

July 2023

Family Assistance Center Guide

Maricopa County

**Department of Emergency Management and
Office of the Medical Examiner**

FOR OFFICIAL USE ONLY

NOTICE: This document contains information pertaining to the deployment, mobilization, and tactical operations of Maricopa County in response to emergencies. It is exempt from public disclosure under ARS § Title 41-1803.

Page Intentionally Left Blank

Implementation

The Family Assistance Center Guide will be used to provide general guidance for the establishment of a Family Reception or Assistance Center and components which provide family assistance. The Guide will be implemented by the Incident Commander or EOC Director, during emergencies which meet the criteria for a mass fatality incident.

Evaluation of the Plan

The Family Assistance Center Guide will be evaluated through formal exercise as determined by the Maricopa County Integrated Preparedness Plan and real-world events to include after-action reports.

Plan Maintenance

The Family Assistance Center Guide will be reviewed and updated on an annual basis to coincide with the Department's annual Emergency Operations Plan update. Minor revisions to this guide can occur continuously as processes change or improve. Any update to this plan will result in a mass distribution. The Guide will be maintained by MCDEM Operations Staff with annual review by primary County partners.

Record of Changes

Change Number	Date of Change	Change Description	Posted By
1	May 20	Initial draft of Family Assistance Center Guide	H. Andrade
2	Apr 21	Annual Review and name change to Family Assistance Center Guide	M. Von Holton
3	Sept 22	<ul style="list-style-type: none"> • Revision of Guide to coincide with Mass Fatality Management Plan revision. Incorporation of guidance from Maricopa County Office of the Medical Examiner, AZ State Mass Violence Community Assistance Guide and Coyote Crisis Collaborative. • Changed Emergency Call Center to Public Call Center throughout • Revised FAC Org Chart. Added Job Aid Sheets as Attachment 7 • Added Attachment 2, Confidentiality Standards Agreement 	B. Woodard
4	Jan 23	Final revisions, FAC Checklists, initial stakeholder distro	B. Woodard
5	July 23	Major Reformatting and Rebranding	M. Grassel

Table of Contents

Implementation	3
Evaluation of the Plan	3
Plan Maintenance	3
Overview	7
Purpose	7
Scope	7
Situation And Assumptions	7
Concept of Operations	10
Support Agencies	14
Family Assistance Center Location	16
Family Assistance Center Functions	19
Acronyms	26
Appendix A: Family Assistance Center Organization Chart	27
Appendix B: Family Assistance Center Responsibility Matrix	29
Appendix C: Example Family Assistance Center Layout	35
Appendix D: Family Assistance Center Resource List	36
Appendix E: Family Assistance Center Functions Job Aid	38
Appendix F: Family Briefing Frequently Asked Questions	41
FAC Staff and Volunteer Registration Form	42
Confidentiality Standards Agreement	43
FAC Staff Sign In/Out Sheet	44
Family Member Registration Form	45
Family Daily Sign-In Sheet	48
Public Call Center Intake Form	49
FAC Position Checklists	50
FAC Manager	50
FAC Forensic Branch Chief	53
Family Interview Unit	56
Antemortem Data Management Unit	59
Antemortem Records Collection Unit	61
DNA Reference Collection Unit	63
Reunification Branch Chief	66

Public Call Center	69
Notification/Disposition Unit	71
Missing Persons Unit	73
FAC Patient Tracking Unit	75
Health and Human Services Branch Chief	77
Case Assessment Team	80
Behavioral / Mental / Spiritual Health Services Team	82
Social Services Unit	85
Child Care Unit	87
Guide Unit	90
First Aid Team	92
Access and Functional Needs Coordinator	94
Law Enforcement Branch Chief	96
Reception/Registration Unit	99
Badging Unit	102

Overview

In the aftermath of a mass casualty or mass fatality incident, there may be a need to quickly establish a location for survivors and families to congregate and receive or provide information on missing, injured, or deceased friends or family members. Other necessary functions may include receiving information about or being connected with counselors and other providers of health and human services, receiving reunification support, meeting with investigators, and being shielded from the public and media. Facilities such as Family Reception Center (FRC) and/or a Family Assistance Center (FAC) may be established to support and deliver such services to survivors, families, and friends. For the purposes of this guide, reunification refers to the process of reunifying family members either through an FRC or FAC.

Purpose

The purpose of this guide is to assist Maricopa County in the establishment of FRCs and/or FACs during the aftermath of a mass fatality incident (MFI) or mass casualty incident (MCI) which has occurred in unincorporated Maricopa County. Jurisdictions may use this guide as a reference for a Family Assistance Center plan for their specific jurisdiction. It was developed using best practices from prior national events and developed through formal planning meetings with principal partners.

Scope

This guide provides general guidance for the establishment of an FAC and supportive functions to provide family assistance. It focuses on identifying resources and capabilities of local, state, federal, and non-governmental agencies and organizations. Additionally, it provides information on activating and coordinating these resources and capabilities to assist impacted communities located in unincorporated Maricopa County.

Situation And Assumptions

Following an MFI or an MCI, family members will likely gather near the incident site or another location seeking information on the status of their loved ones who may have been involved in the incident. These needs can best be met by establishing an FRC/FAC and a public call center which can collect and provide information. Additionally, consideration should be given to establishing a Joint Information Center (JIC) to provide broadcast/print media partners a location to obtain information. If the event is the result of a terrorist attack or criminal mass casualty incident, the FBI will be a critical partner in family assistance operations.

Definitions

A *Mass Fatality Incident* is any incident that results in more fatalities than a local jurisdiction can adequately manage while maintaining day-to-day operations, whether natural or man-made, accidental, or intentional.

A *Mass Casualty Incident* is any incident that has the potential to quickly exhaust resources available for response. Victims may be deceased or injured.

A *Family Member* is defined as any member of the missing or deceased person's family. Family may include any individual (family, friend, partner, distant relative) that considers themselves to be a part of the victim's family, even if there is not a legal familial relationship. This may include people other than family members characterized as family.

A *Family Reception Center* and/or *Family Assistance Center* are locations for survivors and families to receive or provide information on missing, injured, or deceased friends or family members. These locations may also provide information or services which support victim recovery and reunification efforts.

Legal *Next-of-Kin* is established by ARS §14-3203 (Priority among persons seeking appointment as personal representative) and should be followed to ensure that appropriate legal decisions can be addressed. Next-of-Kin refers to immediate family members including parents, spouses, siblings, and children.

Maricopa County Fatality Management Plan

The Mass Fatality Management (MFM) Plan provides guidelines, procedures, and official forms to be utilized by the Maricopa County Office of the Medical Examiner (MCOME) in the event of an MFI. It is maintained and updated by MCOME. Any incident consistent with one or more of the following criteria may precipitate the activation of the County's Mass Fatality Management Plan:

- Any incident having the potential to yield 20 or more fatalities.
- Any incident involving a protracted or complex decedent recovery operation.
- Any situation in which there are remains contaminated by chemical, biological, radiological, nuclear, or explosive agents or materials.
- Any situation in which there are more decedents than can be recovered and examined by the Office of the Medical Examiner or their associated resources within a customary timeframe.
- Any incident or other special circumstance requiring a multi-agency or regional response to support MFM operations.

Local Jurisdictions

Following an MFI, local jurisdictions may initiate and conduct family reception and/or assistance operations according to established local plans and procedures. Maricopa County Department of Emergency Management (MCDEM) can provide limited FRC/FAC assistance and guidance upon request. All requests for county support for locally managed family assistance operations will be made, prioritized, and filled according to established resource request procedures and protocols.

Air and Rail Carriers Incidents

Air and rail carriers are required by federal law (the Aviation Disaster Family Assistance Act of 1996 and the Rail Passenger Disaster Family Assistance Act of 2008) to develop and maintain plans for carrying out family assistance operations following an accident that results in a major loss of life. These laws also task the National Transportation Safety Board (NTSB) with coordinating family assistance efforts of the carrier, local responders, and federal agencies. Requests for county support for family assistance operations managed by air/rail carriers and the NTSB will be made, prioritized, and filled according to established resource request procedures and protocols.

HIPAA Privacy in Emergency Situation

Confidentiality of Medical/Dental Records. Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law 104-191 covers the requirement to maintain confidentiality of all missing person/victim records in mass fatality response. Medical and dental providers of suspected victims are relieved of confidentiality restraints by the Health Insurance and Portability and Accountability Act (HIPAA) Exemption for Medical Examiners (CFR 164.512). Above information extracted from MCOME Mass Fatality Management Plan.

Planning Assumptions

The following assumptions were made during the development of this guide:

- An MFI/MCI incident may occur with little or no warning, at any time, and in any area of Maricopa County.
- An MFI/MCI incident will be treated as a terrorist event until determined otherwise by law enforcement.
- An MFI/MCI incident may escalate rapidly and require state, federal, and non-governmental resources that are not available at the county level.
- FRCs/FACs can expect a minimum of six to ten family members or loved ones to arrive or need assistance for each victim.
- Family and friends of survivors and decedents may be located around the world and may need to utilize a call center, or another number provided for family reunification, rather than visit the FAC in person.
- After an incident, family members may immediately call or self-report to the hospital they believe their loved one may have been taken to.
- Coordination among responding agencies about family members, missing persons, and patient tracking will be necessary.
- Depending on the magnitude of the incident, resources from other jurisdictions, the state, or the federal government may not be available for use in Maricopa County for as long as 72 hours after the incident occurs.
- Responding agencies may need to provide additional or enhanced assistance to individuals with access and functional needs following a mass casualty or mass fatality incident.
- A large-scale emergency or disaster will generate widespread media and public interest.

- An FRC will be necessary to provide a safe place for survivors and families to convene until an FAC is activated.
- A specific safe zone must be established for unaccompanied minors to ensure appropriate release to a custodial adult.
- Religious and cultural practices will be important factors in how survivors and families cope, grieve, communicate about injuries and death, and prefer to have remains handled.
- Responding to an MFI/MCI incident can be overwhelming and lead to traumatic stress. Support services for responders, FRC and FAC staff will be essential.
- The FRC and/or FAC may need to operate 24 hours a day during the initial days or weeks after an incident.
- Patients may be present at multiple hospitals, which will require a coordinated family reunification structure.
- Survivors and family members may need access to interpretive services and/or require services from governments of foreign countries.

Concept of Operations

General

FACs provide a centralized location for multi-agency coordination, resulting in the effective dissemination of information and assistance to all impacted families. An FRC/FAC will assist family members by providing counseling, information on the current situation, and a location where families can be reached to assist law enforcement agencies in collection of missing person's data. The FRC/FAC provides an environment where law enforcement and the Office of the Medical Examiner can secure data to assist in the identification of deceased persons, and unidentified and unresponsive patients. The FAC also allows for hospitals to report the names of their incident-related patients to reunite families and resolve the missing persons list. The FAC should also dedicate a space where families may be notified of their loved one's status, allowing them to grieve in private.

Direction and Control

MCDEM, MCOME, or MCSO may receive a request from an Incident Commander for support in carrying out family assistance operations, including opening and managing an FRC or FAC for an event occurring in unincorporated Maricopa County. These entities may also become aware of a potential mass casualty or mass fatality event and may conduct proactive outreach to determine unmet needs. If the County is asked to support FRC/FAC operations in a sub-jurisdiction, the Director of MCDEM or designee will consult with the requesting jurisdiction to determine organizational structure and types of service available for deployment.

Activation

The decision to activate a Family Reception Center / Family Assistance Center for an incident in unincorporated Maricopa County will be a collaboration between MCDEM Director, Chief Medical Examiner, MCSO Incident Commander and MCDPH Director. For incidents impacting a local city or town within Maricopa County, the local jurisdiction may activate and manage an FRC/FAC. In this case, MCDEM will coordinate County support for the local jurisdiction's FRC/FAC as

requested. For incidents impacting a local city or town within Maricopa County, and the request is made of MCDEM to activate an FRC/FAC on the local city or town's behalf, a collaborative decision between the local Incident Commander, local Emergency Manager, MCDEM Director, Chief Medical Examiner, MCSO Incident Commander and MCDPH Director should be made. County support for a local FRC/FAC will be made and prioritized through established resource request procedures.

The decision to establish and activate an FRC or FAC is based on several factors, including the number of fatalities and serious injuries, the impact to the community (localized or widespread), type of needs, and availability of services. Consideration should also be made for the activation of a public call center.

An Incident Management Team should be activated to manage the FRC/FAC Operation, with an FRC/FAC Manager appointed for each operational period and will serve as the Operations Manager for the center. The FRC/FAC Manager will work collaboratively with the below identified Family Assistance Center Unified Coordination Group agencies.

Family Assistance Unified Coordination Group

Providing family assistance to family members following a mass casualty or mass fatality incident will require leadership as well as coordination and collaborative decision making among key stakeholders. After collaboration with, and approval by the Incident Commander, a Family Assistance Unified Coordination Group (UCG) should be established by the Director of MCDEM or designee to serve as a senior level advisory and policy group. This group will decide which type of center (FRC, FAC, or both) to open based on several factors including the number of fatalities and serious injuries, the impact to the community (localized or widespread), type of needs, and availability of services. See Appendix A Family Assistance Center Organization Chart.

At a minimum, Family Assistance UCG should be comprised of representatives from the agencies/organizations listed below:

- Maricopa County Department of Emergency Management
- Maricopa County Office of the Medical Examiner
- Maricopa County Department of Public Health
- Maricopa County Sheriff's Office
- Maricopa County Manager's Office
- American Red Cross
- Federal Bureau of Investigations, if requested

Family Reception Center

A temporary reception center should be established to provide survivors and family members with the information and immediate attention that they may need. In addition to information, the FRC provides a place for family and friends to gather while protecting them from unwanted attention from the media, lawyers, and onlookers. Reception center staff should turn away media representatives, attorneys, and uninvited guests who try to enter the facility. An FRC should be open and operational with limited capability within 3 hours. The FRC can also facilitate early information sharing to support family reunification (e.g., directing families to Hospital Reception Sites if victims are known to have been transported to the location), and coordinate death notification when identity is known. A limited number of staff and services

should be allocated to the reception center since the primary focus of the agencies and organizations will be on establishing the FAC. **FRC staffing, and location recommendations are similar to those of an FAC and should be tailored to meet needs and availability.**

If the FRC is a transitory step towards an FAC, FRC staff must make family members aware that a more permanent location (the FAC) is being created to meet their needs more effectively. Once the FAC is activated, the FRC will be Demobilized.

Family Assistance Center

A Family Assistance Center is a larger location which is opened to deliver survivors and families a wider range of services and support to provide a long-term space. The FAC should be opened within 12 to 24 hours of the mass casualty or mass fatality incident. The FAC model is situational, scalable, and needs focused. See Appendix C Example FAC Layout and Appendix D FAC Resource List.

The FAC is a critical piece in the support provided to family members. Responding agencies must remain sensitive to the needs of the family members and injured victims and adjust their response plans accordingly.

Virtual Family Assistance Center

The FAC must also consider the needs of victims and families that cannot or choose not to be present in the center. Establishing a “virtual” FAC can be accomplished by linking FAC personnel with the non-traveling families via a Call Center. This hotline can be used to provide mental health support, logistics support, and information about scheduled briefings, etc. The hotline may also continue operating for a longer period depending on the needs of the victim population.

Establishing a virtual FAC may involve setting up a call center in combination with an online-information page either at maricopa.gov or through an MCCOAD provider. Both interfaces may be used to connect FAC personnel and non-travelling family members. The virtual FAC could involve a collection of antemortem data, law enforcement interviews, medical and dental records collection, and data management. Additionally, the virtual FAC can also provide notification and referrals, information about decedent affairs, behavioral health support, spiritual care, and mental health support.

Community Resiliency Center

The final phase of Family Assistance Operations is the establishment of a Community Resiliency Center (CRC). A CRC is a place of healing and support dedicated to serving as a multi-agency resource and referral center for residents, visitors, and responders affected by the incident. Its purpose is to help people access resources to help them build strength and resiliency in the aftermath of an MCI or MFI. The CRC is a long-term solution to community-wide healing which may be utilized for years post-incident by victims, their families, and the whole community. **This guide will not provide any further information/guidance on the establishment of a CRC.**

Public Call Center

A Public Call Center (PCC) is a location that can be activated following an incident overwhelming local 9-1-1 systems. A PCC serves as a direct communication hub and may accomplish the following:

- Establish an information line or communication route to lessen the impact on 911 communications.
- Provide a mechanism for accurate and timely information to the family and friends of victims.
- Support family reunification by directing family and friends to hospitals, established FRC/FAC, or other destinations.
- Provide information to, or direct media inquiries to the appropriate departments or staff.
- Function as a data collection point for critical organizations (law enforcement, hospitals, Medical Examiner).
- See Attachment 6 Public Call Center Intake Form.

When deciding to activate the PCC, determine the following:

- Who will operate the PCC and where is it located?
- How will contact information be publicized?
- What information should be collected?
- How will data collected be synthesized and quality controlled?
- Who should have access to the data once it is collected?
- Crisis Counseling / Mental Health Services for Call Center Staff.

The PCC should remain operational until accounting for victims has been accomplished, and call volume has decreased to the degree in which calls can be handled by routine channels.

Support Agencies

FBI Victim Service Division

The Victim Services Division is responsible for ensuring that victims of crimes investigated by the FBI are afforded the opportunity to receive services and notification as required by federal law and the Attorney General Guidelines on Victim and Witness Assistance. However, if there is no federal nexus, the FBI can still be requested to assist. The lead local Law Enforcement agency is required to request the Victim Services Division.

Services provided include:

- Coordination of FBI victim assistance resources and assets.
- Coordinate and support FACs.
- Liaison with investigators, Office of the Medical Examiner, and families.
- Coordination of timely victim/family briefings.
- Integration of federal requirements with state and local providers.
- Management of Emergency Victim Assistance funds.
- Coordination of direct services to victims, including:
 - Crisis intervention.
 - Assistance with death notification.
 - Emergency travel.
 - Liaison and coordination of resources with counterparts.
 - Preparation and transportation of victim remains.
 - Return and cleaning of personal effects.

American Red Cross

The American Red Cross (ARC) prevents and alleviates human suffering in the face of emergencies by mobilizing the power of volunteers and the generosity of donors. Services provided include:

- Integrated Care and Condolence Team - provides services to families and friends of missing, injured, and deceased loved ones via casework and recovery planning, disaster health services, disaster mental health, and disaster spiritual care.
- Assist in the coordination and support of the FAC.
- Assist with the Intake/Guide staffing and Canteen Services.
- Direct support to survivors and family members when applicable.

Maricopa County

- Maricopa County Sheriff's Office
 - Scene Response
 - FAC Security
 - Death Notifications
 - Investigations
- Maricopa County Office of the Medical Examiner
- Maricopa County Office of Communications – Public Information Center
- Maricopa County Attorney's Office, Victim Services
- Maricopa County Department of Public Health, Vital Records
- Maricopa County Human Services

State of Arizona

- Arizona Department of Emergency and Military Affairs
- Arizona Attorney General Victim Services
- Arizona Department of Health Services

Non-Governmental

- Maricopa County Community Organizations Active in Disaster
 - Maricopa County Department of Public Health Medical Reserve Corps
 - Hope Animal Assisted Crisis Response (Stress Management)
 - Solari Crisis and Human Services (Crisis Counseling)
 - Southern Baptist Disaster Relief (Feeding Operations)
 - Salvation Army (Donations Management)
 - Maricopa County COAD/AZ VOAD (Financial Donations)
 - Arizona Humane Society (Animal Operations)
- Emergency Medical Services / Fire District

Foreign

- Foreign National Consulate - may assist with financial aid, humanitarian permits, and identification documents for foreign nationals involved in the incident.

Family Assistance Center Location

The FAC should be located away from the incident scene, and away from a route that passes the incident scene. It should also have services and amenities available on-site and should be Americans with Disabilities Act (ADA) compliant. A community center, recreation center, school, or hotel can usually provide large meeting rooms, private rooms, food preparation areas, and personal comfort stations for gathering family members. In some situations, selected facilities have been willing to move current guests elsewhere to make room for families of victims. The FAC, when practical, should not be located at the same location as the FRC. It is more likely that fatality notifications will be made at the FRC, and families are less likely to return to a location in which they received unpleasant or upsetting news, preventing them from receiving needed services.

The facility should be available for the duration of the response so that families do not have to be moved. It should be an adequate size to accommodate the families and the influx of service providers. FAC management should plan for at least 6-10 family members per victim or survivor when considering both the FAC facility and sufficient command and support staff. Families should be able to enter and leave the FAC unfettered by the media. Media and attorneys (unless there are pre-arranged pro-bono legal advice volunteers from local bar associations) are not permitted in the FAC.

Use figure 1 “Determining FAC Location” as a guide in determining suitable locations for family assistance operations. These recommendations are for an ideal facility, although it is highly probable the best available solution will be utilized.

Figure 1

DETERMINING FAC LOCATION	
Site Accessibility Considerations	
1	Approval from facility owner, jurisdiction, or relevant agency
2	Easy access from major roads, freeways, or public transit
3	Close proximity to survivors and families affected by the incident
4	Proximity to mass transportation resources
5	Adequate number of parking spaces
6	Parking lot layout that facilitates law enforcement access restrictions and roadblocks
7	Available on short notice
Usable Space and Resources Considerations	
8	Large indoor space to accommodate needs listed
9	Multiple exterior ingress/egress points (preferably two egress points)
10	Proximity to restrooms, tap water source, telephone, and security station
11	Controlled heating/air conditioning
12	Flow consideration for Family Assistance Center areas to include: <ul style="list-style-type: none"> - Reception/Check-In - Security Stations - Law Enforcement interview area - Crisis counseling/Clergy (individual rooms/areas) - Meal area (as appropriate) - Medical Examiner’s area - First Aid area - Staff briefing/break area - Staff work area - FAC Command area See Appendix C Example FAC layout
13	Appropriate space for law enforcement: <ul style="list-style-type: none"> - Separated, designated space - Secured area - Enclosed space with no windows

14	Appropriate space for the Office of the Medical Examiner: <ul style="list-style-type: none"> - Separated, designated space - Secured area - Enclosed space with no windows
15	Appropriate space for a childcare area: <ul style="list-style-type: none"> - Enclosed space with narrow entrance - Real walls (or solid partitions) - Unencumbered access to two means of ingress/egress
16	Ability to support communications and technological infrastructure, including expected power load and data transmission capability
17	Telephones available in facility
18	Tables and chairs available on-site
19	Facility conforms with jurisdiction and federal regulations: <ul style="list-style-type: none"> - Certificate of Occupancy - OSHA facility requirements - ADA compliant or modifiable to be compliant (including all access/egress)
20	Food preparation and/or consumption, including any applicable cultural or religious considerations regarding the types of food permitted on the premises
Safety	
21	Easily secured perimeter
22	Endorsement of local law enforcement and fire department

Family Assistance Center Functions

The following list contains an overview of FAC functions (Appendix B FAC Responsibility Matrix):

Command and Control

The FAC will utilize the Incident Command System (ICS) and will be overseen by the FAC Unified Coordination Group (UCG) and managed by the FAC Manager. The FAC Manager will work out of the FAC. The FAC UCG will be available through a virtual EOC established by the MCEOC or work directly out of the MCEOC. The incident command structure of the FAC will be flexible and scalable based on the scope of the operation. See Appendix A for FAC Organization Chart

Reception and Intake

Survivors, friends, and family members entering the FAC will be greeted and directed to the reception and intake to check-in, get badged, and be assigned an FAC Guide. See Appendix E for FAC Functions Job Aid

Security

Local law enforcement will safeguard the privacy of FAC guests and ensure a safe and secure environment within and around the FAC facility.

Mental Health and Spiritual Care

The FAC will provide trauma informed services to meet the emotional, mental, and spiritual needs of both guests and FAC staff. These services include behavioral health support, multi-denominational spiritual support or pastoral care, crisis counseling, grief counseling, and critical incident stress debriefing for FAC staff. The FAC may also provide referrals to mental health professionals and support groups located in clients' local areas.

Social Services

Depending on the nature of the incident and the needs of individual families, several additional or other support services may be necessary, such as replacing identification and/or other critical documents. Both information and appropriate referrals for these services located within or outside the FAC may be provided.

Medical Services

Local EMS and/or Fire District personnel will be on hand at the FAC to provide basic first aid for FAC staff and clients, and serve as a point of contact with local medical service providers in the event of a medical emergency at the FAC.

Transportation Services

Some clients may require assistance with transportation, including for site visits or travel between the FAC and their homes, accommodations, or hospitals. Transportation resources must accommodate the access and functional needs of clients.

Communications Assistance Services

The FAC will provide accommodations for clients with disabilities and other access and functional needs who may need additional assistance to access FAC services or obtain information.

Feeding

Both meals and snacks should be made available to FAC clients and staff. Food and drink offerings will take identified cultural preferences and dietary restrictions into account.

Reunification Services

A primary goal of the FAC is to reunite families with their missing loved ones, whether they are alive or deceased.

Family Notification - Living Persons

If information on a missing person matches that of an injured person who was transported to a hospital, the family will be informed in person if they are present at the FAC, or via telephone by a medical liaison if they are not at the FAC. The notification may consist only of the location of the hospital where the injured person is being treated and the appropriate hospital point of contact. No other information, including the condition of the injured person, may be provided.

Family Notification - Deceased Persons

If information on a missing person matches that of a decedent, the family will be notified in person at the FAC in a private environment by law enforcement accompanied by spiritual and behavioral health specialists, if available. In the event family members are not or cannot be physically present at the FAC, law enforcement will coordinate with law enforcement authorities in their local jurisdiction to carry out the death notification, preferably at their residence. The notification may also include information on the release of remains and any personal effects to next-of-kin. The Office of the Medical Examiner will assist in the reunification of families with deceased family members. See MCOME Mass Fatality Management Plan for deceased reunification services.

Accounting for the Victims

Developing a precise and accurate list of victims is a primary concern when establishing a family assistance operation. In a major aviation accident, a passenger list (i.e., manifest), allows authorities to begin the process of coordinating services for family members. In contrast, an MFI in which neither the number of victims nor their names are known (i.e., open population incidents such as an active shooter event), require authorities to establish a mechanism for soliciting, collecting, and managing missing persons reports. The missing persons reports are then investigated by law enforcement to develop a victim list. A victims list allows authorities to initiate family notification, family assistance, and criminal investigations.

Developing a victim list for an open population MFI is most effectively accomplished by establishing a Public Call Center (PCC) and publicizing the contact information soon after a disaster. The public should be encouraged to contact the PCC if they believe that a family member, friend, or co-worker are missing because of the MFI. The objectives of the PCC are to collect basic information about the person reported missing, contact information for the

reporter/informant, and information that can be used by law enforcement to assess the likelihood of involvement allowing for investigative prioritization (see Attachment 6 Public Call Center Intake Form). Once the list of those missing is determined, families will need information and support as the process of victim recovery and identification begin. Officials may also need a process to identify those who are hospitalized with severe injuries and without identification documents. The PCC ceases operations when total victim accounting has been accomplished, or when call volume has decreased to the degree in which calls can be handled by normal channels.

When the MFI is a federal criminal violation, the lead federal investigative agency is responsible for meeting mandatory requirements regarding victims and families, including determining who the victims are and developing a contact list. Federal criminal law defines a victim as someone who suffered direct physical, emotional (psychological), or financial harm as the result of the commission of a crime (42 U.S.C. § 10607 and included in the Attorney General Guidelines on Victim and Witness Assistance, 2011). The immediate family of a deceased individual is entitled to information, rights, and services as representatives of the deceased and adult parents or guardians are representative victims for their minor (under 18) children. A family member or guardian may also represent an incapacitated victim.

For major commercial aviation or rail passenger accidents (as defined by 49 USC §1136 and 49 USC § 1139), the aircraft or rail passenger operator has the responsibility to notify the family members of those involved in the accident. The NTSB, in coordination with the operator, federal agencies, and the American Red Cross, are to establish the family assistance process to provide information and access to services. Notification of involvement is not the same as notification of death, which is the responsibility of the presiding medicolegal jurisdiction and is accomplished following the identification as part of the death certification process. This is a critical distinction particularly when there are survivors associated with the mass fatality incident.

Family Briefings

Briefings ensure consistent messaging among agencies for families and survivors. The briefing should be led by a Public Information Officer (PIO) and can include representatives from the Office of the Medical Examiner, law enforcement, and County leadership.

- These briefings should commence within 24 hours of the FAC activation (see Attachment F Family Briefing Frequently Asked Questions). Official briefings should be provided to families and survivors at least daily and as often as needed.
- A typical briefing agenda may cover:
 - Opening, introduction of speakers, and recap of critical information.
 - Status of rescue and recovery operations.
 - Status of identification process.
 - Status of personal effects management.
 - Assistance resources update (crisis counseling, childcare, legal services, etc.).
 - Planned events (incident site visit, memorial services).
 - Closing, wrap up, location and time of next briefing.

- The information being disseminated should be in language and terminology the families can understand.
 - Important information should be repeated often, as some individuals may be less receptive due to their grief.
 - Translators or sign language interpreters should be available, if necessary.
- The same individuals should be present to speak at each briefing to establish continuity and recognition with the families.
- At least one briefing per day should be conducted, even if there is no new significant news to report.
- Briefings should be held on a schedule, allow for families to receive updates in a timely manner, and take place before the media is provided updates.
- A Family Briefing Schedule should be posted around the FAC in highly visible areas, such as on designated message boards if they are established. Consideration should also be made for making one or two general announcements in the hour or minutes leading up to the briefing.

Family members attending the briefing should be allowed to ask questions of each speaker immediately following the presentation. The time allotted for the question-and-answer period must be long enough to accommodate family member questions, but not delay the need for those officials involved in the briefing from returning to their incident management responsibilities.

Attendance at the briefing by non-family members should be tightly controlled. Only those serving as speakers or senior management of critical response agencies should be allowed in the briefing room and should be introduced at the start of the family briefing. Information from the briefing can be shared, as appropriate, by the response agency management with the team members following the briefing provided to the families. The final briefing will be used to explain transitional services and plans to families and survivors prior to demobilizing family support operations.

Release of Victim Names

The timing and manner of the release of victim names will be determined by the agency or agencies responsible for identifying victims and/or investigating the incident if it is a crime, aviation, or rail passenger accident. Victim and family member names and contact information may be shared (following privacy laws and with appropriate safeguards) among responding agencies to address family assistance needs. Families and surviving victims should be consulted in advance of the public release of their names. The goal should be to protect the privacy of victims and families. In the wake of high-profile incidents, there may be requests from a wide range of individuals and organizations for the victim information. Great care should be taken before providing victim information to anyone without an official need to know. Deaths may be released to the media during daily press briefings after next-of-kin notifications have been completed.

Public Information

There will likely be significant media interest in an MCI or MFI. Authorities will also likely have a need to release information to the media about, or for, survivors and family members. Accordingly, it is important that the PIO(s) and/or JIC managing public information about the incident are aware of the operation of an FRC/FAC and be prepared to communicate with the media and public under the direction and authority of the Incident Commander(s) or Unified Command.

Public information and messaging concerning survivors, family members, and/or family assistance operations should be managed by the PIO and/or JIC. Messaging should be approved by the Incident Commander or Unified Command.

It is imperative that media staging areas, as well as press conferences and media availabilities, be located away from the FRC or FAC to ensure sufficient privacy for survivors and family members in and traveling to and from these facilities.

Deaths related to the event may be reported daily at a regular press briefing, and could include estimated and/or confirmed deaths, positive identifications, and the names of those who's next-of-kin have been notified. This type of information release is normally determined by the agency or agencies responsible for identifying victims and/or investigating the incident.

Personal Effects

Recovering personal effects of victims is a critical and meaningful act for most families. Personal effects are often the things the victim carried with them and may have been the last items they touched. As such, these items can be highly representational of the life and person that was lost. The timely and appropriate return of personal effects is required by various federal statutes, with the most specific requirements provided for aviation disasters.

Personal effects are generally classified as associated if they are in direct contact with the victim's remains (e.g., ring on finger, shoes worn on feet), associated with victim's name but not remains (e.g., luggage with baggage tag affixed to handle or loose Driver's License recovered from scene), and unassociated if there is no easily discernible link to a victim. Associated personal effects are most often the responsibility of the medicolegal jurisdiction that has taken custody of the remains, whereas responsibility for personal effects that are not in direct contact with a victim varies depending on the circumstances associated with the event. Following a criminal incident, local law enforcement should be responsible for managing personal effects. Generally, the process of handling personal effects involves the following:

- Explain personal effects management process to family members.
- Documentation and recovery from the site or from remains, including initiating chain of custody.
- Decontamination and preservation.
- Inventory and catalogue.
- Providing family members with associated and unassociated catalogues, and instructions to claim or disassociate items.
- Return associated items per family instructions.
- Retain unassociated items and ultimately destroy after notifying families of intentions.

Incident Site Visit Viewing

At the request of family members, it is important to consider a visit by families to the incident site. The Maricopa County Emergency Operations Center (MCEOC) will play a key role in planning and carrying out the visit. This visit must be coordinated with Incident Command. It should not be scheduled until the site is safe, and human remains, and clearly distinguishable personal effects are either removed from the site or are not visible from the vantage point of the viewing area. A wide security perimeter, consideration for air space above the incident site, and additional security personnel may be required to protect families from the media and on-lookers. Prior to the visit, families should be briefed about what to expect, how long they will be at the site, and what limitations may be in place (e.g., no photography). Transportation should be provided for the entire group instead of having families travel on their own to the site. A brief memorial may be held at the site to include a place for families to leave tributes and flowers. The visit should be staffed by crisis intervention specialists, clergy, and medical support. Arrangements should be made with the families about the final disposition of any tributes left at the site.

Memorial Events

A memorial event is often an important part of transitioning families and survivors from the FAC back to their homes. It is a multi-faith event with typical elements of a memorial service. To commemorate the victims, families and the community will often seek to establish a monument or physical memorial. A formal process for deciding upon the location, design, and inscriptions for the monument/memorial should include family members, preferably a family member association if one is established. Anniversary events may also be important for the process of recovery for family members and the community. Planning for these events should include family members and others from the community with a close association to the incident.

Funding

In a terrorist attack or other mass casualty criminal incident, funding may be available from the federal Anti-terrorism and Mass Violence Emergency Victim Assistance Fund, administered by the Office for Victims of Crime in the U.S. Department of Justice. This funding may cover FAC costs and may be provided to the FBI Office for Victim of Assistance through an existing Memorandum of Agreement, or through a state victim assistance agency to a local agency or organization.

Demobilization and Transition to Resiliency Center

The FA UCG, in consultation with the Incident Commander and the MCEOC, will make the decision to demobilize the FAC, using the following as a guide:

- The FAC UCG comes to a consensus that the ongoing needs of survivors and family members can be met effectively via normal service channels.
- Daily survivor and family briefings are no longer needed.
- On-site rescue and recovery operations, investigations, and identification and removal of remains have ended or substantially decreased and are no longer drawing significant numbers of survivors and family members to the area.
- Family reunification is complete.

- Fewer than five survivors and family members per day register at the FAC for three days in a row.
- Memorial services have been arranged for decedents.
- Arrangements have been made for the return of personal effects.
- Ongoing case management and/or communication paths have been established for future support to survivors and family members, if needed.
- A Resiliency Center has been established, if needed.

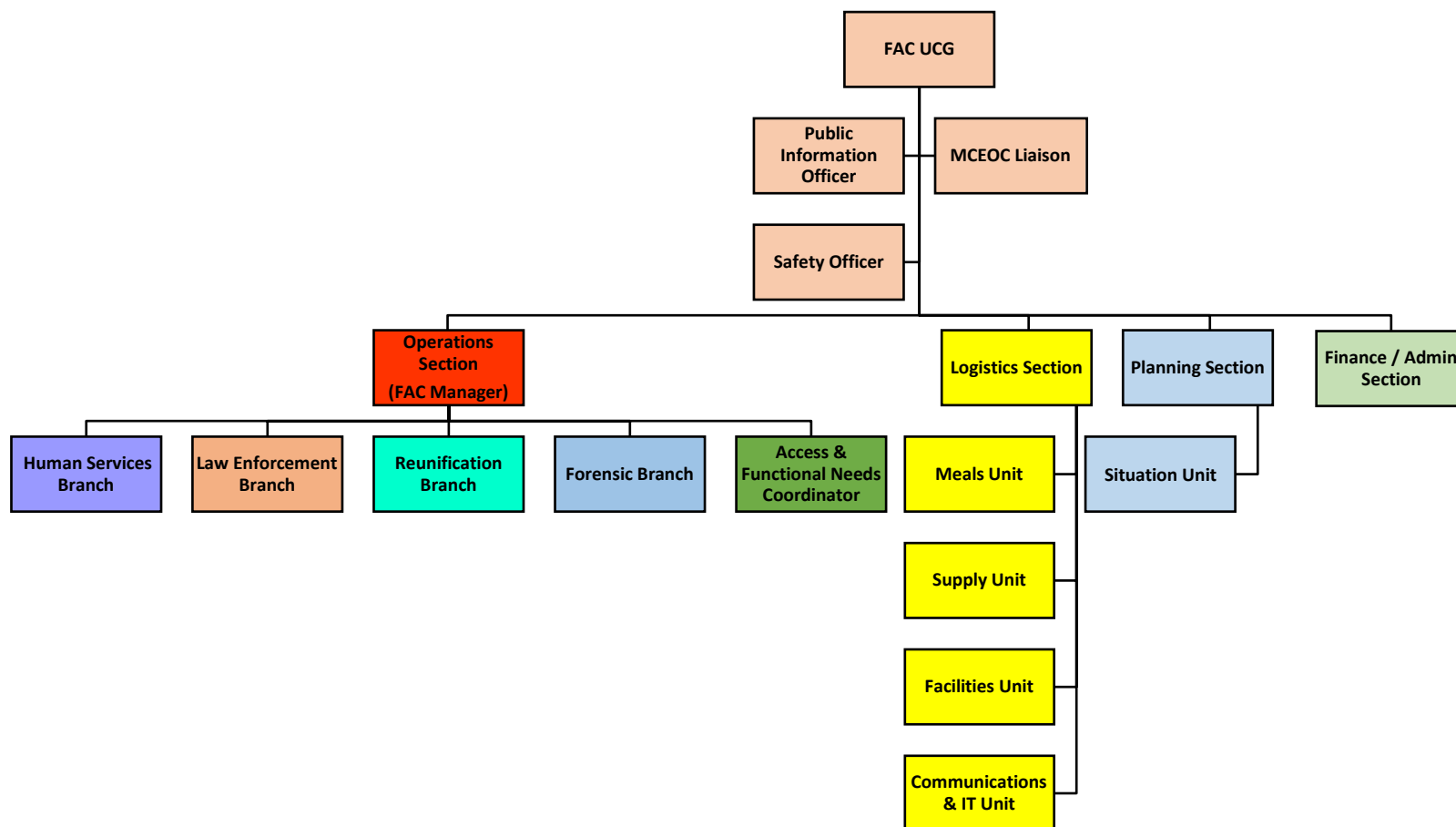
Once the decision has been made to stand down the FAC, the FAC UCG will inform the venue of the anticipated date and time of closure and coordinate the FAC demobilization process with the impacted community and the MCEOC, including informing survivors and family members. The FAC UCG will also ensure that all ongoing case management and social services needs are documented.

Acronyms

ADA	Americans with Disabilities Act
ARC	American Red Cross
CART	Computer Assisted Realtime Transcription
CRC	Community Resiliency Center
EMS	Emergency Medical Services
EOC	Emergency Operations Center
ERIC	Emergency Response Interpreter Credentialing
PCC	Public Call Center
FAC	Family Assistance Center
FBI	Federal Bureau of Investigations
FRC	Family Reception Center
HIPAA	Health Insurance Portability and Accountability Act
ICS	Incident Command System
JIC	Joint Information Center
MCCOAD	Maricopa County Community Organizations Active in Disaster
MCDEM	Maricopa County Department of Emergency Management
MCDPH	Maricopa County Department of Public Health
MCEOC	Maricopa County Emergency Operations Center
MCHSD	Maricopa County Human Services Department
MCI	Mass Casualty Incident
MCOET	Maricopa County Office of Enterprise Technology
MCOME	Maricopa County Office of the Medical Examiner
MCSO	Maricopa County Sheriff's Office
MFI	Mass Fatality Incident
MFM	Mass Fatality Management
UCG	Unified Coordination Group
VOAD	Voluntary Organizations Active in Disaster

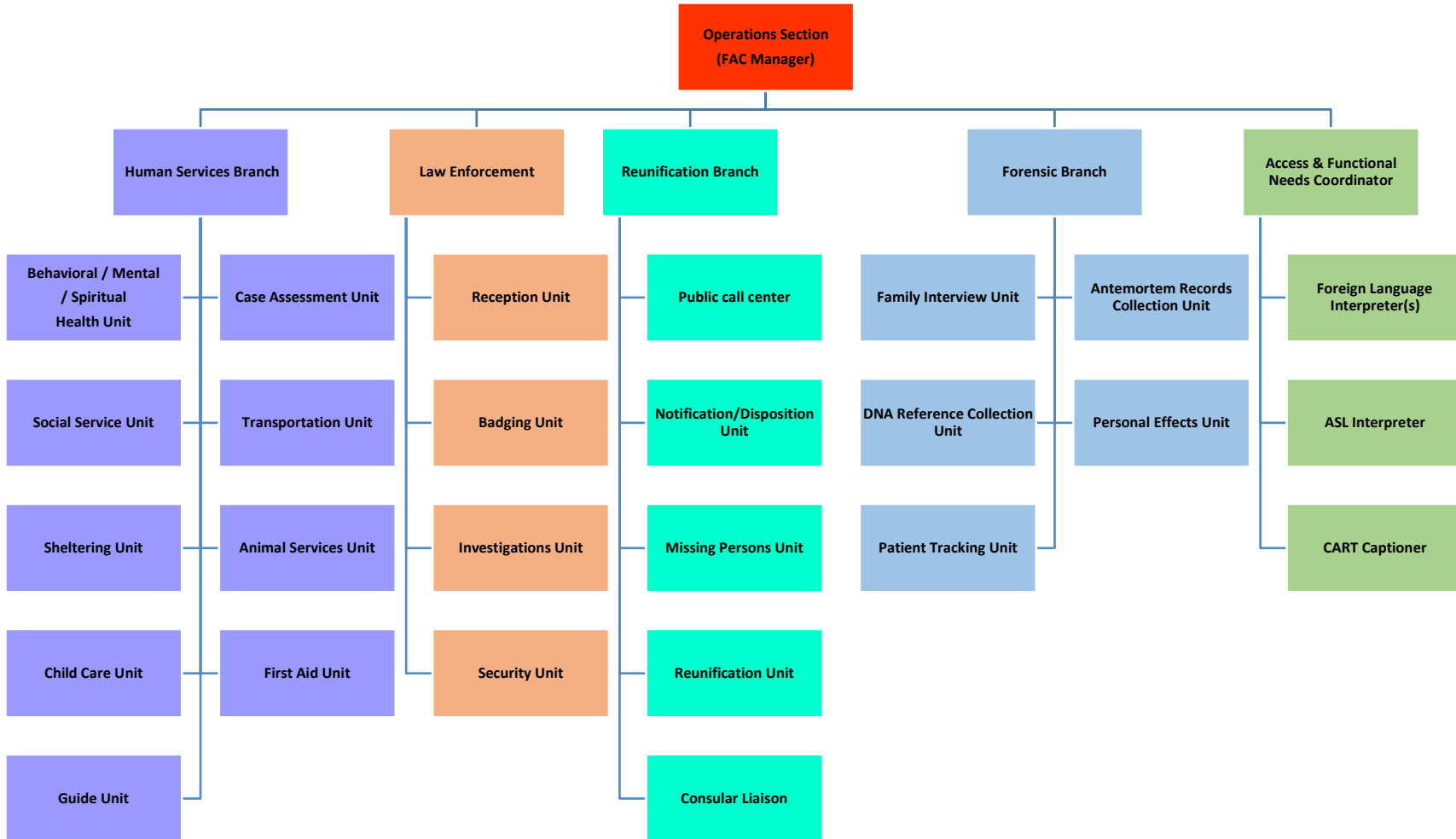
Appendix A

Family Assistance Center Organization Chart



Appendix A-Family Assistance Center Organization Chart (Continued)

Operations Section



Appendix B

Family Assistance Center Responsibility Matrix

Position	Recommended Participating Agencies	Position Description
Command Staff		
FAC Unified Coordination Group	County Manager, MCDEM, MCSO, MCOME, ARC, FBI, MCDPH	Responsible for all operations, planning, logistics, and finance/administration functions supporting the FAC and the local community.
Public Information Officer	MC Office of Communications	Coordinates operations with the JIC on all external communications.
MCEOC Liaison Officer	MCDEM	Serves as a conduit of information between the FAC and the MCEOC.
FAC Safety Officer	Fire District, MCSO	Responsible for the facility safety considerations for the staff as well as the guests at the FAC. Identifies and ensures correction of any safety concerns.
Operations Section		
FAC Manager	MCSO Incident Commander/MCDEM Manager	Responsible for management of all FAC operations including security, provision of services, provision of victim information to families, and accounting for missing victims.

Human Services Branch		
Human Services Branch Chief	MCHSD, ARC	Oversees human services provided to victims and family members.
Mental / Behavioral / Spiritual Health Care Unit	ARC, Salvation Army, MCCOAD	Ensures that services are provided for the emotional, mental, and spiritual needs of guests and FAC staff. Oversees and manages spiritual care personnel. Assists patrons in understanding and managing the full range of grief reactions. Provides crisis intervention, mediation, and management of “at risk” patrons by providing referrals to mental health professionals and support groups located in the family member’s local area.
Case Assessment Unit	MCHSD, FBI Victim Services	The Case Assessment Unit maintains a Help Desk to answer questions from people calling via telephone or in person. It assists patrons at the FAC in securing such services as: benefits counseling and assistance, financial assistance and planning, laundry services, physical health services, interpreters/translators, and web access.
Social Services Unit	MCHSD, ARC, MCCOAD, FBI Victim Services	Directs families to non-medical services (e.g., unemployment benefits, workers compensation, housing assistance, etc.).
Transportation Services Unit	MCCOAD, FBI Victim Services	Coordinates all transportation needs of family between the FAC facility and homes, accommodations, or hospitals.
Sheltering Unit	ARC, MCDEM, FBI Victim Services	Provides immediate emergency sheltering to victims and/or family members as necessary.
Animal Services Unit	Arizona Humane Society	Provides assistance to victims with domestic animals.
First Aid Unit	Fire District or Local EMS	Provides basic first aid for FAC staff and guests, and serves as a point of contact with local medical service providers in the event of a medical emergency at the FAC.
Child Care Unit	MCCOAD / Local School District	Provides temporary childcare services during family interviews, briefings, or disposition discussions.

Law Enforcement Branch		
Law Enforcement Branch Chief	MCSO	Oversees the reception, badging, and site security functions of the FAC.
Reception Unit	ARC, RCC Team	Screens visitors through greeting, registering, and badging for valid FAC patrons. Provides general information as requested, navigates patrons through FAC services, and checks FAC staff in-and-out.
Badging Unit	MCDEM Technology/OET	Oversees badging of all staff, guests, and other personnel at the FAC.
Guide Unit	ARC, RCC Team	Guides patrons through the FAC, first taking them to a waiting area where they are informed of available FAC services, provided with pertinent written information, given the family briefings schedule, and assists in navigating the FAC.
Site Security Unit	MCSO	Coordinates internal and external security and traffic management at the FAC. Maintains a visible presence in all high security areas.
Reunification Branch		
Reunification Branch Chief	ARC	Oversees reunification services provided to victims and family members.
Public Call Center	MCDPH	Provides a centralized point for inquiries on missing persons and data collection for reports of individuals who are unaccounted for following an incident.
Notification/ Disposition Unit	MCSO, FBI, MCOME	Delivers death notifications to families in person at the FAC. In the event family members are not or cannot be physically present at the FAC, coordinates with authorities in their local jurisdiction to carry out the death notification at their residence. Coordinates the release of remains and personal effects to family following notification.

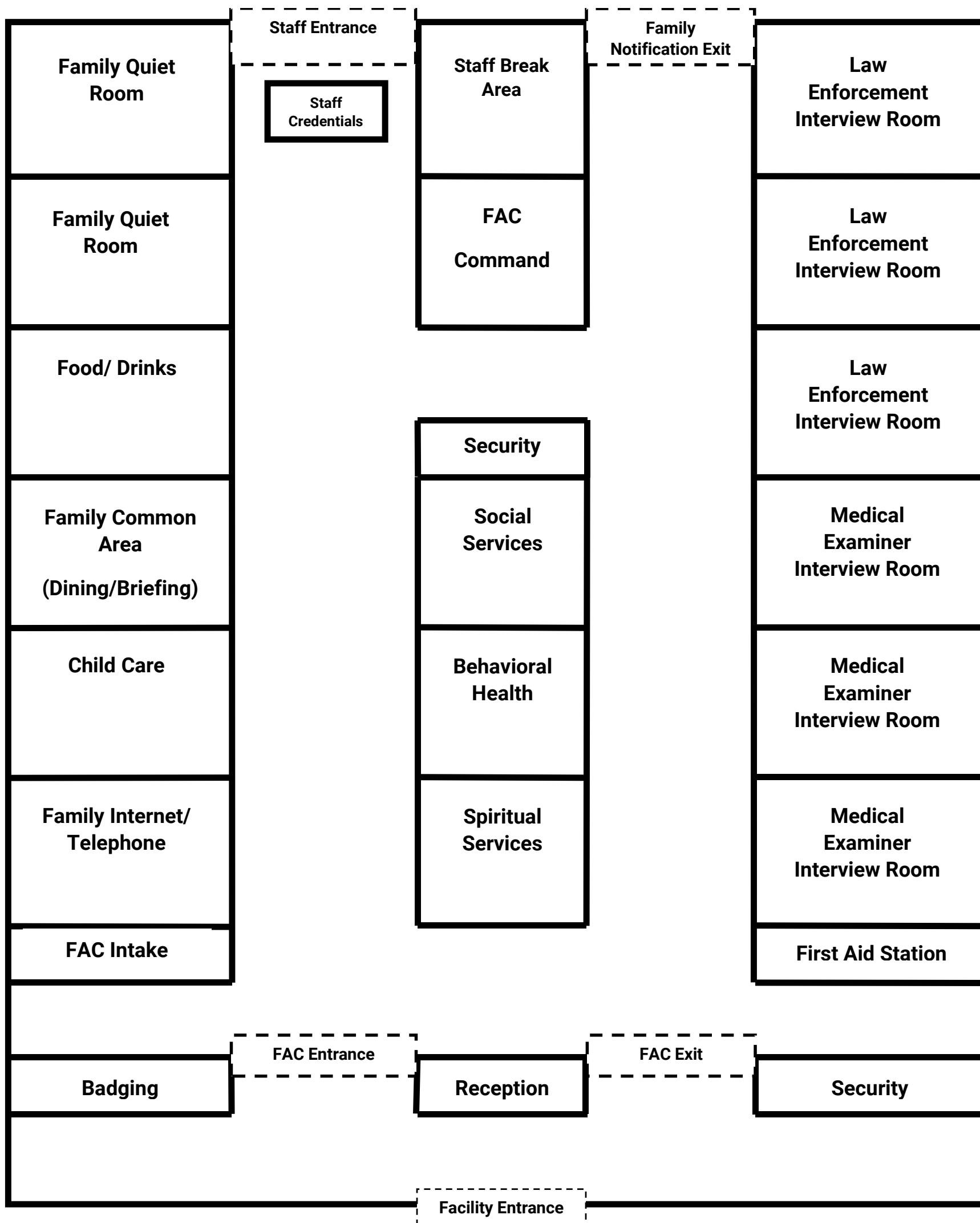
Missing Persons Unit	MCSO, ARC	Processes missing persons reports as appropriate, including locating missing persons. Liaises with National Crime Information Center and other law enforcement agencies regarding missing persons. Red Cross may also assist by using their 1-800-Red-Cross Hotline for Family Reunification.
Briefing Unit	MCOME, MCSO, PIO, AFN Coordinator, ARC	Conducts regular briefings at the FAC for families regarding ongoing response/recovery and identification efforts. Ensures conference calling/VTC capability and/or transcripts are available for family members who are unable to attend in person.
Reunification Unit	ARC	Oversees reunification services provided to victims and family members.
Consular Liaison	Foreign Consulates	The Consular Liaison coordinates with foreign consulates to provide and receive information on foreign nationals who may be involved in the incident, and work to reunify them with family or loved ones.
Forensic Branch		
Forensic Branch Chief	MCOME	The FAC Forensic Branch Chief has oversight for FAC teams conducting family interviews, gathering, and managing antemortem data from victims' family members, conducting DNA reference collection processes, and processing victims' personal effects.
Antemortem Records Collection Unit	MRC, MCDPH	Works in tandem with morgue operations to gather and manage antemortem data through various collection and distribution methods. During the interview process, families are asked to provide victim medical history including details of previous surgeries and dental restorations. The Antemortem Team then obtains medical records of this nature for postmortem comparison in the identification process using the Requested Records Log.

DNA Reference Collection Unit	MRC, MCDPH	Collects DNA samples from familial sources in an effort to identify victims through DNA matching.
Personal Effects Unit	MCSO, FBI	Works with the P.E. Team from the Incident Site and the Morgue to coordinate the return of victim personal effects to known next-of-kin.
Patient Tracking Unit	MCDPH, MRC, ARC	Provides timely and accurate information about the whereabouts of injured individuals who have been transported to hospitals.
Family Interview Unit	MCSO, MCOME, LE Crisis Intervention Team, Nursing supplemental staff	Conducts victim and family interviews.
Logistics Section		
Logistics Section Chief	MCDEM	Oversees logistic services provided to FRC/FAC.
Communications and IT Unit	MCDEM, MCOET	Provides and maintains telephone, radio, computer, networking, and wired/wireless Internet services in the FAC.
Meals Unit	Salvation Army, Southern Baptist Disaster Relief, MCCOAD	Supplies food and drink for FAC staff and guests while accounting for cultural preferences and dietary restrictions. Determines food and drink requirements, orders sufficient replenishments, maintains food service areas, and ensures that all appropriate health and safety measures are followed.
Supply Unit	MC Procurement, ARC, MCDEM	Orders, receives, and stores equipment and supplies for the FAC. Maintains an inventory of supplies and equipment on hand, and maintains accountability for non-expendable supplies and equipment.
Facilities Unit	MCDEM/RCC Team	Sets up and tears down the FAC. Ensures FAC cleanliness is maintained, including utilities and restrooms.

Finance Section		
Finance Section Chief	MCDEM	Tracks expenses and staff/volunteer time related to operations at the FAC. Responsible for the recording of time for all personnel assigned to the FAC. Responsible for the recording of FAC cost data.
Planning Section		
Planning Section Chief	MCDEM	Collects, evaluates, processes, and disseminates information within the FAC for situational awareness and decision-making. Produces a FAC personnel roster for each shift and plans for the eventual demobilization of the FAC.
Situation Unit	MCDEM, OET GIS	Tracks high-level FAC data as it relates to service utilization. Checks in with the Reunification Branch regularly to determine how many victims remain unaccounted for, how many have been identified as alive, how many have been identified as deceased, how many remain to be identified, and staff utilization. Ensures all paper documents, including forms and checklists, are available in sufficient numbers.
Access and Functional Needs		
Access and Functional Needs Coordinator	RCC Leadership Team	Manages Foreign Language, American Sign Language, and CART services providers. Ensures facility and operation access to mobility impaired persons through special equipment.
Foreign Language Interpreters	County Contract/ Procurement Services/MC COAD	Provides translation services for non-English language speaking patrons at the FAC.
ASL Interpreters	DEMA ERIC	Provides American Sign Language services for FAC Patrons who may be a member of the deaf and hard of hearing community.
CART Captioning Service	DEMA ERIC	Provide captioning services for FAC briefings.

Appendix C

Example Family Assistance Center Layout



For Terrorist/Active Shooter events, Law Enforcement/FBI will interview all victims and potentially family members prior to all other services.

NOTE: Designated service animals will be allowed into the FAC in accordance with ARS 11-1024.

Appendix D

Family Assistance Center Resource List

Information Technology

Phones	Headsets	Computers	Internet	Printers	Copy/Print Paper
Copier	Fax Machines	Scanner (Should be able to scan photos, records and images provided by the family)	Cameras and memory cards	Photo Identification Badges/Set up (i.e., cameras, printer, badges)	Lanyards or clips to hold badges
Computers for family members to use	Charging stations for phones	Power strips (Surge protectors) and extension cords	Handheld radios		

Facility

Map of facility	Tables	Chairs for staff	Comfortable chairs for family members	Partitions
Adequate lighting in rooms	Bathrooms	Hand Soap	Toilet Paper	Paper towels
Signs for areas, entrance, exits	Trash cans	Trash bags	Dust pans	Mops
Broom	Liquid detergent	Padlock or something for people to lock their items up	Refrigerator	Batteries

Flashlights	Kitchen	Water	Disposable tissues	Snacks
Coffee	Basic first aid supplies	Hand sanitizer	Other, to ensure ADA compliant	

General

Forms that have been developed previously for the FAC	Pens and Paper for families to take notes	Pens and Paper for staff	Paper clips	Binder Clips
Envelopes, all sizes	Markers including sharpies	Clipboards	Staplers	Scissors
Tape	File Folders	Plastic sleeves/sheet protectors for paperwork and items	Vests to designate role in FAC (agency may have own vest)	Paper shredder
Secure storage containers for case files (but may be agency specific)	Label maker	RCC Trailers Tables, Chairs, Computers	Other, to ensure ADA compliant	Tissues/Kleenex

PPE

Gloves	Masks	Evidence Bags for family members who bring in personal items
--------	-------	--

Appendix E

Family Assistance Center Functions Job Aid

Family Assistance Center Staff

All staff members and volunteers working in the FAC should be provided with an orientation session and proper training for their duties. They should also be provided with an identification badge such as a red all area access badge to wear while working their shift. Training may be in the form of just-in-time training. Preparing staff and volunteers for their roles before their shift will limit mistakes and allow for a more efficient provision of services.

NOTE: Due to the sensitive and confidential nature of the Family Assistance Center, FAC Staff and Volunteers will not come from unsolicited sources. Staff and volunteers will be provided via official requests made by MCDEM to fill specific roles or functions at the FAC.

The following should be reviewed in the staff and volunteer orientation:

- Parking instructions
- Shift check-in and check-out procedures
- FAC Behavior
- Position expectations
- Media policy
- Family confidentiality policy
- Cultural considerations
- FAC Layout
- Mealtime information

As staff arrive for the start of their shifts, their identification should be verified and checked against the daily work schedule to ensure they are to be on the premises. All staff and volunteers should fill out a registration form and confidentiality agreement on their first day ([Attachment 1 Staff and Volunteer Registration Form](#) and [Attachment 2 Confidentiality Standards Agreement](#)), and should sign-in and sign-out on the daily sign-in log every day they work (Attachment 3 Staff Sign-In/Out Form).

Reception/Intake

The main purpose of the Reception Staff is to welcome and register families and visitors to the FAC and provide them with general information regarding FAC operations, the family reunification process, and available support services.

- All clients entering the FAC must sign in and produce a valid government issued photo ID. Acceptable forms of ID include:
 - US Driver's License, US Identification Card, Tribal Identification Card, Military Identification Card, Passport, Visa, Permanent Resident Card, Resident Alien Card, and Foreign Government Issued Identification.

- Visitors will be asked to provide basic identifying information about the person they are searching for, family contact information, and legal next-of-kin information. If a survivor presents to the FAC and does not have a photo ID, family members of the survivor may confirm their identity.
- Sometimes dignitaries may wish to visit with the families to express condolences. These visits are not recommended and at a minimum should be pre-arranged with the understanding that photography/media will not be allowed.
- News media and curious members of the general public are not allowed in the FAC or allowed inside the perimeter establishing FAC grounds.
- Family and visitors arriving at the FAC should complete an initial Registration Form (Attachment 4 Family Member Registration Form). This form will serve as the foundation of information in their case file.
- The registration staff should include copies of all forms filled out by family members in a case file, which will be made available to Law Enforcement, the Medical Examiner, and Hospital Liaisons.
- A sign-in log should be maintained for families to check-in when they arrive and check-out when they leave the FAC each day (Attachment 5 Family Member Daily Sign-In Sheet). The family sign-in log should be separate from the staff and volunteer sign-in log.
 - Families and visitors should be informed of the sign-in instructions for return visits to the FAC.
 - Families must sign-out of the FAC upon leaving each day. All contact information must be recorded in case important information, or a death notification needs to be relayed to the family.
- All FAC Visitors will be badged using colored wrist bands.
 - Wrist band color should change daily.
- Photo identification should be used to verify the family members and any visitors during their first visit to the FAC.
- All FAC Staff will be badged.
 - Staff members will wear their agency provided badges which should include the staff member photo and name.
 - Staff members will also be provided red “All Area Access” badges.
- Credentialing
 - Each agency is responsible for vetting and verifying the credentialing of its volunteers and employees. Any staff providing spiritual counseling and behavioral health counseling will need to have valid credentials.
 - An ARC, Salvation Army and/or medical professional should operate the credentialing table (at FAC or Volunteer Reception Center) to verify credentials.
- Guides should be available to escort families around the FAC from station to station and orient them to the process and layout. Guides should also be able to personally assist the families with any questions or needs that they may have. The family escort should maintain the following capabilities:
 - Link the families with the appropriate person or agency to answer any questions they may have. The escort is also there to listen and offer support; therefore, they should have crisis training.

- Give the current status of the recovery and identification process.
- Receive information at daily staff/operations briefings.
- Give the schedule and location of the family briefings.
- Inform the family of FAC hours of operation and important telephone numbers.
- Adhere to safety and security regulations and FAC policies.
- Inform the family of available childcare at the FAC.
- Explain the importance of the signing in and out process and obtaining contact numbers/address.
- Identify key locations including rest areas, support services, and first aid stations.
- Interpreters, translators, and Computer Assisted Realtime Transcription (CART) services should be available for clients who are hearing impaired or do not speak, read, or write English.

Public Call Center

The FAC Unified Coordination Group may decide to establish a call center to serve the information and assistance needs more effectively of survivors and family members. This hotline should have one or more dedicated toll-free telephone numbers and have the following capabilities:

- Adequately trained staff and sufficient capacity of lines available to answer calls on a 24/7 basis in potentially large quantities.
- Documenting the names, contact information, and messages from callers who will then be directed to the reunification section within the FAC.
- Collecting information, in a standardized fashion, about people who may be missing, unaccounted for, or in need of family and survivor assistance services, who will then be directed to the reunification section within the FAC.
- Disseminating information on how survivors and family members may access survivor and family assistance services.

Appendix F

Family Briefing Frequently Asked Questions

Medical Examiners

- How many of the deceased have been recovered?
- How long do you think the recovery process will take?
- How many bodies have been positively identified?
- How long do you think it will take to finish positively identifying all bodies?
- What is the condition of the bodies?
- How many bodies have been released?
- How much staff do you have working on the incident?
- How many hours per day are your staff working?
- Are you still waiting on any resources to complete the recovery?
- What will happen with the personal effects?
- When will death certificates be issued?

Incident Investigators

- What is the status of the ongoing investigation?
- Was the cause of the incident intentional, accidental, or an act of nature?
- Was there any forewarning that the incident would occur?
- What agencies are involved in working the incident?
- How many investigators are working the incident?
- How experienced are the investigators working the incident?
- When will we be able to visit the incident site?
- When will the investigation provide more concrete answers?
- What could have been done to save more people?

Industry Personnel (if applicable)

- What are you doing about the incident?
- What are you going to do to help take care of the affected families?
- Will you pay for funeral expenses?
- Will you pay for (and/or continue to pay for) the families' living expenses while we are at the assistance center/shelter?
- What benefits will you provide to us?
- Did you know that an incident like this could happen?
- How many of your employees were killed and of what positions did they hold?

FAC Staff and Volunteer Registration Form

FAC Staff Registration Form			
Date		Page ____ of ____	
New Staff Name	Last Name	First Name	Middle Initial
Permanent Address:			
Temporary Address:			
Primary Phone Number		Type: <input type="radio"/> Cell <input type="radio"/> Home <input type="radio"/> Work	
Alternate Phone Number		Type: <input type="radio"/> Cell <input type="radio"/> Home <input type="radio"/> Work	
Driver's License Number		State	
Identification Verified by	Name	Agency	Phone Number
Area of FAC Assigned			
Supervisor Assigned			
Shift Assigned			
Staff Signature			
Supervisor/Designee Signature			

Confidentiality Standards Agreement

- _____ All staff shall respect the rights of survivors, family members, and staff to privacy.
- _____ Private, confidential information shall not be solicited from survivors, family members, or staff unless it is essential for the provision of services and/or as part of the investigation.
- _____ Confidentiality will be strictly maintained except for compelling professional reasons. This exception allows the disclosure of information to prevent serious, foreseeable, and imminent harm to an identifiable person, or when laws require disclosure of confidential information without an individual's consent.
- _____ When feasible, individuals will be informed of the disclosure of their confidential information and of the consequences of the disclosure.
- _____ Confidential information shall be discussed only in private settings, not in hallways, waiting rooms, elevators, restaurants, or other public/semi-public areas.
- _____ Staff shall ensure that all confidential and electronic information is stored in a secure manner and is not available to unauthorized individuals.
- _____ Staff will continue to protect confidential information following the close of the mass fatalities operation, restraining from the disclosure of any identifying information when sharing their experiences with family, friends, and/or co-workers.
- _____ Identifying information about anyone involved in the mass fatalities incident or response operation will be deleted from all public or educational presentations.
- _____ Licensed, professional staff will comply with professional standards of conduct and ethics, following accepted operating principles for licensed professionals.
- _____ Staff will not speak to representatives of the media without prior approval from the Public Information Officer or designee.
- _____ Photography and recording of any kind are prohibited unless written approval has been obtained from the Director of Operations.
- _____ Staff in possession of unauthorized photographic or recording equipment or film will be removed from the operation by Security.
- _____ Unauthorized photographic equipment, recordings or film will be seized by Security and will remain the property of the Medical Examiner.

I have read and agree to abide by the Confidentiality Standards as stated above.

Signature of Staff Member

Print Name

Date

FAC Staff Sign In/Out Sheet

Daily FAC Staff Sign In/Out Sheet				Date _____	Page__ of ____	
#	Last Name	First Name	Agency	Phone Number	Time In	Time Out

Family Member Registration Form

Family Member Registration Form					
Date _____ Time _____				Page ____ of ____	
Family Member / Survivor Name <input type="checkbox"/> Additional names on back of form	Last Name	First Name		Middle Initial	
Permanent Address:					
Temporary Address:					
Primary Phone Number			Type: <input type="radio"/> Cell <input type="radio"/> Home <input type="radio"/> Work		
Alternate Phone Number			Type: <input type="radio"/> Cell <input type="radio"/> Home <input type="radio"/> Work		
If you are a survivor, have you been interviewed by law enforcement? _____ If yes, which? _____					
Identification Verified by	Name	Agency		Phone Number	
Victim/s Name	Last Name	First Name	Middle Initial	Date of Birth/ Approx. Age	Relationship to Victim
Victim 1					
Victim 2					
Victim 3					
Victim 4					
Victim 5					
Cell Phone Number					
Victim 1: _____ Victim 2: _____ Victim 3: _____					
Victim 4: _____ Victim 5: _____					

Assistance Requested		
___ Lodging	___ Ground Transportation	___ Child Care
___ Air Travel	___ Counseling/Spiritual Care	___ Legal Assistance
___ Identification Documents	___ Health Care Assistance	Other _____
Personal Effects		
Do you have personal effects to obtain? ___ Yes ___ No		
If yes, please describe items: _____		
Notes:		
FAC Guide Name: _____ Agency _____		Phone: _____
Additional Family Members Name		
Last Name	First Name	Middle Initial

Additional Notes

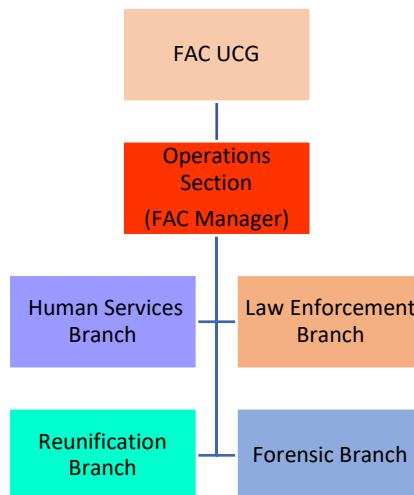
END OF FORM

Public Call Center Intake Form

Public call center Intake Form		Date_____	Time_____
Caller Information			
Name:			
Phone Number(s):			
Address:			
City:		State:	Zip:
Reason for Call: <input type="checkbox"/> Report Missing Person <input type="checkbox"/> Report Found Person			
Missing Persons Information (new form for each person reported)			
Person/s Calling About Name:			
Relationship to Person:			
Person's Approximate Age/Date of Birth:			
Person's gender (Male/Female/Other):			
Person's height:			
Person's weight:			
Person's eye color:			
Person's hair color:			
Person's hair length/type of hair (short/long, straight, wavy, curly, other, none):			
Tattoos or other distinguishing marks on the body and location:			
Person's race (White, Black/African American, Asian, American Indian/Alaska Native, Native Hawaiian/Pacific Islander):			
Person's ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino			
Person's primary language:			
Person's Cell Phone Number:			
Is a picture of the person available for email?			
E-mail address:			
Why does the caller believe the Person was in/around the incident location?			
Additional information:			
Follow-up with Caller			
Best time to reach:		Phone Numbers(s):	
Address for next 24 hrs.:			

FAC Position Checklists

FAC Manager



Mission

Family Assistance Centers are established to support victim identification processes by collecting antemortem information about the victims and rendering aid to the family and friends of those who fall victim to mass fatality incidents. The FAC Group Supervisor manages all activities required to support the families and friends of the victims and collect the antemortem information needed to identify the victims.

Knowledge, Skills, and Abilities

The FAC Group Supervisor must have strong management skills, experience working with NGOs that will support FAC component, and be adept at working with grieving individuals.

The FAC Manager reports to the FAC Unified Coordination Group.

Responsibilities

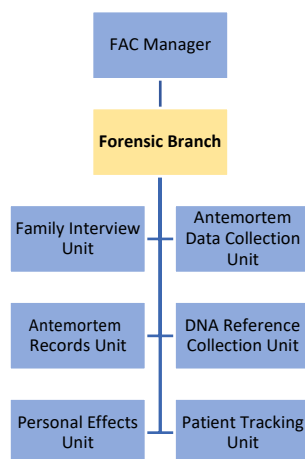
The FAC Group Supervisor has overall responsibility for the daily operations, management, and supervision of the FAC. These responsibilities include collecting accurate antemortem information and documentation about the victims and care and support of FAC patrons such as: providing a safe and secure place to gather; providing timely and accurate information relating to the recovery, identification, and disposition of victims; and providing emotional, spiritual, medical, and logistical support.

Key Tasks

FAC Activation	
Assist Assessment Team in determining FAC site location in accordance with Figure 1 of the FAC Guide	
Receive briefing from FAC Unified Coordination Group	
Identify branches necessary for FAC operations to best support the needs of the community. See Appendix B for potential staffing organizations for needed branches. <ul style="list-style-type: none"> • Law Enforcement Branch • Forensic Branch • Human Services Branch • Reunification Branch • Other Branches as needed 	
Identify Branch Chief for each branch to be stood up. See Appendix B for potential organizations and resources.	
Assist Branch Chiefs to identify needed units to support FAC operations. Coordinate resource requests through the MCEOC.	
Coordinate set-up of FAC equipment and facilities	
FAC Operation	
Oversee overall FAC Operations	
Approve protocols for FAC Branches	
Provide initial briefing to all activated Branch Chiefs, and assist with Unit Briefings as needed	
Ensure Branch Leads are conducting Just-in-Time Training with their staff	
Assist the Safety Officer and AFN Coordinator to identify and address any concerns for safety, access and functional needs of FAC patrons	
Identify resource and equipment needs for FAC operations. Provide needs to Logistics.	
Ensure that proper credentials, certifications, and vetting are in place for FAC staff	
Assist PIO and MCOME with coordinating Family Briefings	
Conduct operational briefings with FAC Staff	

Assist Planning with Incident Action Plan development	
Represent FAC branches at operational, planning and command meetings	
Liaise with NGO agencies participating in FAC operations	
Demobilization	
Ensure WebEOC Position Activity Log (ICS 214) is updated	
Assist FAC Unified Coordination Group to determine FAC demobilization timelines and procedures	
Direct demobilization procedures to FAC branches	
Ensure sign-in/sign-out sheets are maintained	
Manage breakdown of facility	
Inspect facility with facility owner	

FAC Forensic Branch Chief



Mission

The FAC Forensic Branch Chief has oversight for FAC teams conducting family interviews, gathering, and managing antemortem data from victims’ family members, conducting DNA reference collection processes, and processing victims’ personal effects.

Knowledge, Skills, and Abilities

Skills and experience in process management and administration are necessary qualifications. The Forensic Branch Manager works closely with his/her counterpart in Morgue Operations and is subordinate to the Family Assistance Center Manager.

Responsibilities

This Branch Chief is responsible for managing the Forensic Unit(s) flow process, giving oversight to family interviewers, and overseeing data management processes. The Manager also supervises gathering of antemortem data from medical and dental records, ensures proper collection of DNA, and oversees refurbishing of victims’ personal effects.

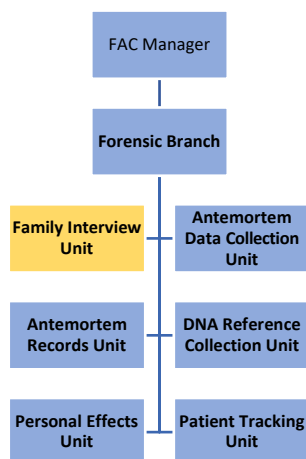
Key Tasks

FAC Activation	
Identify Unit needs based on size and complexity of the incident	
Identify Unit Leads for each activated unit	
Work with Unit Leads to identify appropriate staffing needs <ul style="list-style-type: none"> • Complete 213RR in WebEOC, identifying staffing needs for each Unit <ul style="list-style-type: none"> ○ Resource request may be made through WebEOC, Logistics, or MCEOC 	

<p>Provide Just-in-Time Training for Unit Leads. Review:</p> <ul style="list-style-type: none"> • Branch Mission • Unit Responsibilities • Workflow • Forms 	
FAC Operations	
Oversee Family Interview, Antemortem (AM) Data Management, Antemortem (AM) Records Collection, DNA Reference Collection, and Personal Effects units at the FAC	
Identify IT needs of the Antemortem Data Management Team and communicate to logistics representatives	
<p>Establish Logistical Plans based on Operational Period and Other Factors:</p> <ul style="list-style-type: none"> • Electronic charging devices • Food and water for staff • Break-work cycle scheduling 	
Ensure that data management information protocols are developed and implemented	
Ensure that medical history records are properly entered into the database	
Ensure that DNA reference specimen collection guidelines are followed	
Identify supply needs for DNA collection to Logistics representative	
Represent Family Interview, AM Data Management, AM Records Collection, DNA Reference Collection, and Personal Effects teams at operational, planning, and other ad hoc meetings	
Conduct unit meetings with team representatives	
Oversee PE release process	
Coordinate exchange of antemortem information between the FAC and morgue	

Demobilization	
Ensure WebEOC Position Activity Log (ICS 214) is updated	
Ensure equipment returned to trailer	
Ensure staff sign-out	
Assist in site breakdown/clean-up	
Participate in debrief/after-actions as needed	

Family Interview Unit



Mission

Family members and friends of MFI decedents have valuable information about their loved ones that is key to identifying the victim. This information is obtained through a formal interview process. The Family Interview Team collects detailed information about MFI victims to assist in victim identification. Physical characteristics, descriptions of clothing worn, and personal belongings (i.e., jewelry) are examples of the information gathered.

Knowledge, Skills, Abilities

Interviewers must possess formalized training in interview techniques, possess a high degree of compassion, and be skilled at dealing with grieving individuals. The team is subordinate to the FAC Forensic Unit Leader.

Responsibility

This team is responsible for conducting formal interviews of victim families, friends, and associates to gather information useful in the victim identification process and to provide information to the interviewees.

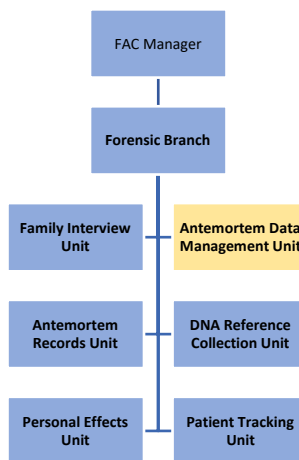
Key Tasks

FAC Activation	
Receive briefing from Forensic Branch Chief	
Identify unit needs for completing Family Interviews <ul style="list-style-type: none"> Antemortem Interview Form – see FAC forms booklet Confidential room(s) availability at FAC	

<p>Provide Just-In-Time training to Family Interview Staff</p> <ul style="list-style-type: none"> Review Responsibility of the Family Interview Unit, Review Interview Forms, information Needed 	
<p>Request staffing based on incident size and projected number of patrons at the FAC</p> <ul style="list-style-type: none"> Staff may be Law Enforcement or Victim Advocacy agency(ies) Planning assumption is 8-10 FAC visitors for every potential victim 	
FAC Operations	
Establish rapport and trust with interviewees	
Be sensitive to the needs of grieving family members and to their cultural beliefs and practices	
Identify language or communications barriers and obtain interpreters as necessary. Coordinate interpretive services through AFN Coordinator.	
Conduct individual or group interviews with families and other victim associates in a private setting and following the Antemortem interview form	
Have the interviewee(s) verify the information documented on the interview worksheet	
Establish victim kinships, chart family trees, and identify suitable DNA donors for victim identification	
Have appropriate DNA donors complete the DNA Collection Forms	
Identify sources of victim antemortem records and report findings to the Antemortem Records Collection Team	
Answer questions the interviewee(s) may have and aid their obtaining additional information as requested	
Explain the identification and release of remains processes to family members and note relevant information about the family's religious or spiritual beliefs	
Complete Initial Notification Preference Form with family members. Refer appropriate family members to the DNA collection station.	
Conduct telephone interviews of family members unable to travel to the FAC site	
Maintain confidentiality of all verbal and written communication concerning the victims, their families, and other patrons and limit release of information to official use only sources	

Enter interview results into VIP software program or pass interview worksheet to Antemortem Data Management Team to accomplish <ul style="list-style-type: none"> NOTE: If staffing and technology permits, request a member of the Antemortem Data Management Team to sit in on interviews 	
Verify accuracy of interview information entered into VIP	
Demobilization	
Ensure WebEOC Position Activity Log (ICS 214) is updated	
Verify accuracy of interview information entered into VIP	
Ensure confidential interview forms are entered into VIP and retained/destroyed as needed.	

Antemortem Data Management Unit



Mission

This team provides clerical support for all aspects of FAC operations and ante-mortem information collection.

Knowledge, Skills, Abilities

Personnel working in Antemortem Data Management must possess competent clerical and administrative skills. Team members must be detail-oriented and capable of achieving a high level of accuracy in every task performed. Antemortem Data Management personnel are subordinate to the FAC Forensic Unit Leader.

Responsibility

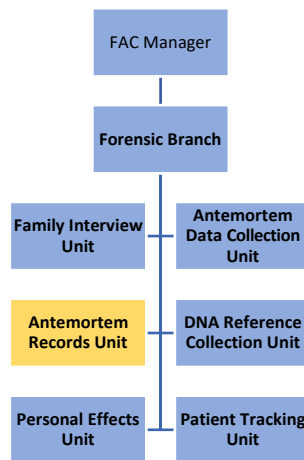
The Antemortem Data Management Unit provides clerical support for all aspects of the FAC, ensures that information from the Antemortem Interview Form is entered into the database and manages all hard-copy files. In addition, this team scans victim photographs and other pertinent documents into the database. Information is exchanged with the morgue to ensure that there is a complete file on each victim.

Key Tasks

Pre-Activation	
Receive briefing from Forensic Branch Chief	
Operations	
Create an individual hard copy file for each reported missing person	
Enter information from VIP interview worksheets into the VIP database	
Scan hard copy documents and records into the VIP database	

Maintain FAC patron files	
Conduct database queries to prevent duplication of records	
Edit computer entries to ensure accuracy and completeness of records	
File records	
Transfer data files to and from morgue operations	
Maintain security and control access to all files	
Perform other clerical duties as assigned	
Demobilization	
Ensure WebEOC Position Activity Log (ICS 214) is updated	
Verify accuracy of interview information entered into VIP	
Ensure confidential interview forms are entered into VIP and retained/ destroyed as needed	

Antemortem Records Collection Unit



Mission

The Antemortem Records Collection Unit gathers and manages vital antemortem data through various collection methods to assist in positive identification of victims.

Knowledge, Skills, Abilities

Team members must possess competent clerical and administrative skills. The team works in tandem with the Postmortem Records Collection Unit and the Postmortem Data Management Unit and is subordinate to the FAC Forensic Unit Leader.

Responsibility

The Antemortem Records Collection Unit works in tandem with morgue operations to gather and manage antemortem data through various collection and

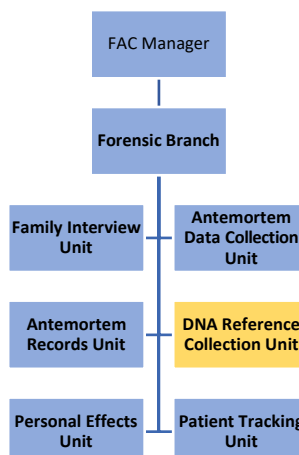
distribution methods. During the interview process, families are asked to provide victim medical history including details of previous surgeries and dental restorations. The Antemortem Team then obtains medical records of this nature for postmortem comparison in the identification process using the Requested Records Log.

Key Tasks

Pre-Activation	
Receive briefing from Forensic Branch Chief	
Operations	
Initiate telephone contact with decedent medical providers to request dental records, X-rays, and medical records for comparison by morgue personnel	

Note status of requested records on the Requested Records Log	
Provide clarification of HIPAA regulations to medical providers reluctant to release decedent records, if necessary, send provider a clarification letter	
Monitor the status of incoming dental records, X-rays, and other medical records to ensure that all records have been received	
Have victim records in foreign languages translated as needed	
Send victim medical and dental records to the morgue upon receipt	
Transfer medical records Antemortem Data Management Team upon receipt	
Demobilization	
Ensure WebEOC Position Activity Log (ICS 214) is updated	

DNA Reference Collection Unit



Mission

Frequently in mass fatality incidents the success of identifying and reassociating HR is dependent upon DNA analysis. This team obtains appropriate DNA reference samples for comparison to victim DNA obtained from morgue operations.

Knowledge, Skills, Abilities

DNA Collection team members at the FAC are trained blood collectors (nurses, paramedics, EMTs, or phlebotomists). The DNA team is subordinate to the FAC Forensic Branch Chief but also follows guidance provided by the morgue DNA Team Leader.

Responsibilities

This team gathers appropriate DNA

samples from victim next-of-kin, temporarily stores and secures collected samples, accepts personal belongings released from families of victims that may contain victim DNA, and initiates chain of custody documents for all samples collected.

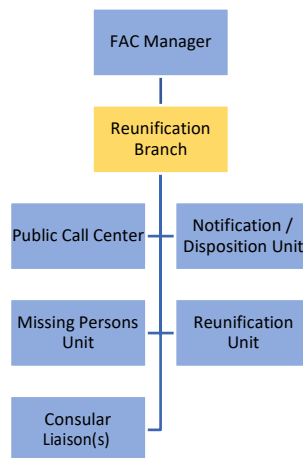
Key Tasks

Pre-Activation	
Receive briefing from Forensic Branch Chief	
Establish walk-in office operating hours and schedules appointments for sample collection	

Operations	
<p>Prior to initiating DNA Reference Collection, provide families with explanation of the process, why it is necessary and how their information will be used and how their information is protected.</p> <p>As needed, provide families with this information pamphlet:</p> <ul style="list-style-type: none"> • http://www.ncjrs.gov/pdffiles1/nij/209493.pdf 	
Receive family members identified from FAC interviews for DNA reference sample collection of buccal swab or blood samples as required	
Obtain from family members the personal belongings of potential victims that may contain direct DNA references of victims	
Follow DNA specimen collection guidelines provided by morgue DNA Team	
Label and individually package each collected DNA sample	
Initiate chain of custody documentation on all DNA samples collected	
<p>The true biological relation of the family member should be checked and documented on a pedigree chart. Stepparents and brothers-in-law and half-sisters should be distinguished from biologic parents and siblings. The possibility on undisclosed non-paternity should be considered.</p> <p>A form for signature should document the DNA specimen collection. This form should state that the DNA will only be used for human remains identification. The form should also state that any discovered non-paternity will not be revealed, assuming that is the policy.</p>	
<p>If there are concerns over possible infectious disease spread (i.e., COVID-19), then collections from family members at a distance can be accomplished in several ways:</p> <ul style="list-style-type: none"> • Oral swabs can be self-collected and mailed to the lab. • Local police can collect the DNA reference specimen from the family member. • Private clinical laboratories can collect the DNA reference specimen from the family member. 	
Store DNA samples in refrigerator or freezer appliance dedicated for DNA storage	
Transfer DNA family references and direct references collected to the Morgue DNA Team	

Demobilization	
Ensure WebEOC Position Activity Log (ICS 214) is updated	
Maintain accountability and security on all collected DNA samples	
Turn over DNA samples to Morgue DNA Team	

Reunification Branch Chief



Mission

The Reunification Branch Chief has oversight for FAC teams processing calls to the FAC, reunification teams, and coordinating identification disposition notifications and victim remains disposition instructions.

Knowledge, Skills, and Abilities

This position requires knowledge of FAC operations, general management skills and experience in process management and administration. Experience working with grief-stricken individuals is also required. The Reunification Branch Chief is subordinate to the FAC Manager.

Responsibilities

This Branch Manager is responsible for managing and coordinating the units and procedures for the reunification of NOK to victims of the MFI/MCI. The Public Call Center supervises victim identification notifications to NOK and receiving instructions for disposition of victim remains.

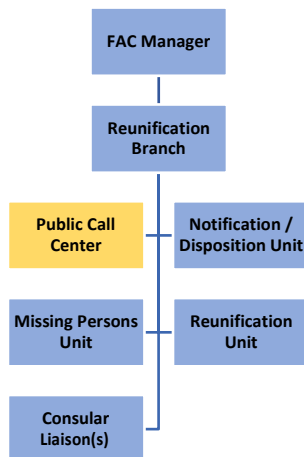
Key Tasks

Pre-Activation	
Receive briefing from FAC Manager	
Determine units necessary to support Reunification operations <ul style="list-style-type: none"> • Public Call Center • Missing Persons Unit • Notification/Disposition Unit • Reunification Unit 	

<ul style="list-style-type: none"> • Consular Liaison(s) • Others as necessary to support Reunification 	
<p>Work with Unit Leads to identify appropriate staffing needs</p> <ul style="list-style-type: none"> • Complete 213RR in WebEOC, identifying staffing needs for each Unit <ul style="list-style-type: none"> ○ Resource request may be made through WebEOC, Logistics, or MCEOC 	
<p>Provide Just-In-Time Training for Unit Leads. Review:</p> <ul style="list-style-type: none"> • Branch Mission • Unit Responsibilities • Workflow • Forms 	
Operations	
<p>Establish Logistical Plans based on Operational Period and Other Factors:</p> <ul style="list-style-type: none"> • Electronic charging devices • Food and water for staff • Break-work cycle scheduling 	
Aid Call Center staff in developing and implementing call scripting and information collection forms	
Identify team equipment needed to logistics representative(s)	
Maintain accurate lists of reported missing persons and patrons receiving FAC services	
Make certain that “know missing” and “possible missing” Call Center Intake Forms are turned over to the Missing Persons Unit Leader	
Oversee Notification/Disposition Team efforts to determine NOK wishes for notification procedures and disposition instructions	
Represent Call Center, Reception/Registration, and Notification/Disposition teams at operational, planning, and other ad hoc meetings	
Conduct unit meetings with team representatives	
Coordinate NOK wishes with appropriate FAC and Fatality Management elements	
Provide briefing information for family updates and other forums	

Demobilization	
Ensure WebEOC Position Activity Log (ICS 214) is updated	
Ensure equipment returned to trailer	
Ensure staff sign-out	
Assist in site breakdown/clean-up	
Participate in debrief/after-actions as needed	

Public Call Center



Mission

A critical component to an MFI response is the gathering and disseminating of information from the public. This team serves as the primary contact point for all incoming calls to the FAC. It receives and records calls and important victim/family information and provides a critical communications link to victims’ families.

Knowledge, Skills, Abilities

Previous experience or just- in-time training in call center operations is required. The ability to deal with callers who are in distress is essential. The team is subordinate to the Family Management Unit Leader.

Responsibilities

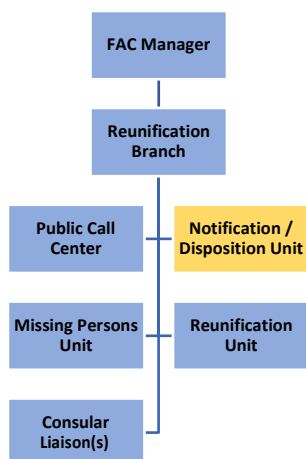
The team receives over-the-phone initial intake information calls and directs callers as to the appropriate next step.

Key Tasks

Pre-Activation	
Prepare Call Center Resource Binder for each phone station	
Receive briefing from Reunification Branch Chief or Call Center Unit Leader	
Ensure phones are operating and ready to receive calls	

<p>Inform Public Information Officer or Joint Information Center of Call Center Activation and readiness to receive calls.</p> <ul style="list-style-type: none"> • Provide numbers for the Public Call Center to JIC for public messaging 	
Operations	
Refer to Public Call Center Intake Form for each incoming call	
<p>Refer:</p> <ul style="list-style-type: none"> • Media to the Public Information Officer or JIC media center • Distressed callers to Mental / Behavioral / Spiritual Services Unit 	
Ask: "What leads (the caller) to believe that the missing person is in/around the incident?"	
<p>Prioritize and assess needs of callers and record on Call Center Intake Form:</p> <ul style="list-style-type: none"> • "Known missing" – i.e., my son and daughter-in-law had tickets to the concert at the local concert venue and called us from the concert, and now I cannot reach them) • "Possible missing" – i.e., my son had said he was going to the concert tonight and now I cannot reach him • "Not known" – i.e., my son his family live in Maricopa County and frequently attend concerts at the local concert venue and I cannot reach them 	
<p>If the call meets the "known missing" or "possible missing" thresholds:</p> <ul style="list-style-type: none"> • Encourage the caller to travel to the FAC for a family interview • If the caller cannot travel to the FAC or is not local <ul style="list-style-type: none"> ○ inform the caller that personnel handling missing persons cases will return their call ○ Ensure to accurately record callback information on the Intake Form ○ Forward the Intake Form to the FAC Missing Persons Unit 	
Refer "Not Known" callers to the Red Cross Reunification Team by calling 1-800-RED-CROSS	
Transfer collected information on forms to the shift supervisor or the Call Center Team Leader	
Maintain confidentiality of family/victim information	
Note: In some circumstances, the call center function may be handed off to Law Enforcement.	
Demobilization	
Ensure WebEOC Position Activity Log (ICS 214) is updated	

Notification/Disposition Unit



Mission

This team will notify family members of the confirmed identification of their deceased loved one and coordinate the release of the human remains in accordance with the family’s wishes. The death notification process facilitates the return of remains and allows families to grieve and memorialize their loved one.

Knowledge, Skills, Abilities

Members of the Notification/Disposition Team must be vetted by the Maricopa County Medical Examiner's Office. In addition, team personnel must have prior experience in death notification processes. This team is subordinate to the Family Management Unit Leader.

Responsibility

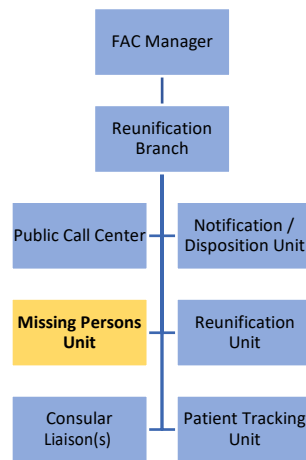
The Notification/Disposition Team will deliver death notification either at the FAC or at the family member’s home according to previously stated family preferences. The team will also initiate disposition processes on behalf of the family.

Key Tasks

Pre-Activation	
Receive briefing from Reunification Branch Chief	
Operations	
Follow guidelines established by medicolegal authority for notification and disposition	
Secure and comply with family’s wishes regarding notification recorded on the Initial Notification Preference Form by the interviewer during the antemortem interview	

Ascertain and comply with family's wishes regarding future notification and disposition using the Remains Release Authorization Form	
Make sure the families are aware that the timing of the release of the victim's remains will be impacted by their notification frequency choice	
Determine the most appropriate team make up for each notification (e.g., is it more appropriate to have a clergy member accompany the team, or a mental health worker?)	
Assess family needs for potential crisis assistance	
Demobilization	
Ensure WebEOC Position Activity Log (ICS 214) is updated	

Missing Persons Unit



Mission

This unit works with MCOME Morgue staff and the Reunification Unit to locate identified victims of an MFI/MCI with the goal of reunifying the victim with their next-of-kin.

Knowledge, Skills, Abilities

Members of the Notification/Disposition Team must be vetted by the Maricopa County Medical Examiner's Office. In addition, team personnel must have prior experience in death notification processes. This team is subordinate to the Family Management Unit Leader.

Responsibility

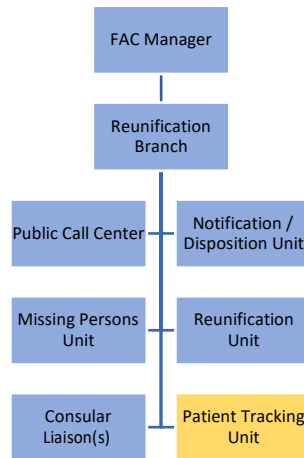
Processes missing persons reports as

appropriate, including locating missing persons. Liaises with National Crime Information Center and other law enforcement agencies regarding missing persons. Works with the Patient Tracking Unit to locate victims transported to nearby hospitals, and the Morgue Operations Team to locate decedent victims of an MFI and provides located and identified victims to the Reunification Unit.

Key Tasks

Pre-Activation	
Receive briefing from Reunification Branch Chief	
Operations	
Establish communication with sources of information collected for “known missing” or “possible missing” persons <ul style="list-style-type: none"> • Public Call Center • Family Registration Unit • Family Interview Unit 	
Receive list of call-back referrals from the Public Call Center <ul style="list-style-type: none"> • Return calls as identified on the Call Intake forms Record missing persons information on the Family Interview Form	
Contact National Crime Information Center <ul style="list-style-type: none"> • Request a point of contact from FAC FBI Representative or call (304) 625-2000 • Coordinate with the Patient Tracking Unit to locate victims at local hospitals. Once victims are identified, provide missing persons report and victim identification and location to the Reunification Unit 	
Coordinate with the Morgue Operations Unit to compare Missing Persons Reports to identified victims and report identified victims at the morgue to the Reunification Unit	
Demobilization	
Ensure WebEOC Position Activity Log (ICS 214) is updated	

FAC Patient Tracking Unit



Mission

Patient tracking of MFI/MCI victims is essential to identifying and reunifying victims and their families or next-of-kin.

Knowledge, Skills, Abilities

Personnel in the Patient Tracking Unit should be familiar with basic hospital ER admittance operations. Unit members must possess competent clerical and administrative skills. This unit is subordinate to the Reunification Branch Chief.

Responsibility

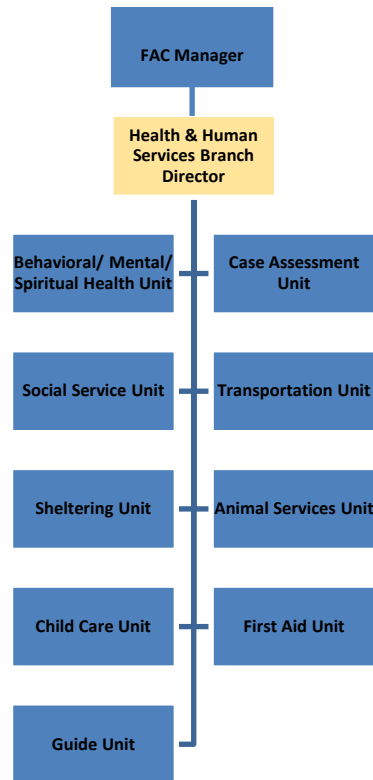
The Patient Tracking Unit plays a critical role in the reunification process. This unit assists the Missing Persons Unit with locating victims or missing persons at local hospitals or trauma centers.

Key Tasks

Pre-Activation	
Receive briefing from Forensic Branch Chief	
Establish communication with Missing Persons Unit to coordinate efforts to locate victims at local hospitals	
Operations	
Ensure the privacy, confidentiality, and security of all protected health information	
Receive Victim Identification Form copies from Missing Persons Unit	

<p>Contact local hospitals receiving surviving victims of an MFI/MCI</p> <ul style="list-style-type: none"> • Identify yourself, and that you are working with the Maricopa County Family Assistance Center to reunify victims of the Mass Fatality/Mass Casualty Incident with their next-of-kin • Request hospital liaison point of contact for requests and coordination 	
<p>Coordinate with the local hospitals to receive information on missing persons and injured victims (known and unknown)</p>	
<p>Communicate to the hospitals all possible matches made by the Missing Persons Group</p>	
<p>Coordinate information sharing with Missing Persons Unit, Reunification Unit & Family Interview Unit as necessary</p>	
<p>Demobilization</p>	
<p>Ensure WebEOC Position Activity Log (ICS 214) is updated</p>	

Health and Human Services Branch Chief



Mission

The Health and Human Services Branch Chief oversees FAC teams providing physical, emotional, and spiritual care to for FAC patrons.

Knowledge, Skills, and Abilities

Skills and experience in process management and administration and previous experience with people in crises are necessary, as well as an understanding of local and state mental health response and childcare regulations. In addition, an appreciation for faith-based and cultural traditions is required. The Health and Human Services Branch Chief is subordinate to the FAC Manager.

Responsibilities

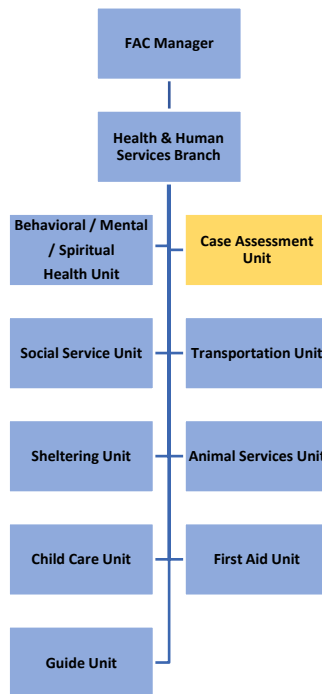
This Branch Chief is responsible for support services for FAC patrons.

Key Tasks

Pre-Activation	
Receive briefing from FAC Manager or FAC Unified Coordination Group	
Identify Units required to support FAC operation, and Unit Leads <ul style="list-style-type: none"> • Behavioral/Mental/Spiritual Health Unit • Case Assessment Unit • Social Service Unit • Transportation Unit • Sheltering Unit • Animal Services Unit • Child Care Unit • First Aid Unit • Guide Unit 	
Work with Unit Leads to identify appropriate staffing needs <ul style="list-style-type: none"> • Complete 213RR in WebEOC, identifying staffing needs for each Unit • Resource request may be made through WebEOC, Logistics, or MCEOC 	
Provide Just-In-Time Training for Unit Leads. Review: <ul style="list-style-type: none"> • Branch Mission • Unit Responsibilities • Workflow • Forms 	
Operations	
Coordinate with AFN Coordinator or Logistics Section to obtain interpreters/translators for patrons who do not speak, read, or write English or who are hearing impaired	
Validate credentials of mental health, spiritual services, and childcare providers	

Communicate childcare equipment needs to logistics representatives	
Inform Logistics Section of first aid supply needs necessary to support the FAC	
Establish Logistical Plans based on Operational Period and Other Factors: <ul style="list-style-type: none"> • Electronic charging devices • Food and water for staff • Break-work cycle scheduling 	
Represent subordinate teams at operational, planning, and other ad hoc meetings	
Conduct meetings with team representatives	
Provide briefing information for family updates and other forums	
Demobilization	
Ensure WebEOC Position Activity Log (ICS 214) is updated	
Ensure equipment returned to trailer	
Ensure staff sign-out	
Assist in site breakdown/clean-up	
Participate in debrief/after-actions as needed	

Case Assessment Team



Mission

The Case Assessment Team assists patrons at the FAC in securing such services as: benefits counseling and assistance, financial assistance and planning, laundry services, physical health services, interpreters/translators, and web access. The team also helps FAC patrons in identifying governmental, corporate, and non-profit support services

Knowledge, Skills, Abilities

Team members must be capable of working compassionately with people in crises. In addition, basic computer skills are required. The team is subordinate to the Health and Human Services Unit Leader.

Responsibility

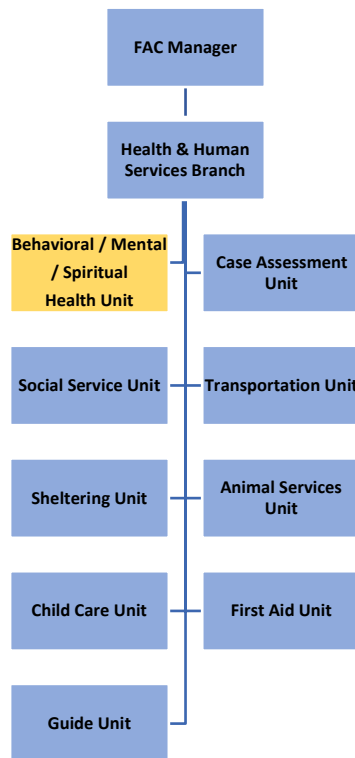
The team coordinates external support services to patrons at the FAC, maintains a help desk, and secures interpreters/ translators.

Key Tasks

Pre-Activation	
Receive briefing from HHS Branch Chief	
Provide Just-in-Time training to unit staff as needed	

Operations	
Maintain a help desk to answer questions from people via telephone or in person	
Help FAC patrons to secure outside services, such as: <ul style="list-style-type: none"> • Financial assistance and planning • Laundry services • Medical services • Victim assistance services 	
Complete Secondary Services Referral Form	
Direct patrons to other Federal, State, or local agencies	
Aid FAC patrons in identifying governmental, corporate, and non-profit support services	
Maintain computers/internet service and telephones that can be used by patrons	
Work with representatives from Child Protective Services to assist minors who are either separated from family members or who have become “situational orphans” because of the MFI	
Demobilization	
Ensure WebEOC Position Activity Log (ICS 214) is updated	

Behavioral / Mental / Spiritual Health Services Team



Mission

The Mental Health Services Team assists families in coping with tragedy by providing Psychological First Aid (PFA) and/or mental health services. The team also provides mental health services for responders at the site, morgue, and FAC.

Knowledge, Skills, and Abilities

The Mental Health Services Team is staffed by an appropriate mix of licensed mental health professionals – i.e., social workers, therapists, psychologists, psychiatrists, and grief counselors. The team is subordinate to the Health and Human Services Unit Leader.

Responsibility

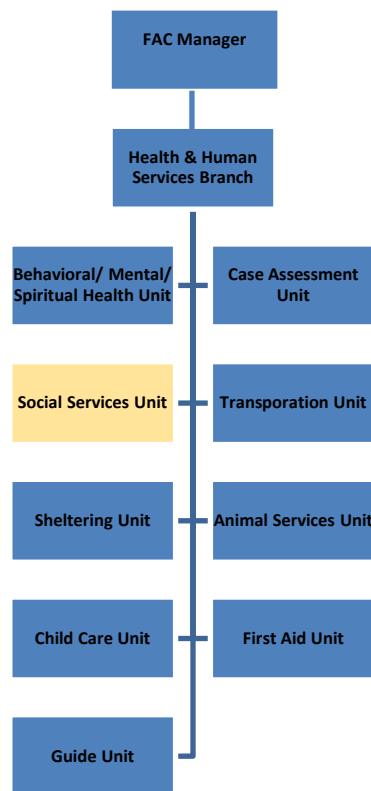
The team assists patrons in understanding and managing the full range of grief reactions. Team members provide crisis intervention, mediation, and management of ‘at risk’ patrons by providing referrals to mental health professionals and support groups located in the family member’s local area. In addition, the Mental Health Services Team helps staff and volunteers cope with the common MFI stress symptoms.

Key Tasks

Pre-Activation	
Receive briefing from HHS Branch Chief	
Identify material and equipment needs for subordinate units and groups <ul style="list-style-type: none"> • Complete 213RR in WebEOC, identifying staffing and equipment needs for each Unit <ul style="list-style-type: none"> ○ Resource request may be made through WebEOC, Logistics, or MCEOC 	
Identify private area within the FAC to provide confidential counseling services to family members and patrons in the FAC <ul style="list-style-type: none"> • If necessary, coordinate with HHS Branch Director and FAC Manager to secure an appropriate area within the FAC for counseling services. 	
Operations	
Adhere to established mental health services procedures <ul style="list-style-type: none"> • Use of PFA/National Organization for Victim’s Assistance Crisis Response • Recordkeeping • Confidentiality and privacy protection 	
Make referral lists for patrons/staff who need more intensive or long-term counseling	
Use the generic title use of “counselor” to reduce mental health stigmas	
Circulate throughout the FAC to monitor patron and staff mental health status	
Guide patrons and staff to private rooms for counseling	
Make handouts and educational materials for various subjects available for distribution to patrons, including grief process, how to answer children’s questions about the tragedy, etc.	
Monitor patrons at family briefings	
Assist with family interviews and death notifications as needed	
Provide behavioral health assessments and appropriate interventions for callers in the call center as needed	
Attend all events (e.g., incident site visits) to monitor patron reactions during activities	

Aid staff and volunteers cope with the common MFI stress symptoms	
Work closely with the Spiritual Services Team to maximize assets and minimize functional overlap	
Advise responders on mental health issues	
Coordinate mental health assessment for staff, volunteers, and responders upon completion of incident assignment	
Demobilization	
Ensure WebEOC Position Activity Log (ICS 214) is updated	

Social Services Unit



Mission

The Spiritual Services Team provides pastoral counseling and spiritual care for people of all faiths who request it.

Knowledge, Skills, Abilities

Ordained clergy with chaplaincy certification and/or pastoral experience is required. The team is subordinate to the Health and Human Services Unit Leader.

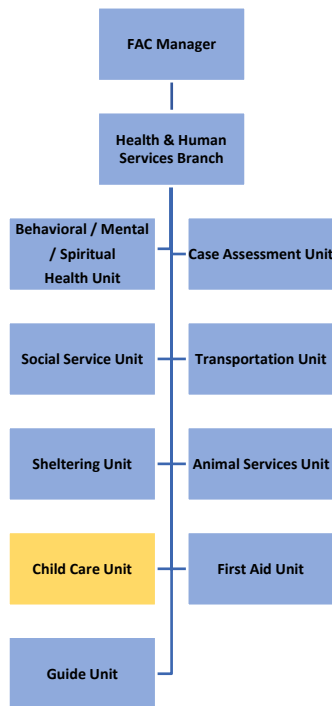
Responsibility

The team provides pastoral counseling and spiritual care for FAC patrons of all faiths who request it, conducts religious services, provides emotional support/crisis intervention, assists the Mental Health Services Team as needed, and serves as a member of the Notification/Disposition Team.

Key Tasks

Pre-Activation	
Receive briefing from HHS Branch Chief	
Operations	
Circulate through FAC, monitoring patrons and FAC staff	
Commune with families to provide support and counsel	
Make private counseling rooms available	
Counsel and pray with patrons and staff as requested	
Monitor the patrons receiving family briefings	
Assist with family interviews and death notifications as needed	
Assist Call Center staff with distraught callers	
Coordinate interfaith memorial services as requested	
Make materials available to help those who are grieving	
Work closely with the Mental Health Services Team to maximize assets and minimize functional overlap	
Attend all special events (i.e., visits to the incident site) to monitor family reactions during activities and provide support	
Do not proselytize or promote any specific faith tradition	
Offer and conduct weekly interfaith worship services for staff, volunteers, and responders	
Demobilization	
Ensure WebEOC Position Activity Log (ICS 214) is updated	

Child Care Unit



Mission

The Child Care Unit establishes a secure, friendly, and healthy setting for the short-term care of children while parents/guardians and relatives are in the FAC.

Knowledge, Skills, Abilities

The Child Care Unit is staffed by state-licensed care providers who have passed a criminal background check. This team is subordinate to the Health and Human Services Branch Chief.

Staff should have childcare experience and emergency response training, such as CPR.

Responsibility

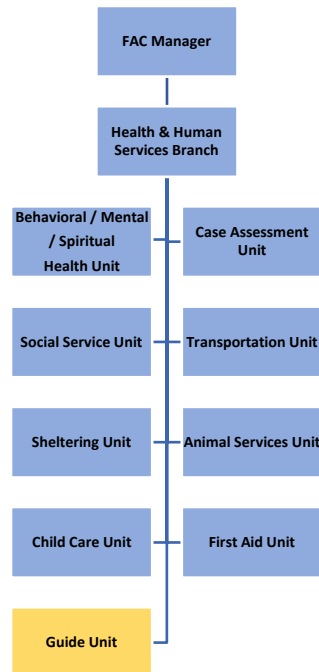
The team makes available short-term childcare for parents during FAC operating hours and special events (i.e., site visits, memorial services), provides activities and caring support to children, coordinates activities with mental health services, and provides information and referral for families who need childcare after FAC hours.

Key Tasks

Pre-Activation	
Receive briefing from HHS Branch Chief	
Ensure FAC Facility has <ul style="list-style-type: none"> • Child-care area that has a secure or controlled entrance • Easily accessible bathroom facilities • Diaper changing station • Trash storage • Sufficient space for play and movement • Telephone <p>CONSIDER: If possible, depending on staffing and facility layout, have multiple rooms available to group children according to age</p>	
Safety considerations for the childcare area <ul style="list-style-type: none"> • Ground level (if possible) • Protect children against sharp corners • Cover electrical outlets • Control hot water temperature to prevent scalding • Ensure toys are age-appropriate • Eliminate choking hazards • Include evacuation directions in plan (parents have responsibility— designate a central meeting point outside) 	
Identify resource needs for childcare operations. Complete resource request(s) as needed in WebEOC (213RR form) or providing needs to Logistics section.	
Operations	
Secure age-appropriate materials and supplies to support the age groups being served	
Provide the HHS Section Chief with daily totals of the number and ages of children and families using childcare services	
Communicate with parents/guardians and FAC leadership and pass on appropriate information on childcare activities and issues	
Coordinate/monitor the special needs of children and coordinate activities with the Mental Health Services Team to meet those needs	
Coordinate distribution of donated children’s items to the children and their families	

<p>Be responsible for daily room setup, including:</p> <ul style="list-style-type: none"> • Organize play areas with toys accessible to children • Have bathroom/diaper changing areas set up • Ensure continuing arrangements for snacks, juice, and meals • Restrict live TV when children are present if audio-visual equipment is available 	
Wear nametags at all times for both staff and children	
Maintain sign-in procedures	
Use proper hygiene standards for diapering and toileting	
Review safety standards (i.e., protecting children under 3 from choking hazards, watching for pinched fingers in drawers, doors)	
Make information available to parents on caring for children experiencing grief/disaster, where to call for help is needed, evacuation plan, etc.	
<p>Inform parents of the following responsibilities:</p> <ul style="list-style-type: none"> • A parent or guardian must register child(ren), providing name of parent and contact information, child's name, and age, etc. • A parent or guardian must provide staff with special instructions, such as medical conditions or dietary needs and requirements, approximate time of return, and planned location(s) in the FAC in case parents must be contacted 	
<p>Exercise daily closing procedures, including:</p> <ul style="list-style-type: none"> • Ensure all children have been accounted for • Prepare daily shift report • Disinfect toys • Organize room and leave any special instructions for opening - sweeping, replacement of towels, etc., return key/folder 	
Provide information and referral for families who need more extensive childcare or care after FAC hours	
Demobilization	
Ensure WebEOC Position Activity Log (ICS 214) is updated	

Guide Unit



Mission

The Guide Unit guides FAC patrons through the facility, available social service providers, general facility layout,

Knowledge, Skills, and Abilities

Skills and experience in process management and administration and previous experience with people in crises are necessary, as well as an understanding of local and state mental health response and childcare regulations. In addition, an appreciation for faith-based and cultural traditions is required. The Health and Human Services Branch Chief is subordinate to the FAC Manager.

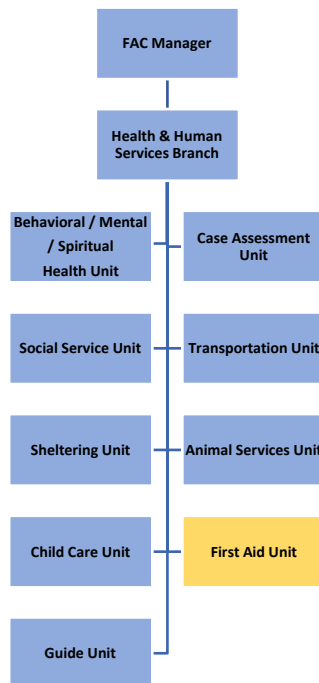
Responsibilities

This unit is responsible for support services for FAC patrons.

Key Tasks

Pre-Activation	
Receive briefing from HHS Branch Chief	
Familiarize team with facility layout, service providers, and general flow of Patrons <ul style="list-style-type: none"> • A simple map may be beneficial. An example is in Appendix C of the FAC Guide. <ul style="list-style-type: none"> ○ NOTE: FAC layout will vary depending on facility and services provided 	
Assist FAC setup with MCDEM Trailer equipment	
Operations	
Meet entering Patrons at reception tables/area <ul style="list-style-type: none"> • Ensure FAC Patrons register prior to escorting them into the facility 	
Guide FAC Patrons to waiting area	
Answer questions about FAC operations that patrons may have. Direct questions to HHS Branch Chief if answer unknown.	
Report unaccompanied minors or those who need interpreter services HHS Branch Chief or AFN Coordinator	
Guide patrons and staff to private rooms for counseling	
Demobilization	
Ensure WebEOC Position Activity Log (ICS 214) is updated	
Assist in site breakdown/clean-up	
Oversee demobilization procedures and processes for subordinate teams	

First Aid Team



Mission

Mass fatality incidents create unusual circumstances with elevated, sometimes intense levels of stress for both responders and those associated with the MFI victims. The First Aid Team is established to provide initial medical attention for anyone at the FAC.

Knowledge, Skills, Abilities

First Aid Team members should, at a minimum, be a practicing, qualified basic EMT, paramedic, or nurse. This team is subordinate to the Health and Human Services Unit Leader.

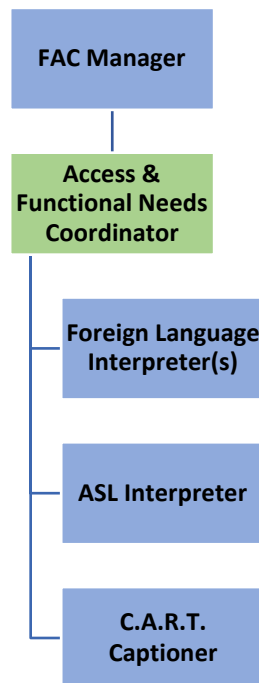
Responsibility

The team provides basic first aid for staff and patrons of the FAC and serves as a point of contact with local medical service providers in the event of a medical emergency at the FAC. In the absence of a FAC DNA Specimen Reference Collection Team, this team may also be responsible for those tasks.

Key Tasks

FAC Activation	
Receive briefing from HHS Branch Chief, FAC Manager or Safety Officer	
Establish a first aid station at the FAC	
Operations	
Ensure basic first aid supplies are on site including: <ul style="list-style-type: none"> • over-the-counter medications, • bandages, and • automated external defibrillator (AED) 	
Identify local area emergency response care providers and contact information	
Post emergency medical contact information	
Identify and treat basic first aid needs	
Monitor all personnel frequenting the FAC for visual symptoms of medical issues	
Attend family briefings and other events where patrons gather for activities and services	
Facilitate transportation to a hospital for any patron or staff whose needs go beyond basic first aid	
If assigned responsibility for DNA reference specimen collection, refer to DNA Reference Collection Team Checklist	
Demobilization	
Ensure WebEOC Position Activity Log (ICS 214) is updated	
Ensure sharps containers are disposed of properly	

Access and Functional Needs Coordinator



Mission

Mass fatality incidents create unusual circumstances with elevated, sometimes intense levels of stress for both responders and those associated with the MFI victims. The AFN Coordinator works with the FAC Manager and FAC UCG to establish an accessible facility and processes to FAC Patrons who may have a disability.

Knowledge, Skills, Abilities

The AFN Coordinator should be knowledgeable of the Americans with Disabilities Act, as well as services available to provide for the needs of FAC Patrons who may have a disability.

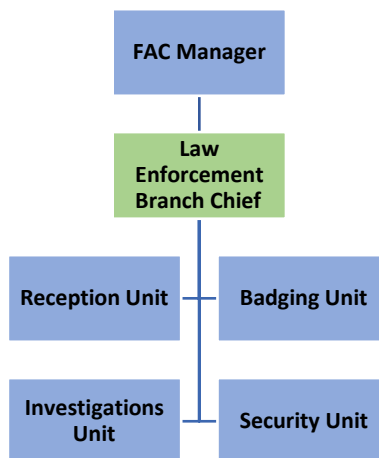
Responsibility

The AFN Coordinator oversees and coordinates the services and providers to ensure a whole community approach for the FAC. The AFN Coordinator also ensure the facility and operations are accessible to members of the community who may be mobility impaired or require specialized equipment, such as a wheelchair.

Key Tasks

FAC Activation	
Receive briefing from FAC Manager	
Determine Units and staffing needed to support the FAC Patrons <ul style="list-style-type: none"> • Foreign Language Interpreter(s) • American Sign Language Interpreter • Communication Access Real-time Translation (C.A.R.T. captioning) • Other units as needed 	
Ensure accessible equipment is available	
Provide initial briefing to unit teams	
Ensure table and accessible power availability for C.A.R.T. Captioner	
Verify all areas of FAC are accessible	
Provide just-in-time training to new interpreters	
Operations	
Manage interpreter staff for use, breaks, meals	
Identify FAC Patrons who need assistance	
Provide interpretation and translation services for: <ul style="list-style-type: none"> • Individual and family meetings • Family briefings • FAC materials and ante-mortem records • Callers or visitors to the FAC whom may not speak, write, or read English or who are hearing impaired 	
Request additional resources to FAC Manager and Logistics	
Ensure interpreters sign-in/out accurately	
Sign interpreter timecards if necessary	
Demobilization	
Ensure WebEOC Position Activity Log (ICS 214) is updated	
Ensure AFN equipment returned to trailer	
Ensure interpreter staff sign-out	
Assist in site breakdown/clean-up	
Participate in debrief/after-actions as needed	

Law Enforcement Branch Chief



Mission

The FAC is a safe and secure facility that protects family members from unwanted intrusion from media, curious onlookers, and the general public. Site security is provided by local law enforcement and a constant security presence is on-site at the FAC. Access to the FAC is always monitored.

Knowledge, Skills, Abilities

The LE Branch Chief must be familiar with facility security principles and investigative principles to include interviewing, evidence collection and chain of custody documentation requirements.

Responsibility

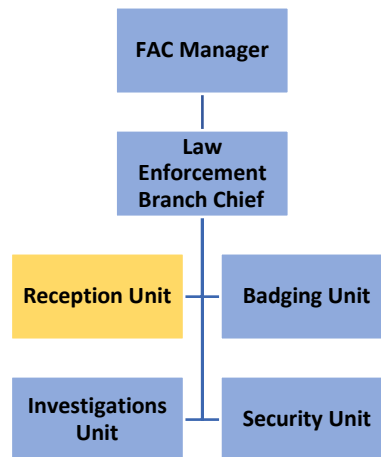
The LE Branch Chief oversees the reception, badging, and site security functions of the FAC, as well as any potential criminal investigation function necessary.

Key Tasks

FAC Activation	
Receive briefing from FAC Manager	
<p>Assist FAC Manager and FAC UCG to determine security needs of the FAC facility. Considerations may include:</p> <ul style="list-style-type: none"> • Parking lot layout that facilitates law enforcement access restrictions and roadblocks • Easily secured perimeter • Endorsement of local law enforcement and fire department • Separate ingress/egress points for staff and patrons • Appropriate space for law enforcement: <ul style="list-style-type: none"> ○ Separated, designated space ○ Secured area ○ Enclosed space with no windows • Appropriate space for the Office of the Medical Examiner: <ul style="list-style-type: none"> ○ Separated, designated space ○ Secured area ○ Enclosed space with no windows • Appropriate space for a childcare area(s): <ul style="list-style-type: none"> ○ Enclosed space with narrow entrance ○ Real walls (or solid partitions) ○ Unencumbered access to two means of ingress/egress 	
<p>Determine Units needed to support the FAC Operation, and identify Unit Leads for each</p> <ul style="list-style-type: none"> • Reception Unit • Badging Unit • Security Unit • Investigations Unit • Other units as needed 	

<p>Work with Unit Leads to identify appropriate staffing needs</p> <ul style="list-style-type: none"> • Complete 213RR in WebEOC, identifying staffing needs for each Unit <ul style="list-style-type: none"> ○ Resource request may be made through WebEOC, Logistics, or MCEOC 	
<p>Provide Just-In-Time Training for Unit Leads. Review:</p> <ul style="list-style-type: none"> • Branch Mission • Unit Responsibilities • Workflow • Forms 	
Operations	
Provide initial briefing to units	
Provide just in time training as needed	
Request additional resources to FAC Manager or Logistics	
Ensure personnel sign-in/out accurately	
Sign staff timecards if necessary	
Monitor family briefings and assist with de-escalation as needed	
<p>Establish Logistical Plans based on Operational Period and Other Factors:</p> <ul style="list-style-type: none"> • Electronic charging devices • Food and water for staff • Break-work cycle scheduling 	
Demobilization	
Ensure WebEOC Position Activity Log (ICS 214) is updated	
Ensure equipment returned to trailer	
Ensure staff sign-out	
Assist in site breakdown/clean-up	
Participate in debrief/after-actions as needed	

Reception/Registration Unit



Mission

This team receives visitors to the FAC, assesses needs, and provides information regarding available services.

Knowledge, Skills, Abilities

Team members must have the ability to work compassionately with individuals who have experienced extreme distress in their lives. The team is subordinate to the Family Management Unit Leader.

Responsibilities

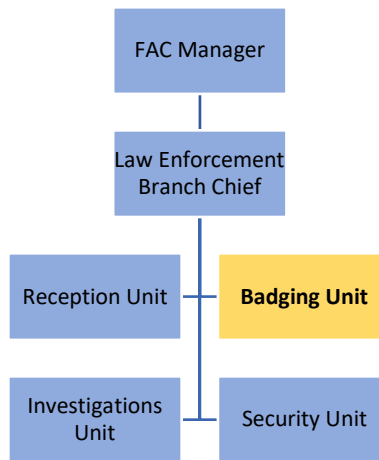
Team members will screen visitors; greet, register, and badge valid FAC patrons; provide general information requested; and navigate patrons through FAC services.

Key Tasks

Pre-Activation	
Receive briefing from Security Branch Chief	
Ensure needed equipment is present <ul style="list-style-type: none"> • Tables • Chairs • Laptops • Clipboards • Pens • Paper Registration Forms Place resource request as needed in WebEOC (213RR) or provide list to Logistics	
Operations	
Welcome visitors to the FAC and conduct identification checks	
Determine the category of walk-in patrons' associated MFI victim <ul style="list-style-type: none"> • Known missing • Possible missing • Not known 	
Direct "not known" patrons to the ARC hotline and call 1-800-RED-CROSS where an agent will collect information and share with the Red Cross Reunification team for action.	
Register first-time patrons and issue badges or other predetermined form of identification	
Gather locator information on primary and secondary NOK and who will be visiting the FAC on the Family/Friend Registration Form	
Thoroughly explain the process and purpose of requesting personal information	
Maintain the Family/Friend Daily Sign-In Sheet for authorized visitors	
Acquaint patrons with available services and station locations within the FAC	
Distribute schedule information on operating hours, meeting, and briefing times, etc.	
Assess emergency and non-emergency needs of patrons	
Provide as needed station-to-station guides	

Demobilization	
Ensure WebEOC Position Activity Log (ICS 214) is updated	
Ensure equipment is returned to Logistics or the MCDEM Trailer	
Ensure all Reception/Registration staff have signed out	
Assist in site breakdown/clean-up	

Badging Unit



Mission

This team receives FAC staff, ensures appropriate staff credentialing and ensures FAC Staff sign in and out for their shift.

Knowledge, Skills, Abilities

Team members must have the appropriate administrative and clerical experience to ensure that personnel deploying through resource requests have the knowledge, experience, training, and capability to perform the duties of their assigned roles. The team is subordinate to the Law Enforcement Branch Chief.

Responsibilities

Team members will screen staff; greet, register, and badge valid FAC staff; provide general information requested; and navigate staff through FAC areas.

Key Tasks

Pre-Activation	
Receive briefing from Law Enforcement Branch Chief	
<p>Ensure needed equipment is present:</p> <ul style="list-style-type: none"> • Tables • Chairs • Laptops • Badging Equipment (if available) • Paper Sign-In/Sign-Out Forms <p>Place resource request as needed in WebEOC (213RR) or provide list to Logistics</p>	
<p>Set up staff break area. If possible, ensure area contains:</p> <ul style="list-style-type: none"> • Tables • Chairs • Microwave • Refrigerator 	
Operations	
<p>Welcome staff to the FAC and conduct identification checks</p> <ul style="list-style-type: none"> • Validate organization identification of arriving staff <ul style="list-style-type: none"> ○ i.e., American Red Cross, City Police/Fire Department Badge, Maricopa County Badge, • Remind FAC Staff to wear their organization ID badges in a conspicuous manner, such as a neck lanyard or belt clip, and provide a red "All-Area Access" badge <ul style="list-style-type: none"> ○ Red All Area Access badges will be located in the MCDEM Trailer bins 	
Maintain Staff/Volunteer sign-in rosters for each shift	
<p>Provide brief orientation of FAC facility layout and direct Staff to appropriate Section or Unit Lead for initial briefing</p> <ul style="list-style-type: none"> • Topics to include in facility orientation can include: <ul style="list-style-type: none"> ○ Location of staff break area ○ Restroom locations 	

<ul style="list-style-type: none"> ○ Confidential and sensitive nature of the mission of the FAC ○ Mental/Behavioral/Spiritual Health resources available for FAC Staff and Volunteers ○ First Aid area 	
Communicate with the Unit Leader or LE Branch Chief regarding any known cautions or concerning observations about staff	
Document all key activities, actions, and decisions	
Work with Mental/behavioral/Spiritual Health Unit to coordinate stress management debriefings for FAC Staff and Volunteers	
Demobilization	
Ensure WebEOC Position Activity Log (ICS 214) is updated	
Ensure equipment is returned to Logistics or the MCDEM Trailer	
Ensure all FAC staff have signed out at the conclusion of devolution	
Assist in site breakdown/clean-up	