical Support Services Unit Staff	TBD	TBD	TBD	TBD
Medical Group Total				

Special Needs Group				
Special Need Group Supervisor	1	1	1	1
Interpreter Unit				
Interpretation Unit Leader	1	1	1	1
Interpreters and Translators	TBD	TBD	TBD	TBD
Child Sitting Unit				
Child Sitting Unit Leader	1	1	1	1
Child Sitting Staff	TBD	TBD	TBD	TBD
Disabilities Unit				
Disabilities Unit Leader	1	1	1	1
Disabilities Unit Staff	TBD	TBD	TBD	TBD
Special Needs Group Total				

Security Group				
Security Group Supervisor	1	1	1	1
Internal Security Unit				
Internal Security Unit Leader	1	1	1	1
Internal Security Staff	TBD	TBD	TBD	TBD
External Security Unit				
External Security Unit Leader	1	1	1	1
External Security Unit Staff	TBD	TBD	TBD	TBD

FAC STAFFING DETERMINATION TOOL

Traffic Control Unit				
Traffic Control Unit Leader	1	1	1	1
Traffic Control Unit Staff	TBD	TBD	TBD	TBD
Security Group Total				

Logistics Section				
Logistics Section Chief	1	1	1	1
Communication / IT Unit				
Communication / IT Unit Leaders	1	TBD	TBD	TBD
Communication / IT Unit Staff	TBD	TBD	TBD	TBD
Nutrition Unit				
Nutrition Unit Leader	1	1	1	2
Nutrition Unit Staff	1	1	2-3	3-4
Supply Unit				
Supply Unit Leader	1	1	1	1
Supply Unit Staff	2	TBD	TBD	TBD
Facilities Unit				
Facilities Unit Leader	1	1	1	1
Facilities Unit Staff	TBD	TBD	TBD	TBD
Site Visit Coordination Unit				
Site Visit Coordination Unit Leader	1	1	1	1
Site Visit Coordination Unit Staff	TBD	TBD	TBD	TBD
Logistic Section Total				

Grand Total				

APPENDIX I: JOB ACTION SHEET

(This resource begins on the following page.)

FAMILY ASSISTANCE CENTER (FAC) **JOB ACTION SHEET**

THE FOLLOWING ARE RESPONSIBILITIES OF <u>SPECIFIC POSITIONS</u> THAT MAY BE ASSIGNED IN THIS RESPONSE. PLEASE REFER TO THE <u>OTHER SIDE</u> OF THIS DOCUMENT FOR COMMON INFORMATION FOR <u>ALL FAC WORKERS</u>.

FAC LEADER / MANAGER

Mission: *Organize and direct all aspects of FAC site; provide overall direction. Work under Unified Command structure.*

Responsibilities: *Monitor FAC operations and make modifications as needed; establish overall objectives and strategy; authorize major expenditures and changes to Incident Action Plan.*

PRIOR TO STARTING OPERATIONS
- ☐ Develop IAP with Planning Section Chief.
- ☐ Provide command briefing.
- ☐ Distribute and review written IAP if developed.
- ☐ Delegate authority as needed and appropriate by assigning Command and General positions, e.g., PIO, Liaison Officer, Section Chiefs, etc.
- ☐ Ensure that contact with outside agencies.
- ☐ Assess readiness to start operations (or conduct shift change) and when deemed ready, authorize and announce beginning of operations (or shift change).

DURING OPERATIONS
- ☐ Authorize additional resources as needed or requested by Command Staff and Section Chiefs.
- ☐ Conduct routine briefings with Command Staff and Section Chiefs; receive status reports and update action plan regarding the continuance and termination of IAP.
- ☐ Maintain communications with Local/Regional EOC.
- ☐ Ensure appropriate documentation is occurring.
- ☐ Develop IAP for the next operational period.
- ☐ Approve all media releases submitted by the Public Information Officer.
- ☐ Ensure rest periods and/or relief for staff as appropriate. Consider the need to establish shifts or adjust schedule to complete mission.

PUBLIC INFORMATION OFFICER (PIO)

Mission: *Craft and disseminate accurate information to FAC staff, stakeholders, and media in a timely manner.*

Responsibilities: *Serve as a point of contact for media. Coordinate, develop and disseminate all information released to the news media, external partners and FAC site staff. Coordinate information release with JIC (local or State).*

PRIOR TO STARTING OPERATIONS
- ☐ Ensure that a secure Media Staging Area away from the Incident Command Post and FAC operations has been established.
- ☐ Identify areas appropriate for media interviews and press conferences. Make contact with the Joint Information Center (JIC) and receive a status report on communications.
- ☐ Develop and/or update media contact template (to include reporter and assignment editor names, contact info, emails, media formats, deadlines).
- ☐ Remind workers to refer all media requests for information and pictures to the public information office.

DURING OPERATIONS
- ☐ Generate list of questions designed to frame messages and response operation updates. Draft press releases for review and approval by Incident Command.
- ☐ Collaborate with Command Staff on suggested timeline for news conferences/ press briefings based on press deadlines.
- ☐ Facilitate scheduling and coordinating of interviews.
- ☐ Monitor media staging and/or briefing areas.
- ☐ Inform on-site media of the physical areas to which they have access and those areas that are restricted access.
- ☐ Ensure press movements are restricted to designated areas and consistent with security plans.
- ☐ Notify media of scheduled press briefings.
- ☐ Prepare Command Staff and/or other staff for press briefings. Document and record all requests for information and responses provided.

SAFETY OFFICER

Mission: *Assess, monitor and ensure the safety of all operations and anticipate potentially hazardous and/or unsafe conditions.*

Responsibilities: *The Safety Officer has the authority and obligation to immediately alter, delay, suspend or terminate any and all operations deemed unsafe.*

PRIOR TO STARTING OPERATIONS
- ☐ Develop the Incident Safety Plan and complete ICS 208.
- ☐ Review and approve Medical Plan ICS 206 completed by Logistics Section Chief.
- ☐ Conduct initial risk assessment; utilize safety checklist.
- ☐ Ensure fire and environmental safety.
- ☐ Communicate with Facilities Management Unit Leader and Security Group Supervisor to secure and post non-entry signs around unsafe areas.
- ☐ Walk through FAC and assess readiness to start operations.

DURING OPERATIONS
- ☐ Establish routine briefings with FAC Leadership; Advise the FAC Leadership and Section Chiefs immediately of any unsafe, hazardous conditions. Document all activities and findings, as well as corrective/remedial actions taken on Activity Log (ICS 214).
- ☐ Keep Safety and Security staff alert to identify and report all hazards and unsafe conditions.
- ☐ Immediately delay, suspend or halt any unsafe activity observed/reported. Work with staff to identify a safe way to perform activity.
- ☐ Receive reports about observed signs of stress or inappropriate behavior in FAC workers or clients and refer to an appropriate individual (e.g. psychosocial support staff, if available, and/or security personnel).
- ☐ Ensure staff is not on duty for extended periods without breaks for rest and food and inform the labor pool of any additional staffing needs.

FAC OPERATIONS SECTION CHIEF

Mission: *Direct the operations of the FAC to accomplish the FACs mission.*

Responsibilities: *The Operations Section Chief will develop tactical objectives as needed to implement operations in accordance with the IAP and other guidance.*

PRIOR TO STARTING OPERATIONS
- ☐ Review Operations Section staffing for the operational period.
- ☐ Conduct walk-thru of all Operations Section stations and assess readiness to begin FAC operations.

DURING OPERATIONS
- ☐ Coordinate and supervise all units of the Operations Section.
- ☐ Track, stay aware of incident expansion/contraction.
- ☐ Anticipate staff needs and request more staff if needed for each section.
- ☐ Provide status reports to the FAC leadership and IAP projection reports as requested.
- ☐ Receive, review, and implement any Tactical Action Plan (TAP) or other directives distributed by the FAC Leadership
- ☐ Participate in the development of the next operational period's IAP.
- ☐ Review and confirm staffing for next shift with FAC Leadership.

FAC LOGISTICS SECTION CHIEF

Mission: *Maintain the physical environment of the FAC.*

Responsibilities: *Ensure adequate levels of nutrition, shelter and supplies to support FAC operations.*

PRIOR TO STARTING OPERATIONS
- ☐ Review Logistic Section staffing for the operational period.
- ☐ Conduct walk-thru of all Logistic Section stations and assess readiness to begin clinic operations.
- ☐ Ensure facility utilities (e.g., HVAC, water, lighting, etc.) are operational and functioning properly.
- ☐ Ensure accessibility to facility (i.e., doors unlocked, snow removed from entrances and parking lots, etc.).
- ☐ Coordinate initial delivery of clinical and supplies and equipment with FAC Leadership.
- ☐ Prior to opening of FAC, coordinate traffic control measures with EOC (DPW & PD).
- ☐ Coordinate Security needs with Security Liaison.

DURING OPERATIONS
- ☐ Coordinate and supervise all units of the Logistics Section.
- ☐ Ensure supply inventories are up-to-date and accurate
- ☐ Obtain needed supplies, as required.
- ☐ Be prepared for incident expansion/contraction due to changes in conditions.

FAC COMMAND AND GENERAL STAFF SECTION

FAMILY ASSISTANCE CENTER (FAC) GUIDE FOR ALL FAC WORKERS

PURPOSE: To provide family assistance following a mass fatality incident (MFI) including the provision of services and information to the family members of those killed, injured, or otherwise impacted by the incident

THE FOLLOWING IS COMMON INFORMATION FOR ALL FAC WORKERS. PLEASE REFER TO THE JOB ACTION SHEET (JAS) SECTION FOR SPECIFIC RESPONSIBILITIES FOR YOUR ASSIGNED POSITION IN THIS RESPONSE.

YOUR ROLE TODAY IS:	YOUR SUPERVISOR IS:
	Designation:
YOUR RADIO DESIGNATION: *(ONLY if you are assigned a radio)*	Primary Phone #:
	Secondary Phone#:
YOU ARE ON THIS TEAM:	Other:

SAFETY PRINCIPLES - CHECKLIST
- Ensure you know the emergency procedures for this incident. This may be calling 9-1-1 for a life-threatening emergency.
- Know locations of fire extinguishers, emergency exits, emergency meet-up, first aid and behavioral health staff stations if established.
- Ensure you know how to use any assigned equipment.
- Stick to your assigned roles and responsibilities.
- Monitor your stress levels--do only what you physically and mentally can handle.
- Monitor your team and co-workers for signs of stress, such as inappropriate behavior.
- Stay hydrated.
- Observe vehicle safety.
- Observe work-rest cycle.
- Report all hazards or incidents.

BEFORE YOUR SHIFT - CHECKLIST
- Sign in at check-in location.
- Check out any equipment (vest, radio) as directed. *Not all positions require the same equipment…if unsure check with your supervisor.*
- If issued an identification vest, put it on.
- Report to your Team Leader for briefing and any additional training.
- Know and adhere to procedures for handling inquiries from the media.
- Review all forms, materials, or equipment needed for job.
- Store all personal belongings as directed.
- *Leadership Roles Only:*
  - Receive briefings and/or status reports from prior shift.
  - Receive Incident Action Plan for the operational period; review written IAP if developed.
  - Appoint delegated positions if necessary; provide briefing using template, JAS, and JITT to subordinates.
  - Assess and report your unit's operational readiness.

IMPORTANT INFORMATION
- If necessary for this incident, receive copies of the FAC Facility Layout/Map.
- Know the Chain of Command: If available, receive written copy of the ICS Chart.

AFTER YOUR SHIFT - CHECKLIST
- *Leadership Roles:*
  - Receive briefings and/or status reports from subordinates.
  - Prepare and deliver briefing to the person assuming this role for the next shift.
- Report to your Team Leader.
- Demobilize your station as directed.
- Brief your replacement as directed if needed and appropriate.
- Participate in any debriefings or hotwash as directed.
- Turn in forms, documentation, and any assigned equipment.
- Sign out at check-out location.
- Gather all personal belongings.

FAMILY ASSISTANCE CENTER (FAC)

PURPOSE: To provide family assistance following a mass fatality incident (MFI) including the provision of services and information to the family members of those killed, injured, or otherwise impacted by the incident

FAC SECURITY

Provide the following services to the FAC:

- o   Oversight and maintenance of traffic flow operations.

- o   Maintenance of unobstructed access for emergency vehicles, busses and FAC staff.

- o   Enforcement of parking rules and restrictions.

- o   Physical security for the FAC staff and clients.

- o   Crowd control.

- o   Control of disruptions outside and inside the FAC site.

- o   Routing of visiting dignitaries and the media to appropriate staging locations.

- o   Communication with FAC leadership.

FAMILY ASSISTANCE CENTER (FAC) JOB ACTION SHEET

THE FOLLOWING ARE RESPONSIBILITIES OF <u>SPECIFIC POSITIONS</u> THAT MAY BE ASSIGNED IN THIS RESPONSE. PLEASE REFER TO THE <u>OTHER SIDE</u> OF THIS DOCUMENT FOR COMMON INFORMATION FOR <u>ALL FAC WORKERS</u>.

FACILITY UNIT LEADER

Mission: *Maintain the integrity of the facility housing the FAC.*
Responsibilities*: To supervise the staff that maintains a hazard-free environment and comfortable facility that supports the FACs service mission.*
PRIOR TO STARTING OPERATIONS
☐ Ensure the facility is properly maintained, including any HVAC, ventilation, toilet facilities, material handling equipment, unobstructed emergency exit, waste receptacles, generators/fuel.
DURING OPERATIONS
☐ Oversee facility maintenance operations including regular cleaning and waste disposal.
☐ Reorder/request supplies as needed.

FACILITY UNIT STAFF

Mission: *Maintain the integrity of the facility housing the FAC.*
Responsibilities*: To maintain a hazard-free environment and comfortable facility that supports the FAC's service mission.*
PRIOR TO STARTING OPERATIONS
☐ Ensure the facility is properly maintained and ready for operations as directed by your supervisor.
DURING OPERATIONS
☐ Maintain cleanliness and operations of the facility.

NUTRITION UNIT LEADER

Mission: *Organize and coordinate food service operations.*
Responsibilities*: Supervise the staff and equipment that provides for the nutritional requirements of FAC workers.*
PRIOR TO STARTING OPERATIONS
☐ Estimate the number of meals and snacks that will be needed for the operational shift.
☐ Obtain/order food and drink and oversee storage and inventory.
☐ If supplies already prepositioned, inventory and estimate when re-order will be necessary.
DURING OPERATIONS
☐ Review food and drink inventories regularly.
☐ Maintain security over the supply of food and drink with the assistance of the Security Group Supervisor.
☐ Ensure staff secures supplies and ensure portions are reasonable.
☐ Implement rationing if supply levels and anticipated resupply dictate.
☐ If available, coordinate activities with the American Red Cross (ARC) or the Salvation Army (SA) canteen services.

NUTRITION UNIT STAFF

Mission: *Provide nutrition to FAC staff.*
Responsibilities: *To maintain food and water inventory and to provide nutrition to staff.*
PRIOR TO STARTING OPERATIONS
☐ Organize and store food and drink supplies and inventory
DURING OPERATIONS
☐ Review food and drink inventories regularly.
☐ Lock supplies or do not leave supplies unattended.
☐ Prepare food if needed.
☐ Serve/deliver food and drink to FAC staff.

SUPPLY UNIT LEADER

Mission: *Organize and coordinate supply operations.*
Responsibilities: *Supervise the staff that maintains appropriate levels of required supplies in a secure area on-site; ordering more as needed.*
PRIOR TO STARTING OPERATIONS
☐ Obtain, receive and inventory of supplies and equipment.
☐ Oversee organization and staging of supplies and equipment.
DURING OPERATIONS
☐ Oversee all supply unit operations including: obtaining and distributing printed materials for each section as needed, taking request and transporting supplies, maintaining inventory documentation and putting in orders for supply through the chain of command.

SUPPLY UNIT STAFF

Mission: *Organize and coordinate supply operations.*
Responsibilities: *Maintain, deliver and inventory supplies and equipment*
PRIOR TO STARTING OPERATIONS
☐ Organize, stage and inventory supplies and equipment.
DURING OPERATIONS
☐ Obtain and distribute printed materials for each station if needed.
☐ Prepare packet of printed materials if needed
☐ Take requests for needed supplies.
☐ Transport supplies.
☐ Put in orders resupply through chain of command.
☐ Maintain inventory documentation.

COMMUNICATION / IT UNIT LEADER

Mission: *Maintain the integrity of the information infrastructure and data processing capabilities to ensure continued operations of all IT systems.*
Responsibilities: *Organize and coordinate internal and external communications and IT operations.*
PRIOR TO STARTING OPERATIONS
☐ Assess current status of internal and external telephone system and the Internet.
☐ Determine other available communication methods.
DURING OPERATIONS
☐ Establish contact with Security Unit Leader, provide appropriate support and ensure documentation of all security traffic through the Security Group.
☐ Provide additional IT assistance to "Operations" staff in an effort to facilitate client registration and documentation requirements.
☐ Monitor and document all communications sent and received via the established communication network or other external communications.
☐ Establish mechanism to alert EMS and Security Units to respond to emergencies, i.e. cardiac arrest, fires, etc.
☐ Provide Computer and Network support as required.

COMMUNICATION / IT UNIT STAFF

Mission: *Maintain the integrity of the information infrastructure and data processing capabilities to ensure continued operations of all IT systems.*
Responsibilities: *Ensure effective internal/external communications and IT operations.*
DURING OPERATIONS
☐ Provide IT assistance to "Operations" staff in an effort to facilitate client registration and documentation requirements.
☐ Monitor and document all communications sent and received via the established communication network or other external communications
☐ Provide Computer Network support as required

SITE VISIT COORDINATION UNIT LEADER

Mission: *Organize family site visits.*
Responsibilities: *Coordinate and schedule site visits.*
DURING OPERATIONS
☐ Supervise the coordination and scheduling of family site visits.

SITE VISIT COORDINATION UNIT STAFF

Mission: *Organize family site visits.*
Responsibilities: *Assist site visit coordination as needed.*
DURING OPERATIONS
☐ Assist in site visits coordination including transportation and family credentialing.

FAC LOGISTICS SECTION

FAMILY ASSISTANCE CENTER (FAC) GUIDE FOR ALL FAC WORKERS

PURPOSE: To provide family assistance following a mass fatality incident (MFI) including the provision of services and information to the family members of those killed, injured, or otherwise impacted by the incident

THE FOLLOWING IS COMMON INFORMATION FOR ALL FAC WORKERS. PLEASE REFER TO THE JOB ACTION SHEET (JAS) SECTION FOR SPECIFIC RESPONSIBILITIES FOR YOUR ASSIGNED POSITION IN THIS RESPONSE.

YOUR ROLE TODAY IS:	**YOUR SUPERVISOR IS:**
	Designation:
YOUR RADIO DESIGNATION: (*ONLY if you are assigned a radio)*	**Primary Phone #:**
	Secondary Phone#:
YOU ARE ON THIS TEAM:	**Other:**

SAFETY PRINCIPLES - CHECKLIST
- Ensure you know the emergency procedures for this incident. This may be calling 9-1-1 for a life-threatening emergency.
- Know locations of fire extinguishers, emergency exits, emergency meet-up, first aid and behavioral health staff stations if established.
- Ensure you know how to use any assigned equipment.
- Stick to your assigned roles and responsibilities.
- Monitor your stress levels--do only what you physically and mentally can handle.
- Monitor your team and co-workers for signs of stress, such as inappropriate behavior.
- Stay hydrated.
- Observe vehicle safety.
- Observe work-rest cycle.
- Report all hazards or incidents.

BEFORE YOUR SHIFT - CHECKLIST
- Sign in at check-in location.
- Check out any equipment (vest, radio) as directed. *Not all positions require the same equipment…if unsure check with your supervisor.*
- If issued an identification vest, put it on.
- Report to your Team Leader for briefing and any additional training.
- Know and adhere to procedures for handling inquiries from the media.
- Review all forms, materials, or equipment needed for job.
- Store all personal belongings as directed.
- *Leadership Roles Only:*
    - Receive briefings and/or status reports from prior shift.
    - Receive Incident Action Plan for the operational period; review written IAP if developed.
    - Appoint delegated positions if necessary; provide briefing using template, JAS, and JITT to subordinates.
    - Assess and report your unit's operational readiness.

IMPORTANT INFORMATION
- If necessary for this incident, receive copies of the FAC Facility Layout/Map.
- Know the Chain of Command: If available, receive written copy of the ICS Chart.

AFTER YOUR SHIFT - CHECKLIST
- *Leadership Roles:*
    - Receive briefings and/or status reports from subordinates.
    - Prepare and deliver briefing to the person assuming this role for the next shift.
- Report to your Team Leader.
- Demobilize your station as directed
- Brief your replacement as directed if needed and appropriate.
- Participate in any debriefings or hotwash, as directed.
- Turn in forms, documentation, and any assigned equipment.
- Sign out at check-out location.
- Gather all personal belongings.

FAC OPERATIONS SECTION

FAMILY ASSISTANCE CENTER (FAC) <u>GUIDE FOR ALL FAC WORKERS</u>

PURPOSE: To provide family assistance following a mass fatality incident (MFI) including the provision of services and information to the family members of those killed, injured, or otherwise impacted by the incident

THE FOLLOWING IS <u>COMMON INFORMATION FOR ALL FAC WORKERS</u>. PLEASE REFER TO THE JOB ACTION SHEET (JAS) SECTION FOR SPECIFIC RESPONSIBILITIES FOR YOUR ASSIGNED POSITION IN THIS RESPONSE.

YOUR ROLE TODAY IS:	YOUR SUPERVISOR IS:
	Designation:
YOUR RADIO DESIGNATION: (*ONLY if you are assigned a radio*)	**Primary Phone #:**
YOU ARE ON THIS TEAM:	**Secondary Phone#:**

SAFETY PRINCIPLES - CHECKLIST

- Ensure you know the emergency procedures for this incident. This may be calling 9-1-1 for a life-threatening emergency.
- Know locations of fire extinguishers, emergency exits, emergency meet-up, first aid and behavioral health staff stations if established.
- Ensure you know how to use any assigned equipment.
- Stick to your assigned roles and responsibilities.
- Monitor your stress levels--do only what you physically and mentally can handle.
- Monitor your team and co-workers for signs of stress, such as inappropriate behavior.
- Stay hydrated.
- Observe vehicle safety.
- Observe work-rest cycle.
- Report all hazards or incidents.

BEFORE YOUR SHIFT - CHECKLIST

- Sign in at check-in location.
- Check out any equipment (vest, radio) as directed. *Not all positions require the same equipment…if unsure check with your supervisor.*
- If issued an identification vest, put it on.
- Report to your Team Leader for briefing and any additional training.
- Know and adhere to procedures for handling inquiries from the media.
- Review all forms, materials, or equipment needed for job.
- Store all personal belongings as directed.
- *Leadership Roles Only:*
  - Receive briefings and/or status reports from prior shift.
  - Receive Incident Action Plan for the operational period; review written IAP if developed.
  - Appoint delegated positions if necessary; provide briefing using template, JAS, and JITT to subordinates.
  - Assess and report your unit's operational readiness.

IMPORTANT INFORMATION

- If necessary for this incident, receive copies of the FAC Facility Layout/Map.
- Know the Chain of Command: If available, receive written copy of the ICS Chart.

AFTER YOUR SHIFT - CHECKLIST

- *Leadership Roles:*
  - Receive briefings and/or status reports from subordinates.
  - Prepare and deliver briefing to the person assuming this role for the next shift.
- Report to your Team Leader.
- Demobilize your station as directed.
- Brief your replacement as directed if needed and appropriate.
- Participate in any debriefings or hotwash, as directed.
- Turn in forms, documentation, and any assigned equipment.
- Sign out at check-out location.
- Gather all personal belongings.

FAMILY ASSISTANCE CENTER (FAC) JOB ACTION SHEET

THE FOLLOWING ARE SPECIFIC RESPONSIBILITIES OF POSITIONS THAT MAY BE ASSIGNED IN THIS RESPONSE. PLEASE REFER TO THE <u>GUIDE FOR ALL FAC WORKERS</u> OF THIS DOCUMENT FOR COMMON INFORMATION FOR ALL WORKERS.

MEDICAL GROUP

MEDICAL GROP SUPERVISOR
Responsibilities: *Oversee operations of all Medical Group Units*

FIRST AID/ EMS UNIT LEADER
Responsibilities: *Oversee First Aid / EMS unit.*
- ☐ Assess and identify resources needs for First Aid services including staffing.
- ☐ Oversee Unit operations and assist as needed.

FIRST AID / EMS UNIT STAFF
Responsibilities: *Provide First Aid to FAC staff and clients.*
- ☐ Provide First Aid accordance with protocols.
- ☐ Arrange for EMS transport as needed.

MEDICAL SUPPORT SERVICES UNIT LEADER
Responsibilities: *Supervise medical support services to family members needing assistance.*
- ☐ Ensure all family members needing assistance are connected to the available services.

Ensure availability of updated lists containing health care providers and pharmacy services in the area.

MEDICAL SUPPORT SERVICES UNIT STAFF
Responsibilities: *Connect family members with available medical support services as needed.*
- ☐ Connect all family members needing assistance to the available services.
- ☐ Updated lists containing health care providers and pharmacy services in the area as needed.

PSYCHOLOGICAL SUPPORT UNIT LEADER
Responsibilities: *Supervise psychological support services and crisis counseling to FAC clients and staff.*
- ☐ Assist all FAC functional areas as needed.
- ☐ Set up private areas to assist staff and clients as needed.
- ☐ Maintain document of clients/staff requiring assistance.
- ☐ Maintain confidentiality.
- ☐ Arrange for EMS transportation as needed.
- ☐

PSYCHOLOGICAL SUPPORT UNIT STAFF
Responsibilities: *Provide psychological support services and crisis counseling to clients and staff.*
- ☐ Assist FAC functional areas as assigned.
- ☐ Assist in private area set up to provide psychological services to staff and clients as needed.
- ☐ Maintain document of clients/staff requiring assistance.
- ☐ Maintain confidentiality.

RECEPTION GROUP

RECEPTION GROUP SUPERVISOR
Responsibilities: Oversee operations of all Reception Group Units

GREETER UNIT LEADER
Responsibilities: Oversee greeter unit activities.
☐ Ensure all incoming family members are screened, welcomed and directed to the registration station.
☐ Ensure that individuals who are not looking for their family members are asked to leave.
☐ Enlist help of the law enforcement or behavioral health staff if necessary.

GREETER
Responsibilities: Greet and welcome all incoming families
☐ Screen, welcome and directed all incoming families to the registration station.
☐ Ask individuals who are not looking for their family members to leave the FAC.
☐ Enlist help of the law enforcement or behavioral health staff if necessary.

REGISTRATION UNIT LEADER
Responsibilities: Oversee all registration activities.
☐ Ensure all registration forms are completed by families and all other registration procedures are followed.
☐ Ensure privacy and confidentiality of the information.
☐ Maintain a current roster of all families.
☐ Notify security of all suspicious activities.

REGISTRATION UNIT STAFF
Responsibilities: Ensure registration of all clients entering the FAC.
☐ Ensure all registration forms are completed by families***.
☐ Ensure that all adult family members provide government-issued photo ID to confirm their identity. Refer to law enforcement if no ID is available.
☐ Place wrist band on all registered and identified family members.
☐ Assign family liaison if available.
☐ Ensure privacy and confidentiality of the information.
☐ Maintain a current roster of all families.
☐ Notify security of all suspicious activities.
☐ Ensure family members sign out prior leaving the FAC.
  ***Unaccompanied minors must be assigned to an Usher, Behavioral Staff /Social Worker, or Law enforcement.

FAMILY LIAISON UNIT LEADER
Responsibilities: Oversee the Family Liaison unit activities.
DURING OPERATIONS
☐ Supervise Family Liaisons and assist as needed.

FAMILY LIAISON UNIT STAFF
Responsibilities: Guide family members through the FAC process.
☐ Provide family members with a brief overview of the FAC services.
☐ Provide family members with the time of the next family briefing.
☐ Assist family members with immediate and ongoing needs.

CALL CENTER UNIT LEADER
Responsibilities: Oversee Call Center unit activities.
PRIOR TO START OPERATIONS
☐ Ensure all communication equipment is available and functional.
☐ Ensure availability of call intake forms.
DURING OPERATIONS
☐ Supervise the call center unit and assist as needed.
☐ Ensure all calls are logged in and call intake forms are filled for all callers.

CALL CENTER UNIT STAFF
Responsibilities: Receive calls from family members seeking information
☐ Receive and log calls from family members.
☐ Fill out call intake forms for each caller.

RESOURCE DESK UNIT LEADER
Responsibilities: Oversee Resource Desk Unit activities.
☐ Supervise all resource desk staff and assist as needed.
☐ Ensure that updated list of resources is available to all staff.
☐ Ensure that assistance forms and documents are available and updated.

RESOURCE DESK UNIT STAFF
Responsibilities: Provide family members with information on available resources and assistance.
☐ Provide the family members with a list of available resources and sources of assistance.
☐ Refer the family members to appropriate on – site support if available.

USHER UNIT LEADER
Responsibilities: Oversee Usher unit activities.
☐ Supervise Ushers and assist as needed.
☐ Ensure all clients are escorted to the appropriate locations.

USHER
Responsibilities: Escort family members to an appropriate location.
☐ Escort family members as requested to appropriate location
Help family members navigate through the FAC site

VULNERABLE POPULATION GROUP

VULNERABLE POPULATION GROUP SUPERVISOR
Responsibilities: Oversee operations of all Vulnerable Group Units

PSYCHOLOGICAL SUPPORT UNIT LEADER
Responsibilities: Supervise psychological support services and crisis counseling to FAC clients and staff.
☐ Assist all FAC functional areas as needed.
☐ Set up private areas to assist staff and clients as needed.
☐ Maintain document of clients/staff requiring assistance.
☐ Maintain confidentiality.
☐ Arrange for EMS transportation as needed.

PSYCHOLOGICAL SUPPORT UNIT STAFF
Responsibilities: Provide psychological support services and crisis counseling t clients and staff.
DURING OPERATIONS
☐ Assist FAC functional areas as assigned.
☐ Assist in private area set up to provide psychological services to staff and clients as needed.
☐ Maintain document of clients/staff requiring assistance.
☐ Maintain confidentiality.
☐ Arrange for EMS transportation as needed.

DISABILITIES UNIT LEADER
Responsibilities: Supervise services to clients with disabilities provided by the Disabilities Unit.
☐ Provide support and supervision to Disabilities Unit
☐ Ensure all clients with disabilities receive proper assistance.

DISABILITIES UNIT STAFF
Responsibilities: Provide assistance to clients with disabilities
☐ Provide assistance to disabled clients as needed.

INTERPRETER UNIT LEADER
Responsibilities: Oversee translation and / or interpreter services provided at the FAC site. Support and supervise interpreters working directly with the public to ensure quality services are provided.
☐ Oversee Interpreter Unit operations to ensure that protocols, procedures and policies are followed.
☐ Provide support and supervision to interpreter staff in the performance of their duties.
☐ Assist interpreter staff in resolving issues that may negatively impact AFC operations.

INTERPRETER
Responsibilities: Provide translation and /or interpreting services at the FAC site for individuals who do not speak English.
☐ Provide translation / interpreting services as needed.

APPENDIX J: ICS-211

(This resource begins on the following page.)

1. Incident Name	2. Operational Period (Date / Time) From: To:	3. Check-in Location ☐ Command Post ☐ Other ☐ Staging Area ____ ____			CHECK-IN LIST (Personnel) ICS 211p-OS		

Personnel Check-in Information   **8. Initial Incident Check-In?**   **9. Time**

4. Name	5. Company / Agency	6. ICS Section / Assignment / Quals.	7. Contact Information	(X)	In	Out
				☐		
				☐		
				☐		
				☐		
				☐		
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				☐		
				☐		

10. Prepared by:	Date / Time	11. Date / Time Sent to Resources Unit

CHECK-IN LIST (Personnel)	June 2000	ICS 211p-OS

Electronic version: NOAA 1.0 June 1, 2000

CHECK-IN LIST Personnel (ICS FORM 211p-OS)

Special Note. This form is used for personnel check-in only.

Purpose. Personnel arriving at the incident can be checked in at various incident locations. Check-in consists of reporting specific information that is recorded on the form.

Preparation. The Check-In List is initiated at a number of incident locations including staging areas, base, camps, helibases, and ICP. Managers at these locations record the information and give it to the Resources Unit as soon as possible.

Distribution. Check-In Lists are provided to both the Resources Unit and the Finance/Administration Section. The Resources Unit maintains a master list of all equipment and personnel that have reported to the incident. All completed original forms MUST be given to the Documentation Unit.

Item #	Item Title	Instructions
1.	Incident Name	Enter the name assigned to the incident.
2.	Operational Period	Enter the time interval for which the form applies. Record the start and end date and time.
3.	Check-in Location	Check the box for the check-in location.
4.	Name	Enter the name of the person.
5.	Company/Agency	Enter the company or agency with which the individual is associated.
6.	ICS Section / Assignment / Quals.	Enter ICS Section and assignment, if known, and note any other ICS qualifications, if needed.
7.	Contact Information	Enter the contact information for the person.
8.	Initial Incident Check-in?	Check if this is the first time a person has checked in for this incident.
9.	Time In/Out	Enter the time the person checks in and/or out (24-hour clock).
10.	Prepared By Date/Time Prepared	Enter name and title of the person preparing the form. Enter date (month, day, year) and time prepared (24-hour clock).
11.	Date/Time Sent to Resources Unit	Enter date (month, day, year) and time (24-hour clock) the form is sent to the Resources Unit.

APPENDIX K: BRIEFING CHECKLIST

(This resource begins on the following page.)

FAMILY ASSISTANCE CENTER SITE LEADER (FAC MANAGER) BRIEFING CHECKLIST

KEY POINTS:

- Welcome and thank everyone for being present

- Provide situation status

- Address intercultural considerations

- Underscore importance of the operation and scope of work involved

- Communicate operational objectives for the current operational period in accordance with Incident Action Plan (IAP)

- Review chain of command
    o Section Chiefs
    o Unit Leaders
    o Responders

- Address how to handle media requests

- Share key characteristics of the community and cultural considerations of individuals, groups, and organizations (e.g. race/ethnicity, refugee/immigration status, income level, access to transportation, housing status, immunization status, health status, literacy levels, religions)

- Review health/safety precautions and resources (e.g. on-site emergency protocol, behavioral health support)

- Provide shift information (e.g. check-in/check-out procedures, length of time)

- Send responders to stations to receive JITT from Unit Leaders or Group Supervisors

APPENDIX L: PIO CHEAT SHEET

(This resource begins on the following page.)

PIO CHEAT SHEET

This document is to be used to inform press briefings and media updates, but it is NOT a stand-alone document to be shared with the press. It should be completed using the judgment of the response staff, as not all items will be reported. All of the information below can be obtained from the Site Planning Section Lead at the Assistance Center or the Incident Planning Section Chief.

	Number in last operational period	Number to date
Number of families at the Family Assistance Center		
Number of families communicating with the FAC but not on site		
Date/Time of last family briefing		
Number of calls to the Missing Persons Call Center		
Number of Missing Persons Reports received		
Number of reunifications facilitated through the FAC		

Services Provided at the Family Assistance Center:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

Referral Services Provided Through the Family Assistance Center:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

PIO CHEAT SHEET

Number of confirmed fatalities _____

Number of confirmed injured _____

Number of confirmed non-injured _____

Number of decedents identified and their families notified _____

Language that <u>SHOULD NOT</u> be used in communications:

- We know how you feel.

- Time heals all wounds.

- You should go on with your life.

- You will get over it.

- Others are worse off.

- Focus on the good times.

- You do not need to know that.

- What you do not know can't hurt you.

- It was actually a blessing.

- You must be strong.

- It could have been worse.

- God never gives us more than we can handle.

- We cannot share that information. (Acceptable only if followed by *why* and *when* the information will be available.)

PIO CHEAT SHEET

Talking points concerning victim identification procedures:

- PIOs should not speculate on any ME procedures, including the need for an autopsy.

- PIOs should not assign timeframes for victim identification.

- Victims' names are only released after positive identification and notification of the family.

- Cultural considerations will be accommodated as often as practical.

Additional Comments _____

_____

_____

APPENDIX M: SAFETY WALKTHROUGH CHECKLIST

(This resource begins on the following page.)

SAFETY WALKTHROUGH CHECKLIST

*to be completed by the Site Safety Officer

Inspected by:	Date:
Location:	Time:

Training:	Yes	No
Did each person receive a safety brief at shift change?		
Is staff trained in use of portable fire extinguishers?		
Is the fire evacuation plan part of the safety briefing?		
Comments:		

Environment:	Yes	No
Are resources available to deal with hot or cold conditions?(drinking water, heated tent, shade)		
Does staff know the symptoms of heat/cold related emergency?		
Is the level of light adequate for safe and comfortable performance of work?		
Are fire evacuation procedures/diagrams posted?		
Is the area around portable fire extinguishers free of obstructions and properly labeled?		
Are fire alarm pull stations clearly marked and unobstructed?		
Are exits properly marked and illuminated?		
Are the directions to exits, when not immediately apparent, marked with visible signs?		
Can emergency exit doors be opened from the direction of exit travel without the use of a key or any special knowledge or effort when the building is occupied?		
Are hand rails provided on all fixed stairways?		
Are standard guardrails provided wherever aisle or walkway surfaces are elevated more than 48 inches above any adjacent floor or the ground?		
Are objects covering heating and cooling vents?		
Comments:		

Security Checklist:
☐ Evaluate access control, including media, contractors, unsolicited volunteers and clergy
☐ Ensure adequate exterior lighting
☐ Secure parking lot
☐ Secure internal and external communication
☐ Evaluate escort needs

SAFETY WALKTHROUGH CHECKLIST

Housekeeping:	Yes	No
Is the work area clear of debris and tripping hazards?		
Are materials/supplies properly stacked and spaced?		
Are work areas clear of fluid spills or leakage?		
Are aisles and passageways clear of obstructions?		
Are walkways clear of holes, loose debris, protruding nails, and loose boards?		
Is the staff area kept clean and sanitary?		
Are the dumpsters being serviced properly?		
Are the restrooms (portable or fixed) clean, sanitary and restocked?		
Are hand hygiene aids available (water, soap and/or hand sanitizer)?		
Comments:		

Safety Incident Management:	Yes	No
Have communication codes for emergencies been established?		
Has a safety plan been filled out?		
Is on-site first aid available?		
Are AEDs available?		
Are EMS services on site?		
Are established emergency phone numbers posted where they can be readily found in case of an emergency?		
Are Material Safety Data Sheets (MSDS) available or a process identified for accessing sheets?		
Are incident report forms available on site?		
Is there a predetermined medical plan for where to take staff and clients for treatment if there is an incident?		
Has a site lock down procedure been reviewed if needed?		
Is a copy of the facility fire prevention and emergency action plan available on site?		
Comments:		

Child Care Area	Yes	No
Is there a child care facility on site?		
Is it located near a rest room?		
Is the area child proofed, free of chemical hazards? (outlet covers, shelving and electronics secured to walls, choking hazards)		
Is it separate from adults and the sleeping areas?		
Is the area secure?		
Are toys age-appropriate and sanitary?		
Does someone know pediatric CPR?		
Comments:		

APPENDIX N: FAMILY REGISTRATION FORM

(This resource begins on the following page.)

FAMILY REGISTRATION FORM

Tracking Number _____

<div style="background:#d9d9d9">

Disaster Victim Information
(For Multiple Victims of Same Family, Use Additional Forms and Cross Reference by Name)

Last Name _____ First Name _____ MI ___

</div>

Next of Kin Information

Has Next of Kin (NOK) arrived at the Family Assistance Center? ☐ Yes ☐ No ☐ Unknown

NOK Last Name _____ First Name _____

Relationship to Victim _____

Current Address _____

City _____ State _____ Zip _____

Phone numbers _____ _____

Medications/Medical Needs?   ☐ Yes   ☐ No

If Yes, Indicate Needs _____

Physician's Name _____ Physician's Phone # _____

Notes _____

_____

Information regarding Next of Kin provided by: _____

Relationship to Next of Kin: _____

1. *Presenting Family Member/Friend Name*

Last Name _____ First Name _____ MI ___

Relationship to Victim _____

Permanent Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Photo Identification Verification (type/#/State/County) _____

FAMILY REGISTRATION FORM

Tracking Number _____

Additional considerations (medical, interpretation)? ☐ Yes ☐ No

If yes, please indicate:

Notes: _____

2. *Presenting Family Member/Friend Name*

Last Name _____ First Name _____ MI ___

Relationship to Victim _____

Permanent Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Photo Identification Verification (type/#/State/County) _____

Additional considerations (medical, interpretation)? ☐ Yes ☐ No

If yes, please indicate: _____

Notes: _____

_____

_____

3. *Presenting Family Member/Friend Name*

Last Name _____ First Name _____ MI ___

Relationship to Victim _____

Permanent Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Photo Identification Verification (type/#/State/County) _____

Additional considerations (medical, interpretation)? ☐ Yes ☐ No

It yes, please indicate: _____

Notes: _____

FAMILY REGISTRATION FORM

_____

_____

4. *Presenting Family Member/Friend Name*

Last Name _____ First Name _____ M

Relationship to Victim _____

Permanent Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Photo Identification Verification (type/#/State/County) _____

Additional considerations (medical, interpretation)? ☐ Yes ☐ No

If yes, please indicate: _____

Notes _____

_____

_____

5. *Presenting Family Member/Friend Name*

Last Name _____ First Name _____ M

Relationship to Victim _____

Permanent Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Photo Identification Verification (type/#/State/County) _____

Additional considerations (medical, interpretation)? ☐ Yes ☐ No

If yes, please indicate: _____

Notes _____

_____

FAMILY REGISTRATION FORM

6. *Presenting Family Member/Friend Name*

Last Name _____ First Name _____M

Relationship to Victim _____

Permanent Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Photo Identification Verification (type/#/State/County) _____

Additional considerations (medical, interpretation)?   ☐ Yes   ☐ No

If yes, please indicate: _____

Notes _____

_____

_____

APPENDIX O: FAMILY SIGN IN-OUT FORM

(This resource begins on the following page.)

FAMILY ASSISTANCE CENTER SIGN-IN /OUT

INCIDENT NAME: _____   **DATE:** _____

#	TIME Of Arrival	TIME Of Departure	VISITOR (please write your name, relationship to the person you are looking for, and your contact information)			SEEKING INFORMATION ON:		
			NAME	**RELATIONSHIP**	**CONTACT #**	**NAME**	**DOB/AGE**	**SEX**
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

CT DEMHS REGION 2   ESF #8 HEALTHCARE COALITION

APPENDIX P: TRANSLATION / INTERPRETER SERVICES

Web-based translation services:
- o http://babel.altavista.com
- o http://translate.google.com

"Show me" app (pictograms) for people with cognitive disabilities, limited English, or hearing impairments
http://www.mass.gov/eohhs/gov/departments/dph/programs/emergency- prep/additional-access-needs/show-me.html

Region 2 Interpreter Services Contact List

Name (First, Last)	Agency/Organization	Primary Phone	Email	Language

APPENDIX Q: CULTURAL AND RELIGIOUS CONSIDERATIONS

(This resource begins on the following page.)

Buddhist

Language	Members may speak several languages other than English, including Tibetan, Cantonese, Hakka, Japanese, Thai and Sinhalese.
Diet **Fasting**	Often vegetarian, salads, rice, vegetables and fruit are usually acceptable foods to offer. Some Buddhists do not eat onions or garlic, but this is more a matter of personal choice or cultural habit, rather than religious restriction. Buddhists who are vegetarian may eat fish and eggs. Full moon days & new moon days are often fast days for many Buddhists, as are some festival days for various schools of Buddhism. On days of fasting, a Buddhist may eat before noon, but not afterwards.
Dress	Generally, no religious requirements for forms of every-day dress for lay Buddhists. Buddhist monks or nuns of the Theravada school shave their heads and wear orange or ochre-colored robes.
Physical contact **Medical treatment** **Hospital stays, rest centers**	In the case of medical examination and treatment and comforting by strangers, a Buddhist may be touched by a person of either sex. There are no religious objections to blood transfusions, or transplants. In cases of hospital stays, the use of either a bath or a shower is a personal matter. Provision of a quiet space set aside in a hospital or rest center is not a necessity, but if available it can be used for silent reflection and meditation.
Daily acts of faith & major annual events	Buddhists do not pray in the generally-accepted sense, but meditate regularly. Other than in Zen Buddhism, the Buddhist calendar is lunar; the dates will therefore vary from year to year. Traditional observance days are the full moon, new moon and quarter days. There are different special events during the year, but those celebrated by all schools of Buddhism are: ◆ *Wesak* ◆ *Full moon days* The calendar observed by Buddhists is not standardized and different traditions within Buddhism may observe the same Festival on significantly different dates. It is therefore wise to ask about the practice within the tradition involved, rather than making an assumption that for instance, Wesak, is observed on the same date by all Buddhists.
Dying **Death customs**	Many Buddhists wish to maintain a clear mind when dying. There is respect for the doctors' views on medical treatment, but there may sometimes be a refusal of pain-relieving drugs if these impair mental alertness. This is a matter of individual choice. It is helpful for someone who is dying to have some quiet, and it is customary to summon a monk to perform some chanting of sacred texts in order to engender wholesome thoughts in the mind of the dying person. After death, the body of the deceased may be handled by non-Buddhists. In some cases a monk may perform some additional chanting, but this is not a universal practice. There are no objections to post-mortems. Preparation of the body for the funeral is generally left to the undertaker, but in some instances relatives may also wish to be involved. The body may be put in a coffin, or wrapped in cloth (sometimes white), or dressed in the deceased's own clothes. It may be surrounded by candles, flowers, incense, photographs and colored lights, but this is a matter of individual choice and there are no hard-and-fast rules. The body is usually cremated, at a time dependent upon the undertaker and the availability of the crematorium's facilities.

Resources (texts, community facilities, etc.)	The Pali Canon contains the teachings of the Buddha and his disciples and is used in the Theravada school of Buddhism. Mahayana schools use texts either in Sanskrit or their own languages, such as Chinese, Korean,
	Japanese and Tibetan. Books of Scripture, liturgy etc. should, at all times, be handled with the utmost respect. In many traditions it is considered disrespectful to place them on the ground or to cover them.
Names	Buddhists usually have two or more names. The last name is the family name, and the preceding name(s) is/are given at the time of birth.

Chinese (Confucianism, Taoism, Astrology, Christianity)

Half the Chinese in the UK do not profess any religious belief. 1 in 4 are Christians and worship in Chinese language churches, and 1 in 5 observe Buddhist/Taoist/Confucian ceremonies and practices. Belief in astrology is widespread. Some 200 Chinese Christian churches exist in cities and towns, each having congregations worshipping in Cantonese, English and Mandarin to cater for linguistic preferences. Some are denominational but most are non-denominational and evangelical. Pastors are bilingual in English and Cantonese or Mandarin. More than half of the UK's Chinese churches have fraternal links with the Chinese Overseas Christian Mission (COCM) that runs a Bible College (in Mandarin) in Milton Keynes. The COCM has long-standing links with the Overseas Missionary Fellowship, formerly the China Inland Mission. The COCM also has links with some 200 congregations of Chinese Christian churches in continental Europe.

Language	Cantonese, Mandarin, Hakka, Hokkien, English
Diet Fasting	Southern Chinese (Cantonese and Fujian): seafood, fish, pork, poultry, green vegetables, soup, rice, rice noodles and fresh fruit. Northern Chinese: bread, wheat dumplings, meat dumplings, noodles, pork, lamb, chicken, cabbage, green vegetables. Beef and cheese are least preferred food. Drink: Soya milk is preferred to cow's milk as some Chinese are allergic to cow's milk. China tea (without milk and sugar).
	Buddhist/Taoist Chinese will eat a vegetarian diet before major festivals.
Dress	Men and women prefer shirt/blouse and trousers/slacks.
Physical contact	Although there is no gender barrier, women prefer to be medically examined by women health professionals. Single gender wards are preferred. Showers are preferred as Chinese people are not accustomed to bathtubs. Washing is done personally or by a spouse, parent or offspring of the same gender as the patient.
Medical treatment, Hospital stays, rest centers	Injections are preferred in the belief that they are more effective than pills. Chinese food should be offered to patients. Family units stay together and do not like being separated in emergencies, and this includes extended family members.

Chinese (Confucianism, Taoism, Astrology, Christianity)

Half the Chinese in the UK do not profess any religious belief. 1 in 4 are Christians and worship in Chinese language churches, and 1 in 5 observe Buddhist/Taoist/Confucian ceremonies and practices. Belief in astrology is widespread. Some 200 Chinese Christian churches exist in cities and towns, each having congregations worshipping in Cantonese, English and Mandarin to cater for linguistic preferences. Some are denominational but most are non-denominational and evangelical. Pastors are bilingual in English and Cantonese or Mandarin. More than half of the UK's Chinese churches have fraternal links with the Chinese Overseas Christian Mission (COCM) that runs a Bible College (in Mandarin) in Milton Keynes. The COCM has long-standing links with the Overseas Missionary Fellowship, formerly the China Inland Mission. The COCM also has links with some 200 congregations of Chinese Christian churches in continental Europe.

Daily acts of faith & major annual events	Buddhists and Christian Chinese will pray or meditate in similar ways to their co-religionists. In addition to the two main Christian festivals of Christmas and Easter, Chinese Christians celebrate the Chinese New Year. ◆ *Lunar New Year:* The biggest family occasion and honor/reverence is paid to ancestors and parents. A time for family reunions, visiting friends and relatives and exchanging monetary gifts in red envelopes. ◆ *Teng Chieh* (Lantern Festival at first full moon of the year) ◆ *Ching Ming:* A public holiday in China and Hong Kong - a time for people to visit their ancestral graves (April) ◆ *Dragon Boat Festival* (June) ▲ *Mid-Autumn Festival* (September)
Dying **Death customs**	All family members gather at the bedside. A Chinese Christian pastor is called to pray for and to counsel the dying person. In the UK this practice is also common among Chinese with no religious convictions or who are traditional Confucian/Taoist. Buddhists call for a priest/monk from a Buddhist association or temple with links to Taiwan or Hong Kong. After death, undertakers handle the deceased. Some undertakers in areas with long established Chinese populations (e.g. Merseyside) are accustomed to Chinese needs such as embalming and the deceased being fully dressed in best clothes including shoes and jewelry. In such areas some cemeteries have a Chinese section. Burial or cremation may take place a week after the person has died. Friends and relatives visit the bereaved family, usually in the evenings prior to the funeral when gifts of money or flowers are given and help offered. Sweets are offered to visitors when they leave. If the deceased is the head of the family, all children and their families are expected to observe a period of mourning for about a month. Headstones may have a picture of the deceased. If the deceased is a child, parents usually do not want to visit the mortuary. A sibling or close relative would be asked to identify the body in the mortuary.
Resources (texts, community facilities etc.)	Chinese Christians read bilingual bibles printed in English and Chinese. Bibles printed in the traditional script are preferred by Chinese from Hong Kong and Taiwan whilst the simplified script is read by people from China and Singapore. Buddhist scriptures are available in traditional script. At least one Chinese community association, community center or church exists in every town and city in the UK. Local Councils should have the names, addresses and telephone numbers. Religious bodies in the Chinese community are usually found in local telephone directories.
Names	Chinese names start with the family name first, followed by the generation name and the personal name. Chinese Christians usually have Christian names in addition. Always ask the person how (s)he would like to be addressed.

Christian

Christians belong to a number of denominations and some groups which run across denominations. The most numerous in the UK are Anglicans (Church of England, Church in Wales, Church of Ireland, Scottish Episcopal Church); Roman Catholics, Church of Scotland and Free Church (including Baptist, Methodists, United Reformed, Pentecostal, Presbyterians, etc) and Quakers. Independent churches; in large cities especially there are communities of Orthodox Christians (from the historic churches of Greece, Russia, etc. Seventh-day Adventists are part of the Christian tradition but differ in some key respects from mainstream Churches and so have a separate section - see below. See the Chinese Christian section for specific needs of Chinese Christians.

Language	Christians in the UK may be from any ethnic group. Church services usually take place in English, (or in Welsh and Gaelic).
Diet	In general, Christians are not religiously forbidden to eat any foods, but this must be checked with the individual. Some will not consume alcohol.
Fasting	Roman Catholics may abstain from meat on Fridays; Orthodox will abstain from meat in the fasting seasons of Advent and Lent. Those of African and African Caribbean origin may fast at other times.
Dress	No special code of dress for Christians except for clergy and members of religious orders.
Physical contact	Most would have no objections to being touched by members of the opposite sex for medical purposes.
Medical treatment	Treatment such as blood transfusions, surgery, organ transplants or the administration of drugs is permissible. Jehovah's Witnesses (not regarded as Christians by most Christian organizations) are forbidden to receive blood transfusions and transplants – see below.
Hospital stays, rest centers	If a person is terminally ill, or dying, they may wish to keep a copy of the Bible close at hand. Survivors, their families and friends, should be allocated a quiet place at survivor and reception centers, which can be used for private prayer or to talk to a priest or minister.
Daily acts of faith & major annual events	Many Christians pray daily, and often use the Lord's Prayer. Daily reading from the Bible, and/or other aids to prayer such as a Cross or Crucifix (a Cross with the figure of Christ), a hymnbook or prayer book, a rosary (prayer beads with a small crucifix), or an icon of Christ or the Virgin Mary are all widely used, though preferences should be checked with the individual. All of these could helpfully be provided in a chapel or quiet place. Sunday is the special day, set apart for prayer, reflection, and church attendance. Christians pray in congregations, small groups or individually. The most important event for most congregations is the Eucharist (the Mass, Communion Service, Lord's Supper), when Christians share bread and wine. The most widely celebrated Christian festivals are: - ◆ *Christmas* ◆ *Holy Week and Easter* (including Palm Sunday, Maundy Thursday, Good Friday and Easter Sunday) ◆ *Pentecost/Whitsun* ◆ *Ascension Day* ◆ The seasons of *Advent* (leading up to Christmas) and *Lent* (leading up to Easter) ◆ Remembrance Sunday

Christian

Christians belong to a number of denominations and some groups which run across denominations. The most numerous in the UK are Anglicans (Church of England, Church in Wales, Church of Ireland, Scottish Episcopal Church); Roman Catholics, Church of Scotland and Free Church (including Baptist, Methodists, United Reformed, Pentecostal, Presbyterians, etc) and Quakers. Independent churches; in large cities especially there are communities of Orthodox Christians (from the historic churches of Greece, Russia, etc. Seventh-day Adventists are part of the Christian tradition but differ in some key respects from mainstream Churches and so have a separate section - see below. See the Chinese Christian section for specific needs of Chinese Christians.

Dying **Death customs**	Christians involved in a disaster will value prayers being said for them, or with them, and short readings from scripture, such as the Lord's Prayer and the 23rd Psalm. Those who are injured or distressed may wish to receive Holy Communion and/or the Sacrament of the Sick (which used to be called Extreme Unction). The Sacrament of the Sick is not limited to those who are dying, but is part of the healing ministry of the Church. Other Christians may ask for prayer for healing with the laying on of hands. The choice between cremation and burial can either be a matter of personal choice or a denominational requirement. In all cases, the wishes of the deceased's family, or friends, should be sought if possible. If this cannot be done, then Christians should be buried.
Resources (texts, **community facilities etc.)**	The sacred text is the Bible, which for Christians consists of the Old Testament (or Hebrew Scriptures), and the New Testament, bound as a single book. Of the translations of the Bible, the New Revised Standard Version, the Authorized version and the Jerusalem Bible are recognized by Catholics, Protestants and Orthodox Christians. Other versions are favored by evangelical Christians. Emergency Planners should discuss with church authorities the possible use of church facilities in a major emergency.
Names	Christians have one or more given names, usually called Christian names because for most Christians these were given historically at the service of baptism, which for most happened when the infant was a few weeks old. These names are followed by the surname or family name, which is constant for men. Many women change to their husband's surname on marriage, though this custom is changing. Individuals may not be known by their first Christian name, so it is always wise to ask, "What should I call you?" or for a funeral "What name should I use?"

Christian Science

Christian Science is a prayer-based system of healing that is fully explained in Mary Baker Eddy's book *Science and Health with Key to the Scriptures*, currently published in 17 languages. Some people who follow the practices of Christian Science choose to become members of the Church of Christ, Scientist, the organization Eddy established to make these teachings available and accessible, but others do not.

Language	Christian Science has been practiced around the world for over a century by individuals of various faith traditions, as well as by those with no formal faith tradition. Consequently, people of diverse cultures and languages practice Christian Science.
Diet	Individuals make their own decisions regarding diet.
Dress	No particular requirements.
Physical contact **Medical treatment** **Hospital stays, rest centers**	In the practice of Christian Science, respect for individual choice in questions of healthcare or any other aspect of daily life is paramount. Many Christian Scientists rely on their own prayer for healing of adverse health conditions. Some may also ask for help from a Christian Science practitioner - a professional spiritual healer who employs the Christian Science method of healing. (There is a world-wide directory of practitioners in each issue of *The Christian Science Journal*, a monthly magazine.) However, individuals are always free to choose conventional medical treatment or other complementary and alternative therapies. If a Christian Scientist were taken to a hospital because of an accident, for example, and chose to decline conventional medical treatment, this would ordinarily mean that the individual was choosing instead, as a competent adult, to rely on prayer for healing (individually or with the help of a Christian Science practitioner). Such an individual would co-operate with authorities to take appropriate actions, such as quarantine, which may be considered necessary to protect others. Individuals relying on Christian Science may ask to be re-tested, or to have a pending procedure re-evaluated after having had time to pray for healing. If a Christian Scientist entered a hospital voluntarily, the individual would probably accept conventional medical treatment. He/she might ask that drugs/therapy be kept to a minimum. Individuals make their own decisions about blood transfusions and organ/tissue donation. Doctors, nurses, mental health professionals and chaplains will find that there are many meaningful ways they can show support for patients relying on Christian Science. Where possible, the best way to ascertain what would be most helpful in any circumstance is to ask the individual patient. Some of the following might be requested by a patient, or could be offered by the healthcare worker: ◆ Providing the patient time and a quiet space to pray, during the various stages of diagnosis and treatment. ◆ Facilitating the patient's contact with a Christian Science practitioner. ◆ Making sure that the patient has access to the Bible and *Science and Health*. ◆ Reading aloud to the patient requested passages from these books (or other Christian Science literature).
Daily acts of faith & major annual events	There are no prescribed holy days. Members would normally attend services and meetings at Church on Sundays and Wednesday evenings. Christian Scientists study a weekly Bible Lesson, a collection of topic- specific passages from the Bible and *Science and Health*.

Dying	There are no specified last rites. Such issues are an individual/family decision.
Death customs	Questions relating to care of the body should be answered by the individual's partner/ family. In general, Christian Scientists request that, whenever possible, the body of a female should be prepared for burial by a female. The individual's family should answer questions relating to post mortem examinations.

Church of Jesus Christ of Latter - day Saints (Mormons)

Language	Usually English
Dress	Those who have been endowed in a Temple of the Church of Jesus Christ of Latter-day Saints wear a special undergarment next to the skin. Mormons are always soberly dressed.
Physical contact, medical treatment, hospital stays, rest centers	Necessary medical treatment can be carried out without delay and surgery and blood transfusions may be carried out as necessary. Transplants and organ donation are an individual and family matter; there are no religious objections.
Daily acts of faith & major annual events	Scripture reading is considered an important part of daily life. The Sabbath is observed on Sundays, with services conducted by lay leaders called bishops. Christmas and Easter are important celebrations in the Church.
Dying	Members may request a priesthood blessing. A quiet private place is appropriate for the blessing
Death customs	The Church takes no position on post mortem examinations. Church or family members will usually arrange for the body to be clothed for burial. Burial rather than cremation is recommended by the Church, but the final decision is left for the family of the deceased.
Resources (texts, community facilities etc.)	The Bible and the *Book of Mormon: Another Testament of Jesus Christ* – are regarded as the word of God. Although Mormon individuals and families are advised to be prepared spiritually and temporally to meet both problems of everyday life and emergencies that may arise, local Church leaders have the responsibility to organize proper responses to assist individuals and families in an emergency. Church branches are encouraged to prepare detailed *Emergency Preparedness and Response Plans*, based on principles contained in *Providing in the Lord's Way*. Branch Welfare Committees are identified as the coordinators if disaster strikes.

Hindu

Language	In addition to English, Hindus in the UK generally speak Gujerati (most common), Hindi, Punjabi, Bengali or Tamil.
Diet **Fasting**	Hindus regard the cow as sacred and do not eat beef. Orthodox Hindus are strictly vegetarian, which also excludes fish, eggs and animal fat for cooking. Some may also prefer to refrain from alcohol, and some very orthodox Hindus may refrain from garlic and in extreme cases onion. Salt- free salads, rice, vegetables, yoghurt and milk products and fruit are quite acceptable foods to offer. Fasting is commonplace and frequent but fasts generally last just one day or one day a week (e.g. Lord Shiva's fasting every Monday for 17 weeks, where yoghurt at lunch with water or fruit juice and a normal light meal in the evening is permitted). Hindu women keeping the *Karvachauth* fast in Autumn cannot even drink water until the moon is seen at night.
Dress	Generally, modesty and decency are considered essential factors in dress code. The sari is a one-piece female garment wound around the lower body in different styles to suit the occasion and the tradition from which the person comes. (NB Older Bangladeshi and Indian Muslim women also wear saris. Women also wear a dress and baggy trousers (*shalwar*). Men may sometimes wear a loose shirt (*Kurta*) and baggy trousers but generally they wear Western clothes.
Physical contact **Medical treatment** **Hospital stays, rest centers**	A Hindu would prefer to be comforted by a person of the same sex. There is no stated preference in respect of medical examination and treatment. Blood transfusions, organ transplants, and all types of medicine for the purpose of saving life are permitted. Hindus traditionally live in extended families, so information or requests (e.g. for organ donation) should be made by the authorities to the head of the family to be passed on without delay to the rest of the family unit, where this is practicable. Some groupings within the Hindu community are men only or women-only and the authorities should always appoint a person of the appropriate sex to liaise with such a grouping.
Daily acts of faith & major annual events	Hindus will generally perform a daily act of personal devotion at home, either alone or with others. Ritual washing normally accompanies prayer. The most widely celebrated Hindu festivals are: ◆ *Holi:* A celebration at the start of spring, with much use of color ◆ *Rama Navami* ◆ *Janamashtami*: there is fasting until midnight ◆ *Divali*: the festival of lights ◆ *Shivaratri:* the night is spent in prayer, fasting and meditation.
Dying **Death customs**	Most fatally ill Hindus would prefer to pray with a *mala* (rosary). A Hindu will appreciate being with someone, preferably of the same sex. It is preferred if all Hindu bodies can be kept together after death. A dead body should be placed with the head facing north and the feet south. Cleanliness is important and the body can be undressed and cleaned, but the family should be consulted where possible. The arms should be placed to the sides and the legs should be straightened. The face should be pointed upward with eyes closed and the whole body must be covered with white cloth. Any detached body parts must be treated with respect as if they were a complete body. Post mortems are permitted, usually with prior agreement of the immediate family. The bereavement in the family lasts a minimum of two weeks during which several rituals are followed. Hindus believe in cremating the body so that the soul is completely free of any attachment to the past physical matter.

Hindu

Resources (texts, community facilities etc.)	The Hindu ancient scriptures are called the Vedas and contain, amongst other texts, the *Upanishads,* philosophical works discussing the purpose of life, and the *Brahmanas*, which contain advice on ritual. The *Bhagawad Gita* is a prominent holy book with condensed spiritual teachings, and the *Ramayana* sets the highest ideals.
Names	Members of Hindu families may have three or four names, depending on cultural background and tradition. Suffixes to the first name are used, e.g.,'Bhai' or 'Ji' for males and 'Ben' for females. In some traditions the father's first name is one of the middle names. Other middle names, which may be used as surnames are Kumar, Pal or Paul, Dev, Lal etc. Sometimes the surname is clan based as Patel or in case of Rajputs, Singh. Some Hindu women may adopt 'Devi', 'Kumari' or 'Wati' in place of a family surname. For records, it is advisable to ask the individual's family name and use that as surname. Hindu equivalents to Mr and Mrs are Shri and Shrimati, commonly used, but for Miss one can use Sushai/Kumari/Devi but rarely used. In written records and invitations the practice is to say Shrimati and Shri (surname), i.e. Mrs and Mr (surname).

Humanists

Humanism is not a faith. It is the belief that people can live good lives without religious or superstitious beliefs. Most humanists would describe their beliefs as either atheist or agnostic, and humanists reject the idea of any god or other supernatural agency and do not believe in an afterlife. However, Humanism is more than a simple rejection of religious beliefs. Humanists believe that moral values are founded on human nature and experience, and base their moral principles on reason, shared human values and respect for others. They believe that people can and will continue to solve problems, and should work together to improve the quality of life and make it more equitable.

Language	English, or any other language depending on the individual's background.
Diet	No particular requirements. Some humanists are vegetarian or vegan, and many who do eat meat would refuse meat that has been slaughtered by methods they consider inhumane (Halal or Kosher meat).
Fasting	None
Dress	No special requirements
Physical contact, medical treatment, hospital stays, rest centers	No specific restrictions on physical contact, or on medical treatments.
Daily acts of faith & major annual events	No daily acts of faith or worship, and no annual festivals.
Dying	Many humanists will want to have family or a close friend with them if they are dying, or the support of another caring individual. Some may appreciate the support of a secular counsellor or a fellow humanist. Humanists may refuse treatment that they see simply as prolonging suffering. Some may strongly resent prayers being said for them or any reassurances based on belief in god or an afterlife.
Death customs	No specific requirements. The choice between cremation and burial is a personal one, although cremation is more common. Most will want a humanist funeral, and crosses and other religious emblems should be avoided. However, since many humanists believe that when someone dies the needs of the bereaved are more important than their own beliefs, some may wish decisions about their funeral and related matters to be left to their closest relatives.
Resources (texts, community facilities etc.)	There are no humanist scriptures or religious texts.
Names	No particular traditions: names may vary according to ethnic or cultural background.

Jain

Language	Apart from some of the elderly, Jains speak and understand English. The majority in the UK are Gujerati speaking, but a minority speaks Hindi, Rajasthani, Tamil, or Punjabi.
Diet **Fasting**	Jains are pure vegetarians, and do not consume meat, fish, seafood, poultry or eggs. In addition, those Jains who adhere to the stricter code of conduct do not eat any root vegetables, particularly onions and garlic but also potatoes, carrots, beets, etc. Jains do not consume alcohol. Salads, fruits, cooked grain of all types, cooked vegetables, bread or biscuits made without the use of eggs and dairy products are generally acceptable. There are fasts with (a) no meal (b) one meal (c) two meals within 24 hours. Water, if used in a fast, must be boiled. Some Jains observe fasts without any intake of food or water. Abstention from fruit and vegetables is practiced on many days. Fasts are undertaken on various days throughout the lunar month. They are more popular during the festival of *Paryushana* during August or September, which lasts for 8 or 10 days. Two special 9-day periods called *Ayambil* are observed during June and December during which only one meal is taken. This meal is prepared using only grain, flour, water, rock salt and pepper. Use of dairy products, fruits, vegetables, nuts, oils and fats, and any raw food is forbidden.
Dress	Jain males have adapted the western dress code for everyday use whereas females may be orthodox or modern. The elderly usually wear Indian dresses such as saris and kurta-pyjama, whilst the younger generation wear all sorts of dresses.
Physical contact **Medical treatment** **Hospital stays, rest centers**	Ideally, same-sex contact and separate male and female wards are preferred but there is no taboo where medical and/or specialist personnel are involved. Blood transfusions and organ transplants are acceptable if these are not obtained at the expense of another life. Medication for the purpose of saving life is usually accepted without question. If the toilet and bathroom are separate, a water supply and beaker should be provided in the toilet for cleaning purposes. Diet restrictions should be observed during stays in hospital or rest center.
Daily acts of faith & Major annual events	The *Namokkara* mantra is recited on waking up, going to bed and at meal times. Jains may observe the ritual of *pratikramana* once or twice a day, and meditate as often as desired. Festivals (based on the lunar calendar): ◆ *Paryushana*: 8 or 10 days during August or September. The most significant Jain event. Prayers are recited with confession of sins, forgiveness is sought from all living beings and penances are undertaken. ◆ *Mahavira Jayanti*: the Birthday of Lord Mahavira, the last Tirthankara (One who re-establishes the ford), in 599 BCE. Celebrated during April. This is a joyous occasion and the experiences of Lord Mahavira's mother before and after his birth are recounted. ◆ *Mahavira Nirvana*: Liberation of Lord Mahavira. Most Jains celebrate the eve of the Hindu New Year with Deepavali, the festival of lights. However, some observe this day as the day of liberation of Lord Mahavira followed by the day of enlightenment of his first disciple Gautam Svami around October. ◆ *Ayambil* : Two periods are observed. (see Fasting section)

Jain

Dying	If death is certain and there is nothing to benefit by staying in the hospital, the Jain would prefer to spend the last moments at home. Ideally, the subject would wish for mental detachment of all desires and concentrate on the inner self. Family members or others would assist by reciting text or chanting verses from the canon. As much peace and quiet should be maintained as possible.
Death customs	There are no specific rituals in Jain philosophy for this event. Bodies are always cremated and never buried except for infants. Cremation must be performed as soon as practicable, even within hours if possible, without any pomp. Many Jains still pursue Hindu customs as a family preference. All normal practices of UK undertakers are acceptable if handled with respect. The family normally provides the dress and accessories for the preparation and final placement in the coffin.
Resources (texts, community facilities, etc.)	The Jain scriptures are called Agamas and although the texts vary according to sects, the basic philosophy is the same. The Jains believe that the mission of the human birth is to achieve liberation from mundane life, and the cycle of death and rebirth. This is achieved through the practice of non-violence and equanimity as preached by Lord Mahavira in the Agamas.
Names	All names are made up of 3 or 4 words in a definite sequence: the person's given name comes first. Sometimes this is appended with a gloss such as -Kumar, -ray, -lal, -chandra, -bhai, -kumari, -bhen etc. which is usually written with the given name but sometimes becomes the second name. The following name (usually the middle) is the father's first name for males and the husband's first name for the females. The last name is the surname or family name, which is usually common to all members of the family.

Japanese (Shinto)

Shinto is Japan's indigenous religion: a complex of ancient folk belief and rituals which perceive the presence of gods or of the sacred in animals, in plants, and even in things which have no life, such as stones and waterfalls. As well as Shinto, individuals of Japanese origin may adhere to Buddhism - see separate Buddhist section.

Language	Generally Shintoists speak Japanese with English as a second language.
Diet	In general, the foundation of the Japanese diet is rice.
Dress	There are no religious requirements for the form of every-day dress. For particular annual events such as New Year's Day and the Bon Festival (and for local shrine festivals in Japan) some wear traditional dress (*kimono*).
Physical contact **Medical treatment** **Hospital stays, rest centers**	When undergoing medical examination and treatment or being comforted by strangers, Japanese people would prefer to be touched by a person of the same sex. There are no religious objections to blood transfusions or transplants. During hospital stays, baths are considered preferable to showers and the bathroom should be separated from the toilet.
Daily acts of faith & major annual events	Shinto has little theology and no congregational worship. Its unifying concept is *Kami,* inadequately translated as "god". There are no Shinto prayers as such but many Japanese will follow Buddhist meditative practices. In addition to Buddhist festivals, Shintoists will celebrate: ◆ *New Year:* 1 January ◆ *Bon Festival:* respect to ancestors (13-16 August)
Dying **Death customs**	Dying Japanese will wish to meditate. Generally Japanese would prefer cremation to burial. Funeral services are administered according to Buddhist rites.
Resources (texts, community facilities etc.)	No specific Shinto texts. See Buddhism. Those requiring further information on Shinto should contact the Japanese Embassy or the International Shinto Foundation (www.shinto.org).
Names	It is usual for Japanese people to have two names. The first may be the family name and the second may be the given name. When names are required for record purposes it is advisable to ask first for the family name and to use this as the surname.

Jehovah's Witnesses

Language	Usually English.
Diet **Fasting**	While Jehovah's Witnesses believe that Christians are required to abstain from blood and the meat of animals from which blood has not been properly drained, there are no religious restrictions on what they can eat. Use of alcohol is a personal matter. No religious requirement.
Dress	No special religious dress.

Physical contact **Medical treatment** **Hospital stays, rest centers**	For deeply-held reasons of religious faith there are basically only two medical interventions that Jehovah's Witnesses object to: elective termination of pregnancy and allogeneic blood transfusion. Baptized Jehovah's Witnesses usually carry on their person an *Advance Medical Directive/Release* document directing that no blood transfusions be given under any circumstances, and this document is renewed annually. A more detailed *Health-Care Advance Directive* form outlining their personal treatment choices may also be carried. Jehovah's Witness are happy to sign hospital forms that direct that no allogeneic blood transfusion or primary blood components be administered under any circumstances, while releasing doctors, medical personnel and hospitals from liability for any damages that might result from such refusal despite otherwise competent care. They understand the challenge that their decisions can sometimes pose for doctors and nurses. In an effort to alleviate these situations they have established a network of Hospital Liaison Committees throughout Britain. Members of these groups are trained to facilitate communication between medical staff and Jehovah's Witness patients and are available at any time, night or day, to assist with difficulties either at the request of the treating team or the patient.
Daily acts of faith & major annual events	Reading the Bible daily. Witnesses commemorate the death of Jesus according to the Hebrew calendar (late March/April). They do not celebrate other traditional festivals, nor do they celebrate birthdays.
Dying **Death customs**	There are no special rituals to perform for those who are dying, nor last rites to be administered to those *in extremis.* Pastoral visits from elders will be welcomed. An appropriate relative can decide if a limited post mortem is acceptable to determine cause of death. The dead may be buried or cremated, depending on personal or family preferences and local circumstances.
Resources (texts, community facilities etc.)	The Bible.
Names	No particular tradition.

Jewish	
Language	English is generally used although Hebrew and Yiddish are also spoken.
Diet **Fasting**	Observant Jews are required to uphold the *Kashrut*, a series of dietary laws. Jews do not eat pork in any form. Fish must have both fins and scales: shellfish is not permitted. Red meat and poultry must comply with *kosher* standards of slaughter. Meat and milk products must not be cooked together, and separate dishes must be kept. Milk products must not be eaten during or after a meat meal, and most observant Jews will wait three to six hours before dairy products are eaten or drunk. A vegetarian meal is often acceptable, since this ensures no doubt over the utensils used for its preparation, with dairy-free dressings or sauces if available. *Yom Kippur* is a major annual 25-hour fast observed by the majority of Jews. There are other fast days during the year which are less widely observed. Jews are not permitted to eat or drink on fast days. Additionally, no leavened bread is eaten during the period of Passover, when unleavened bread known as *matzah* may be consumed instead.
Dress	Devout Jewish men and women will keep their heads covered at all times. Men wear a hat or skull-cap (the *yarmulka* or *kippa*). Orthodox women will wear a hat, scarf or wig. Orthodox women and girls are required to keep the body and limbs covered with modest clothing. Strictly Orthodox men are likely to wear black clothes (sometimes 18th century dress) and may have ringlets and beards.
Physical contact **Medical treatment** **Hospital stays, rest centers**	Strictly Orthodox men and women actively avoid physical contact with people of the opposite sex and will not welcome being comforted by someone touching or putting an arm around them. All laws normally applying on the Sabbath or festival can be overruled for the purpose of saving life or safeguarding health. Blood transfusion is permitted and is a matter of personal choice. Transplants and organ donation are usually permissible, but may require advice from a Rabbi. A quiet area for prayer should be provided if possible.
Daily acts of faith & major annual events	All practicing Jews say prayers three times a day. The Sabbath (*Shabbat*) is observed from sunset on Friday evening until sunset on Saturday evening. Prayers and a family meal are part of the observance. The observance of festivals is very important. The major ones are: ◆ *Days of Awe: Rosh Hashanah* (New Year) and *Yom Kippur* (Day of Atonement) ◆ The *Three Foot Festivals: Sukkot, Pesach* and *Shavuot* ◆ *Chanukah* ◆ *Purim* ◆ *Tishah B'Av*
Dying **Death customs**	It is usual for a companion to remain with a dying Jewish person until death, reading or saying prayers. The dying person should not be touched or moved, since it is considered that such action will hasten death, which is not permitted in any circumstances. He or she may wish to recite the *Shema.* The prompt and accurate identification of the dead is particularly important for the position of a widow in Jewish law. Post mortems are forbidden unless ordered by the civil authorities. Body parts must be treated with respect and remain with the corpse if possible. When a person dies, eyes should be closed and the jaws tied; fingers should be straight. The body is washed and wrapped in a plain white sheet, and placed with the feet towards the doorway. If possible it should not be left unattended. For men a prayer shawl, *tallit*, is placed around the body and the fringes on the four corners cut off.
Resources (texts, community facilities etc.)	The Jewish scriptures are known as the *Tanakh* and include the *Torah,* the *Nevi'im* and the *Ketuvim.*
Names	Individuals usually have one or more Hebrew names, often taken from Biblical sources, followed by the Hebrew names(s) of their father.

Muslim	
Language	Muslims may speak several languages other than English; the most common are Punjabi, Urdu, Gujarati, Arabic and Turkish.
Diet **Fasting**	Muslims do not eat pork in any form, and foods and utensils that have come into contact with pork should not touch any food to be eaten by a Muslim. Consumption of alcohol in any form (e.g. desserts) is strictly forbidden. Muslims may eat fish, they can eat poultry, mutton and beef, providing the meat is *halal*, i.e. killed and prepared according to Islamic law. *Halal* food and drink should be clearly labelled where other food is being served. Vegetarian meals and fresh fruit/vegetables are acceptable. Food is eaten with the right hand only. Muslims fast from dawn to sunset to mark the month of *Ramadan*, and some will fast at other times during the year. Fasting during *Ramadan* is compulsory for all except menstruating, pregnant or lactating women, pre- pubertal children and the infirm.
Dress	Observant Muslim women usually have at least a head covering (*Hijab*), and are often covered from head to toe when in public or in the presence of men who are not family members. Covering the area between the navel and knees is a requirement for Muslim men and some devout male Muslims may prefer to keep their heads covered at all times.
Physical contact **Medical treatment** **Hospital stays, rest centers**	Treatment by medical staff of any religion is permissible, but men and women prefer to be treated by staff of the same sex where possible. The views of the family/Imam on whether organ donation, transplants and blood transfusions are acceptable should be sought in each case. In hospital, a shower is preferred to a bath. Muslims ritually wash after using the toilet, so a tap or container of water for washing should be provided whenever the toilet area is separate from the bathroom. In a rest center, suitable facilities for pre-prayer washing, time to conduct prayer, and a clean prayer room with a prayer mat and a compass or sign pointing to Makkah (Mecca) - south-east in the United Kingdom - are appreciated.
Daily acts of faith & major annual events	Muslims pray five times a day, facing Makkah: before dawn, around midday, late afternoon, after sunset and late evening. Sunrise and sunset determine the exact timings. Ritual washing (*Wudu*) is performed before praying. Men and women will not usually pray together, though in emergencies this is acceptable if a temporary partition is erected. Major events in the Muslim 12 month lunar-based calendar are: ◆ *The First of Muharram:* Begins the Islamic New Year ◆ *Milad-un-Nabi* (not celebrated by orthodox Sunni) ◆ *Lail-ul-Qadr:* A time of fasting and all-night prayer during Ramadan ◆ *Eid-ul-Fitr:* The end of the month of Ramadan. A day of celebration ◆ *Eid-ul-Adha:* The end of the time of the annual *Hajj* pilgrimage

Muslim

Dying	If a Muslim is terminally ill or dying, the face should be turned towards Makkah. The patient's head should be above the rest of the body. The dying person will try and say the *Shahadah* prayer (the testimony of faith).
Death customs	Muslim dead should be placed in body-holding areas or temporary mortuaries, and ideally be kept together in a designated area (with male and female bodies separated). Post mortems are acceptable only where necessary for the issue of a death certificate or if required by the coroner. Ideally only male Muslims should handle a male body, and female Muslims a female body. The body should be laid on a clean surface and covered with a plain cloth, three pieces for a man and five for a woman. The head should be turned on the right shoulder and the face positioned towards Makkah. Detached body parts must be treated with respect. Next of kin or the local Muslim community will make arrangements to prepare the body for burial. Muslims believe in burying their dead and would never cremate a body. Burial takes place quickly, preferably within 24 hours.
Resources (texts, community facilities etc.)	The Qur'an is a source of guidance for life. If in the original Arabic it should not be touched by non-Muslims except with a cloth (translations may be handled by all, with respect), or by menstruating women. Many mosques have private mortuaries which may be available in an emergency.
Names	Muslims usually have several personal or religious names. The name of the family into which someone has been born is not necessarily used. Where names are required for record purposes, it is advisable to register the most used personal name as a surname, followed by the lesser used names.

Pagans

Language	Mainly English.
Diet	Dietary practice varies but many Pagans are vegetarian and some may be vegan. Dietary choices are, however, a matter for the individual who should be consulted on their preferences.
Fasting	None.
Dress	In everyday life, Pagans do not usually wear special forms of dress. Ritual jewelry is however very common and may have deep personal religious significance. In some traditions, the wearing of a ring, which symbolizes the person's adherence to Paganism or a particular Pagan path, is common. The removal of such a ring may cause considerable distress.
Physical contact **Medical treatment** **Hospital stays, rest centers**	There are no specific restraints on types of physical contact and no religious objections to blood transfusion and organ transplants.
Daily acts of faith & major annual events	Private practice: Most Pagans will keep an altar, shrine or a devotional room (often called a temple) in their own homes. Private devotions take place whenever the individual wishes and may include prayer, meditation, chanting, reading of religious texts and ritual. Ritual practice and items used on the Altar in Pagan worship are described below. Group practice: This often occurs on the lunar observance days and on the seasonal festivals celebrated by most Pagans. Many Pagans will celebrate these on the most convenient date rather than on the exact date, although the latter is preferred. Festivals: ◆ *Samhain*: 31st October ◆ *Yule (Midwinter)*: 21st December ◆ *Imbolc*: 1st February ◆ *Spring Equinox*: 21st March ◆ *Beltane*: 30th April ◆ *Midsummer*: 21st June: ◆ *Lammas or Lughnasadh*: 1st August ◆ *Autumn Equinox*: 21 September
Death customs	Most Pagans believe in reincarnation. The emphasis in funerals is on the joyfulness for the departed in passing on to a new life, but also consolation for relatives and friends that the person will be reborn. Disposal of the body may be by burning (cremation) or burial. Funeral services will take place in crematorium chapels, at the graveside or at the deceased's home. In some traditions, any religious items of significance to the deceased must be buried or burned with the body. Ritual jewelry, personal ritual items such as the Witch's athame, and the person's religious writings (such as the Book of Shadows) are commonly buried with or burned with the body. A wake (mourning ceremony) carried out around the body by friends and relatives is common in some traditions.
Resources (texts, community facilities etc.)	The Pagan Federation is the largest and oldest Pagan body in Europe. It publishes an informative quarterly journal (Pagan Dawn), and has a useful information pack which gives basic facts about modern European Paganism. There are also information packs on Witchcraft, Druidry and the Northern Tradition.
Names	No specific directions as to use of names

Rastafarians

Language	The vocabulary is largely that of the Jamaican patois of English.
Diet **Fasting**	Most Rastafarians are vegetarian and avoid stimulants such as alcohol, tea and coffee. Sacred food is called I-TAL (organic vegetarian food). Some Rastafarians will eat fish, but only certain types. Fasting is observed, and can take place at any time. Nothing is consumed from noon until
Dress	Rastafarians wear standard Western dress, except that some Rasta men will wear crowns or *tams* (hats) and Rasta women, wraps (headscarves). The wearing of headwear can be deemed as part of a Rastafarian's attire, with some Rastafarian men and especially women never uncovering their heads in public.
Physical contact **Medical treatment** **Hospital stays, rest centers**	Cutting of hair is prohibited in any circumstances. Dreadlocks symbolise the 'mane of the Lion of Judah' (reference to the divine title of Emperor Haile Selassie). In a medical emergency this issue would need to be discussed with the patient.
Daily acts of faith & major annual events	Worship takes place at various times depending upon each Rastafarian commune. A service is conducted at least once a week. Rastafarians consider Saturday to be the Sabbath day. *Nyahbinghi* drumming and chanting is an important part of Rastafarian culture. It is used for spiritual upliftment and can last for many days. At the start of this spiritual time a *Firekey* also takes place: a fire is lit and must be kept burning until the drumming and chanting have stopped. Festivals: ◆ *Ethiopian Constitution Day* (16 July) ◆ *Birthday of Haile Selassie* (23 July): one of the holiest days of the Rastafarian year ◆ *Birthday of Marcus Garvey* (17 August) ◆ *Ethiopian New Year's Day* (early September): a four-year cycle, with each year named after a Biblical evangelist. ◆ *Anniversary of the crowning of Haile Selassie/Ethiopian Christmas*: 2 November
Dying **Death customs**	No particular rituals are observed. The dying person will wish to pray. When a Rastafarian person passes (dies) a gathering takes place where there is drumming, singing, scriptures read and praises given. Usual on 9th and or 40th night of person passing.
Resources (texts, community facilities etc.)	Books: *My Life and Ethiopia* (autobiography of Emperor Haile Selassie of Ethiopia); *Important Utterances of His Imperial Majesty Emperor Haile Selassie I*; *Philosophy and Opinions of Marcus Garvey* (ed. Amy Jacque Garvey). DVDs: *Time and Judgement* (by Ras Menelik); *The Journey of the Lion* (by Brother Howie). CDs: *Churchial Chants of the Nyahbinghi*; *Prince Teban and the Sons of Thunder* communication drumming.
Names	No particular tradition. Older men may take the prefix Jah or Ras.

Seventh-day Adventists

Language	Usually English, though there are a number of different language groups within the Adventist Church in the UK, including Filipino, Ghanaian, Russian, Bulgarian, Portuguese etc.
Diet **Fasting**	Seventh-day Adventists do not smoke, drink alcohol or use non-medicinal drugs. Some even avoid foods and drinks containing caffeine and other stimulants. Many are vegetarian but those that do eat meat avoid pork or shellfish products. Some are vegan. Some Adventists may have a personal period of fasting in conjunction with special prayer projects.
Dress	No special dress.
Physical contact **Medical treatment,** **Hospital stays, rest centers**	In a rest center, provision of vegetarian food from outlets not handling meat would be required. Provision of a room for Sabbath worship would be requested, and access to a Bible.
Daily acts of faith & major annual events	The Seventh-day Adventist Sabbath is kept from sunset on Friday to sunset on Saturday. It is a day of rest and worship, when Adventists like to practice fellowship and worship together. During this time most Adventists avoid secular activities such as watching television. Communion, or the Eucharist, is celebrated once every three months. Adventists celebrate Christmas and Easter as commemorative events, usually marking the occasions by a special service on the closest Sabbath
Dying **Death customs**	Adventists would prefer to have an Adventist clergyman or woman present when facing death. However they would appreciate general prayers and other spiritual care from clergy of other Christian denominations if Adventist clergy were not available. Adventists do not hold the sacraments as required rituals; hence Sacrament of the Sick would not be necessary. Cremation or burial is a matter of personal or family preference.
Resources (texts, community facilities etc.)	As with other Christians Adventists accept the Bible as the inspired word of God. Many Adventist also cherish books by Ellen G White, who they believe had the spiritual gift of prophecy. The Seventh-day Adventist Church in the UK is a fairly close knit community and most members will have friends or family to call on for temporary accommodation.
Names	No particular tradition.

Sikh

Language	The Punjabi and English languages are widely spoken and used. Swahili, Urdu and Hindi may be understood
Diet	Dietary practice varies, but devout Sikhs do not use tobacco, alcohol or drugs and are vegetarians, who will also exclude eggs. Those who do eat meat, fish and eggs will refrain from eating beef, halal and kosher meat.
Dress	All initiated male Sikhs wear the five K symbols: *Kesh* (uncut hair); *Kangha* (a comb to keep the hair neat); *Kara* (a steel bangle which symbolizes the unity of God); *Kirpan* (a short dagger which symbolizes the readiness of the Sikh to fight against injustice); and *Kachhera* (breeches or shorts to symbolize modesty). Women will wear all others except for the Turban, obligatory for men, it is optional for women who may instead wear a *chunni* (a long Punjabi scarf) to cover the Kesh. The removal of the Turban or the *Kachhera* will cause great embarrassment to a Sikh and should be avoided.
Physical contact	Treatment by medical staff of any religion is permissible, but men and women prefer to be treated by staff of the same sex where possible.
Medical treatment	There are no specific medical requirements and no religious objections to blood transfusion and organ transplants. The views of the family/ individual concerned should be sought.
Hospital stays, rest centers	A Sikh in hospital may wish to have all five faith symbols within reach. *Kachhera* (shorts) should on no account be changed or removed other than by the individual concerned. A shower is preferred to a bath. Sikhs wash after using the toilet, so access to a tap and a container of water for washing should be provided in the toilet area.
Daily acts of faith & major annual events	Sikhs are required to shower or bathe daily, especially before conducting their dawn prayers. Prayers are said three times a day: at sunrise, sunset and before going to bed. There is no set day for collective worship, though in the UK this usually takes place on Sundays. Festivals are normally celebrated with a continuous reading of the Guru Granth Sahib (Holy Scriptures) over a period of 48 hours. Major annual festivals are: ◆ *Guru Nanak's Birthday:* A three-day celebration ◆ *The Martyrdom of Guru Tegh Bahadur* ◆ *Guru Gobind Singh's Birthday* ◆ *The Martyrdom of Guru Arjan Dev* ◆ *Baisakhi* ◆
Dying	The dying person will want to have access to the Sikh scriptures where possible.
Death customs	The five Ks should be left on the dead body, which should, if possible, be cleaned and clothed, in clean garments before being placed in a coffin or on a bier. According to Sikh etiquette, comforting a member of the opposite sex by physical contact should be avoided, unless those involved are closely related. Deliberate expressions of grief or mourning by bereaved relatives are discouraged, though the bereaved will want to seek comfort from the Sikh scriptures. The dead person should always be cremated, with a close relative lighting the funeral pyre or activating the machinery. This may be carried out at any convenient time. The ashes of the deceased may be disposed of through immersion in flowing water or dispersal.
Resources (texts, community facilities etc.)	The Sikh Scriptures *(Adi Granth)* are treated with the utmost respect and reverence. Additionally, Sikhs may refer to the writings of Guru Gobind Sinqh (Dasam Granthland the Sikh Code of Conduct (Rahil *MatVada).*

| Names | Sikhs generally have three names: their given name; a title (Singh (Lion) for all males and Kaur (Princess) for all females); and a family name. Where names are required for records, the family name can tactfully be asked for, bearing in mind that Sikhs generally prefer to use and will usually offer, their first name alone or their first name together with their title (Singh or Kaur). |

Zoroastrian (Parsee)

Language	Zoroastrians almost always speak English. Those from the Indian sub- continent speak Gujarati and Iranian Zoroastrians speak Persian or Farsi.
Diet **Fasting**	Zoroastrians have no particular dietary requirements. They are non-vegetarian. On certain days in the year Zoroastrians may abstain from meat.
Dress	Zoroastrians almost always wear western clothes: traditional dress is for ceremonial occasions only. As part of their inner garments, most adult Zoroastrians will wear a vest made of fine muslin cloth called a *Sudra*. They also tie a girdle around the waist and this is called the *Kusti*. It is important to wear a clean *Sudra*, to change it daily and to remove it only for medical reasons.
Physical contact **Medical treatment** **Hospital stays, rest centers**	It is believed that many Zoroastrians are prone to Glucose-6-Phosphate Dehydrogenase deficiency, a common human enzyme deficiency. There are no taboos on medical treatment or physical contact.
Daily acts of faith & major annual events	Zoroastrians should untie their girdle and tie it back while saying their prayers, at least once a day. They may wish to cover their head whilst praying. Zoroastrians follow two different calendars; some follow the Shenshai calendar and others the Fasli calendar. Main days of observance: ◆ *Jamshedi Noruz* (Fasli): New Year's Day according to the Fasli calendar used in Iran. ◆ *Khordad Sal* (Fasli) ◆ *Farvandigan* (Fasli) ◆ *Zartusht-no-Diso* (Shenshai) ◆ *Farvardigan* ◆ *No Ruz* (Shenshai): New Year's Day on the Shenshai calendar. ◆ *Khordad Sal* (Shenshai) ◆ *Fravardin* (Shenshai) ◆ *Zartusht-no-Diso* (Fasli)
Dying **Death customs**	Zoroastrians prefer to die quietly and without being disturbed. Zoroastrians are either cremated or buried. It is important to dispose of the body as soon as possible after due paperwork and prayers for the dead have been performed. At least one priest should perform these prayers which can last for about one hour, prior to the funeral.
Resources (texts, community facilities etc.)	The Zoroastrian faith is headquartered in the UK
Names	Each Zoroastrian has one first name. The father's name appears as the second name. The family name serves as the surname.

APPENDIX R: DMORT VIP ANTE MORTEM INTERVIEW

(This resource begins on the following page.)
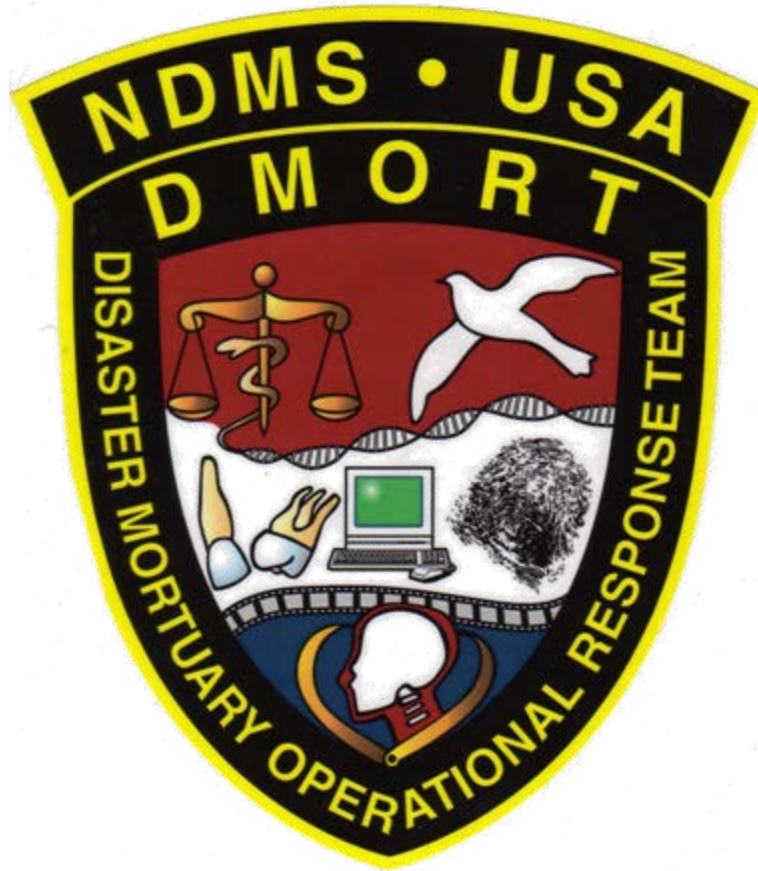
DMORT

Ante Mortem Interview

January 2011

VIP Personal Information

Incident _____
Incident Date _____

RM # _____

_____ / _____ / _____ / _____ / _____ / _____
Last / **Suffix** / **First** / **Middle** **Sex** **If Female/Maiden Name** **Age**

_____ _____ _____ _____ _____ _____
DOB MM/DD/YYYY **Race** **SSN # / ID #** **Birth City** **State or Country** **Birth Hospital**

Address _____ **Apt #** _____ **City** _____ **State** _____ **Zip** _____

County _____ **Country** _____ **Inside City Limits** _____ **Religious Preference** _____

Education: level completed: **Elem/Second (0-12):** _____ College _____ **Degree Earned:** _____

Alias 1 _____ _____ _____ **Alias 2** _____ _____ _____
Last **First** **Middle** **Last** **First** **Middle**

Phone (H) _____ **Phone** (W) _____ **Phone** (Cell) _____

Status ○ *Is Married* ○ *Never Married* ○ *Widowed* ○ *Divorced* ○ *Separated* ○ *Civil Union* ○ *Unkn* **Wedding Date** _____

Spouse _____ _____ _____ _____ _____ ○ *Living* ○ *Deceased* ○ *Unknown*
Last **Suffix** **Maiden/birth Name** **First** **Middle**

Father _____ _____ _____ _____ ○ *Living* ○ *Deceased* ○ *Unknown*
Last **Suffix** **First** **Middle**

Mother _____ _____ _____ _____ ○ *Living* ○ *Deceased* ○ *Unknown*
Last **Maiden/Birth Name** **First** **Middle**

Informant

_____ , _____ _____ _____
Last **Suffix** **First** **Middle**

_____ _____ _____ _____
Address **City** **State** **Zip**

_____ _____ _____ _____
Home Phone **Work Phone** **Cell Phone** **Country**

Relationship:
○ Spouse ○ Daughter ○ Life Partner
○ Father ○ Uncle ○ Other
○ Mother ○ Aunt
○ Brother ○ Cousin
○ Sister ○ Employer
○ Son ○ Friend

Other: _____

E-mail _____

Type of Initial Contact _____ **Initial Contact Date** _____

Legal Next of Kin

OK to Contact Legal Next of Kin? ○ Yes ○ No **Make A Case Note To Explain**

_____ , _____ _____ _____
Last **Suffix** **First** **Middle**

_____ _____ _____ _____
Address **City** **State** **Zip**

_____ _____ _____ _____
Home **Work** **Cell Phone** **Country**

Relationship:
○ Spouse ○ Daughter ○ Life Partner
○ Father ○ Uncle ○ Other
○ Mother ○ Aunt
○ Brother ○ Cousin
○ Sister ○ Employer
○ Son ○ Friend

Other: _____

E-mail _____

Contacts

1 **Permanent Contact:** ☐ YES / **Additional Contact?** ☐ YES

_____ / _____ / _____ _____
Last **Suffix** **First** **Middle**

_____ _____ _____ _____
Address **City** **State** **Zip**

_____ _____ _____
Home Phone **Work Phone** **Cell Phone**

Relationship:
○ Spouse ○ Uncle
○ Father ○ Aunt
○ Mother ○ Cousin
○ Brother ○ Employer
○ Sister ○ Friend
○ Son ○ Life Partner
○ Daughter ○ Other

Other: _____

E-mail _____ **Type of Initial Contact** _____ **Initial Contact Date** _____

Incident _____

Incident Date _____

RM # _____

_____ / _____ / _____ / |____|____| |____| |____| |____|
| Last | Suffix | First | Middle | Age | DOB | Sex | Race |

Height Inches: _____ / **Height cm** _____ **Approx. Weight (Pounds):** _____ / **Weight Kilos** _____

Hair Info

Hair Color
☐ Auburn ☐ Blonde ☐ Gray ☐ White ☐ Dyed
☐ Black ☐ Brown ☐ Red ☐ Natural ☐ Other

Hair Length
☐ Bald ☐ Short < 3" ☐ Male Pattern Baldness: | Description
☐ Shaved ☐ Medium ☐ Long

Hair Accessory ☐ Extensions ☐ Hair Piece ☐ Hair Transplant ☐ Wig ☐ N/A

Hair Description ○ Curly ○ Wavy ○ Straight ○ N/A ○ Other:

Facial Hair Type ○ Clean Shaven ○ Beard & Mustache ○ Goatee ○ Sideburns ○ N/A
○ Mustache ○ Beard ○ Stubble ○ Lower Lip

Facial Hair Color ○ Blonde ○ Black ○ Red ○ White | Facial Hair Notes:
○ Brown ○ Gray ○ Salt & Pepper ○ NA

Eyes

Eye Color ☐ Blue ☐ Brown ☐ Green ☐ Hazel ☐ Gray ☐ Black ☐ Other: _____

Optical Color/Description of Glasses lense: _____

Optical Lens ☐ Contacts ☐ Glasses ☐ Implants ☐ None **Desc.** _____

Eye Status ☐ Both Intact ☐ Missing R ☐ Missing L ☐ Glass R ☐ Glass L ☐ Cataract

Nails

Fingernail Type ○ Natural ○ Artificial ○ Unknown **Length** ○ Extremely Long ○ Long ○ Medium ○ Short

Fingernail Color _____ **Description** _____

Toenail Color _____ **Toenail description** _____

Body Piercing(s)? ○ Yes ○ No ○ Unk **Photos?** ○ Yes ○ No ○ Unk **Photo Location** _____

#	Location	Side	Quantity	Description (include evidence of old piercings)	Photo
1					
2					
3					
4					
5					

Tattoo(s) ○ Yes ○ No ○ Unk **Photos?** ○ Yes ○ No ○ Unk **Photo Location** _____

#	Location	Side	Tattoo Description
1			
2			
3			
4			
5			

Incident _____
Incident Date _____

RM # _____

Last	Suffix	First	Middle	Age	DOB	Sex	Race
/ /		/					

Dentist

Dentist _____ (First   Last   Sal)   Name of Practice: _____

Address _____ City _____ State _____ Zip _____

E-mail Address: _____ Phone W _____ Alt: _____ Fax _____

2nd Dentist: _____ Dental Insurance Company: _____

☐ Braces ☐ Bridge ☐ Capps ☐ Fillings ☐ Dentures ☐ Edentulous ☐ Tooth Jewelry ☐ Unknown

Doctor

Physician _____ (First   Middle   Last   ,   Sal.)

Practice Name _____

Address _____   Physician Type _____

City _____ State _____ Zip _____   Reason Seen: _____

Phone H _____ Phone W _____   Last Seen: _____

Phone C _____ Fax _____ Email _____

Doctor

Physician _____ (First   Middle   Last   ,   Sal.)

Practice Name _____

Address _____   Physician Type _____

City _____ State _____ Zip _____   Reason Seen: _____

Phone H _____ Phone W _____   Last Seen: _____

Phone C _____ Fax _____ Email _____

Medical History? ☐ Cancer ☐ Diabetes ☐ High Blood Pressure ☐ Lung Disease ☐ Pregnacy ☐ Stroke ☐ Other

Medical History Notes / Other? _____

Medical Radiographs?   Medical Radiographs Location: _____
○ Yes ○ No ○ Unk

Potential Type of Radiographs - and dates taken if known:
_____

Old Fractures: ○ Yes ○ No ○ Unk   Description: _____

Foreign Objects : ○ Yes ○ No ○ Unk   ☐ Pacemaker ☐ Bullets ☐ Implants ☐ Needles ☐ Shrapnel ☐ Other

Describe Other: _____

Surgery: ○ Yes   ☐ Gall Bladder ☐ Laparotomy ☐ Reconstructive
○ No   ☐ Appendectomy ☐ Caesarean ☐ Open heart
○ Unk   ☐ Tracheotomy ☐ Mastectomy ☐ Other

Unique Characteristics   ○ Yes ○ No ○ Unk   Description of: Scars or unusual body features:
_____
_____
_____

Prosthetic(s) ○ Yes ○ No ○ Unk   Prosthetic Location/Description
_____
_____

Circumcised ? ○ Yes ○ No ○ Unk   Regular Smoker ? ○ Yes ○ No ○ Unk

Diabetic? ○ Yes ○ No ○ Unk   If Female, was she currently pregnant? ○ Yes ○ No ○ Unk

If Female, was she pregnant during the last 12 months? ○ Yes ○ No ○ Unk

Incident _____

Incident Date _____

RM #

Last	/ Suffix /	First	/ Middle	Age	DOB	Sex	Race

GROUP TRAVEL INFORMATION

Traveling with:
○ Alone ○ Individual ○ Group

Group Type: Family, Sports, Church, Military, etc.

Family or Group Name:

Date last seen? Last seen by?

Last seen with:

Last location Victim was seen:

MILITARY INFORMATION

Military Service
○ Yes ○ No ○ Unk

Nation Served

Branch

Service Number

Approximate Service Date

DNA Taken:
○ Yes ○ No ○ Unk

Comments regarding Military History:

CRIMINAL HISTORY OR FINGER PRINT INFORMATION

Criminal History:
○ Yes ○ No ○ Unk

Date of Last Arrest: Date Released: Arrested By:

Prison or Jail Location:

Ever Printed:
○ Yes ○ No ○ Unk

Print Types:

Location of Prints:

EMPLOYMENT HISTORY

Work Status:

Usual Occupation/Title:

Type of Business / Industry:

Employer:

Employer Phone:

Employer Address:

ADDITIONAL PERSONAL DATA

List memberships: Clubs, Fraternities, etc.

_____

_____

_____

_____

Additional Data:

_____

Incident _____
Incident Date _____

RM # _____

Last	Suffix	First	Middle	Age	DOB	Sex	Race
/ /		/					

WATCH:

Normally wears a Watch: | **Type** | **Make** | **Band Material** | **Band Color** | **Face Color** | **Where Worn ?**

○ Yes   ○ No   ○ Unk

Description _____

Inscription   Yes   No   Unk

Photo Available
○ Yes
○ No
○ Unk

JEWELRY:

1

Jewelry/Type Style	Material Color/ Stone Color?	Size / Where Worn/ Frequently Worn?	Description	Photo Available
				Yes No **Inscription**
		Yes No		

2

Jewelry/Type Style	Material Color/ Stone Color?	Size / Where Worn/ Frequently Worn?	Description	Photo Available
				Yes No **Inscription**
		Yes No		

3

Jewelry/Type Style	Material Color/ Stone Color?	Size / Where Worn/ Frequently Worn?	Description	Photo Available
				Yes No **Inscription**
		Yes No		

4

Jewelry/Type Style	Material Color/ Stone Color?	Size / Where Worn/ Frequently Worn?	Description	Photo Available
				Yes No **Inscription**
		Yes No		

5

Jewelry/Type Style	Material Color/ Stone Color?	Size / Where Worn/ Frequently Worn?	Description	Photo Available
				Yes No **Inscription**
		Yes No		

6

Jewelry/Type Style	Material Color/ Stone Color?	Size / Where Worn/ Frequently Worn?	Description	Photo Available
				○ Yes ○ No **Inscription**
		○ Yes ○ No		

Other Commonly Carried Personal Effects _____

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

Cell Phone Number   _____

Cell Phone Type: _____

Service Provider: _____

Incident _____

Incident Date _____

RM # _____

Last	/	Suffix	/	First	/	Middle	Age	DOB	Sex	Race

CLOTHING:

Clothing Items	Color	Description	Size

Wallet: **Description** _____

Contents _____
_____

Purse: **Description** _____

Contents _____
_____

Contents Left _____

Contents Right _____
_____

RM #

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

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

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

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

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

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

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

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

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

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

Primary donor for Nuclear DNA Analysis

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

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

RM #

Name _____ / _____ / _____
         Last   First   Middle

Interview Location

Date _____   **Time** _____

_____
(MM/DD/YYYY)

Interviewer Name
_____
Full Name

Interviewing Agency
_____

Interviewer Home Information

City: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Interviewer Onsite Information

Interviewer Onsite address: _____
Location Name and Street,City. State and Room #

Interviewer Onsite phone: _____

Interviewer Onsite cell: _____

Reviewer Info

Reviewer Name: _____

Reviewing Agency: _____

APPENDIX S: CHILD SITTING AREA SIGN IN

(This resource begins on the following page.)

FAC CHILD SITTING AREA SIGN IN/OUT SHEET

Name of Child	Age	Sign In Time	Sign Out Time	Responsible Adult Name	Responsible Adult Signature	Contact Phone Number	Special Instructions

APPENDIX T: CHILD SITTING AREA CHECKLIST

(This resource begins on the following page.)

CHILD SITTING SAFE AREA CHECKLIST

YES	NO	ITEM
		Needle boxes are at least 48 inches off the floor?
		Do the windows open?
		Are the windows locked?
		Are there window guards?
		Plug-in covers or safety wiring for electrical outlets?
		Are choking hazards and cords removed?
		Strangulation hazards removed (cords, wires, tubing, and curtain/blind drawstrings)?
		Can children be contained in this area (consider stairwells, elevators, doors)?
		Are there activities for the children (age and gender appropriate videos, games, toys)?
		Have you poison-proofed the area (cleaning supplies, Hemoccult developer)?
		Are your med carts and supply carts locked?
		Do you need to create separate areas for various age groups?
		Is there a plan for security for the area?
		Is there a plan to identify the children?
		Is there a plan for assessing mental health needs of these children?
		Are there any fans or heaters in use? Are they safe?
		Is there an onsite or nearby daycare? Could they help you?
		Is there enough staff to supervise the number of children (younger children will require more staff)?
		Do the staff have age-appropriate experience?
		Is there a sign-in/sign-out sheet for all children and adults who enter the area?
		Will children need to be escorted from the childcare area to bathrooms?
		Are age-appropriate meals and snacks available for children?
		Are there considerations for life-threatening allergies?
		Are various-sized diapers available?
		Are there hand hygiene supplies?
		Are there cribs, cots or beds available for children who need to sleep?
		Is there a policy/protocol for handling minor illness in children (Tylenol dosing, administering routine meds, etc.).

APPENDIX U: CALL CENTER LOG FORM

(This resource begins on the following page.)

FAC Call Center Log Form

Incident Name: _____   Date: _____

Call Taker's Name: _____

Name of Person	Phone Number	Date	Time of Call	Length of Call

APPENDIX V: CALL CENTER CALL CENTER INTAKE FORM

(This resource begins on the following page.)

FAC Call Center Intake Form

Intake Information

Call Taken by _____

Date of Call_____ Time of Call_____

Caller Information

Name_____

Phone Number (s)_____

Address_____

City_____ State_____ Zip_____

Deceased / Missing Person Information

Person Calling About_____

Relationship to that Person_____

Are they the Primary Next of Kin? ☐Yes ☐No

      If No, who is the Next of Kin? _____

Where the Person Lives

Address_____

City_____ State_____ Zip_____

Phone Number (s)_____

Where the Person Works

Address_____

City_____ State_____ Zip_____

Phone Number (s)_____

Social Security Number_____

Why does the caller believe the Person was in / around the incident location? _____

_____

_____

Notes:

APPENDIX W: CALL CENTER SCRIPT

(This resource begins on the following page.)

Call Center Sample Script

Answer the call following this script:

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

If the call is about:

MISSING PERSONS

- *Thank you very much for calling. May I please get some information?*
- Fill out the Call Center Intake Form as completely as possible.
- End call by saying: *I appreciate your call. You do not need to call 9-1-1. This information will be given to the group dealing with missing persons. Someone will be back in touch with you as soon as possible.*

REQUESTING INFORMATION ABOUT A MISSING PERSON

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

A REPORTED MISSING PERSON WHO HAS BEEN FOUND

- Take down information on the "Call Center Intake Form" and write FOUND in the "Reason for the Call" section of the intake form.
- Immediately send this information to the FAC Family Management Unit Leader.

SELF-SAFE

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

VOLUNTEERING TO HELP

- Thank the caller for their desire to help and refer caller to the local volunteer coordinator – will vary by incident: _____

MAKING A DONATION

- Thank the caller for their generosity and refer to the local donation entity – will vary by incident: _____

OTHER INCIDENT-RELATED QUERIES

- Thank caller for their inquiry and refer to Regional Joint Information Center

Call Center Sample Script

Remember:

- ✓ All information is strictly confidential – you may not release any information on an individual's status. Another entity will contact the missing person's next of kin.
- ✓ Be patient. Some people may be very frustrated – just remember that they are concerned and are trying to find their loved ones.
- ✓ Be compassionate. When taking the information, do not give the feel of a credit card telephone application.
- ✓ Do not make any promises or guarantees. Avoid phrases like "someone will find them," or "I'm sure everything will be OK." Use words like "hopefully, possibly, maybe, sometime soon."
- ✓ Do not promise a time when someone will return the call.
- ✓ If caller is in extreme distress – or if they make any threats – get as much contact information as possible and immediately notify the FAC Family Management Unit Leader.
- ✓ Take your time with the caller, but do not linger any more than necessary. Each phone line is very much needed.
- ✓ Report any problems with phone, phone lines and computers to FAC IT support.
- ✓ If you start to feel overwhelmed or emotional, notify your Unit Leader. Monitor you own feelings and emotions and know when you need to take a break.
- ✓ Take your time with the caller, but do not linger any more than necessary. Each phone line is very much needed.

APPENDIX X: DEMOBILIZATION PROCEDURES

(This resource begins on the following page.)

DEMOBILIZATION PROCEDURES

Upon notification of the assistance center demobilization, the FAC Site Manager / Leader will complete the following procedures:

Step #	Description	Completed
1.	The FAC Site Manager will notify Team Leads of time of operations closing.	
2.	Team Leads will notify Team Members of operations closing.	
3.	All staff should complete all operational tasks and responsibilities.	
4.	FAC Manager will ensure site cleanup.	
5.	FAC Manager will collect all documents, including client data collection forms, workforce time, expenditures, etc.	
6.	FAC Manager will provide workforce with final briefing.	
7.	FAC Manager will transfer all operational/site management documents to _____.	
8.	Equipment should be collected and turned in to _____.	
9.	All staff should complete final check out procedure.	
10.	Client data collection forms should be collected and turned in to the appropriate agency.	
11.	Perform closing facility site walkthrough with Facility Liaison.	
12.		
13.		
14.		
15.		

APPENDIX Y: DEMOBILIZATION CHECKLIST

(This resource begins on the following page.)

DEMOBILIZATION CHECKLIST

Location/Name of Assistance Center: _____

Date/Time of Demobilization: _____

General Guidelines that should be considered for closure:

☐ Number of families receiving services.

☐ Number of victims still to identify/locate.

☐ Ability for other organizations to handle current operation needs off site.

☐ Emotional and physical toll of incident on response staff.

☐ Family briefings are no longer needed.

☐ Rescue, recovery investigations and identification have decreased and are able to be handled by another ongoing operation.

☐ Memorial services have been arranged for family and friends.

☐ Provision for the return of personal effects has been arranged.

☐ Ongoing case management and/or hotline number has been established.

Demobilization Tasks

☐ Create a demobilization plan for the FAC and get approval.

☐ Set a date and time for closure and communicate this with all partners and client's families.

☐ Address outstanding case management needs and long-term follow-up with families.

☐ Coordinate final meeting with partners and government agencies.

☐ Coordinate messaging for public about demobilization.

☐ Update missing persons call center or recorded message.

☐ Break down the FAC facility.

☐ Follow-up report of FAC operations.

☐ Ensure the collection and transfer of all documentation to lead agency.

☐ Debrief staff and volunteers.

APPENDIX Z: REFERENCES

The following references were utilized in the preparation of this plan:

Advanced Practice Centers (APC). (2008). *Managing Mass Fatalities: A toolkit for Planning.* Retrieved from https://nhspi.org/wp-content/.../05/Managing-Mass-Fatalities-Toolkit-for-Planning.pdf

Centers for Disease Control and Prevention (CDC). (March 2011). *Public Health Preparedness Capabilities: National Standards for State and Local Planning.* Retrieved from https://www.cdc.gov/phpr/readiness/capabilities.htm

CT DEMHS Region 1 ESF 8 Healthcare Coalition. (Approval Date 05/04/2016). *Family Assistance Center Plan*. Retrieved from www.fairfieldct.org/FAC

FBI Office for Victim Assistance and the NTSB Transportation Disaster Assistance Division*. Mass Fatality Incident Family Assistance Operations: Recommended Strategies for Local and State Agencies*. Retrieved from https://www.ntsb.gov/tda/TDADocuments/Mass%20Fatality%20Incident%20Family%20Assistance%20Operations.pdf

Hennepin County Human Services and Public Health Department and University of Minnesota. (April 2016). *Family Assistance Center: Behavioral Health Roles Training Toolkit V2.* Retrieved from http://nacchopreparedness.org/wp-content/uploads/2017/08/FAC-Toolkit-4-14-16-FINAL-1-1.pdf

U.S. Army. (2009). U.S. Army Family and Morale, Welfare and Recreation Command (FMWRC): Army Community Service (ACS) U.S. Army Guide on Family Assistance Centers. Retrieved from https://www.myarmyonesource.com/cmsresources/Army%20OneSource/Media/images/Family%20Programs%20and%20Services/Family%20Programs/Deployment%20Readiness/Operation%20READY/FAC_HANDBOOK.pdf

Seattle & King County Public Health. (2015). *ESF 8 Hazard Annex: Mass Fatality and Family Assistance Operations Response Plan Version 4.* Retrieved from http://www.kingcounty.gov/depts/health/emergency-preparedness/professionals/preparedness-plans/~/media/depts/health/emergency-preparedness/documents/Mass-Fatality-and-Family-Assistance-Operations-Response-Plan.ashx.

U.S. Department of Homeland Security (DHS). (September 2007). *Target Capabilities List: A companion to the National Preparedness Guidelines*. Retrieved from https://www.fema.gov/pdf/government/training/tcl.pdf

Twin Cities Metro Area Operations Curtain Call After Action Work Group*. (November 2015). *Template Field Operations Guide for Reunification and Family Assistance*, v.04212014. Retrieved from http://studylib.net/doc/10015796/family-assistance-center---metro-health-and-medical-prepare...

Yale*. (November 2015). *FAC Plan- Appendix C- Family and Community Support Workbook*.