



HOSPITAL RECEPTION SITE

Planning Guide

2023

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Hospital Reception Site (HRS) Template

Mission: To provide a template to assist hospitals in developing a plan for Hospital Reception Sites for families in the case of a mass casualty incident or epidemic. These materials are based upon the national Hospital Incident Command System (HICS), with supplement positions and customized practices. The Hospital Reception Site falls under the Patient Family Assistance Branch.

The Planning Process

1. All planning is dependent on the local planning and resources. This template is intended to provide best practices in planning and operations with the understanding that state, local, and tribal entities will have established plans, operations, and policies based on the availability of existing resources.
2. It is important to engage Healthcare Coalitions and other community partners in the planning process to identify relationships and roles in Family Reunification for your community.
3. This template provides a framework for the development of unique hospital specific plans and will require customization. In addition, positions may be supplemented, merged, or not used, depending upon the size, population, and other elements of the situation.
4. The content of this template including charts, checklists, and job action sheets intended to serve as templates for developing a Hospital Reception Site plan for your facility. This document is intended to support, not replace, existing policies or plans.
5. For legal guidance on reunification and other disaster planning topics, please refer to the WRAP-EM Legal Resource Guide: https://wrap-em.org/images/2021/WRAP-EM_Legal_Guide_-_Report.pdf. Specific information regarding hospital reception sites within this document can be found beginning on page 39.

Scope:

1. Provide a private and secure place, away from media and curiosity seekers, for families to gather, receive, and provide information regarding loved ones involved in the incident.
2. Provide a specific safe zone for uninjured, unaccompanied minors and minors accompanying victim families to ensure appropriate release to a custodial adult.
3. Facilitate information sharing with hospitals and other partners to support family reunification.
4. Address psychosocial, spiritual, informational, functional, medical, and logistical needs to the best of the hospital's ability.

5. Coordinate death notifications when patients die at the hospital and the identity is known.
6. Make appropriate referrals to the municipal or tribal Family Reunification Center (FRC) and/or county Family Assistance Center (FAC), which may vary depending upon location.
7. Communicate with the FRC/FAC about victim and family locations, as appropriate.
8. Notify the FRC/FAC about demobilization.

Planning Assumptions:

1. A Hospital Reception Site will be part of a clearinghouse as necessary to provide a safe place for families to convene near an emergency department receiving disaster victims.
2. After an incident, family members will immediately call or self-report to the hospital they believe their loved one may have been taken. Hospitals should expect a minimum of eight to ten family members or loved ones to arrive and/or need assistance for each victim.
3. Families will have high expectations regarding:
 - a. Accurate and timely information and updates.
 - b. Identification of the deceased.
 - c. The return of loved ones and their belongings.
4. Hospitals may not be able to meet the needs of family members or loved ones due to forensic issues or resource shortages.
5. Expect a minimum of eight to ten family members or loved ones to arrive or need assistance for each victim.
6. Coordination among responding agencies about family members, missing persons, and patient tracking will be necessary.

Additional Points:

1. Victim identification may take multiple hours, days, or weeks. It is important to communicate this to the family and acknowledge the ambiguity surrounding the availability of answers. Ethnic, cultural, and family traditions will be important factors in the way families grieve or process information.
2. Behavioral health and spiritual care resources should be available for patients and families.
3. Support for health care workers will be essential. Responding to a mass casualty, mass fatality incident, or epidemic can be overwhelming and lead to traumatic stress.
4. Consideration and compliance of hospitals' HIPAA policies and procedures is crucial.

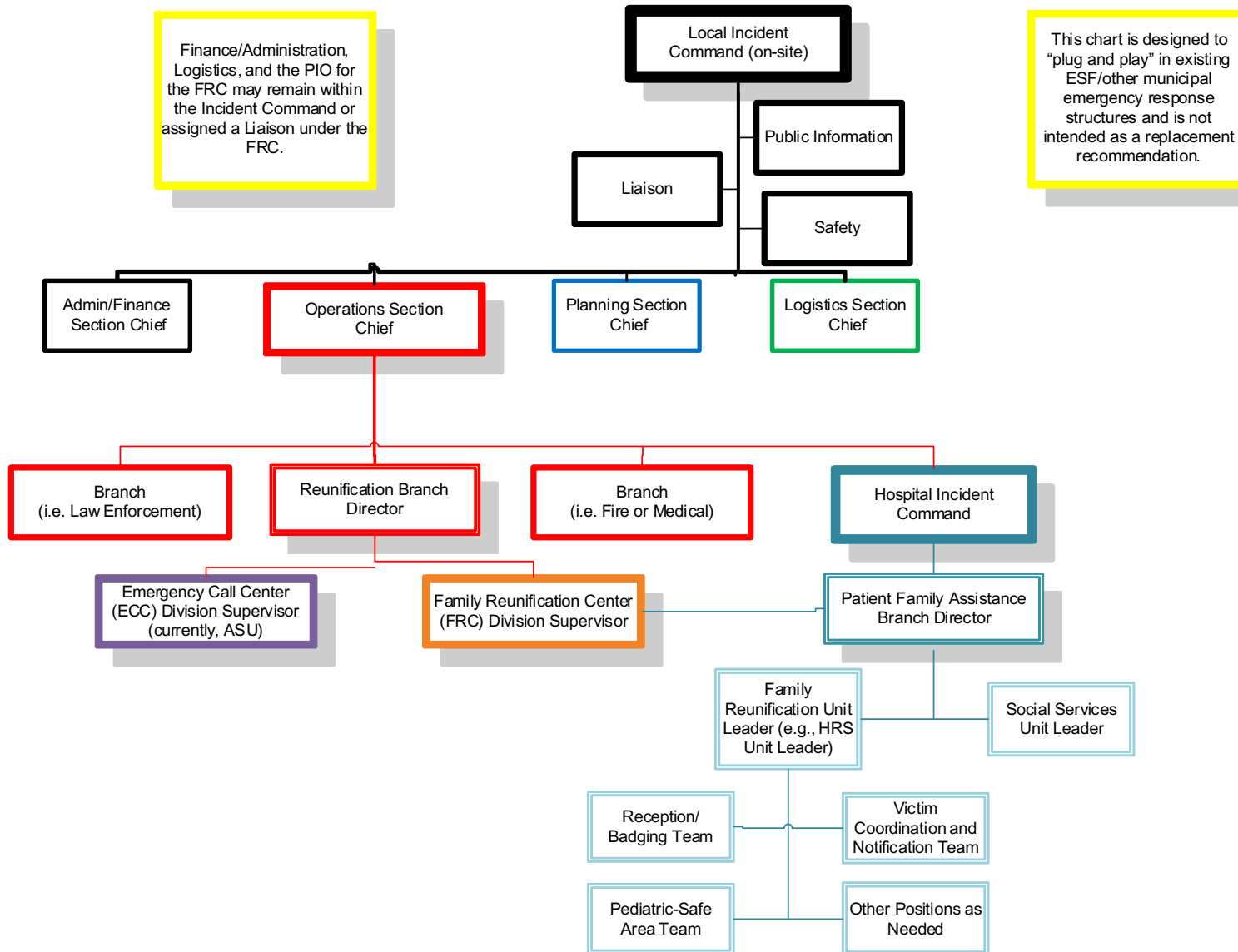
Definitions Used by HRS Partners

Access and Functional Needs and Support Populations	<p>Populations of individuals whose conditions may affect their ability to function independently and necessitate functional needs assistance. These conditions may include persons who: (1) have physical and cognitive disabilities (blind, hard of hearing, autistic, and so forth), (2) limited or non-English speakers, (3) homelessness.</p> <p>Support may include durable medical equipment (DME), consumable medical supplies (CMS), and personal assistance services (PAS).</p>
Custodial Parent	<p>The primary parent (1) where a biological or adopted child resides for most of the year; and (2) who has primary control and decision-making over the child's care and best interests.</p>
Family	<p>Any individuals that are legally defined as family members within constitutional limits, including spouses, life partners, biological children, legal guardians, or wards may be considered by the victim or other family as part of the victim's family. Verification of an individual's familial status requires adherence to pre-established hospital policy.</p>
Family Assistance Center (FAC)	<p>A designated, longer-term governmental space activated following (or leading up to) a mass casualty or mass fatality incident to serve as a centralized location for:</p> <ul style="list-style-type: none"> • Families/friends to gather/receive information about victims. • Protecting families from the media inquiries and curiosity-seekers. • Facilitating information sharing to support family reunification (e.g., direct families to HRS if victims may have been transported to such locations). • Providing death notifications as victims are identified. • Additional long-term services addressing the needs of families of victims.
Family Reunification Center (FRC)	<p>A designated, shorter-term community space activated for a period up to or possibly exceeding the 12 hours following a mass casualty or mass fatality incident to serve as a centralized gathering location for families/friends with similar functions as FACs. These centers may be replaced by a FACs or shelter as deemed necessary by governmental authorities.</p>
Hospital Reception Site (HRS)	<p>A space designated by a hospital to provide a private, secure gathering place for families/friends with similar functions as FACs, as well as reunite family members with known victims. An HRS remains open for</p>

	up to 72 hours after an incident or until cleared by the Hospital's Incident Commander.
Immediate Family	A subset of a victim's family, normally including one's parents, spouses, siblings, and biological or adopted children. Whether an individual other than a parent, spouse or child will be considered as a member of the immediate family does not depend on the fact that he is related by blood or marriage. Immediate family can include stepchildren, foster children, stepparents, and foster parents. Other relatives, even when living permanently in the same household, will not be considered part of the "immediate family."
Incapacitated Person	Person who is legally adjudged as impaired by reason of mental illness, deficiency, or disorder, or physical illness or disability such that they lack sufficient understanding or capacity to make or communicate responsible decisions concerning their own welfare.
Legal Guardian	A person or entity who is legally authorized and required to care for the personal and property interests of a child, incapacitated person, or other ward.
Legal Next of Kin	The nearest relatives of a deceased person, including a surviving spouse, life-partner, blood-related descendants, or others having a lawful claim to the deceased person's estate (irrespective of blood relations).
Patient	Person who has a medical complaint needing assessment, medical care, and/or treatment (past, present, future). A patient may be a subset of victims.
Pediatric-Safe Area (PSA)	A controlled and supervised space where children can play and wait safely and securely prior to reunification with their families.
Reunification	The process of reuniting family members with their missing or deceased members. This may include reunification of a minor and estranged parent or legal guardian after a fractured relationship through potential assistance of a trained reunification specialist.
Separated Minors	Minors who are separated from their biological or adoptive parents, but not necessarily other blood relatives, legal guardians, or supervising, adult family members.
Uninjured, Unaccompanied Minors	Minors who are (1) separated from their biological or adoptive parents, legal guardians, or other relatives; and (2) not being cared for by a legally authorized adult.

Victim	A person involved in an event or incident that has no medical complaint and is not receiving medical treatment. However, they may have experienced physical/emotional harm, property damage, or economic loss.
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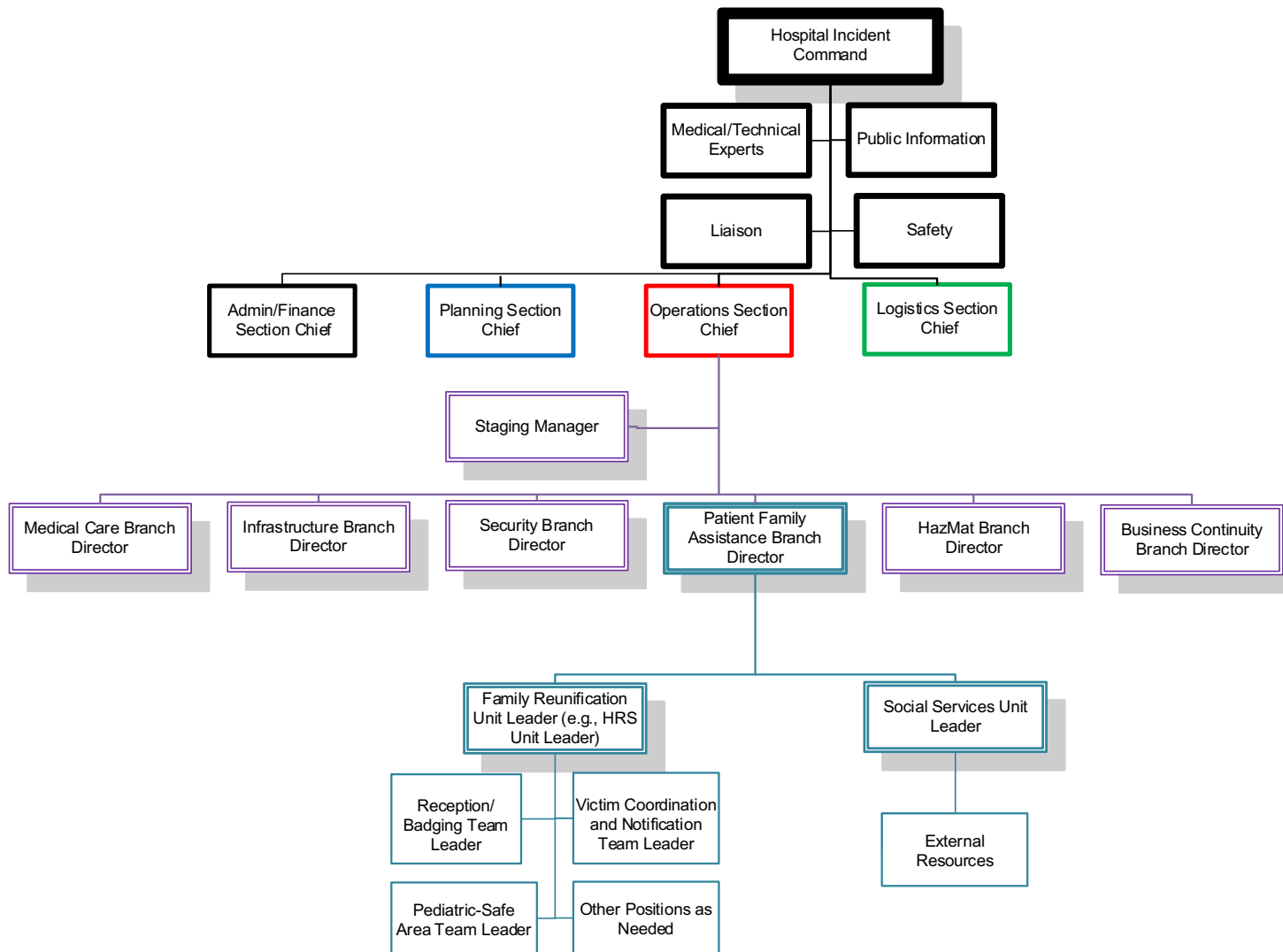
Family Reunification Incident Command Chart



Finance/Administration, Logistics, and the PIO for the FRC may remain within the Incident Command or assigned a Liaison under the FRC.

This chart is designed to "plug and play" in existing ESF/other municipal emergency response structures and is not intended as a replacement recommendation.

Hospital Incident Command System Chart



Activation: The Hospital Reception Site (HRS) may be activated as part of disaster response operations. The decision to activate an HRS is made by the Hospital Incident Commander. If the hospital's selected HRS is nearing or at capacity, consideration should be given to opening an additional Hospital Reception Site.

Each organization needs to determine, as part of pre-planning or the development of their plan, whether communication and liaison with the community contacts will be conducted by the Liaison Officer or a member of the Patient Family Assistance Branch.

A municipality will contact a county emergency manager during a mass casualty event to request from the Arizona Department of Emergency Management activate the Emergency Call Center (ECC). When activated, certain actions will occur that impact HRS processes:

1. A telephone number for the public will be published and sent to county and state partners, including the public health authority, for use by the public.
2. The ECC will reroute calls from the public to specific Public Information Officers or other resources when the calls are not from friends and families of patients.
3. The ECC will take calls from the public, including friends and families of patients and direct them to a victim tracking tool that will enable them to upload photos and other information for purposes of matching victims to destinations (such as hospitals), where the victims are located.

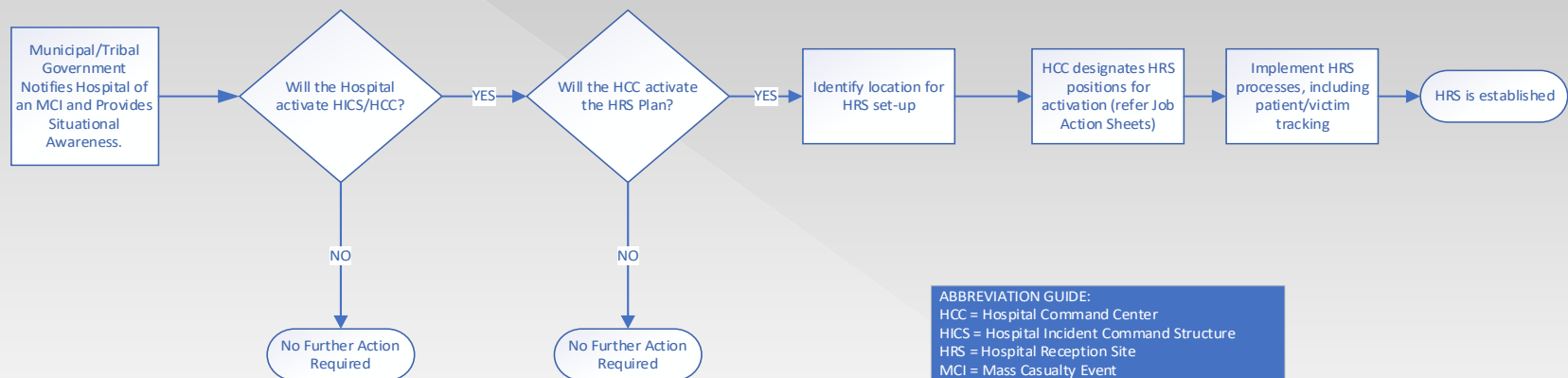
HRS staff, clarified later in this document, will begin populating the patient tracking platform with information about victims for the purpose of determining identities and locations. The information may be used by an HRS to direct friends and families to other destinations (Family Reunification Centers in the case of a missing or deceased victim or other hospitals where a victim has been transported, for example).

A Family Reunification Center (or more than one) will be activated by a municipality until a Family Assistance Center is able to be activated. These actions are regionally defined. More information is detailed about these entities in this document.

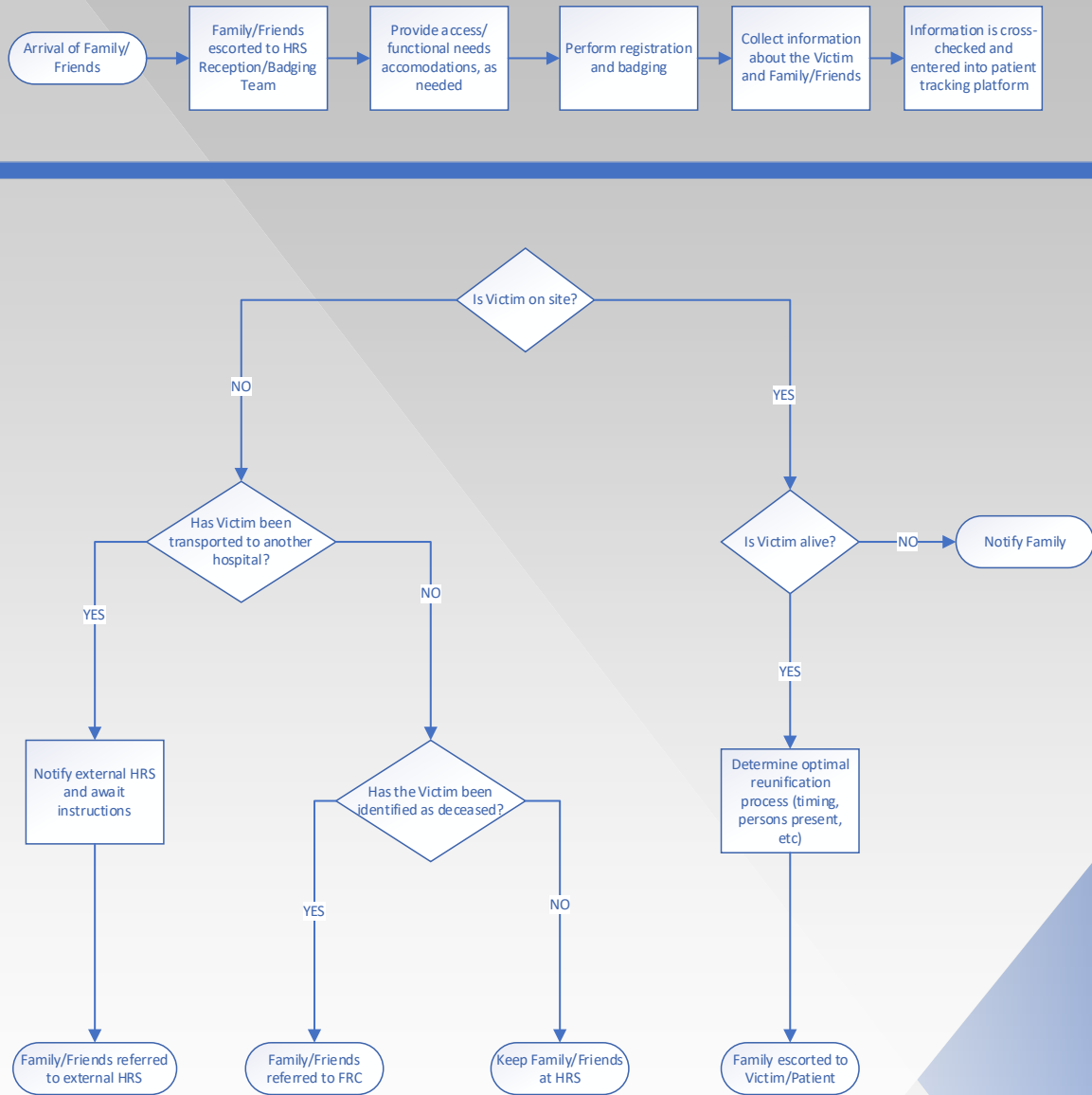
Local protocols should be used to provide guidance and support for unaccompanied minors and custody. This may include local law enforcement or child services guidance.

It is crucial that all hospitals keep victim tracking tool contact information updated at least quarterly. Updates include EMResource, which is operated by the Arizona Department of Health Services (ADHS). Early alerts and updates about Mass Casualty Incidents (MCIs) may be sent through EMResource via computers, emails, and texts. For instructions on EMResource, contact ADHS at jsggtt@azdhs.gov. Any computer systems within the emergency departments may be modified for MCIs only.

Hospital Reception Site (HRS) Activation Process



Family Intake and Reunification Flowchart



ABBREVIATION CORNER:
HRS = Hospital Reception Site
FRC = Family Reunification Center

Procedures (see flow charts, job action sheets, and demobilization sections)

1. Upon request by the Incident Commander, the Patient Family Assistance Branch Director is appointed.
2. The Public Information Officer, at the direction of the Incident Commander, communicates to the public about where and how family/friends should go to inquire about potential victims/patients.
3. As family/friends arrive, information is gathered about the potential victims/patients and the patient tracking system is populated.
4. Childcare and access/functional needs are determined on an ongoing basis.
5. Staff are activated and job action sheets are assigned, as needed.
6. Family/friends are reunified or sent to another HRS or the HRC.
7. When directed (HICS Center declares an “all clear”), demobilization occurs, and remaining family/friends are referred to the FRC.

Attachments

A – Site Selection Considerations.

B – Job Action Sheets (Examples):

1. Patient Family Assistance Branch Director.
2. Family Reunification Unit Leader (e.g., HRS Unit Leader).
3. Reception/Badging Team Leader.
4. Victim Coordination and Notification Team Leader.
5. Pediatric-Safe Area Team Leader.

C – Psychological First Aid Tools.

D – External Contact Sheet.

E – Recommended Equipment and Supply Checklist.

Attachment A – Site Selection Considerations

1. Determine Location:
 - a. Site Accessibility (Predetermined):
 - ☐ Approval from HICS.
 - ☐ Easy access from major roads, freeways, or public transit.
 - ☐ Proximity to emergency department, but not in the hospital, if possible.
 - ☐ Proximity to mass transportation resources, if possible.
 - ☐ Adequate number of parking spaces, if possible.
 - ☐ Availability on short notice.
 - ☐ Secondary location designated for high demand.
 - b. Usable Space and Resource:
 - ☐ Large indoor space to accommodate needs listed.
 - ☐ Limited and controlled exterior ingress/egress points (preferably two egress points).
 - ☐ Proximity to restrooms, tap water source, telephone, and security station.
 - ☐ Controlled heating/air conditioning.
 - ☐ Flow consideration for required areas to include (Use Equipment and Supply Checklist in Attachment B):
 - ☐ Reception/Check-In area.
 - ☐ Badging area.
 - ☐ Family interview/notification/counseling areas (individual rooms).
 - ☐ Child Care Area.
 - ☐ Staff work, break, and briefing areas.
 - ☐ Appropriate space for a Child Care Area (the CCA is a pediatric safe zone), including enclosed space with limited access.
 - c. Communications:
 - ☐ Ability to support communications and technology infrastructure, including expected power load and data transmission capability.
 - ☐ Telephone available in facility.
 - ☐ Tables and chairs available on-site.
 - ☐ Phone translations services.
 - ☐ Computer access (including connection to the patient tracking system).
 - ☐ Access to social media sites (including Red Cross Well Site).
 - ☐ Radio back.
 - ☐ Runners.
 - ☐ TV and TV monitors.
 - d. Staffing (recommended based on number of family/friends at site and per shift):
 - ☐ Patient Family Assistance Director.
 - ☐ Family Reunification Unit Leader (e.g., HRS Unit Leader/ (HRS Coordinator).
 - ☐ Social Services Unit Leader.

- ☐ Child Care Team Leader.
- ☐ Victim Coordination and Notification Team Leader.
- ☐ Others for Consideration (staffing available within the hospital):
 - ☐ Behavioral Health Experts.
 - ☐ Clergy.
 - ☐ Child Life Specialists.
 - ☐ Interpreters.
 - ☐ Crisis Support.
 - ☐ Safety Services.
 - ☐ Family Services.
- ☐ Others for Consideration (staffing not available within the hospital):
 - ☐ State Family/Child Services.
 - ☐ State Developmental Disabilities Entities.
 - ☐ Local Law Enforcement.
- e. Safety:
 - ☐ Easily secured perimeter.
 - ☐ Location is known to law enforcement.
 - ☐ Others for Consideration (staffing not available within the hospital).

NOTE: There may be certain legal requirements for establishing/activating a Pediatric-Safe Area (PSA) in your county. Research those requirements in your local area.

Attachment B - Job Action Sheets (Examples)

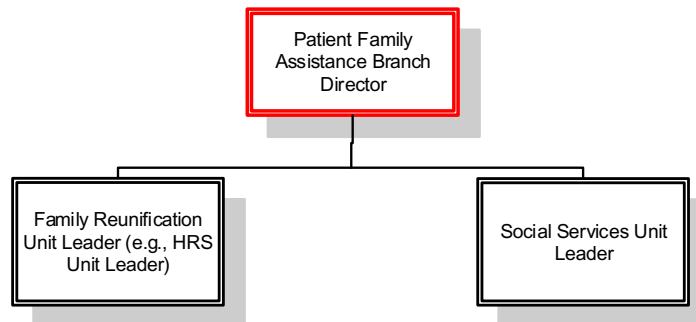
Customize these and other Job Action Sheets to integrate within your Hospital Incident Command (HICS) Plan. Additional recommendations are displayed for connecting to external family reunification resources and ensuring sufficient space, staff, and supplies are available to manage diverse patient surges and needs.

For additional information on the Hospital Incident Command System (HICS):

<https://emsa.ca.gov/disaster-medical-services-division-hospital-incident-command-system/>

Note: The following attachments are provided as an example and may be modified based on your local protocols.

Attachment B. 1. – PATIENT FAMILY ASSISTANCE BRANCH DIRECTOR JOB ACTION SHEET



YOU REPORT TO: _____

HOSPITAL RECEPTION SITE LOCATION: _____

PHONE: _____

RADIO CHANNEL: _____

CONTACT INFORMATION FOR UNIT LEADERS: _____

MISSION: Organize and manage the delivery of assistance to meet patient family care needs, including communication, short-term lodging, food, health care, childcare, and spiritual and emotional needs that arise during the incident. This position reports to the Operations Section Chief.

Immediate Response (0 – 2 hours)	Time	Initial
<p>Receive appointment:</p> <ul style="list-style-type: none"> • Obtain briefing from the Operations Section Chief on: <ul style="list-style-type: none"> ○ Size and complexity of incident. ○ Expectations of the Incident Commander. ○ Incident objectives. ○ Involvement of outside agencies, stakeholders, and organizations. ○ The situation, incident activities, and any special concerns. • Assume the role of Patient Family Assistance Branch Director. • Review this Job Action Sheet. • Put on position identification (e.g., position vest). • Notify your usual supervisor of your assignment. 		
<p>Assess the operational situation:</p> <ul style="list-style-type: none"> • Assess the status of actual and projected patient family needs. • Provide information to the Operations Section Chief of the status. 		
<p>Determine the incident objectives, tactics, and assignments:</p> <ul style="list-style-type: none"> • Document branch objectives, tactics, and assignments on the HICS 204: Assignment List. • Based on the incident objectives for the response period consider the issues and priorities: <ul style="list-style-type: none"> ○ Determine which Patient Family Assistance Branch functions need to be activated: <ul style="list-style-type: none"> ▪ Social Services Unit. ▪ Family Reunification Unit. ○ Make assignments and distribute corresponding Job Action Sheets and position identification. ○ Determine strategies and plan for the tactics to be accomplished. ○ Determine needed resources. • Brief branch personnel on the situation, strategies, and tactics, and designate time for next briefing. 		
<p>Activities:</p> <ul style="list-style-type: none"> • Ensure the provision of patient family assistance resources to children, families, and those with special needs. • Coordinate external community resource requests with the Liaison Officer. • Validate with HICS credentials of external resources sent to assist. • Ensure the following are being addressed: <ul style="list-style-type: none"> ○ Family reunification. 		

<ul style="list-style-type: none"> ○ Social Service needs. ○ Cultural and spiritual needs. ○ Communication with law enforcement, outside government and non-governmental agencies, and media through the Liaison Officer and Public Information Officer. ○ Documentation and record keeping. ○ Patient family assistance area security. ○ Share up-to-date information with patients and their families. ● Ensure sufficient Forms, including the Psychological First Aid information (refer to Attachment C), is available and distributed. ● Provide status updates to the Operations Section Chief regularly, advising of accomplishments and issues encountered. ● Consider development of a branch action plan; submit it to the Operations Section Chief if requested. ● Provide regular updates to branch personnel and inform them of strategy or tactical changes, as needed. ● Assess staff ability to perform, needs for breaks, and so forth. ● Develop key messages regarding the status of HRS. 		
<p>Documentation:</p> <ul style="list-style-type: none"> ● HICS 204: Document assignments and operational period objectives on Assignment List. ● HICS 213: Document all communications on a General Message Form. ● HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis. ● HICS 252: Distribute Section Personnel Time Sheet to section personnel; ensure time is recorded appropriately and submit it to the Finance/Administration Section Time Unit Leader at the completion of a shift or end of each operational period. ● Family Reception Site Sign-In Sheets. ● Intake Forms. ● Psychological First Aid information (refer to Attachment C). 		
<p>Resources:</p> <ul style="list-style-type: none"> ● Determine equipment and supply needs, request from the Logistics Section Supply Unit Leader, and report to the Operation Section Chief. ● Assess issues and needs in branch areas, then coordinate resource management. ● Make requests for external assistance, as needed, in coordination with the Liaison Officer in the HICS. 		

<p>Communication:</p> <p><i>Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners (must include connection to the patient tracking system).</i></p>		
<p>Safety and security:</p> <ul style="list-style-type: none"> • Ensure that all branch personnel comply with safety procedures and instructions. • Ensure personal protective equipment (PPE) is available and utilized appropriately. • Ensure there is a contact for support from external law enforcement – if this is available in your region – for perimeter security support. 		
<p>Intermediate Response (2 – 12 hours)</p>	<p>Time</p>	<p>Initial</p>
<p>Activities:</p> <ul style="list-style-type: none"> • Transfer the Patient Family Assistance Branch Director role, if appropriate. <ul style="list-style-type: none"> ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital. ○ Address any health, medical, and safety concerns. ○ Address political sensitivities, when appropriate. ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A). • Continue to ensure the provision of patient family assistance resources to children, elders, and those with special needs. • Continue to coordinate external community resource requests with the HICS Liaison Officer. • Continue to ensure the following are being addressed: <ul style="list-style-type: none"> ○ Patient family reunification. ○ Social Service needs. ○ Cultural and spiritual needs. ○ Communication with law enforcement, outside government and non-governmental agencies, and media through the HICS Liaison Officer and Public Information Officer. ○ Documentation and record keeping. ○ Patient family assistance area security. ○ Share up-to-date information with patients and their families. • Meet regularly with the HICS Operations Section Chief for status reports. • Advise the HICS Operations Section Chief immediately of any operational issue you are not able to correct. 		

Intermediate Response (2 – 12 hours)	Time	Initial
<ul style="list-style-type: none"> Ensure patient data is collected and shared with appropriate internal and external officials, in collaboration with the HICS Liaison Officer. 		
Documentation: <ul style="list-style-type: none"> HICS 204: Document assignments and operational period objectives on Assignment List. HICS 213: Document all communications on a General Message Form. HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis. Family Reception Site Sign-In Sheets. Intake Forms. Psychological First Aid information (refer to Attachment C).' 		
Resources: <ul style="list-style-type: none"> Assess issues and needs in branch areas, then coordinate resource management. Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed. 		
Communication: <i>Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners (including the patient tracking system).</i>		
Safety and security: <ul style="list-style-type: none"> Ensure that all branch personnel comply with safety procedures and instructions. Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques. Ensure branch personnel health and safety issues are being addressed; report issues to the Safety Officer through HICS. Ensure personal protective equipment (PPE) is available and utilized appropriately. Ensure there is a contact for support from external law enforcement – if this is available in your region – for perimeter security support. 		
Extended Response (greater than 12 hours)	Time	Initial
Activities: <ul style="list-style-type: none"> Transfer the Patient Family Assistance Branch Director role, if appropriate: 		

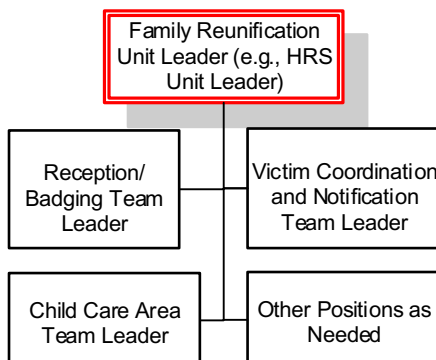
<ul style="list-style-type: none"> ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital. ○ Address any health, medical, and safety concerns. ○ Address political sensitivities, when appropriate. ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A). ● Continue to ensure the provision of patient family assistance resources to children, elders, and those with special needs. ● Continue to coordinate external community resource requests with the Liaison Officer. ● Continue to ensure the following are being addressed: <ul style="list-style-type: none"> ○ Patient family reunification. ○ Social Service needs. ○ Cultural and spiritual needs. ○ Communication with law enforcement, outside government and non-governmental agencies, and media through the Liaison Officer and Public Information Officer. ○ Documentation and record keeping. ○ Patient family assistance area security. 		
<p>Documentation:</p> <ul style="list-style-type: none"> ● HICS 204: Document assignments and operational period objectives on Assignment List. ● HICS 213: Document all communications on a General Message Form. ● HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis. ● Family Reception Site Sign-In Sheets. ● Intake Forms. ● Psychological First Aid information (refer to Attachment C). 		
<p>Resources:</p> <ul style="list-style-type: none"> ● Assess issues and needs in branch areas, then coordinate resource management. ● Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed. 		
<p>Communication</p> <p><i>Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners.</i></p>		

<p>Safety and security:</p> <ul style="list-style-type: none"> • Ensure that all branch personnel continue to comply with safety procedures and instruction • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the HICS Safety Officer through the HICS Operations Section Chief. • Provide for staff rest periods and relief. • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques. • Ensure personal protective equipment (PPE) is available and utilized appropriately. 		
Demobilization/System Recovery	Time	Initial
<p>Activities</p> <ul style="list-style-type: none"> • Upon HICS declaration of “All clear,” transfer the Patient Family Assistance Branch Director role, if appropriate: <ul style="list-style-type: none"> ○ Conduct a transition meeting to brief replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital. ○ Address any health, medical, and safety concerns. ○ Address political sensitivities, when appropriate. ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A). • Assist the HICS Operations Section Chief and unit leaders with restoring family assistance areas to normal operations. • Ensure the return, retrieval, and restocking of equipment and supplies. • As objectives are met and needs decrease, return branch personnel to their usual jobs, and combine or deactivate positions in a phased manner in coordination with the HICS Planning Section Demobilization Unit Leader. • Notify the HICS Operations Section Chief when demobilization and restoration is complete. • Coordinate reimbursement issues with the HICS Finance/Administration Section • Upon deactivation of your position, brief the Operations Section Chief on current problems, outstanding issues, and follow up requirements. • Debrief HICS branch personnel on issues, strengths, areas of improvement, lessons learned, and procedural or equipment changes as needed. • Submit comments to the HICS Planning Section Chief for discussion and possible inclusion in an After-Action Report and Corrective Action and Improvement Plan. Topics include: <ul style="list-style-type: none"> ○ Review of pertinent position descriptions and operational checklists. 		

<ul style="list-style-type: none"> ○ Recommendations for procedure changes. ○ Accomplishments and issues. ● Participate in stress management and after-action debriefings. 		
<p>Documentation:</p> <ul style="list-style-type: none"> ● HICS 221: Demobilization Check-Out. ● Ensure all documentation is submitted to Planning Section Documentation Unit. ● Family Reception Site Sign-In Sheets. ● Intake Forms. ● Psychological First Aid information (refer to Attachment C). 		
Documents and Tools		
<ul style="list-style-type: none"> <input type="checkbox"/> HICS 203 - Organization Assignment List. <input type="checkbox"/> HICS 204 - Assignment List. <input type="checkbox"/> HICS 213 - General Message Form. <input type="checkbox"/> HICS 214 - Activity Log. <input type="checkbox"/> HICS 215A - Incident Action Plan (IAP) Safety Analysis. <input type="checkbox"/> HICS 221 - Demobilization Check-Out. <input type="checkbox"/> HICS 252 - Section Personnel Time Sheet. <input type="checkbox"/> Hospital Emergency Operations Plan. <input type="checkbox"/> Hospital Incident Specific Plans or Annexes. <input type="checkbox"/> Hospital Surge Plan. <input type="checkbox"/> Hospital policies and procedures. <input type="checkbox"/> Hospital organization chart. <input type="checkbox"/> Hospital resource directory. <input type="checkbox"/> Community resource directory. <input type="checkbox"/> Hospital telephone directory. <input type="checkbox"/> Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication. <input type="checkbox"/> Family Reception Site Sign-In Sheets. <input type="checkbox"/> Intake Forms. <input type="checkbox"/> Psychological First Aid information (refer to Attachment C). 		

**Attachment B. 2. FAMILY REUNIFICATION UNIT LEADER
(e.g., HRS UNIT LEADER)**

JOB ACTION SHEET



YOU REPORT TO: _____

HOSPITAL RECEPTION SITE LOCATION: _____

PHONE: _____

RADIO CHANNEL: _____

CONTACT INFORMATION FOR SOCIAL SERVICES UNIT LEADER: _____

CONTACT INFORMATION FOR ALL TEAM LEADERS: _____

MISSION: Organize and manage the services and processes required to assist in family reunification. This position reports to the Patient Family Assistance Branch Director.

Immediate Response (0 – 2 hours)	Time	Initial
<p>Receive appointment:</p> <ul style="list-style-type: none"> • Obtain briefing from the Patient Family Assistance Branch Director on: <ul style="list-style-type: none"> ○ Size and complexity of incident. ○ Expectations of the Incident Commander. ○ Incident objectives. ○ Involvement of outside agencies, stakeholders, and organizations. ○ The situation, incident activities, and any special concerns. • Assume the role of Family Reunification Unit Leader (e.g., HRS Unit Leader). • Review this Job Action Sheet. • Put on position identification (e.g., position vest). • Notify your usual supervisor of your assignment. 		
<p>Assess the operational situation:</p> <ul style="list-style-type: none"> • Assess the need for a specific patient family reunification services or area, including: <ul style="list-style-type: none"> ○ Current capabilities and projected capacities to address needs based on current data. ○ Coordinating needs of affected patients, their families, and staff. • Provide information to the Patient Family Assistance Branch Director on the status. 		
<p>Determine the incident objectives, tactics, and assignments:</p> <ul style="list-style-type: none"> • Document unit objectives, tactics, and assignments on HICS 204: Assignment List. • Based on the incident objectives for the response period consider the issues and priorities: <ul style="list-style-type: none"> ○ Appoint Family Reunification Unit personnel in collaboration with the Patient Family Assistance Branch Director. ○ Determine strategies and how the tactics will be accomplished. ○ Determine needed resources. • Brief unit personnel on the situation, strategies, and tactics, and designate time for next briefing. 		
<p>Activities:</p> <ul style="list-style-type: none"> • Meet with the Patient Family Assistance Branch Director to plan, project, and coordinate family reunification. • Activate family reunification area (the HRS) as needed. • Activate protocols for reunification of patients, including identification, tracking, documentation, and communication. 		

<ul style="list-style-type: none"> • Ensure sufficient Forms, including the Psychological First Aid information (refer to Attachment C), is available and distributed. • Ensure the provision of reunification resources to children, families, and those with special needs. • Activate protocols for communication with families regarding patient status and location. • Ensure cultural and spiritual needs are addressed. • Provide interpreters or translation services. • Identify transportation needs; including special needs such as disabled access; coordinate transportation with the Logistics Section Transportation Unit as needed for reunification locations on and off site. • Ensure that proper procedures for safe release of patients are followed; consider special needs of minors, non-English speaking patients, and those in custody; consult with appropriate Medical-Technical Specialists as needed. • Determine staffing needs and place requests with the Patient Family Assistance Branch Director. • Provide status updates to the Patient Family Assistance Branch Director regularly, advising of accomplishments and problems encountered. • Provide regular updates to unit personnel and inform of strategy changes as needed. • Consider development of a unit action plan; submit to the Patient Family Assistance Branch Director if requested. 		
<p>Documentation:</p> <ul style="list-style-type: none"> • HICS 204: Document assignments and operational period objectives on Assignment List. • HICS 213: Document all communications on a General Message Form. • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis. • HICS 252: Distribute Section Personnel Time Sheet to section personnel; ensure time is recorded appropriately and submit it to the Finance/Administration Section Time Unit Leader at the completion of a shift or end of each operational period. • Family Reception Site Sign-In Sheets. • Intake Forms. • Psychological First Aid information (refer to Attachment C). 		
<p>Resources:</p> <ul style="list-style-type: none"> • Determine equipment and supply needs, request from the Logistics Section Supply Unit Leader and report to the Patient Family Assistance Branch Director. • Assess issues and needs in unit areas, coordinate resource management. 		

Communication: <i>Hospital to complete: Insert communications technology, instructions for use, and Protocols needed for interface with external partners.</i>		
Safety and security: <ul style="list-style-type: none"> • Ensure that all unit personnel comply with safety procedures and instructions. • Ensure personal protective equipment (PPE) is available and utilized appropriately. 		
Intermediate Response (2 – 12 hours)	Time	Initial
Activities: <ul style="list-style-type: none"> • Transfer the Family Reunification Unit Leader (e.g., HRS Unit Leader) role, if appropriate: <ul style="list-style-type: none"> ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital. ○ Address any health, medical, and safety concerns. ○ Address political sensitivities, when appropriate. ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A). • Participate in the development of risk communication and public information messages that address reunification issues. • Ensure that patient reunification information is regularly submitted to the Patient Family Assistance Branch Director and the HICS Planning Section Documentation Unit Leader. • Prioritize and coordinate patient transfers with the Patient Family Assistance Branch Director and the HICS Logistics Section Transportation Unit Leader. • Continue to ensure that appropriate documentation and standards of care are being followed, and that needs are being met. • Meet regularly with the Patient Family Assistance Branch Director for status reports. • Advise the Patient Family Assistance Branch Director immediately of any operational issue you are not able to correct. • Relay important information and updates to unit personnel. 		
Documentation: <ul style="list-style-type: none"> • HICS 204: Document assignments and operational period objectives on Assignment List. • HICS 213: Document all communications on a General Message Form. 		

Intermediate Response (2 – 12 hours)	Time	Initial
<ul style="list-style-type: none"> • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis. • Family Reception Site Sign-In Sheets. • Intake Forms. • Psychological First Aid information (refer to Attachment C). 		
Resources: <ul style="list-style-type: none"> • Assess issues and needs in unit areas, coordinate resource management. • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed. 		
Communication: <i>Hospital to complete: Insert communications technology, instructions for use, and Protocols for interface with external partners (including the patient tracking system).</i>		
Safety and security: <ul style="list-style-type: none"> • Ensure that all unit personnel comply with safety procedures and instructions. • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques. • Ensure unit personnel health and safety issues are being addressed, report issues to the Safety Officer. • Ensure personal protective equipment (PPE) is available and utilized appropriately. 		
Extended Response (greater than 12 hours)	Time	Initial
Activities: <ul style="list-style-type: none"> • Transfer the Family Reunification Unit Leader (e.g., HRS Unit Leader) role, if appropriate: <ul style="list-style-type: none"> ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital. ○ Address any health, medical, and safety concerns. ○ Address political sensitivities, when appropriate. ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A). • Continue to ensure the provision of reunification resources to children and families and those with special needs. • Continue to coordinate communication with: 		

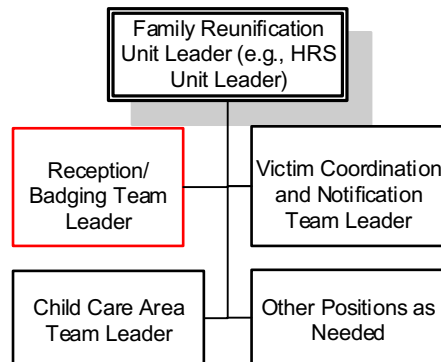
<ul style="list-style-type: none"> ○ Patients and families. ○ Law enforcement, outside government and non-governmental agencies, and media through the Liaison Officer and Public Information Officer. ○ Agencies such as the American Red Cross (ARC). ○ National systems such as the National Emergency Child Locator Center, and National Emergency Family Registry and Locator System, when appropriate. A strategy is in place in for uninjured, unaccompanied minors, which is displayed under the PSA Team Leader. ○ Media outlets, missing children agencies, websites, call centers, and toll-free numbers as needed through the Public Information Officer. ● Meet with unit personnel to address ongoing issues. ● Continue Family Reunification Unit supervision, including monitoring, documentation, and safety practices. ● Provide updates to the Patient Family Assistance Branch Director and unit personnel. 		
Documentation: <ul style="list-style-type: none"> ● HICS 204: Document assignments and operational period objectives on Assignment List. ● HICS 213: Document all communications on a General Message Form. ● HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis. ● Family Reception Site Sign-In Sheets. ● Intake Forms. ● Psychological First Aid information (refer to Attachment C). 		
Resources: <ul style="list-style-type: none"> ● Assess issues and needs in unit areas, coordinate resource management. ● Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed. 		
Communication: <p><i>Hospital to complete: Insert communications technology, instructions for use, and Protocols for interface with external partners.</i></p>		
Safety and security: <ul style="list-style-type: none"> ● Ensure that all unit personnel continue to comply with safety procedures and instructions. ● Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer. ● Provide for staff rest periods and relief. 		

<ul style="list-style-type: none"> • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques. • Ensure personal protective equipment (PPE) is available and utilized appropriately. 		
Demobilization/System Recovery	Time	Initial
<p>Activities:</p> <ul style="list-style-type: none"> • Transfer the Family Reunification Unit Leader (e.g., HRS Unit Leader) role, if appropriate: <ul style="list-style-type: none"> ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital. ○ Address any health, medical, and safety concerns. ○ Address political sensitivities, when appropriate. ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A). • Coordinate a plan to address the ongoing needs of patients, families, and staff, in conjunction with the HICS Logistics Section Employee Health. • Ensure the return, retrieval, and restocking of equipment and supplies. • As objectives are met and needs decrease, return unit personnel to their usual jobs and combine or deactivate positions in a phased manner in coordination with the HICS Planning Section Demobilization Unit Leader. • Notify the Patient Family Assistance Branch Director when demobilization and restoration is complete. • Coordinate reimbursement issues with the HICS Finance/Administration Section. • Upon deactivation of your position, brief the Patient Family Assistance Branch Director on current problems, outstanding issues, and follow up requirements. • Debrief unit personnel on issues, strengths, areas of improvement, lessons learned, and procedural or equipment changes as needed. • Submit comments to the HICS Planning Section Chief for discussion and possible inclusion in an After-Action Report and Corrective Action and Improvement Plan. Topics include: <ul style="list-style-type: none"> ○ Review of pertinent position descriptions and operational checklists. ○ Recommendations for procedure changes. ○ Accomplishments and issues. • Participate in stress management and after-action debriefings. 		
<p>Documentation:</p> <ul style="list-style-type: none"> • HICS 221: Demobilization Check-Out. 		

<ul style="list-style-type: none"> • Ensure all documentation is submitted to the Planning Section Documentation Unit. • Family Reception Site Sign-In Sheets. • Intake Forms. • Psychological First Aid information (refer to Attachment C). 		
Documents and Tools		
<ul style="list-style-type: none"> <input type="checkbox"/> HICS 203 - Organization Assignment List. <input type="checkbox"/> HICS 204 - Assignment List. <input type="checkbox"/> HICS 213 - General Message Form. <input type="checkbox"/> HICS 214 - Activity Log. <input type="checkbox"/> HICS 215A - Incident Action Plan (IAP) Safety Analysis. <input type="checkbox"/> HICS 221 - Demobilization Check-Out. <input type="checkbox"/> HICS 252 - Section Personnel Time Sheet. <input type="checkbox"/> Hospital Emergency Operations Plan. <input type="checkbox"/> Hospital Incident Specific Plans or Annexes. <input type="checkbox"/> Hospital organization chart. <input type="checkbox"/> Hospital telephone directory. <input type="checkbox"/> Local public health reporting forms. <input type="checkbox"/> Community resource directory. <input type="checkbox"/> Hospital resource directory. <input type="checkbox"/> Directory of communication and translation services. <input type="checkbox"/> Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication. <input type="checkbox"/> Family Reception Site Sign-In Sheets. <input type="checkbox"/> Intake Forms. <input type="checkbox"/> Psychological First Aid information (refer to Attachment C). 		

Attachment B. 3. RECEPTION/BADGING TEAM LEADER

JOB ACTION SHEET



YOU REPORT TO: _____

HOSPITAL RECEPTION SITE LOCATION: _____

PHONE: _____

RADIO CHANNEL: _____

CONTACT INFORMATION FOR OTHER TEAM LEADERS: _____

MISSION: It is the mission of the Reception/Badging Team Leader to staff, equip, supply, and oversee the Reception and Check-In Unit. The position will report directly to the Family Reunification Unit Leader (e.g., HRS Unit Leader) unless that position is not established at which time, they will report directly to the Patient Family assistance Branch Director.

The Reception/Badging Team Leader assures access and functional needs (AFN) are addressed by all services and settings. AFN populations include but are not limited to those with physical and cognitive disabilities (blind, hard of hearing, autistic, and so forth), limited or non-English speakers, homeless, and frail and/or elderly. Children are addressed by the Child Care Unit Leader and not herein. This Leader participates in disaster team planning to meet goals and objectives.

Immediate Response (0 – 2 hours)	Time	Initial
<p>Receive appointment:</p> <ul style="list-style-type: none"> • Obtain briefing from the Family Reunification Unit Leader (e.g., HRS Unit Leader) on: <ul style="list-style-type: none"> ○ Size and complexity of incident. ○ Expectations. ○ Incident objectives. ○ Involvement of outside agencies, stakeholders, and organizations. ○ The situation, incident activities, and any special concerns. ○ Obtain maps and logistical information. • Assume the role of Reception/Badging Team Leader. • Review this Job Action Sheet. • Put on position identification (e.g., position vest). • Notify your usual supervisor of your assignment. 		
<p>Assess the operational situation:</p> <ul style="list-style-type: none"> • Assess the need for a security. • Assess needs for equipment and supplies (refer to Checklist in Attachment D) to validate equipment and supply availability. • Assess current capabilities and projected capacities to address needs based on current data. • Review safety plan, including evacuation routes, facility amenities, etc. • Provide information to the Family Reunification Unit Leader (e.g., HRS Unit Leader) on the status. 		
<p>Determine the incident objectives, tactics, and assignments:</p> <ul style="list-style-type: none"> • Document unit objectives, tactics, and assignments on the HICS 204: Assignment List. • Based on the incident objectives for the response period consider the issues and priorities: <ul style="list-style-type: none"> ○ Appoint Reception/Badging Team personnel in collaboration with the Family Reunification Unit Leader (e.g., HRS Unit Leader). ○ Determine strategies and how the tactics will be accomplished. ○ Determine needed resources. • Brief team personnel on the situation, strategies, and tactics, and designate time for next briefing. 		
<p>Activities:</p> <ul style="list-style-type: none"> • Activate reception/badging area as needed. 		

<ul style="list-style-type: none"> • Ensure communications for reunification for families, including identification, documentation, and communication with the Family Reunification Unit Leader (e.g., HRS Unit Leader) and other unit and Team members. • Ensure sufficient Forms, including the Psychological First Aid information (refer to Attachment C), is available and distributed. • Ensure the provision of resources to children, families, and those with special needs. • Ensure cultural and spiritual needs are addressed. • Provide interpreters or translation services. • Collect family information. • Provide other team leaders with documentation collected. • Determine staffing needs and place requests with Family Reunification Unit Leader (e.g., HRS Unit Leader). • Provide status updates to the Family Reunification Unit Leader (e.g., HRS Unit Leader) regularly, advising of accomplishments and problems encountered. • Provide regular updates to team personnel and inform of strategy changes as needed. • Consider development of a team action plan; submit to Family Reunification Unit Leader (e.g., HRS Unit Leader), if requested. 		
<p>Documentation</p> <ul style="list-style-type: none"> • HICS 204: Document assignments and operational period objectives on Assignment List. • HICS 213: Document all communications on a General Message Form. • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis. • HICS 252: Distribute Section Personnel Time Sheet to section personnel; ensure time is recorded appropriately and submit it to the Family Reunification Unit Leader (e.g., HRS Unit Leader) at the completion of a shift or end of each operational period. • Family Reception Site Sign-In Sheets. • Intake Forms. • Psychological First Aid information (refer to Attachment C). 		
<p>Resources:</p> <ul style="list-style-type: none"> • Determine equipment and supply needs; request from the Family Reunification Unit Leader (e.g., HRS Unit Leader). • Assess issues and needs in unit areas and coordinate resource management. 		
<p>Communication:</p> <p><i>Hospital to complete: Insert communications technology, instructions for use, and Protocols for interface with external partners.</i></p>		

Safety and security: <ul style="list-style-type: none"> • Ensure that all unit personnel comply with safety procedures and instructions. • Ensure personal protective equipment (PPE) is available and utilized appropriately. 		
Intermediate Response (2 – 12 hours)	Time	Initial
Activities: <ul style="list-style-type: none"> • Transfer the Reception/Badging Team Leader role, if appropriate: <ul style="list-style-type: none"> ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital. ○ Address any health, medical, and safety concerns. ○ Address political sensitivities, when appropriate. ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A). • Ensure that information collected is regularly submitted to the Family Reunification Unit Leader (e.g., HRS Unit Leader). • Continue to ensure that appropriate documentation and standards of care are being followed, and that needs are being met. • Ensure the provision of resources to children, families, and those with special needs. • Ensure cultural and spiritual needs are addressed. • Provide interpreters or translation services. • Collect family information. • Meet regularly with the Family Reunification Unit Leader (e.g., HRS Unit Leader) for status reports. • Advise the Family Reunification Unit Leader (e.g., HRS Unit Leader) immediately of any operational issue you are not able to correct. • Relay important information and update team personnel. 		
Documentation: <ul style="list-style-type: none"> • HICS 204: Document assignments and operational period objectives on Assignment List. • HICS 213: Document all communications on a General Message Form. • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis. • Family Reception Site Sign-In Sheets. • Intake Forms. • Psychological First Aid information (refer to Attachment C). 		

Intermediate Response (2 – 12 hours)	Time	Initial
Resources: <ul style="list-style-type: none"> • Assess issues and needs in team area, coordinate resource management. • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed. 		
Communication: <i>Hospital to complete: Insert communications technology, instructions for use and Protocols for interface with external partners (including the patient tracking system).</i>		
Safety and security: <ul style="list-style-type: none"> • Ensure that all unit personnel comply with safety procedures and instructions. • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques. • Ensure tea, personnel health and safety issues are being addressed, report issues to the Safety Officer. • Ensure personal protective equipment (PPE) is available and utilized appropriately. 		
Extended Response (greater than 12 hours)	Time	Initial
Activities: <ul style="list-style-type: none"> • Transfer the Reception/Badging Team role, if appropriate: <ul style="list-style-type: none"> ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital. ○ Address any health, medical, and safety concerns. ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A). • Continue to ensure the provision of reception/badging need to children and families and those with special needs. • Ensure the provision of resources to children, families, and those with special needs. • Ensure cultural and spiritual needs are addressed. • Provide interpreters or translation services. • Collect family information. • Continue to coordinate communication with the team. • Meet with team personnel to address ongoing issues. 		

<ul style="list-style-type: none"> • Continue reception/badging team and are supervision, including monitoring, documentation, and safety practices. • Provide updates to the Family Reunification Unit Leader (e.g., HRS Unit Leader) and team personnel. 		
Documentation: <ul style="list-style-type: none"> • HICS 204: Document assignments and operational period objectives on Assignment List. • HICS 213: Document all communications on a General Message Form. • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis. • Family Reception Site Sign-In Sheets. • Intake Forms. • Psychological First Aid information (refer to Attachment C). 		
Resources: <ul style="list-style-type: none"> • Assess issues and needs in team area, coordinate resource management. • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed. 		
Communication: <i>Hospital to complete: Insert communications technology, instructions for use and Protocols for interface with external partners.</i>		
Safety and security: <ul style="list-style-type: none"> • Ensure that all team personnel continue to comply with safety procedures and instructions. • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Family Reunification Unit Leader (e.g., HRS Unit Leader). • Provide for staff rest periods and relief. • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques. • Ensure personal protective equipment (PPE) is available and utilized appropriately. 		
Demobilization/System Recovery	Time	Initial
Activities: <ul style="list-style-type: none"> • Transfer the Reception/Badging Team role, if appropriate: 		

<ul style="list-style-type: none"> ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital. ○ Address any health, medical, and safety concerns. ○ Address political sensitivities, when appropriate. ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A). ● Coordinate a plan to address the ongoing needs of patients, families, and staff, in conjunction with the Family Reunification Unit Leader (e.g., HRS Unit Leader). ● Ensure the return, retrieval, and restocking of equipment and supplies. ● As objectives are met and needs decrease, return team personnel to their usual jobs and combine or deactivate positions in a phased manner in coordination with the Family Reunification Unit Leader (e.g., HRS Unit Leader). ● Notify the Family Reunification Unit Leader (e.g., HRS Unit Leader) when demobilization and restoration is complete. ● Coordinate reimbursement issues with the Family Reunification Unit Leader (e.g., HRS Unit Leader). ● Upon deactivation of your position, brief the Family Reunification Unit Leader (e.g., HRS Unit Leader) on current problems, outstanding issues, and follow up requirements. ● Debrief team personnel on issues, strengths, areas of improvement, lessons learned, and procedural or equipment changes as needed. ● Submit comments to Family Reunification Unit Leader (e.g., HRS Unit Leader) for discussion and possible inclusion in an After-Action Report and Corrective Action and Improvement Plan. Topics include: <ul style="list-style-type: none"> ○ Review of pertinent position descriptions and operational checklists. ○ Recommendations for procedure changes. ○ Accomplishments and issues. ● Participate in stress management and after-action debriefings. 		
<p>Documentation:</p> <ul style="list-style-type: none"> ● HICS 221: Demobilization Check-Out. ● Ensure all documentation is submitted to the Family Reunification Unit Leader (e.g., HRS Unit Leader). ● Family Reception Site Sign-In Sheets. ● Intake Forms. ● Psychological First Aid information (refer to Attachment C). 		
<p>Documents and Tools</p>		
<ul style="list-style-type: none"> <input type="checkbox"/> HICS 203 - Organization Assignment List. <input type="checkbox"/> HICS 204 - Assignment List. 		

- ☐ HICS 213 - General Message Form.
- ☐ HICS 214 - Activity Log.
- ☐ HICS 215A - Incident Action Plan (IAP) Safety Analysis.
- ☐ HICS 221 - Demobilization Check-Out.
- ☐ HICS 252 - Section Personnel Time Sheet.
- ☐ Hospital Emergency Operations Plan.
- ☐ Hospital Incident Specific Plans or Annexes.
- ☐ Hospital organization chart.
- ☐ Hospital telephone directory.
- ☐ Local public health reporting forms.
- ☐ Community resource directory.
- ☐ Hospital resource directory.
- ☐ Directory of communication and translation services.
- ☐ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication.
- ☐ Family Reception Site Sign-In Sheets.
- ☐ Intake Forms.
- ☐ Psychological First Aid information (refer to Attachment C).

Hospital Reception Site Sign-In Sheet

INCIDENT NAME: _____

OPERATIONAL PERIOD: _____

#	ARRIVAL		NAME	CONTACT#	SEARCHING FOR	RELATIONSHIP TO MISSING PERSON	LEGAL NEXT OF KIN? (YES/NO)
	DATE	TIME					
1							
2							
3							
4							
5							
6							
7							
8							
10							

Hospital Reception Site Intake Form

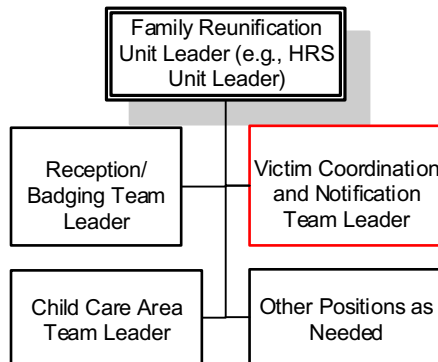
(Standardized victim/patient information form collected at Hospital Reception Site for reunification purposes. Data should be reflected in the regional Victim Tracking Tool and may be inserted by a family member or friend. It is possible the person entering information may need assistance)

Name:	Phone Number:
Address:	
Relationship to Missing Person:	
Missing Person Information: Name:	
Gender:	<u>Insert Photo Here</u>
Age:	
DOB:	
Height/Weight:	
Race:	
Hair Color:	
Eye Color:	
Distinguishing Characteristics: (e.g., Tattoos, birthmarks, scars, dental features)	
Occupation:	School:
Primary Language:	Languages Spoken:
Last Known Location and/or Point of Contact:	
Notes:	

Name and Date _____

(For internal use only)

Attachment B. 4. – VICTIM COORDINATION AND NOTIFICATION TEAM LEADER JOB ACTION SHEET



YOU REPORT TO: _____

HOSPITAL RECEPTION SITE LOCATION: _____

PHONE: _____

RADIO CHANNEL: _____

CONTACT INFORMATION FOR OTHER TEAM LEADERS: _____

MISSION: It is the mission of the Victim Coordination and Notification Team Leader to staff, equip, supply, and oversee the Victim Coordination and Notification Team. The position will report directly to the Family Reunification Unit Leader (e.g., HRS Unit Leader) unless that position is not established, at which time they will report directly to the Patient Family assistance Branch Director. This position communicates and coordinates with external agencies and internal units as necessary, according to local protocols.

IT IS STRONGLY RECOMMENDED THIS POSITION BE FILLED BY SOMEONE WITH EXPERIENCE IN DEATH NOTIFICATION AND CRISIS COUNSELING.

The Team Leader position:

- Monitors production and quality of data collection and entry of family/friend information.

- Ensures evidence-based behavioral health practices are applied to communications with family/friends to foster a supportive, responsive, thorough, and sympathetic management during inquiries.
- Offers aid related to withdrawals, extensions, and more to family/friends.
- Monitors Unit production, providing direct and timely feedback on results to ensure timely, compassionate, and effective response, research, referral, and resolution of issues.
- Maintains data integrity of the patient data entered as well as the delivery of information derived from the patient tracking system to the Family Reunification Unit Leader (e.g., HRS Unit Leader).
- Offers just-in-time instruction on computer use details to ensure the team is able to function with the equipment, seeking guidance from the patient tracking system representative.
- Consults with external representatives, as needed, to resolve victim destinations and data corrections.
- Secures translational services and participates in disaster team planning to meet goals and objectives.
- Provides crisis assessments and referrals.
- Works closely with the Family Reunification Center and/or Family Assistance Center.
- May be asked to assist with providing notification to loved ones that someone is missing or deceased.
- Responsible for managing “crisis debriefings” for staff prior to demobilization.
- May need to refer individuals to the Social Services Unit Leader, depending upon whether mental health and spiritual support is provided from in-house.

Immediate Response (0 – 2 hours)	Time	Initial
<p>Receive appointment:</p> <ul style="list-style-type: none"> • Obtain briefing from Family Reunification Unit Leader (e.g., HRS Unit Leader) on: <ul style="list-style-type: none"> ○ Size and complexity of incident. ○ Expectations of the Incident Commander. ○ Incident objectives. ○ Involvement of outside agencies, stakeholders, and organizations. ○ The situation, incident activities, and any special concerns. ○ Obtain maps and logistical information. • Assume the role of Victim and Notification Team Leader. • Review this Job Action Sheet. • Put on position identification (e.g., position vest). • Notify your usual supervisor of your assignment. 		
<p>Assess the operational situation:</p> <ul style="list-style-type: none"> • Assess the need for a security. • Assess needs for equipment and supplies (refer to Checklist in Attachment D) to validate equipment and supply availability. • Assess current capabilities and projected capacities to address needs based on current data. • Review safety plan, including evacuation routes, facility amenities, etc. • Provide information to the Family Reunification Unit Leader (e.g., HRS Unit Leader) on the status. 		
<p>Determine the incident objectives, tactics, and assignments:</p> <ul style="list-style-type: none"> • Document unit objectives, tactics, and assignments on the HICS 204: Assignment List. • Based on the incident objectives for the response period consider the issues and priorities: <ul style="list-style-type: none"> ○ Appoint Victim and Notification Team personnel in collaboration with the Family Reunification Unit Leader (e.g., HRS Unit Leader). ○ Determine strategies and how the tactics will be accomplished. ○ Determine needed resources. • Brief team personnel on the situation, strategies, and tactics, and designate time for next briefing. 		
<p>Activities:</p> <ul style="list-style-type: none"> • Activate victim and notification area, as needed. 		

<ul style="list-style-type: none"> • Ensure communications for reunification of families, including identification, documentation, and communication with the Family Reunification Unit Leader (e.g., HRS Unit Leader) and other unit and team members. • Ensure the provision of resources to children, families, and those with special needs. • Provide other team leaders with documentation collected. • Establish communications with the Family Reunification Center, the Reunification Call Center, and other Hospital Reception Sites to access and query the patient tracking information: <ul style="list-style-type: none"> ○ Identify victims/patients and locations. ○ Populate and update the patient tracking system. ○ Refer families to the Family Reunification Center or other Hospital Reception Sites, as appropriate. • Ensure sufficient Forms, including the Psychological First Aid information (refer to Attachment C), is available and distributed. • Determine staffing needs and place requests with Family Reunification Unit Leader (e.g., HRS Unit Leader). • Provide status updates to the Family Reunification Unit Leader (e.g., HRS Unit Leader) regularly, advising of accomplishments and problems encountered. • Provide regular updates to team personnel and inform of strategy changes as needed. • Consider development of a team action plan; submit to Family Reunification Unit Leader (e.g., HRS Unit Leader) if requested. 		
<p>Documentation:</p> <ul style="list-style-type: none"> • HICS 204: Document assignments and operational period objectives on Assignment List. • HICS 213: Document all communications on a General Message Form. • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis. • HICS 252: Distribute Section Personnel Time Sheet to section personnel; ensure time is recorded appropriately and submit it to the Family Reunification Unit Leader (e.g., HRS Unit Leader) at the completion of a shift or end of each operational period. • Family Reception Site Sign-In Sheets. • Intake Forms. • Psychological First Aid information (refer to Attachment C). 		
<p>Resources:</p> <ul style="list-style-type: none"> • Determine equipment and supply needs; request from the Family Reunification Unit Leader (e.g., HRS Unit Leader). • Assess issues and needs in unit areas; coordinate resource management. 		

Communication: <i>Hospital to complete: Insert communications technology, instructions for use, and Protocols for interface with external partners.</i>		
Safety and security: <ul style="list-style-type: none"> • Ensure that all unit personnel comply with safety procedures and instructions. • Ensure personal protective equipment (PPE) is available and utilized appropriately. 		
Intermediate Response (2 – 12 hours)	Time	Initial
Activities: <ul style="list-style-type: none"> • Transfer the Victim and Notification Team role, if appropriate: <ul style="list-style-type: none"> ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital. ○ Address any health, medical, and safety concerns. ○ Address political sensitivities, when appropriate. ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A). • Continue communications with the Family Reunification Center, the Reunification Call Center, and other Hospital Reception Sites to access and query the patient tracking information: <ul style="list-style-type: none"> ○ Identify victims/patients and locations. ○ Populate and update the patient tracking system. ○ Refer families to the Family Reunification Center or other Hospital Reception Sites, as appropriate. • Continue communications with the Family Reunification Center and other Hospital Reception Sites to access and query the patient tracking information: <ul style="list-style-type: none"> ○ Identify victims/patients and locations. ○ Populate and update the patient tracking system. ○ Refer families to the Family Reunification Center or other Hospital Reception Sites, as appropriate. • Coordinate communication with: <ul style="list-style-type: none"> ○ Patients and families. ○ Social Services Unit Leader, as needed. • Ensure that information collected is regularly submitted to the Victim and Notification Team. • Prioritize and coordinate patient transfers with the Family Reunification Unit Leader (e.g., HRS Unit Leader). 		

Intermediate Response (2 – 12 hours)	Time	Initial
<ul style="list-style-type: none"> Continue to ensure that appropriate documentation and standards of care are being followed, and that needs are being met. Meet regularly with the Family Reunification Unit Leader (e.g., HRS Unit Leader) for status reports. Advise the Family Reunification Unit Leader (e.g., HRS Unit Leader) immediately of any operational issue you are not able to correct. Relay important information and updates to unit personnel. 		
Documentation: <ul style="list-style-type: none"> HICS 204: Document assignments and operational period objectives on Assignment List. HICS 213: Document all communications on a General Message Form. HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis. Family Reception Site Sign-In Sheets. Intake Forms. Psychological First Aid information (refer to Attachment C). 		
Resources: <ul style="list-style-type: none"> Assess issues and needs in team area, coordinate resource management. Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed. 		
Communication: <i>Hospital to complete: Insert communications technology, instructions for use, and Protocols for interface with external partners (including the patient tracking system).</i>		
Safety and security: <ul style="list-style-type: none"> Ensure that all unit personnel comply with safety procedures and instructions. Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques. Ensure team personnel health and safety issues are being addressed; report issues to the Family Reunification Unit Leader (e.g., HRS Unit Leader). Ensure personal protective equipment (PPE) is available and utilized appropriately. 		
Extended Response (greater than 12 hours)	Time	Initial
Activities		

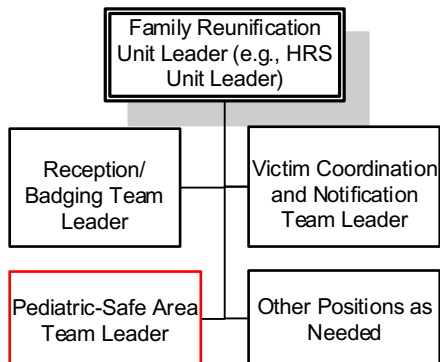
<ul style="list-style-type: none"> • Transfer the Victim and Notification Team role, if appropriate: <ul style="list-style-type: none"> ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital. ○ Address any health, medical, and safety concerns. ○ Address political sensitivities, when appropriate. ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A). • Continue communications with the Family Reunification Center, the Reunification Call Center, and other Hospital Reception Sites to access and query the patient tracking information: <ul style="list-style-type: none"> ○ Identify victims/patients and locations. ○ Populate and update the patient tracking system. ○ Refer families to the Family Reunification Center or other Hospital Reception Sites, as appropriate. • Coordinate communication with: <ul style="list-style-type: none"> ○ Patients and families. ○ Social Services Unit Leader, as needed. • Meet with team personnel to address ongoing issues. • Continue Victim and Notification Team are supervised, including monitoring, documentation, and safety practices. • Provide updates to the Family Reunification Unit Leader (e.g., HRS Unit Leader) and team personnel. 		
<p>Documentation:</p> <ul style="list-style-type: none"> • HICS 204: Document assignments and operational period objectives on Assignment List. • HICS 213: Document all communications on a General Message Form. • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis. • Family Reception Site Sign-In Sheets. • Intake Forms. • Psychological First Aid information (refer to Attachment C). 		
<p>Resources:</p> <ul style="list-style-type: none"> • Assess issues and needs in team area, coordinate resource management. • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed. 		
<p>Communication:</p> <p><i>Hospital to complete: Insert communications technology, instructions for use, and</i></p>		

<i>Protocols for interface with external partners.</i>		
Safety and security: <ul style="list-style-type: none"> • Ensure that all team personnel continue to comply with safety procedures and instructions. • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Family Reunification Unit Leader (e.g., HRS Unit Leader). • Provide for staff rest periods and relief. • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques. • Ensure personal protective equipment (PPE) is available and utilized appropriately. 		
Demobilization/System Recovery	Time	Initial
Activities: <ul style="list-style-type: none"> • Transfer the Victim and Notification Team role, if appropriate: <ul style="list-style-type: none"> ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital. ○ Address any health, medical, and safety concerns. ○ Address political sensitivities, when appropriate. ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A). • Coordinate a plan to address the ongoing needs of families and staff, in conjunction with the Family Reunification Unit Leader (e.g., HRS Unit Leader). • Ensure the return, retrieval, and restocking of equipment and supplies. • As objectives are met and needs decrease, return team personnel to their usual jobs and combine or deactivate positions in a phased manner in coordination with the Family Reunification Unit Leader (e.g., HRS Unit Leader). • Notify the Family Reunification Unit Leader (e.g., HRS Unit Leader) when demobilization and restoration is complete. • Coordinate reimbursement issues with the Family Reunification Unit Leader (e.g., HRS Unit Leader). • Upon deactivation of your position, brief the Family Reunification Unit Leader (e.g., HRS Unit Leader) on current problems, outstanding issues, and follow up requirements. • Debrief team personnel on issues, strengths, areas of improvement, lessons learned, and procedural or equipment changes as needed. • Submit comments to the Family Reunification Unit Leader (e.g., HRS Unit Leader) for discussion and possible inclusion in an After-Action Report and Corrective Action and Improvement Plan. Topics include: 		

<ul style="list-style-type: none"> ○ Review of pertinent position descriptions and operational checklists. ○ Recommendations for procedure changes. ○ Accomplishments and issues. ● Participate in stress management and after-action debriefings. 		
<p>Documentation:</p> <ul style="list-style-type: none"> ● HICS 221: Demobilization Check-Out. ● Ensure all documentation is submitted to Planning Section Documentation Unit. ● Family Reception Site Sign-In Sheets. ● Intake Forms. ● Psychological First Aid information (refer to Attachment C). 		
Documents and Tools		
<ul style="list-style-type: none"> <input type="checkbox"/> HICS 203 - Organization Assignment List. <input type="checkbox"/> HICS 204 - Assignment List. <input type="checkbox"/> HICS 213 - General Message Form. <input type="checkbox"/> HICS 214 - Activity Log. <input type="checkbox"/> HICS 215A - Incident Action Plan (IAP) Safety Analysis. <input type="checkbox"/> HICS 221 - Demobilization Check-Out. <input type="checkbox"/> HICS 252 - Section Personnel Time Sheet. <input type="checkbox"/> Hospital Emergency Operations Plan. <input type="checkbox"/> Hospital Incident Specific Plans or Annexes. <input type="checkbox"/> Hospital organization chart. <input type="checkbox"/> Hospital telephone directory. <input type="checkbox"/> Local public health reporting forms. <input type="checkbox"/> Community resource directory. <input type="checkbox"/> Hospital resource directory. <input type="checkbox"/> Directory of communication and translation services. <input type="checkbox"/> Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication. <input type="checkbox"/> Family Reception Site Sign-In Sheets. <input type="checkbox"/> Intake Forms. <input type="checkbox"/> Psychological First Aid information (refer to Attachment C). 		

Attachment B. 5. PEDIATRIC-SAFE AREA (PSA) TEAM LEADER

JOB ACTION SHEET



YOU REPORT TO: _____

HOSPITAL RECEPTION SITE LOCATION: _____

PHONE: _____

RADIO CHANNEL: _____

CONTACT INFORMATION FOR OTHER TEAM LEADERS: _____

MISSION: It is the mission of the PSA Team Leader to staff, equip, supply, and oversee the PSA. The position will report directly to the Family Reunification Unit Leader (e.g., HRS Unit Leader) unless that position is not established, at which time they will report directly to the Patient Family Assistance Branch Director.

IT IS STRONGLY RECOMMENDED THIS POSITION BE FILLED BY SOMEONE FAMILIAR WITH PEDIATRICS.

The PSA Team Leader is responsible for the care of uninjured, unaccompanied minors or minors placed into their care.

Immediate Response (0 – 2 hours)	Time	Initial
<p>Receive appointment:</p> <ul style="list-style-type: none"> • Obtain briefing from Family Reunification Unit Leader (e.g., HRS Unit Leader) on: <ul style="list-style-type: none"> ○ Size and complexity of incident. ○ Expectations. ○ Incident objectives. ○ Involvement of outside agencies, stakeholders, and organizations. ○ The situation, incident activities, and any special concerns. ○ Obtain maps and logistical information. • Assume the role of PSA Team Leader. • Review this Job Action Sheet. • Put on position identification (e.g., position vest). • Notify your usual supervisor of your assignment. 		
<p>Assess the operational situation:</p> <ul style="list-style-type: none"> • Assess the need for security. • Assess needs for equipment and supplies (refer to Checklist in Attachment D) to validate equipment and supply availability. • Assess current capabilities and projected capacities to meet needs based on current data. • Review safety plan, including evacuation routes, facility amenities, etc. • Determine if separate areas must be created for various age groups and adjust arrangements, as necessary. • Assess ample plug-in covers, safety wiring for electrical outlets, and removal of any strangulation hazards (cords, wires, tubing, and curtains/blinds drawstrings). • Determine necessary barricades for stairwells, elevators, doors, fans, heaters, and so forth. • Assess if med carts and supply carts are locked. • Assess that area is poison-proof (cleaning supplies, choking hazards, cords should be removed or locked). • Identify if children will need to be escorted away from safe area to bathrooms and how this will be accomplished safely (2:1 staffing strategy). • Ensure sufficient copies of the Child Identification and Uninjured, Unaccompanied Minor Process Forms are available. • Ensure sufficient Forms, including the Psychological First Aid information (refer to Attachment C) is available and distributed. • Contact the Family Reunification Unit Leader (e.g., HRS Unit Leader) if the Uninjured, Unaccompanied Minor Process may be used and, if approved, employ the process. • Gather information about how many children may present to the area • Ensure there is a sign in/out log for PSA. 		

<ul style="list-style-type: none"> • Determine if there are any medical or non-medical needs specifically needed by children in PSA. • Maintain registry of children in PSA as they arrive or are released to appropriate adult. • Provide information to the Family Reunification Unit Leader (e.g., HRS Unit Leader) on the status. 		
<p>Determine the incident objectives, tactics, and assignments:</p> <ul style="list-style-type: none"> • Document unit objectives, tactics, and assignments on HICS 204: Assignment List. • Based on the incident objectives for the response period consider the issues and priorities: <ul style="list-style-type: none"> ○ Appoint PSA Team personnel in collaboration with the Family Reunification Unit Leader (e.g., HRS Unit Leader). ○ Determine strategies and how the tactics will be accomplished. ○ Determine needed resources. • Brief team personnel on the situation, strategies, and tactics, and designate time for next briefing. 		
<p>Activities:</p> <ul style="list-style-type: none"> • Activate PSA as needed. • Ensure the provision of resources to children, including those with special needs. • Provide interpreters or translation services. • Provide other team leaders with Forms and documentation collected. • Ensure that proper procedures for safe release of patients are followed; consider special needs of minors, non-English speaking family members, and those with special needs; consult with Family Reunification Unit Leader (e.g., HRS Unit Leader) as needed. • Determine staffing needs and place requests with Family Reunification Unit Leader (e.g., HRS Unit Leader). • Continue to assess if separate areas must be created for various age groups and adjust arrangements, as necessary. • As needed, ensure an escort away from safe area to bathrooms. • Gather information about how many children may present to the area. • Ensure children are signed in/out on the log for PSA. • Determine if there are any medical or non-medical needs specifically needed by children in PSA. • Maintain registry of children in PSA as they arrive or are released to appropriate adult. • Complete Child Identification Forms. • Address the needs of the uninjured, unaccompanied minors. • Contact the Family Reunification Unit Leader (e.g., HRS Unit Leader) if the Uninjured, Unaccompanied Minor Process may be used and, if approved, employ the process. 		

<ul style="list-style-type: none"> • Ensure that information collected is regularly submitted to the Family Reunification Unit Leader (e.g., HRS Unit Leader). • Provide status updates to the Family Reunification Unit Leader (e.g., HRS Unit Leader) regularly, advising of accomplishments and problems encountered. • Provide regular updates to team personnel and inform of strategy changes as needed. • Consider development of a team action plan; submit to Family Reunification Unit Leader (e.g., HRS Unit Leader), if requested. 		
Documentation: <ul style="list-style-type: none"> • HICS 204: Document assignments and operational period objectives on Assignment List. • HICS 213: Document all communications on a General Message Form. • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis. • HICS 252: Distribute Section Personnel Time Sheet to section personnel; ensure time is recorded appropriately and submit it to the Family Reunification Unit Leader (e.g., HRS Unit Leader) at the completion of a shift or end of each operational period. • Family Reception Site Sign-In Sheets. • Intake Forms. • Child Identification Forms. • Uninjured, Unaccompanied Minor Process Forms. • Psychological First Aid information (refer to Attachment C). 		
Resources: <ul style="list-style-type: none"> • Determine equipment and supply needs; request from the Family Reunification Unit Leader (e.g., HRS Unit Leader). • Assess issues and needs in unit areas; coordinate resource management. 		
Communication: <i>Hospital to complete: Insert communications technology, instructions for use, and Protocols for interface with external partners.</i>		
Safety and security: <ul style="list-style-type: none"> • Ensure that all unit personnel comply with safety procedures and instructions. • Ensure personal protective equipment (PPE) is available and utilized appropriately. 		
Intermediate Response (2 – 12 hours)	Time	Initial
Activities: <ul style="list-style-type: none"> • Transfer the PSA Team role, if appropriate 		

Intermediate Response (2 – 12 hours)	Time	Initial
<ul style="list-style-type: none"> ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital. ○ Address any health, medical, and safety concerns. ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A). ● Communicate with the Family Reunification Unit Leader (e.g., HRS Unit Leader) for ongoing evaluations of mental health of staff and children in case of need for psychosocial resources. ● Determine if separate areas must be created for various age groups and adjust arrangements, as necessary. ● As needed, ensure an escort away from safe area to bathrooms. ● Gather information about how many children may present to the area. ● Ensure children are signed in/out on the log for PSA. ● Determine if there are any medical or non-medical needs specifically needed by children in PSA. ● Maintain registry of children in PSA as they arrive or are released to appropriate adult. ● Complete Child Identification Forms. ● Address the needs of the uninjured, unaccompanied minors. ● Contact the Family Reunification Unit Leader (e.g., HRS Unit Leader) if the Uninjured, Unaccompanied Minor Process may be used and, if approved, employ the process. ● Ensure that information collected is regularly submitted to the Family Reunification Unit Leader (e.g., HRS Unit Leader). ● Continue to ensure that appropriate documentation and standards of care are being followed, and that needs are being met. ● Meet regularly with the Family Reunification Unit Leader (e.g., HRS Unit Leader) for status reports. ● Advise the Family Reunification Unit Leader (e.g., HRS Unit Leader) immediately of any operational issue you are not able to correct. ● Relay important information and updates team personnel. 		
<p>Documentation:</p> <ul style="list-style-type: none"> ● HICS 204: Document assignments and operational period objectives on Assignment List. ● HICS 213: Document all communications on a General Message Form. ● HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis. ● Family Reception Site Sign-In Sheets. 		

Intermediate Response (2 – 12 hours)	Time	Initial
<ul style="list-style-type: none"> • Intake Forms. • Child Identification Forms. • Uninjured, Unaccompanied Minor Process Forms. • Psychological First Aid information (refer to Attachment C). 		
Resources: <ul style="list-style-type: none"> • Assess issues and needs in team area, coordinate resource management. • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed. 		
Communication: <p><i>Hospital to complete: Insert communications technology, instructions for use, and Protocols for interface with external partners (including the patient tracking system).</i></p>		
Safety and security: <ul style="list-style-type: none"> • Ensure that all unit personnel comply with safety procedures and instructions. • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques. • Ensure team personnel health and safety issues are being addressed, report issues to the Safety Officer. • Ensure personal protective equipment (PPE) is available and utilized appropriately. 		
Extended Response (greater than 12 hours)	Time	Initial
Activities: <ul style="list-style-type: none"> • Transfer the Child Care Are Team role, if appropriate: <ul style="list-style-type: none"> ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital. ○ Address any health, medical, and safety concerns. ○ Address political sensitivities, when appropriate. ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A). • Continue to communicate with the Family Reunification Unit Leader (e.g., HRS Unit Leader) for ongoing evaluations of mental health of staff and children in case of need for psychosocial resources. • Determine if separate areas must be created for various age groups and adjust arrangements, as necessary. 		

<ul style="list-style-type: none"> • As needed, ensure an escort away from safe area to bathrooms. • Gather information about how many children may present to the area. • Ensure children are signed in/out on the log for PSA. • Determine if there are any medical or non-medical needs specifically needed by children in PSA. • Maintain registry of children in PSA as they arrive or are released to appropriate adult. • Complete Child Identification Forms. • Address the needs of the uninjured, unaccompanied minors. • Contact the Family Reunification Unit Leader (e.g., HRS Unit Leader) if the Uninjured, Unaccompanied Minor Process may be used and, if approved, employ the process. • Continue to coordinate communication with the team. • Meet with team personnel to address ongoing issues. • Continue PSA team are supervised, including monitoring, documentation, and safety practices. • Provide updates to the Family Reunification Unit Leader (e.g., HRS Unit Leader) and team personnel. 		
<p>Documentation:</p> <ul style="list-style-type: none"> • HICS 204: Document assignments and operational period objectives on Assignment List. • HICS 213: Document all communications on a General Message Form. • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis. • Family Reception Site Sign-In Sheets. • Intake Forms. • Child Identification Forms. • Uninjured, Unaccompanied Minor Process. • Psychological First Aid information (refer to Attachment C). 		
<p>Resources:</p> <ul style="list-style-type: none"> • Assess issues and needs in team area, coordinate resource management. • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed. 		
<p>Communication:</p> <p><i>Hospital to complete: Insert communications technology, instructions for use, and Protocols for interface with external partners.</i></p>		

<p>Safety and security:</p> <ul style="list-style-type: none"> • Ensure that all team personnel continue to comply with safety procedures and instructions. • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Family Reunification Unit Leader (e.g., HRS Unit Leader). • Provide for staff rest periods and relief. • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques. • Ensure personal protective equipment (PPE) is available and utilized appropriately. 		
<p>Demobilization/System Recovery</p>	<p>Time</p>	<p>Initial</p>
<p>Activities:</p> <ul style="list-style-type: none"> • Transfer the PSA Team role, if appropriate: <ul style="list-style-type: none"> ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital. ○ Address any health, medical, and safety concerns. ○ Address political sensitivities, when appropriate. ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A). • Coordinate a plan to address the ongoing needs of patients, families, and staff, in conjunction with the Family Reunification Unit Leader (e.g., HRS Unit Leader). • Ensure the return, retrieval, and restocking of equipment and supplies. • As objectives are met and needs decrease, return team personnel to their usual jobs and combine or deactivate positions in a phased manner in coordination with the Family Reunification Unit Leader (e.g., HRS Unit Leader). • Notify the Family Reunification Unit Leader (e.g., HRS Unit Leader) when demobilization and restoration is complete. • Coordinate reimbursement issues with the Family Reunification Unit Leader (e.g., HRS Unit Leader). • Upon deactivation of your position, brief the Family Reunification Unit Leader (e.g., HRS Unit Leader) on current problems, outstanding issues, and follow up requirements. • Debrief team personnel on issues, strengths, areas of improvement, lessons learned, and procedural or equipment changes as needed. • Submit comments to Family Reunification Unit Leader (e.g., HRS Unit Leader) for discussion and possible inclusion in an After-Action Report and Corrective Action and Improvement Plan. Topics include: <ul style="list-style-type: none"> ○ Review of pertinent position descriptions and operational checklists. 		

<ul style="list-style-type: none"> ○ Recommendations for procedure changes. ○ Accomplishments and issues. ● Participate in stress management and after-action debriefings. 		
Documentation: <ul style="list-style-type: none"> ● HICS 221: Demobilization Check-Out ● Ensure all documentation is submitted to Family Reunification Unit Leader (e.g., HRS Unit Leader). ● Family Reception Site Sign-In Sheets. ● Intake Forms. ● Child Identification Forms. ● Uninjured, Unaccompanied Minor Process. ● Psychological First Aid information (refer to Attachment C). 		
Documents and Tools		
<ul style="list-style-type: none"> <input type="checkbox"/> HICS 203 - Organization Assignment List. <input type="checkbox"/> HICS 204 - Assignment List. <input type="checkbox"/> HICS 213 - General Message Form. <input type="checkbox"/> HICS 214 - Activity Log. <input type="checkbox"/> HICS 215A - Incident Action Plan (IAP) Safety Analysis. <input type="checkbox"/> HICS 221 - Demobilization Check-Out. <input type="checkbox"/> HICS 252 - Section Personnel Time Sheet. <input type="checkbox"/> Hospital Emergency Operations Plan. <input type="checkbox"/> Hospital Incident Specific Plans or Annexes. <input type="checkbox"/> Hospital organization chart. <input type="checkbox"/> Hospital telephone directory. <input type="checkbox"/> Local public health reporting forms. <input type="checkbox"/> Community resource directory. <input type="checkbox"/> Hospital resource directory. <input type="checkbox"/> Directory of communication and translation services. <input type="checkbox"/> Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication. <input type="checkbox"/> Family Reception Site Sign-In Sheets. <input type="checkbox"/> Intake Forms. <input type="checkbox"/> Child Identification Forms. <input type="checkbox"/> Uninjured, Unaccompanied Minor Process. <input type="checkbox"/> Psychological First Aid information (refer to Attachment C). 		

CHILD IDENTIFICATION FORM			
Child Name:		MRN (if available):	
Parent/Legal Guardian Name(s):			
Nicknames for Child or Family Member(s):			
Address (if available):		Age:	DOB:
		Gender: <input type="checkbox"/> Cis <input type="checkbox"/> Trans <input type="checkbox"/> Female <input type="checkbox"/> Male	
Height:	Weight:	Race/Ethnicity:	
Eye Color:	Hair Color:		
Primary Language:		Other Spoken Language(s):	
Distinguishing Characteristics (birthmarks, dental features, scars, tattoos, etc.): <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <i>Attach photo if available:</i> </div>		Circumstances of Arrival (who, when, where, clothing, significant belongings – stuffed animals, etc.) 	
Medications:		Medical Hx:	

Allergies:		Is there a photograph of the child? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where is the photograph catalogued (e.g., school, medical chart)?
Accompanying Adult Name:		MRN (if available):
Relationship to Child:		Does the accompanying adult require treatment for illness or injury? <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>
Age:	DOB:	Has the accompanying adult been admitted? <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>
Gender: <input type="checkbox"/> Cis <input type="checkbox"/> Trans <div style="text-align: right;"><input type="checkbox"/> Female <input type="checkbox"/> Male</div>		
Race/Ethnicity:		If yes, where has the accompanying adult been admitted?

Uninjured, Unaccompanied Minor Process

All efforts must be extended to locate a guardian for an uninjured, unaccompanied child. If no guardian can be located (for example, the family is deceased), contact the Family Reunification Unit Leader (e.g., HRS Unit Leader) who may instruct you to contact the Family Reunification Center (FRC) or call the Department of Child Safety (DCS, previously called Child Protective Services) Hotline (1-888-767-2445) to request services and do the following:

1. When prompted, choose “mandated reporter” prompt. This will inform DCS the call is coming from a professional seeking help.
2. Notify the call taker:
 - a. There is “no guardian able or willing to care for the child.”
 - b. The location of the Hospital Reception Site (HRS).
 - c. The child’s name, if known.
 - d. The guardian’s(s’) name(s), if known. Any additional information available about the guardian is beneficial as well.

DCS will complete a DCS Report and/or Action Request signifying “no legal allegations.” DCS will send support to accept the uninjured, unaccompanied child. Upon arrival, DCS must obtain from law enforcement a signature authorizing “temporary custody notice.” Once signed, DCS will accept the uninjured, unaccompanied child.

Attachment C – Psychological First Aid Tools

- 1. *Psychological First Aid for Disaster Survivors* (refer to brief video for just-in-time training: <https://coyotecampaign.org/critical-incident-management-system/>).**

Re-create sense of safety:

- Provide for basic needs (food, clothing, and medical care).
- Ensure that survivors are safe and protected from reminders of the event.
- Protect them from on-lookers and the media.
- Help them establish a “personal space” and preserve privacy and modesty.

Encourage social support:

- Help survivors connect with family and friends (most urgently, children with parents).
- Educate family and friends about survivors’ normal reactions and how they can help.

Re-establish sense of efficacy:

- Give survivors accurate simple information about plans and events.
- Allow survivors to discuss events and feelings, but do not probe.
- Encourage them to re-establish normal routines and roles when possible.
- Help resolve practical problems, such as getting transportation or relief vouchers.
- Encourage survivors to support and assist others.

For children under age 5:

- Ask what makes them feel better.
- Provide support.

For children older than age 5:

- Do not be afraid to ask them what is on their mind and answer their questions honestly.
- Talk to them about the news and any adult conversations they have heard.
- Make sure they have opportunities to talk with peers if possible.
- Set gentle but firm limits for acting out behavior.
- Listen to child’s repeated retelling of the event.

2. Normal Reactions to Disaster for Adults and Children:

Emotional: Shock, fear, grief, anger, guilt, shame helplessness, hopelessness, numbness, emptiness. Decreased ability to feel interest, pleasure, love.
Cognitive: Confusion, disorientation, indecisiveness, worry, shortened attention span, poor concentration, memory difficulties, unwanted memories, self-blame.
Physical: Tension, fatigue, edginess, insomnia, generalized aches and pains, startling easily, rapid heartbeat, nausea, and decreased appetite.
Interpersonal: Difficulties being intimate, being over-controlling, feeling rejected or abandoned.

3. Children's age-specific disaster response:

Pre-school: Separation fears, regression, fussiness, and temper tantrums. Sleep disturbances including nightmares, excessive sleep, and night terrors.
School-Age: May still have the above, as well as excessive guilt and worries about others safety poor concentration and loss of school performance, repetitious re-telling or play related to trauma.
Adolescent: Depression, acting out, wish for revenge, sleeping and eating disturbances, altered view of the future.

Attachment D – External Contact Information Sheet

Local Jurisdiction Lead Contacts	Contact Number	Email
Local Reunification Branch Director		
Public Information Officer		
Reunification Call Center Contact	Contact Number	Email

Attachment E – Recommended Equipment and Supply Checklist

Resource	Scaling Guide	Quantity Required	Description/Comment
Reception/Check-In			
Administrative supplies	As needed		
Badging equipment	1 badging machine per 50 clients		
Chairs	Number of Tables x 2		
Clipboards	1 per staff at registration		
HRS forms	Multiple copies for staff		
Signage	As needed		
Tables	1 per 2 filled positions		
Telephones	1 per 2 filled positions		
Telephone lists	1 per phone		
Trash cans			
Assembly Area			
Chairs	Enough for all clients		
Communications boards	1 or more as needed		

Audio/visual equipment	2 microphones, 4 speakers, 1 projector, 2 screens, 1 remote		
Podium	1		
Signage	See below		
Tables	As needed		
Charging station			
Trash cans			
Family Interview/Notification/Counseling Rooms (Behavioral Health and Spiritual Services)			
Administrative supplies	As needed		
Chairs	6 for family, 1-2 for staff		
Internet Access			
Signage	See below		
Tables	1		
Telephones	1		
Telephone lists	1 per phone		
Tissues	As needed		
Trash cans			

Pediatric-Safe Area			
Age-appropriate toys	As appropriate		
Cribs/cots			
Diaper changing tables			
Diapers			
Formula			
Digital camera	1		
First aid kit	1		
Folding partitions	As needed		
Linens, blankets, pillows			
Rest mats			
Small refrigerator	1 per Pediatric-Safe Area		
Trash cans			
Meal Area (As Appropriate)			

Food	3 meals a day throughout duration of operations		
Signage			
Tables and chairs	1 table per 2 clients (rectangular) or 1 per 8 clients (round) and 8 chairs per table		
Trash cans			
Victim Coordination Area			
Administrative supplies	As needed		
Chairs			
Internet Access			
Tables	1 per counseling room		
Telephones			
Trash cans			
Tissue			

Command Meeting Area			
Chairs	1 per staff member		
Tables	2 staff per table		
Trash cans			
Conference Call Phone			
Staff Area			
Administrative supplies	As needed		
Chairs	1 per staff		
Conference call phones	1		
FAX machine	1		
Photocopier and supplies	1		
Printer	1		
Radio	1 for each member command staff, section chief, and branch directors. Others if possible.		
Signage	1		
Tables	Able to seat all command staff		

Telephones	3		
Telephone lists	1 per phone		
Trash cans			
Other Supplies			
AED	As required		
Fire extinguisher	As required		
“Point to” cards			
Wheelchairs and other Items identified by the Whole Community Liaison Unit Supervisor			

This plan is written using the concept that not everyone has access to computers and is supported by “paper documents.” Surge protectors, extension cords, computers, and other logistical needs related to automation will be left for the jurisdiction.

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Hospital Incident Command structure at <http://hicscenter.org>, 2018 showing the 2014 update.

Los Angeles County Operational Area Family Reunification Center (HRS) Plan, Version 1, March 31, 2010; <http://www.apctoolkits.com/family-assistance-center>.

Seattle and King County Healthcare Coalition's Family Reception Services Guidelines for Hospitals. Attachment O Version April 2012.

Western Region Alliance for Pediatric Emergency Management (WRAP-EM): <https://wrap-em.org>.

For additional Information

Contact your Fire Department for processes that may be in place to support the patient surge support and communication strategies for requesting additional resources. For example, the Mass Casualty Tracking and Reunification Arizona Collaborative (MCTRAC) may be in use in your region, which provides fire department assets to assist with surge support, law enforcement perimeter support, tools (such as a victim tracking device), and other resources.

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