Kitsap County
Family Assistance Center Annex

FAC

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TAMARACK MGMT

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Table 1: Record of Changes

Introduction

Purpose

This Annex to the Kitsap County Comprehensive Emergency Management Plan (CEMP) provides a framework for the operations of a Family Assistance Center (FAC) in response to a catastrophic mass casualty incident (MCI) or mass fatality incident (MFI).

The purpose of this Annex is to:

Outline the **key essential elements of information** for determining when an FAC is needed after a catastrophic incident.

Provide a **structure for coordination, mobilization, operations, and demobilization** of an FAC.

Provide **tools used for FAC planning, implementation, and response** activities.

Scope

The CEMP is the County's all-hazards plan that establishes the framework used to coordinate the disaster preparedness, response, and recovery programs for the jurisdiction. This Annex addresses the unique planning, response, and recovery requirements for FAC operations, but is not intended to duplicate or alter the response concepts outlined in the CEMP or any other Kitsap County plans.

The scope of this plan includes activation, operation, and demobilization strategies for FACs within Kitsap County. It is designed to be a framework of recommendations that can be used for any type of incident (human-made or natural disaster) and can be scaled to be used for larger or more localized incidents. This Annex covers the primary FAC operational functions, including:

- Command and Control
- Call Center Operations
- Missing Persons Coordination
- Family Interviews and Antemortem Data Collection
- Family Briefings

- Behavioral Health
- Support Services

This document is limited to the coordination, conduct, and operations of the county-run FAC. The FAC is one component of a complete MCI/MFI response, along with remains recovery and management, morgue operations, and human remains handling. Other county and regional plans should be consulted for the coinciding needs of the response.

Situation Overview

An MCI/MFI is an event producing a number of deaths or serious injuries that exceed normal response procedures and capabilities. After an MCI/MFI, the victims' family members will seek assistance. The fundamental concerns that family members need to address are determining their loved ones' whereabouts and status, receiving information about the incident, and being provided access to available resources.

Family members will gravitate to locations that they believe can meet those concerns, most likely the site of the incident or nearby hospitals. They may also hinder critical lifesaving operations by diverting resources at those locations.

Establishing an FAC provides a distinct location for families to seek information/updates without impacting other operations while receiving needed support and services.

Because of the sensitive and complex operations of an FAC, the need for multiagency coordination is critical. The various types of services that may be required in the FAC and the wide range of families that may be impacted can increase the complexity of the situation. The FAC must be operated in a way that is sensitive to the diverse needs of the population affected.

Planning Assumptions

- This document provides a framework for response and triggers for discussion. The County has made a reasonable effort to consider issues that may arise; however, it is expected that the Kitsap County will take appropriate actions to address unforeseen issues or individualized needs.
- This Annex is not intended to duplicate or alter other Annexes to the CEMP, including the Mass Casualty Incident Annex.
- Kitsap County responds to any incident within operational guidelines and procedures, including the Kitsap County CEMP and all applicable Annexes. This Annex is designed to work in accordance with all other regional, state, and federal guidelines. National Incident Management System (NIMS) and Incident Command System (ICS) protocols shall be utilized throughout the response, including the operations of the FAC.

- FAC planning takes into account the whole community, including individuals, families, and households; communities; private and nonprofit sectors; faith-based organizations; local, tribal, state, and federal governments; populations with Limited English Proficiency (LEP) and individuals with disabilities and/or Access and Functional Needs (AFN).

- The FAC shall be a coordinated effort of the larger County response and include cross-coordination of information and support from the incident site and the emergency operations center (EOC). Staffing and resource support for FAC operations is a coordinated effort across government and non-government agencies.

- Local resources are expected to be quickly overwhelmed in an MCI/MFI. Kitsap County shall coordinate with subject matter experts and request assistance through regional, state, and federal assets at the time of the incident, if appropriate.

- For purposes of this document, the terms "family," "friends," and "relatives" are used to refer to those who have a relationship with someone involved in the incident. Although these terms have slightly different meanings, they are used interchangeably throughout the document. When referring to those family, friends, and/or relatives who have reported to the FAC for services, the term "client" may be used.

- Services shall need to be available virtually for those who are not physically on site at the FAC.

- It is expected that an average of eight to ten family members or loved ones will seek information about or need assistance for each potential victim and that the average reported number of missing will be at least 10 times the number of known or presumed deceased.[1]

- Call centers should be available immediately after an incident, with an initial FAC functioning primarily as a family reunification center within a couple of hours, and a full operational FAC established within a couple of days.

- The FAC may be expected to operate 24 hours a day during the initial days or weeks after an incident. Ongoing FAC operations may continue for months depending on incident size and the families' situation.

- Families grieve and/or process information differently.

- Special considerations may need to be defined for ethnic and cultural traditions.

- Both mental health and spiritual care resources are needed at the FAC to provide services to families, responders, and staff.

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[1] Puget Sound Regional Catastrophic Coordination Plan Victim Information and Family Assistance Annex (2012), https://mil.wa.gov/asset/5ba4214bbc784

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Concept of Operations

The FAC model is designed to be easily implemented in a range of situations. This plan is designed to be situational, scalable, and needs focused; the FAC and related operations and support activities depend on the type, time, size, and locations of an incident. The FAC is critical in providing support to family members. How survivors and families are treated and supported immediately after a traumatic event impacts their ability to cope with the situation and their capacity to trust agencies managing the response and the investigation.

Objectives for FAC Operations

When establishing an FAC, the following objectives should be considered:

Provide **accurate and timely information** to survivors, families, and friends of victims.

Provide a **mechanism to coordinate efforts** on behalf of the coroner for victim identification, status, and family notifications.

Provide **emotional support, spiritual care, and additional health and social services.**

Establish **a secure and appropriate facility** for agencies to interact sensitively with clients.

Primary FAC Operational Functions

This Annex aligns with the Puget Sound Regional Catastrophic Coordination Plan Victim Information and Family Assistance Annex recommendations for the primary operational functions of an FAC.[2] The structure of each of the functions varies based on the unique needs of the specific incident.

Primary FAC Operational Functions	
Function	**Description**
Command and Control	• The specific lead agency may vary, but it shall be critical for close coordination with the EOC, the Coroner, the incident command post (ICP), and other key partners. • FAC command structure shall follow the ICS process and may be established with a single incident commander (IC) or a unified command (UC) structure.

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[2] Puget Sound Regional Catastrophic Coordination Plan Victim Information and Family Assistance Annex (2012), https://mil.wa.gov/asset/5ba4214bbc784

Primary FAC Operational Functions	
Function	**Description**
	• FAC command structure is likely to involve many liaisons, including those representing law enforcement, human services, the American Red Cross, and federal agency partners.
Call Center Operations	• A centralized system for managing phone calls regarding missing persons reports, information to identify next of kin, and to gather information specific to victim identification. • Typically involves establishing a call center to collect information about those missing and unaccounted for and document the names of individuals looking for potential victims. • It should be expected that not all family members will be able to attend an FAC in person. Call center operations include coordinating information exchange with family members.
Missing Persons Coordination	• There shall be numerous missing person inquiries as family members try to identify if their loved ones have been impacted. Systems should be established to document information about the missing and to investigate if the missing individuals are among those impacted. • The Coroner and local hospitals will need to coordinate the gathering and sharing of antemortem information to assist with victim identification and family reunification. • The FAC will need to establish and manage information sources to determine whether the missing persons reported are victims. • Includes notification responsibilities to inform loved ones of the status of the search, reunification, or a fatality notification. • Coordination may extend to the region in the case of a large or widespread incident.
Family Interviews and Antemortem Data Collection	• Coordination information that assists the Coroner in identifying the deceased. The information gathered should be specific to data that the Coroner can use to compare with the autopsies and the hospitals can use to compare with patients. • Family interviews with the next of kin or friends in addition to DNA samples may be collected to assist with identification. Medical and dental x-rays and records may also be obtained for forensic specialists to assist. • Coordination may extend to the region in the case of a large or widespread incident.
Family Briefings	• Family briefings are an essential FAC operational component. They are used to provide updates about the status of the response, human remains recovery, and victim identification. • Briefings should include updates from key response agencies to provide coordinated, accurate information to families before information is released publicly.
Behavioral Health	• At the core of working with those who have experienced trauma either directly or indirectly, is the need to ensure the availability of psychological and spiritual support throughout the process. • The nature of working in an FAC can lead to a traumatic response from those who may not have been directly impacted. This need for

Primary FAC Operational Functions	
Function	**Description**
	behavioral health services extends to victims, family members, first responders, and volunteers.
	• Behavioral health services, including mental health and spiritual care professionals, are an essential component of FAC operations.
	• Professionals should expect to provide services over the phone in addition to in-person care.
Support Services	• Provide resources to assist families with their basic needs.
	• Common services offered include first aid or accessing social or human services assistance that may be needed after an incident.
	• Representatives from services available may be available on site to provide access to assistance or to walk loved ones through the application process.

Table 2: Primary FAC Operational Functions

Jurisdiction

If an MCI/MFI occurs due to a federal criminal violation, the lead federal investigative agency is responsible for meeting mandatory requirements concerning victims/families. For major commercial aviation or rail passenger accidents,[3] the aircraft or rail passenger operator has the responsibility to notify the family members of those involved in the accident. In coordination with the operator, federal agencies, and the American Red Cross, the National Transportation Safety Board (NTSB) establishes the family assistance process to provide information and access to services.

The Kitsap County EOC is responsible for supporting federal operations of an FAC in the County. If an MCI/MFI occurs in Kitsap that is not a federal crime nor commercial aviation or rail passenger accident, the Kitsap County EOC is responsible for establishing an FAC.

If the MCI/MI impacts a large geographic area or multiple jurisdictions, regional coordination shall be enacted in accordance with the Puget Sound Regional Catastrophic Coordination Plan Victim Information and Family Assistance Annex. Sustained coordination across impacted jurisdictions, including situational awareness, FAC activation, and information management, will be critical.[4]

Activation

Identify the Need for a Family Assistance Center

Establishing an FAC is standard response following some types of disasters, including aviation and passenger rail accidents. With other disasters, an assessment is needed to determine if an FAC will meet the needs of the situation.

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[3] 49 USC §1136 and 49 USC § 1139
[4] Puget Sound Regional Catastrophic Coordination Plan Victim Information and Family Assistance Annex (2012), https://mil.wa.gov/asset/5ba4214bbc784

The decision to open an FAC should be made as quickly as possible after an MCI/MFI. The EOC shall decide to open an FAC within the first two hours of activation. Studies show that quick activation of an FAC dramatically impacts the mental health outcomes of family members [5]. Established conditions can help to quickly determine if an incident meets the criteria for establishing an FAC.

The EOC will use known and estimated information about the incident to determine the need for an FAC. The decision shall consider the presumed accuracy of the information and the shifting in intelligence early in an emergency. The information that should be considered in deciding to open an FAC is listed in the following table.

FAC Activation Considerations	
1	Estimated number of fatalities and missing
2	Number of injured and if that will exceed the capacity of EMS and/or local hospitals
3	If the incident meets the requirements for activating the Kitsap County Mass Fatality Response Plan
4	If the local resources for mass fatality response will be overwhelmed
5	Are hospitals evacuated or operating with emergency protocols in place
6	The number of persons displaced due to evacuation
7	The impact of the incident on the community
8	The number of victims whose families do not reside in the community area
9	The complexity of the expected recovery
10	Condition of the remains
11	Expected duration of mortuary operations
12	If the incident is an ongoing situation or has the potential to expand

Table 3: FAC Activation Considerations

If the situation spans multiple jurisdictions, there may be a need for regional or statewide coordination of an FAC. A regional coordination conference call shall be conducted in accordance with the Puget Sound Regional Catastrophic Plan to determine the need and coordination.

Determine Services to Initiate

The needs of the incident will determine the services provided at the FAC. The EOC should develop a service plan based on the community served and the potential needs of the persons affected. In other words, not all services will need to be activated at all FACs. The EOC will make recommendations for the initial list of services, and services should open or close during

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[5] Puget Sound Regional Catastrophic Coordination Plan Victim Information and Family Assistance Annex (2012), https://mil.wa.gov/asset/5ba4214bbc784

the FAC activation based on the recommendations from the FAC staff. Some services to consider as a part of the FAC include:

Services to Consider as Part of an FAC		
• Animal Care • Assistance for Foreign Nationals • Banking • Basic Medical Care • Benefits Counseling/ Assistance • Child/Youth and Family Services • Communications (phone/internet) • Crime Victims Assistance • Disability Information • Educational Services • Employment Services • Financial Assistance • Financial Services • Food Services	• Healthcare Information Services • Housing Assistance • Identification Replacement Services • Immigration Assistance • Insurance Advocacy • Labor Services/Union Assistance • Laundry Services • Legal Assistance • Mail • Material Goods/Personal Property Replacement • Medical Assessment • Pet Therapy	• Physical Health • Provision of Medications • Public Benefits • Relocation Assistance • Senior Citizens Service • Small Business Assistance • Tax Benefits/Extensions • Therapy Dogs • Transportation • Unemployment Benefits • Veterans Affairs • Translation/ Interpretation Services • Workers Compensation

Table 4: Services to Consider as Part of an FAC

Mobilization

After the decision to activate an FAC is made, it is critical for immediate mobilization. All partners will work together to get the site functional as quickly as possible. The goal is for the FAC to be operational within 12 hours of the incident or by the beginning of the following day.

Temporary Reception Center

A temporary reception center may be established between when the incident occurs and when the FAC becomes operational. This site is established to provide family members and victims with information and immediate attention but will have minimal services available. A limited number of staff may be allocated to the temporary reception center while the focus remains on establishing a full FAC. The clients will be notified that an FAC is in the process of being established and that it will more effectively address their needs.

When an FAC is open, families should be notified, and a notice should be posted directing clients to the newly established site.

Call Center

The public will immediately need a place to call for information regarding the MCI/MFI, so a call center should be operational prior to the opening of the FAC. Families and loved ones will need an official conduit to access information and to report the missing. The call center can anticipate that a minimum of three friends or family members will contact the call center for every casualty.

Establishing a call center early will help prevent hospitals and emergency services from being overwhelmed by non-emergent public inquiries. Call centers fill the role of collecting information from the public about witnesses and the missing, as well as providing information to the public about what they should be doing. The primary functions of a call center are to:

Primary Functions of a Call Center	
1	Provide a centralized number for the public to call regarding missing persons.
2	Collect and consolidate missing persons information to share with law enforcement for confirmation.
3	Reduce the burden of calls on emergency lines, such as 911 and hospitals.
4	Serve as a primary communication point for families unable to come to a physical FAC location.
5	Funnel and triage calls to the FAC.
6	Connect people to resources that may be available to them

Table 5: Primary Functions of a Call Center

Call takers must be trained in responding to victim calls and basic crisis intervention and should be provided scripts and specific information that they can provide. The scripts should include specific information needed by law enforcement to conduct victim verification on any missing persons reports. Operators should be aware of available resources and how to recommend them to callers.

Coordination between the medical facilities and the call center needs to be arranged. Call center staff may direct family members to appropriate medical facilities or to a location to get information about those who have been hospitalized.

A website may also be utilized to provide similar services to the call center. This can be a webpage that the public can access to report missing persons including all anti-mortem details needed for an investigation. This page can also include services available, and the latest information posted by the JIC.

The call center may need to continue to support operations even after the FAC is established. This may include providing information to the public and connecting family members and survivors to services. The call center may also assist by connecting information from the FAC to family members who are unable or unwilling to come to the site.

Call centers need to be accessible to those with access and functional needs and those for whom English is a second language. Expect to be able to accommodate language interpretation services and accessibility devices should be available.

Site Identification and Logistics

When choosing an FAC location, the recommendations in this section should be considered with the understanding that identifying a site that meets all of them may not be possible.

Instead, the best site will:

- ✓ Be available.
- ✓ Operationalize quickly.
- ✓ Meet the families and survivors' needs.
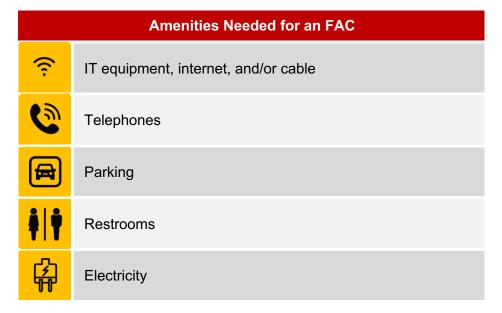
Requirements

Because of the sensitive nature of many of the FAC services, the site itself should create an atmosphere of calmness, professionalism, concern, and care. It should be located close enough to the incident site to allow staff and personnel easy access between the FAC and the incident site but far enough away that clients cannot see or easily access the site. This protection for clients from witnessing the incident site should extend to access in the sense that families should be able to get to the FAC without having to drive past the incident site itself.

During site planning, there should be enough space identified to accommodate four to six family members per victim or survivor,[6] including the ability to accommodate all the services needed for operations. Ideally, the facility shall include a large meeting room for gathering and briefings, smaller meeting rooms for private meetings or interviews, and additional smaller rooms that can be used as offices for operations of the facility. The site shall be compliant with the Americans with Disabilities Act (ADA) to accommodate the needs of a variety of individuals and families.

The FAC may need to operate 24 hours a day for a period of time. The site will need to be accessible during operational hours.

The facility used needs access to basic amenities for occupation. These amenities include:

Amenities Needed for an FAC
📶 IT equipment, internet, and/or cable
📞 Telephones
🚗 Parking
🚻 Restrooms
🔌 Electricity

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[6] US Department of Justice Office for Victim Assistance, Mass Fatality Incident Family Assistance Operations Recommended Strategies for Local and State Agencies (2013), https://www.hsdl.org/?abstract&did=735044

Amenities Needed for an FAC	
💧	Water supply
❄️	Heat/air conditioning

Table 6: Amenities Needed for an FAC

Large hotels, conference centers, or recreation centers can be ideal locations for an FAC. They frequently already have processes to accommodate parking, controlled access, food, and large meeting rooms for gathering family members in one location. Hotels have the added benefit of accessible lodging. The facility chosen should be available for the duration of the response.

Security

The security team will take precautions to protect the facility from those who might cause psychological or physical harm to the clients of the FAC. A threat assessment will need to be conducted to identify specific issues related to the incident itself. Some of the threats that should be considered include:

Security Considerations	
Media	While it is unlikely that media will cause any physical threats to the site, they may try to get access to the inside of the FAC. It is important for the protection of the families and the privacy of the victims to ensure that the media is kept in designated areas and do not have free access to the FAC.
Lawyers	Similar to members of the media, lawyers may try and access the victims and families to develop lawsuits related to the incident. These actions should be kept away from the FAC.
Protestors	There has been a trend nationally towards an increase in protestors at sites of mass fatalities. These people often have a false belief that the incident was staged and that the victims are actors. Special precautions will need to be made to protect the clients from any protests that may be occurring.
Terrorism	Any large congregation of people could become a target for a terroristic attack. Any FAC established should be assessed for threat levels and protected against potential terrorist situations.

Table 7: Security Considerations

A robust security plan should include a perimeter for the area around the FAC as well as security managing access into the FAC itself. Security should be coordinated with local law enforcement and include 24-hour protection of the site.

Site Set Up

Based on the Puget Sound Regional Catastrophic Coordination Plan, the recommended areas to establish in the FAC include:[7]

Recommended Areas to Establish in an FAC		
• Behavioral Health Staff Room • Behavioral Health Team Office • Childcare Area • Command Area • Dining Service • Family Briefing Area	• Family Computer/ Phone Bank Room • Family Interview/Notification Rooms • Family Waiting Area • Meditation/Spiritual Care Area	• Other Meeting Rooms • Private Counseling rooms • Reception Area • Staff Break Room • Staff Work Areas • Supplies Storage Area • Television Room

Table 8: Recommended Areas to Establish in an FAC

In addition to the specific areas identified above, considerations should be made regarding site set up to ensure the best possible service for the client and staff. When setting up the FAC site, the following points should be considered:

Site Set-Up Considerations	
1	Family Interview/notification areas should provide as much privacy as possible. If possible, a separate egress from the rooms should be available for the families to leave without interacting with others in the FAC.
2	Staff should have at minimum access to separate staff spaces for work or breaks. If possible, staff should have access to separate restrooms and dining areas.
3	Any televisions should be situated so families who do not need to hear the news if they do not wish to.
4	Family and staff should have access to healthy snacks and beverages throughout the day and meals at regular times. FAC will take cultural considerations into account in establishing feeding programs.
5	Transportation will need to be coordinated, especially for those families who are not local to the area. Transportation may include from shelters or hotels to and from the FAC to medical facilities.
6	Access to communications capabilities will be critical for both staff and the public. Staff will need secured lines in private locations for protected information sharing. The public will need access to telephones, outlets, phone chargers, and internet access as is practical for the situation.
7	A pre-established exit route needs to be in place so family members can be escorted from the site protected from the media or other onlookers especially after death notifications.
8	Set up of the facility needs to consider the clients' functional and access needs and ensure the site can accommodate the broadest possible audience.

Table 9: Site Set-Up Considerations

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[7] Puget Sound Regional Catastrophic Coordination Plan Victim Information and Family Assistance Annex (2012), https://mil.wa.gov/asset/5ba4214bbc784

Equipment and Supplies

Setting up an FAC requires a wide range of equipment and supplies. These may take time to accumulate, so the site may initially be set up with minimal supplies. During the writing of this Annex, Kitsap County did not have a specific supply of items set aside for the set-up of an FAC.

A coordinated effort to collect, borrow, and/or purchase items is needed to establish an FAC immediately after an incident. The EOC logistics section shall work closely with the FAC logistics section to ensure effective management of critical supplies and ongoing resupply coordination.

A recommended initial list of equipment and supplies can be found in **Appendix 4: Administrative Supplies Guide**.

Staff Mobilization

Initial staffing of the FAC should begin quickly after an incident occurs. Ideally, core staff shall be determined ahead of time, trained, and provided with initial supplies needed to begin operations while additional staff is identified. At a minimum, law enforcement, victim/witness specialists, social services, and other leadership positions should be identified. Details regarding the staffing of an FAC are identified in **FAC Staffing** for general information and under **Positions** for information about which positions may be included.

Just-in-Time Training

Staff shall have access to just-in-time training before the opening of the site(s) to clients. Additional training shall be conducted periodically to ensure staff can provide the best services possible for the clients. This shall include:

- ✓ An orientation to the facility.
- ✓ A description of offered activities/services and how to direct clients to those activities/services.
- ✓ Services being offered for the staff.
- ✓ Job responsibilities.
- ✓ Protection of the clients and the facility.

Staff Briefings

Staff should attend an "All-Staff FAC Briefing" each operational period. Briefings ensure that staff is equipped with the most up-to-date information on FAC operations and the incident response. Staff briefings may include the following agenda items:

- ✓ Goals and objectives
- ✓ New initiatives
- ✓ Rescue, recovery, and identification efforts
- ✓ Investigation reports
- ✓ Status of services
- ✓ Disposition and return of remains and personal effects
- ✓ FAC operations and demographic data

Notify Stakeholders

The FAC shall notify the EOC when the site is ready for clients to begin accessing it. The EOC shall share this information with appropriate partners, including the incident commander, any call centers established, the temporary reception center, unified command, and the JIC. All stakeholders will then begin directing potential clients to the FAC.

Ongoing Operations

Site Security

Security plans established during the mobilization phase shall be continuously assessed and updated throughout FAC operations. Some considerations should be made to ensure that the protection of the family members does not increase the traumatization of the families. The security team may want to consider establishing:

- Car identification cards or vehicle registries for families and staff to quickly pass-through perimeter checkpoints.
- Individual identification badges for family members to be quickly identified as they enter the facilities.
- Staff identification with picture badges and staff vests or other clothing items to easily identify staff members from family members.
- A plan for registering clients including identification requirements and how to handle those without proper identification.
- A plan for removal of persons who should not remain on site.

Reception and Registration Process

The reception and registration process sets the tone for the FAC. This process should be professional and smooth while remaining respectful of the situation. All families inside the FAC must be registered; this ensures that the appropriate people are receiving the services provided.

Upon entering the facility, clients shall be directed to the registration area. Every person who enters the facility should be confirmed as registered as a client and signed in. Anyone who arrives at the FAC and is not directly tied to a potential victim should be removed from the site following the security plans.

During a client's first visit to the FAC, registration must be completed, including verification of relationship to a victim and verification of government-issued identification. If identification is unavailable (minor children, undocumented persons, identification destroyed in the incident, etc.), the security plan should be followed to ensure reasonable identity of the individual.

The registration process may be conducted by law enforcement personnel to ensure identification verification and issue any badges.

The registration specialists should have access to immediate services needed to assist with the intake process. Some services that need to be accessible to the registration staff include:

Accessible Services for the Registration Staff	
🗛	Translators/Interpreters including sign language and written documents available in multiple languages
🛡	Security
🧠	Behavioral health professionals to provide emotional support
📄	Written information about the site and the process as well as support services to provide to the families

Table 10: Accessible Services for the Registration Staff

Registration information shall contain personally identifiable information (PII) and should be protected as sensitive documentation. Protection of registration documents should include limited access to other staff and no access from clients.

Victim Tracking and Missing Persons Coordination

Identification of a comprehensive victim list is challenging after an MCI/MFI due to dispersed survivors, medical facilities protecting patients' identities, and duplicate reports compounding the situation. Identifying the next of kin can be further complicated by displaced persons, especially if areas remain evacuated.

If the MCI/MFI is caused by a federal crime, the federal jurisdiction is responsible for determining victims and a contact list. The federal investigators will likely need the support of local law enforcement to conduct this task.

Developing a list of victims is a primary activity associated with the FAC. To conduct this critical task, a process needs to be quickly established to:

✓ **Gather and consolidate missing persons reports.**

✓ **Investigate missing persons reports to confirm a consolidated victim list.**

✓ **Identify appropriate loved ones of victims to receive services.**

Gather and Consolidate Missing Persons Reports

Some incidents will have a manifest that can be used to establish a victim list (e.g., a passenger list for a commercial boating accident), but many incidents will have an unknown victim list (e.g., a fire in a nightclub). In either situation, a missing persons and a victim list will need to be developed. Information about missing persons will be collected through:

- Calls to the call center
- Persons entering the FAC
- Other reports generated

A call center should be established as soon as possible after an MCI/MFI. Details on the responsibilities and functioning of the call center are discussed in the **Mobilization** of the Concept of Operations. The public shall be directed to contact the call center if they believe that a family member, friend, and/or co-worker are missing. The call center is responsible for collecting basic information about the missing person, contact information for the caller, and other details that can be used to verify the missing person was involved in the MCI/MFI.

Investigate Missing Person Reports

Law enforcement shall be responsible for verifying missing persons reports and for developing a final victim list. If the MCI/MFI is a federal jurisdiction incident, the local law enforcement shall work in conjunction with federal entities to ensure a coordinated effort.

Investigations may take significant staffing depending on the size of the incident and the number of reported missing. It may include ruling out those who were not on site, which can include making a large number of calls. Investigations may also include identifying hospitalized victims, especially those who were admitted incapacitated or without identification. Investigations should work closely with hospital staff and the Northwestern Healthcare Response Network (NWHRN).

Confirm a Victim List

The timing and manner of the release of victim information shall be determined by the agency responsible for identifying victims. For the local jurisdiction, this shall be the law enforcement entity. For a federal jurisdiction incident, it will be at the discretion of the federal department in charge.

Following all privacy laws and appropriate safeguards, victim information and family member names and contact information may be shared among responding agencies. This includes limited access within the FAC to ensure the appropriate persons are receiving the appropriate services.

Victim lists should be carefully protected, including who has access to which services.

Identify Who Qualifies for Services

Victim identification is the first step to identifying the pertinent family members and survivors, providing accurate information to appropriate persons, and providing the necessary support during criminal investigations and prosecutions. Once the list of actual missing is determined, families will need information and support as the victim recovery and identification process begins. The final victim list is used to determine eligibility for the family assistance being provided at the FAC.

Victim and Family Management

Types of services offered should be tailored to the incident and the needs of the victims and families. This may change throughout the operation of the FAC. Staff should monitor the clients and develop recommendations for additional services for the victims and families. All services shall be coordinated between the FAC Director and the EOC.

Survivors of the incident will need access to services. They will need to be identified and should include those who are seriously injured victims, individuals with minor injuries, the "walking wounded," those displaced from their homes because of the incident, and those who witnessed the incident and/or the aftermath. In addition to survivors, families of those hospitalized, missing, or dead will also need access to services. Each of these different groups will need customized help in navigating the FAC.

Family Hosts

Family hosts should be available to all victims and families visiting the FAC. They provide a direct contact for the FAC clients to access assistance in navigating the FAC, accessing the services available, and finding answers to questions they may have.

Immediately after registration, a family host should be assigned to the family. The host shall show the family around the facility, explain the services available, and assist with any initial needs. All of the information provided verbally should also be in written format for later reference. It is important for the families to have access to the same information repeatedly due to the trauma response possibly limiting comprehension.

The family hosts shall be expected to check in periodically with their assigned families to answer any questions and review information. This may include repeating information shared during briefings or signing them up for the various available services.

The assigned host shall be available to the family to assist with comprehension, information sharing, and connecting them to needed services. Each host shall be expected to monitor several families and cycle through checking on each of their needs.

Family Briefings

Family briefings may need to be held separately for the different groups of clients. Their needs differ, especially for the survivors, the families of the injured, and the families of deceased victims who may desire separate meetings due to the differences in their circumstances. Consideration should be given to accommodate the client's needs and to coordinate tailored briefings to the different groups.

Briefing schedules should be clearly identified and as consistent as possible. The frequency may change with the incident and may need to be more frequent earlier in the response. This shall be determined by the speed at which information is collected and the comprehension of the information by the families and victims. Repetition will be critical, as individuals experiencing trauma may have difficulty comprehending new information and need to have it repeated.

Not all families may be able to attend the briefings in person, and a system may be established to facilitate remote briefings. This can be done through a limited invite teleconferencing system or a conference line. These calls should be as limited as possible to those who would receive services in person.

Briefings provide a consistent message to the families with official information on the incident response and recovery. Information included in the briefing should be tailored to the incident, and a briefing agenda may include:[8]

Family Briefing Agenda Topics	
1	Opening, safety orientation (evacuation instructions), introduction of speakers, recap of critical information, agenda
2	Status of rescue and recovery operations
3	Status of identification process
4	Status of personal effects management
5	Assistance resources update (e.g., crisis counseling, childcare, legal services)
6	Planned events (e.g., incident site visit, memorial services)
7	Closing: wrap up, location, and time of next briefing

Table 11:Family Briefing Agenda Topics

Providing time for questions and answers is critical and should occur after each speaker has finished their presentation(s). The family hosts should meet with their assigned families after the briefings to discuss additional questions.

Briefing attendance must be carefully controlled with no observers allowed. Only those serving as speakers or senior management of critical response agencies should be allowed in the briefing room and introduced at the start of the family briefing. If the FAC staff should use the briefing time as a break from all client interactions and ensure that all focus is on the briefings. The exceptions to this might be for the behavioral health specialists who may need to assist families in processing information and the family hosts who should have access to the information provided in the briefings to help the families understand what was said.

Any information shared with the media should be briefed to the families first during these briefings.

Housing and Transportation

Some families who travel from out of town or survivors who had been evacuated may need assistance with accessing accommodations and possibly transportation assistance. Hotels can be identified to assist with housing needs for victim families, and group transportation can accommodate those hotels. Transportation needs may include transport to the medical facilities or the FAC depending on the victims' status.

When identifying temporary housing, avoid housing victims and the family members in a location where the incident site is visible or needs to be passed in order to get to the FAC. In addition, families should be housed separately from responders to avoid adding emotional stress for either group.

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[8] US Department of Justice Office for Victim Assistance, Mass Fatality Incident Family Assistance Operations Recommended Strategies for Local and State Agencies (2013), https://www.hsdl.org/?abstract&did=735044

Antemortem Data Collection

The Coroner's Office shall lead the collection of antemortem data[9] in accordance with the Kitsap County Mass Fatality Plan. Data can be collected through forensic interviews with family or friends who enter the center or medical and dental records. The Victim Information Branch of the FAC Operations Section shall work with the Coroner's Office to establish the plan for antemortem data collection.

Notification/Disposition

As much as possible, death notifications follow usual protocol, including having the immediate family notified first in a private setting. Death notifications should be handled by those trained to conduct these types of meetings, such as a police officer or the Coroner. This process should be overseen by the jurisdiction having authority over the bodies (federal, state, or county) and supported by a member of the Behavioral Health Group. Families may want to leave the FAC immediately after notification, and efforts should be made to assist them in leaving the site while being protected from the other clients.

When making death notifications, take into account any religious or cultural practices of the family. Families may have questions later and should be given information about how to access the FAC after leaving the site as part of the death notification process.

Incident Site Viewing

It is important for families and survivors to have safe and private access to the site for their healing process. As a part of the FAC process, these visits need to be carefully thought out and planned.

Initially, access to the site should be restricted to accommodate recovery efforts and investigations. As soon as possible after the site is stabilized, a viewing opportunity should be provided to the victims and families first and then to the general public afterward. Visits shall be coordinated with IC and scheduled after human remains and personal effects are removed from the site or are not visible from the viewing area.

Security may need to be provided for the area to ensure that victims and family members are provided privacy, so additional security personnel may be required to protect families.

Before the visit, the families should be briefed about what to expect, how long they can be at the site, and what limitations may be in place (e.g., no photography). Transportation should be provided from the FAC to ensure only appropriate people are allowed access and that there is a limited number of people at the site at a time.

A brief memorial should be conducted at the site, including a religious reading and a location to leave small items or flowers provided to the family members. This memorial should be designed with the specific victims in mind and include recommendations from the FAC staff.

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[9] RCW 68.50.010 and RCW 36.24.190

Community Management

Public Memorial Events, Monuments, and Anniversaries

After the small, private memorial event is held for the survivors and families, a more public event should be held for the community to process the situation and show support for the victims and families. Any memorial should be a multi-faith event with typical elements of a memorial service.

The EOC should help coordinate a location for the public to commemorate the victims. A temporary location should be established immediately for items like flowers and trinkets to be left. A monument or subsequent long-term physical memorial should be planned. Decisions for the location, design, and inscriptions should include consultation with the family members.

As time passes, anniversary events can be a critical aspect of the 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.

For any aviation disasters, the memorial is often organized by the American Red Cross in coordination with local agencies, and the family members must be included in the planning process for any physical memorial funded by the air carrier.[10]

Spontaneous Volunteers

Volunteer management needs to be considered for any disaster, especially an MCI/MFI. The local community may be looking for ways to support the needs of the survivors and their families, so a process to direct spontaneous volunteers needs to be put in place.

Volunteers may have limited access to the families, or they need to be vetted prior to participation in the FAC. Some spontaneous volunteers will have a background that can help support the operations (e.g., mental health professionals), while others will have general support skills (e.g., serving meals). All volunteers shall apply, go through a background check, and be interviewed, credentialed, and placed into a specific role that aligns with their experience and interests. New volunteers should be closely supervised.

KCDEM maintains a volunteer database that will be utilized to integrate spontaneous volunteers along with vetted volunteers into FAC operations. Volunteer management shall be conducted in line with existing plans and procedures including any Kitsap County Volunteer Management plans and procedures[11].

Donations Management

Donations management, much like volunteer management, shall be considered as a part of the MCI/MFI response. Depending on the size of the event and subsequent media coverage, there could be interest from a wider audience beyond the local community to provide donations. Donations can be monetary (e.g., GoFundMe pages), physical (e.g., stuffed animals after a school shooting), or in-kind (e.g., free phone service at the FAC) and should be directed away from the FAC if possible.

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[10] The Aviation Disaster Family Assistance Act of 1996
[11] Kitsap County Department of Emergency Management Volunteer Handbook includes some management material and references.

Home-cooked food should always be discouraged due to potential issues with foodborne illnesses; however, commercial vendors are encouraged to donate food, water, and/or supplies.

The PIO needs to clearly communicate:

- What types of donations are needed and where they should be sent.
- If/where there is an official fund for monetary donations. If the public is being directed to an official source for financial donations, the PIO will need to communicate how those funds are being distributed and to whom.

Provide the FAC clients with information about services and items made available to help decide if the donation is right for them.

VIP

Depending on the size and publicity of the MCI/MFI, there may be interest in visits to the FAC from celebrities and local and national officials. Visits from VIPs should be discouraged, but some are unavoidable and should be thoroughly planned, including a briefing for the VIP prior to arrival.
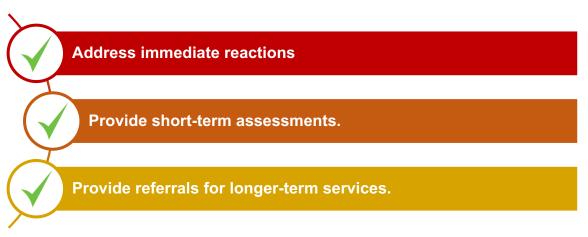
These visits shall be strictly managed by the PIOs and provide the clients of the FAC the opportunity to participate only if they desire. No media should be allowed as a part of these visits.

It is **critical** to manage expectations and ensure the FAC focus remains on the needs of the families and survivors, not the celebrities and officials that may use the incident for public attention.

Behavioral Health Services

Families and survivors may have intense immediate or delayed reactions to the MCI/MFI. A majority of people will cope with trauma over time or with some assistance. Initial behavioral health efforts should include providing compassionate support and sharing information to bolster resilience.[12.] Some families may need access to longer-term counseling or services for Post-Traumatic Stress Disorder (PTSD).

The FAC behavioral health services should:

✓ **Address immediate reactions**

✓ **Provide short-term assessments.**

✓ **Provide referrals for longer-term services.**

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[12] US Department of Justice Office for Victim Assistance, Mass Fatality Incident Family Assistance Operations Recommended Strategies for Local and State Agencies (2013), https://www.hsdl.org/?abstract&did=735044

The functions of the behavioral health team should be available for the staff and the clients of the FAC. This includes ensuring mental health and spiritual health providers are available to provide services. Behavioral health providers shall be expected to circulate throughout the FAC with the intent of monitoring all individuals. In addition, they may be asked to participate in some group meetings as well as notification of disposition.

Mental health services staff should work with family and staff to:

✓ Understand and manage the full range of grief reactions.

✓ Triage any mental health-related needs.

✓ Identify individuals who are at risk.

✓ Provide psychological first aid and crisis intervention.

✓ Provide referrals to locally accessible mental health professionals and support groups.

Spiritual care services staff should be available to:

✓ Provide nondenominational pastoral counseling and spiritual care.

✓ Conduct religious services and worship opportunities.

✓ Provide emotional support/crisis intervention in support of the mental health services staff.

All behavioral health staff are expected to provide services limited to their individual scope of practice (e.g., functional role, knowledge, skill, authority, continuing education, ethics, licensure, and certification).

Cultural and Religious Considerations

The FAC should be mindful of involving families and survivors in identifying needs as to not make assumptions about particular practices and beliefs. Cultural and religious beliefs, symbols, and practices should be considered in order not to inadvertently offend or adversely impact the clients and community.

Religious and cultural practices should be accommodated and encouraged as a part of the grieving process. Cultural and religious-based considerations for establishing an FAC include:

Cultural and Religious-Based Considerations	
1	Language
2	Diet (including fasting and food preparation)
3	Dress
4	Physical contact
5	Medical treatment
6	Dying and death customs
7	Resources (e.g., texts, facilities)
8	Names

Cultural and Religious-Based Considerations	
9	Memorial ceremonies, services, and anniversaries
10	Communications with families (e.g., family interviews, family briefings, notifications)
11	Space for cultural or religious practices

Table 12: Cultural and Religious-Based Considerations

Demobilization

Like all operational initiatives, as soon as the FAC is established, demobilization planning should begin. Demobilization relies heavily on the FAC operations to determine appropriate timing for demobilization. The FAC will see a natural wind down of operations due to clients no longer needing the assistance being provided. Criteria to consider when deciding to demobilize the FAC should include:

Demobilization Considerations	
1	Status of the rescue, recovery, investigations, and identification operations
2	Number of victims still unidentified or unlocated
3	Family briefings are no longer needed
4	Number of clients seen daily
5	Memorial services have been arranged for family and friends
6	Provision for the return of personal effects has been arranged
7	Ongoing case management and/or hotline number has been established if needed

Table 13: Demobilization Considerations

As the need for services decreases, it is important to begin planning for the gradual demobilization of the FAC. Some families and survivors may need ongoing support as the services end; careful consideration is needed to ensure that available services are initiated and referrals for follow up are made as the demobilization process occurs.

- When the FAC determines the need for demobilization, a recommendation shall be provided to the EOC for approval.
- A complete demobilization plan shall be developed and approved by the IC, FAC, and the EOC.
- Demobilization should include a transition of behavioral health and other casework services to continue supporting survivors and families, as well as responders and the FAC staff.
- A day and time for closure shall be determined. The FAC closure date shall be communicated with the staff first and then with the clients.
- The families should be provided plenty of warning of the demobilization date and process.

As a part of the FAC demobilization process, the FAC shall:

Demobilization Activities	
1	Address any outstanding case management needs and referrals made for follow-up with families
2	Conduct a final family briefing to review transitional services and plans.
3	Coordinate messaging for the public about demobilization
4	Update missing persons call center or recorded message
5	Conduct trauma debrief for all FAC staff along with information on available ongoing assistance programs
6	Return borrowed supplies and equipment to original owners
7	Break down the FAC facility
8	Follow-up report of FAC operations

Table 14: Demobilization Activities

Communications Considerations

The coordinated release of information is the responsibility of the Joint Information Center (JIC). It is beneficial for the JIC to assign a full-time person to the FAC to relay family concerns and share information from the JIC as it becomes available.

Media Relations

Part of the PIO's role is to ensure that the media is not on site at the FAC. It is essential to have a press briefing location outside the perimeter of the FAC to minimize retraumatization for clients.

As a critical element of the public perception of an incident, PIOs should reach out to the media as allies in the response. The media should be utilized to share information about what the public can do.

Some family members may also want to speak to the media. It should be made clear to the media and the FAC clients that all communications are voluntary and not required. Any family interviews should take place outside of the FAC to ensure the privacy of the clients.

Public Messaging

A process shall be established to share updates with victims' families first, through family briefings, and then share information with the public. Public messaging should occur at regular intervals and be available in multiple formats for both the FAC clients and the public.

PIOs should assume that the public does not understand what an FAC is and should explain its role and functions. This should be done in line with the goal of identifying the individuals who should utilize the site and include information about the FAC's role in missing persons identification, body release, and mental health services.

Public messaging should be closely tied to the family briefings. Any information shared with the media should be briefed to the families first so that the news is not dictating information sharing

and the families know that not all information is being shared publicly from official sources. It may be beneficial to hold public briefings immediately after the family briefings.

Public updates might be expanded to include:

- ✓ Confirmed situational updates.
- ✓ Hospital information including the number of unidentified patients.
- ✓ Information about where families can go.
- ✓ Information about how to report the missing.
- ✓ Information about FAC site and access (once it is established).
- ✓ What the FAC is, its role, and purpose.
- ✓ What the public should do.
- ✓ When the next update will be.

The identities of the families and surviving victims should be protected as much as possible, and FAC clients should be consulted in advance of the public release of names. This includes the protection of the names of any fatalities that can tie families to the incident.

Assigned Public Information Officers

Considerations should be made for assisting the families through PIO support. Current best practices assign a PIO to the families to help them navigate the transition to becoming public figures.

Consider assigning each affected family a PIO to assist with public statements, press conferences, and other public messaging on behalf of the family or support the families in doing it themselves.

Organizational Structure

A clear organizational structure is critical to ensure operational control and information management, especially in a complex operation such as an MCI/MFI and an FAC. The FAC shall be managed utilizing a NIMS-compliant Incident Command System (ICS).

EOC Integration

The Kitsap County EOC shall maintain high-level coordination and be responsible for management and coordination from the incident site to the FAC, as well as out to regional and statewide support. This includes coordinating resources, supplies, and information.

The EOC is responsible for ensuring there is a direct conduit from the FAC to the EOC for immediate critical needs and a structure in place for the FAC to fulfill routine requests. The EOC may assign a liaison position either in the EOC or at the FAC site to fulfill this role. In addition, the EOC may establish a separate branch to support victim information coordination.

Refer to the following page for a potential organizational chart of the EOC. It is important to note that the EOC structure is incident-specific, and it is flexible and adaptable by design to fluidly fit the response and recovery needs of the situation.

FAC Staffing

Staff Selection Criteria

All staff should have the skills and temperament to work in a high stress and emotionally challenging environment. Staffing for the FAC must be flexible based on the size and complexity of the incident. Initial operations of the FAC may need 24-hour staffing, and staff are typically assigned 12-hour shifts at the beginning and then shorter shifts as the operating hours of the FAC decrease.

Ideally, core staff shall be determined ahead of time, trained, and provided with initial supplies needed to initiate operations while additional staff is identified. At a minimum, core staff should include law enforcement, victim/witness specialists, behavioral health specialists, and other identified leadership positions.

Staffing for direct work with families after an MCI/MFI shall be carefully selected and monitored throughout the process. Working with victims of a traumatic experience can lead to trauma for the staff. Preference should be made to identify staff who have experience or have been trained to work with trauma victims, such as members of the Kitsap County Critical Incident Stress Management (CISM) Team. There may be opportunities for assistance from federal assets like FBI Victim Specialists, privately trained partners like air carrier family assistance team members, or even local community social service providers like social workers who work with trauma patients.

All staff and volunteers are expected to maintain and follow a code of conduct[13] that protects the privacy of family members, protects the confidentiality of any information shared in the FAC and requires appropriate behavior to effectively support victims and their family members.

A social media policy should also be established for all staff, including a ban on pictures of any person inside of the FAC and limitations on what types of information can be shared and when. This policy may need to be specified to the type of incident, but a generalized policy can be established proactively.

Staff Verification and Registration

Tight access control to the FAC includes maintaining protocols for limited access by staff members. The EOC shall compile staff rosters with names and roles for each of the positions. Upon entering the FAC, staff shall be asked to sign in and be checked to confirm they are on the roster. Staff shall be issued and display badges for easy identification.

Credentialing and Licensure

All staff rosters shall be maintained at the EOC but credentialing as a part of staff registration may occur at the FAC itself. All staff shall be vetted through partner agencies or the EOC volunteer program prior to working in the FAC.

All applicants must pass a criminal background check, participate in a phone interview, and is subject to reference checks. In addition, some staff may need to be licensed or complete special training to conduct their FAC position. These positions are noted in the **Positions** below.

Positions

Depending on the situation, positions may be combined, added, eliminated, or altered by KCDEM and the Command Staff at the EOC. Not all staff positions will need to be active throughout the response, and it should be expected to have some roles expand and contract throughout the lifetime of the incident. Examples of possible staffing positions for the FAC itself (i.e., not the EOC) are shown in the following organizational chart.

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[13] Kitsap County Department of Emergency Management Volunteer Handbook, Emergency Worker/Volunteer Code of Conduct (FORM A-3), 2020.

Example FAC Organizational Structure

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                              ┌──────────────┐
                              │ FAC Director │
                              └──────────────┘
        ┌──────────────┐              │              ┌──────────────────┐
        │ Safety Officer│─────────────┼──────────────│ Liaison Officer  │
        └──────────────┘              │              └──────────────────┘
                                                            Command Staff

              ┌───────────────────┐
              │ Public Information│──────────┐
              │     Officer       │          │
              └───────────────────┘          │
                        │                     │
              ┌───────────────────┐           │
              │ Client Briefing   │           │
              │   Facilitator     │           │
              └───────────────────┘           │
              ┌───────────────────┐           │
              │ Joint Information │           │
              │      Center       │           │
              └───────────────────┘           │
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Planning Section Chief
- Documentation Unit Leader
- Situation Status Unit Leader

Logistics Section Chief
- Communications Branch Director
- Transportation Branch Director
- Security Branch Director
- Facilities Branch Director
  - Equipment and Supplies Unit Leader
  - Food Unit Leader

Operations Section Chief
- Reception Branch Director
  - Registration Group Supervisor
- Health Services Branch Director
  - First Aid Group Supervisor
  - Behavioral Health Group Supervisor
    - Mental Health Services Task Force Leader
    - Spiritual Care Services Task Force Leader
- Victim Information Branch DIrector
  - Antemortem Group Supervisor
  - Notification Group Supervisor
  - Missing Persons Group Supervisor
    - Patient Tracking Task Force leader
- Call Center Branch Director
- Support Services Branch Director
  - Family Hoast Group Supervisor
  - Translation/ Interpretation Group Supervisor

Finance/ Admin Section Chief
- Staffing Unit Leader
- Just-in-time Trainer
- Credentialing /Licensing Unit Leader
- Cost Tracking Unit Leader

Figure 1: Example FAC Organizational Structure

Command Staff

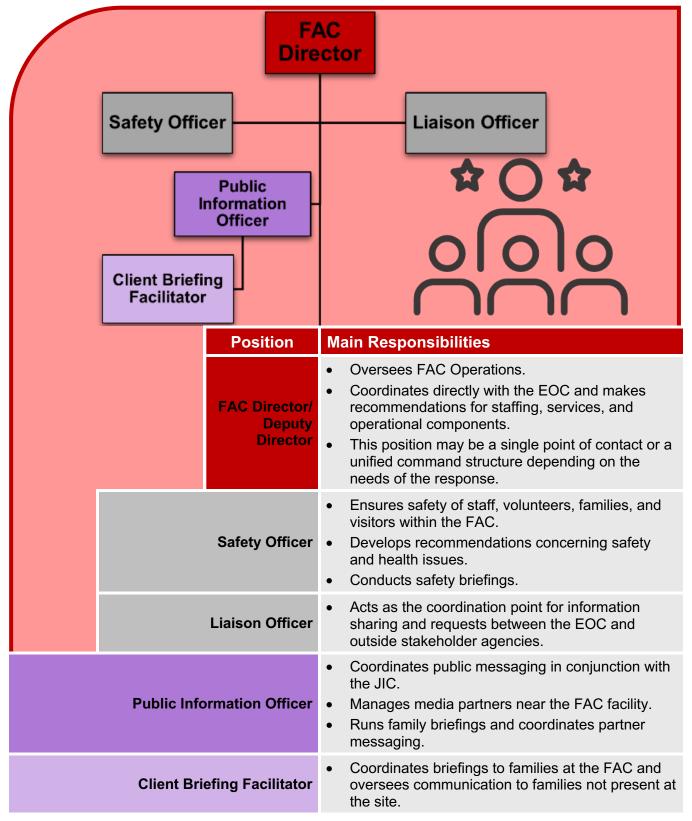| Position	Main Responsibilities
FAC Director/ Deputy Director	• Oversees FAC Operations. • Coordinates directly with the EOC and makes recommendations for staffing, services, and operational components. • This position may be a single point of contact or a unified command structure depending on the needs of the response.
Safety Officer	• Ensures safety of staff, volunteers, families, and visitors within the FAC. • Develops recommendations concerning safety and health issues. • Conducts safety briefings.
Liaison Officer	• Acts as the coordination point for information sharing and requests between the EOC and outside stakeholder agencies.
Public Information Officer	• Coordinates public messaging in conjunction with the JIC. • Manages media partners near the FAC facility. • Runs family briefings and coordinates partner messaging.
Client Briefing Facilitator	• Coordinates briefings to families at the FAC and oversees communication to families not present at the site.

Table 15: Command Staff Responsibilities

Planning Section

Position	Main Responsibilities
Planning Section Chief/ Deputy Chief	• Provides an overall picture of FAC operations. • Makes strategic decisions on FAC operations, procedures, and policy.
Documentation Unit Leader	• Documents all decisions and content created by the FAC.
Situation Status Unit Leader	• Facilitates situational awareness of current operations and impacts of the FAC. • Provides awareness of other response activities occurring related to the incident that may impact FAC operations.

Table 16: Planning Section Responsibilities

Logistics Section

Position	Main Responsibilities
Logistics Section Chief/ Deputy Chief	• Ensures staffing and conduct of the operations section • Coordinates operations with the other sections of the FAC. • Oversees the coordination of equipment, supply, and services necessary to operate the FAC. • Coordinates closely with the EOC logistics section.
Communications Branch Supervisor	• Establishes data and voice communications for the FAC, including internet access and landline phones. • Provides services for both staff and clients. • Provides IT support for equipment located at the FAC.
Transportation Branch Supervisor	• Coordinate family transportation to and from the FAC facility and any local hospitals, alternate care facilities, or memorials, as necessary.
Security Branch Director	• Develops a coordinated security plan for the facility and the perimeter. • Establishes car identification cards or vehicle registries for families and staff. • Develops identification badge requirements for family members and staff. • Develops client registration process and requirements. • *This position requires special training and/or licensure.*
Facilities Branch Supervisor	• Coordinates with facility owners to ensure space is utilized in line with agreements and that maintenance on the facility can be maintained.
Equipment and Supplies Unit Leader	• Monitors inventory of supplies and coordinates with the EOC to procure supplies needed for the FAC. • Tracks equipment maintenance requirements and coordinates services as needed.
Food Unit Leader	• Ensures family and staff have three basic meals, healthy snacks, and beverages throughout the day. • Provides food choices sensitive to cultural/ethnic practices of the FAC clients.

Table 17: Logistics Section Responsibilities

Operations Section

Position	Main Responsibilities
Operations Section Chief/Deputy Chief	• Ensures staffing and conduct of the operations section. • Coordinates operations with the other sections of the FAC. • Ensures smooth operations of the FAC, including registration, service organization and delivery, behavioral and physical health services, and victim information coordination.
Reception Branch Director	• Coordinates and oversees all reception services operations, ensuring that all families and staff are properly checked in and credentialed.
Registration Group Supervisor	• Oversees all registration activities, ensures all registration forms are completed, and all staff and families are appropriately credentialed
Health Services Branch Director	• Provides coordinated leadership for the health services provided at the FAC, including behavioral health (spiritual and mental health services) and physical health (such as first aid). • Connects clients to services in the community for ongoing care. • Services provided to both staff and clients of the FAC.
First Aid Group Supervisor	• Provides basic medical services, including first aid for clients and staff of the FAC. • *This position requires special training and/or licensure.*
Behavioral Health Group Supervisor	• Supervises the administration of both mental health and spiritual care services. • Provides compassionate support and information that bolsters resilience. • Circulates through the FAC to identify people who will benefit from services.
Mental Health Services Task Force Leader	• Addresses immediate emotional reactions and provides short term assessments. • Participates with clients in meetings as appropriate or requested. • *This position requires special training and/or licensure.*
Spiritual Care Task Force Leader	• Addresses immediate emotional reactions and crisis of faith. • Supports the mental health services group with emotional support and crisis intervention. • Provides nondenominational pastoral counseling and spiritual care. • Conducts religious services and provides worship opportunities. • *This position requires special training and/or licensure.*
Victim Information Branch Director	• Provide coordinated leadership for the victim information branch. • Coordinate information gathering and reconciliation concerning victims, including missing persons, unidentified patients, and postmortem information.
Antemortem Group Supervisor	• Collects data from family members through family interviews and assists in the collection of medical/dental records and DNA samples. • Provides information to the families regarding data collection and identification process.

Position	Main Responsibilities
	• Closely coordinates with the Coroner's Office and provides a link between the victims and the Coroner's Office. • *This position requires special training and/or licensure.*
Notification Group Supervisor	• Notifies families of the disposition of their loved ones. • *This position requires special training and/or licensure.*
Missing Persons Group Supervisor	• Collects information on unaccounted for persons to reunite families. • Coordinates with medical facilities, evacuation shelters, and the morgue to establish victim lists.
Patient Tracking Task Force Leader	• Receives patient reports of unidentified patients from local hospitals and alternate care facilities.
Call Center Branch Director	• Answers calls from the public concerning missing persons, victims, FAC operations and hours, public messaging concerning the incident, etc.
Support Services Branch Director	• Coordinates services being offered in the FAC.
Family Host Group Supervisor	• Oversees the provision of family host services, including greeting and providing a brief orientation to families and ensuring families' immediate needs are met.
Translation/ Interpretation Group Supervisor	• Coordinates access to all translation services, including remote translators and interpretive devices. • Coordinates the translation of written material into languages accessible to the FAC clientele.

Table 18: Operations Section Responsibilities

Finance/Admin Section

Position	Main Responsibilities
Finance and Administration Section Chief/ Deputy Chief	• Ensures staffing and operations of the finance and administration section. • Coordinates operations with the other sections of the FAC. • Maintains staff tracking, including facility access, training, and credentialing. • Tracks costs associated with running the FAC in coordination with the EOC.
Staffing Unit Leader	• Maintains staffing records for the entire operations. • Ensures staff sign-in/out. • Ensures staff has access to resources for mental health and spiritual care.
Just-in-Time Trainer	• Responsible for ensuring training opportunities for all FAC staff.
Credentialing/ Licensing Unit Leader	• Ensures positions that require a license (e.g., behavioral health, childcare) have current credentials. • Issues badges to staff and ensures each staff member has an appropriate badge visible while in the FAC.
Cost Tracking Unit Leader	• Tracks costs associated with the operations of the FAC

Table 19: Finance/Admin Section Responsibilities

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Roles and Responsibilities

County and City Governments

County and City Government Roles and Responsibilities	
Department	**Roles**
Budget Department	• Provide Purchasing staff to assist the EOC or the FAC as requested.
Coroner	• Lead agency for morgue operations, including identification and determination of the cause and manner of death. • Provide coordination with other services, including funeral homes and state and federal authorities. • Maintain the Mass Fatality plan and fulfill all responsibilities listed in that plan. • Work closely with the FAC to share information on fatality recovery and identification operations. • Responsible for coordinating antemortem data collection. • Responsible for providing notification to the families of a positive identification.
Elected Officials	• Assist in broadcasting messaging about the FAC and resources available. • Coordinate support of the FAC through directing resources and assistance as requested.
Fire Service	• Provide personnel to assist the FAC with situational awareness as appropriate.
Information Services	• Establish needed communications systems for the FAC for public access and for the staff to utilize.
Kitsap911	• Dispatch resources as requested. • Forward emergency information and requests to the call center or the FAC.
Local Law Enforcement	• Responsible for the investigation. • Responsible for leading the missing person investigations and identifying a victim list. • Act as lead for FAC security including crowd control. • Credentialing for the FAC staff. • Assist the coroner's office in death notifications. • Conduct crowd control, direct traffic, and control media access. • Share information that supports reunification and identification.

County and City Government Roles and Responsibilities	
Department	**Roles**
Personnel and Human Services/ Senior Programs	• Provide mental health crisis response and involuntary detention services and outpatient mental health services for persons who suffer from reactions to the disaster. • Coordinate the hiring of emergency personnel. • Coordinate with Risk Management, State Retirement, and family in the case of a County employee fatality.
Prosecutor	• Advise county government officials on legal matters relating to emergency management authority and responsibility. • Review emergency agreements, contracts, and disaster-related documents.
Treasurer	• Arrange for emergency funding for operations of the FAC.

Table 20: Local Governmental Responsibilities

Non-Governmental Organizations

Non-Governmental Organizations Roles and Responsibilities	
Department	**Roles**
Kitsap Transit	• Coordinate with the transportation branch of the FAC to provide transportation for FAC clients.
American Red Cross	• Mobilize health services, mental health, and spiritual care teams to assist in the health services branch. • Mobilize staff to assist in the operations of the FAC, including some leadership positions. • Mobilize volunteers to assist with feeding and supporting family members and first responders, as necessary.
St. Michael's Medical Center	• Coordinate identification of hospitalized victims. • Coordinate information sharing with the FAC.
United Way	• Establish call center operations and assist in the direction of informational calls.
Medical Reserve Corps	• Assist in the operations of the FAC, including positions in accordance with licensure.

Table 21: Non-Governmental Organizations Responsibilities

State Government

State Government Roles and Responsibilities	
Department	**Roles**
School Districts	• Develop plan for reunification of students with families. • Train staff to act as leads in an incident that involves any school property • Coordinate with the transportation lead to provide buses for transportation.
Washington State Department of Health	• Lead staffing for Washington State ESF 8. • In the case of a statewide incident, establish a coordinated FAC. • Address requests for assistance from the local jurisdictions with state medical resources. • Request the assistance of federal medical resources if state resources are overwhelmed.
Washington State Department of Transportation	• Lead the response for any incident involving the ferry system.
Washington State Emergency Management Division	• Coordinated requests for assistance from the local jurisdictions with state resources. • Request the assistance of federal resources if state resources are overwhelmed.

Table 22: State Government Responsibilities

Federal Government

Federal Government Roles and Responsibilities	
Department	**Roles**
National Transportation Safety Board	• Act as lead agency in an aviation or passenger rail accident. • Coordinate assistance efforts with local and state authorities. • Serve as technical adviser in FAC operations that do not have a legislative role
Disaster Mortuary Operations Response Team	• Activated by request from the coroner through the state EOC. • Assist with victim identification and mortuary services. • Provide surge FAC Team to aid in the establishment of a FAC.
Department of Justice	• Aid in fingerprint collection and supplementing laboratory assets upon approval. • Coordinate investigation in an incident that is classified as a federal criminal act. • May coordinate communications with families/friends to gain and provide information about the incident. • Act as the lead agency on coordinating Crime Victim Assistance for families.

Federal Government Roles and Responsibilities	
Department	**Roles**
Department of State	• Assist with providing services to aid in information collection and communications with foreign countries, foreign nationals, or Americans living or traveling abroad. • May assist in gathering antemortem data or DNA reference samples. • May be responsible for notifying foreign governments and families of foreign citizens involved in the incident. • May provide additional interpretation/translation services and assist families of foreign victims with entry into the United States.

Table 23: Federal Government Responsibilities

Plan Maintenance

KCDEM is responsible for Annex management and maintenance. The Annex and supporting documents will be updated periodically as required to incorporate new directives and changes based on lessons learned from exercises and actual incidents. The FAC Plan will be part of a typical plan maintenance cycle for Kitsap County to ensure the plan remains current and up to date.

Maintenance consists of:

- ✓ Reviewing the plan.
- ✓ Training on the plan to ensure governments and response agencies are familiar with its content.
- ✓ Exercising the plan as much as feasible, especially through functional and full-scale exercises to address the inclusive needs of the community.
- ✓ Evaluating the plan after each functional and full-scale exercise or actual emergency that enacts this plan.
- ✓ Improving the plan based on lessons learned during actual or exercised incidents.

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Authorities and References

This is a compilation of references used in the completion of this version of the plan. References include federal, state, and local codes and regulations, texts, plans, and widely used standards.

Local and Regional Laws, Regulations, Directives, and References

- Kitsap County Comprehensive Emergency Management Plan (CEMP)
- Puget Sound Regional Catastrophic Coordination Plan Victim Information and Family Assistance Annex (2012)
- Kitsap County Department of Emergency Management Volunteer Handbook

State Laws, Regulations, and Directives

- RCW 68.50.010
- RCW 36.24
- Washington State Comprehensive Emergency Management Plan
- Washington State ESF 8: Public Health, Medical, and Mortuary Services Appendix 3: Fatality Management Incident Support

Federal Laws, Regulations, Directives, and References

- 49 USC 41113: domestic air carrier obligations
- 49 USC 41313: foreign air carrier obligations
- 49 USC 24316: rail passenger carrier obligations
- 49 USC §1136 and 49 USC § 1139
- 34 U.S.C. § 20141: services for victims
- ASPR TRACIE Tip Sheet (2018), *Tips for Healthcare Facilities: Assisting Families and Loved Ones After a Mass Casualty Incident*
- US Department of Justice Office for Victim Assistance, Mass Fatality Incident Family Assistance Operations Recommended Strategies for Local and State Agencies (2013)
- The Aviation Disaster Family Assistance Act of 1996
- National Response Framework
- Office for Victims of Crime, 2015, Helping Victims of Mass Violence & Terrorism: Planning, Response, Recovery, and Resources, Washington, DC: U.S. Department of Justice
- Attorney General Guidelines on Victim and Witness Assistance, 2011

Other References

- [District of Columbia Family Assistance Center (FAC) Plan](#)
- [Los Angeles County Operational Area: Family Assistance Center Plan](#)

Appendices

Appendix 1: Acronyms and Abbreviations

This section contains acronyms and abbreviations related to the topics an FAC. In some cases, the terms do not appear elsewhere in this Annex but are included here to facilitate an overall understanding of the terminology that might be used when discussing FAC operations.

Acronym/ Abbreviation	Definition
ACF	Alternate Care Facility
AFN	Access and Functional needs
ADA	Americans with Disabilities Act
CISM	Critical Incident Stress Management
DEM	Department of Emergency Management (Kitsap County)
DMORT	Disaster Mortuary Operations Response Team
DMORT FACT	Disaster Mortuary Operations Response Team Family Assistance Center Team
DOJ	Department of Justice
DOS	Department of State
ECC	Emergency Coordination Center
EOC	Emergency Operations Center
ESF	Emergency Support Function
FAC	Family Assistance Center
FBI	Federal Bureau of Investigations
ICS	Incident Command System
LEP	Limited English Proficiency
MFI	Mass Fatality Incident
NIMS	National Incident Management System
NTSB	National Transportation Safety Board
NWHRN	Northwestern Healthcare Response Network
NOK	Next of Kin
NTSB	National Transportation Safety Board
OSHA	Occupational Health & Safety Administration
PFA	Psychological First Aid
PICC	Public Information Call Center
PIO	Public Information Officer
VIP	Victim Identification Profile

Appendix 2: Glossary of Terms

This section contains definitions related to the topics of FAC. In some cases, the terms do not appear elsewhere in this Annex but are included here to facilitate an overall understanding of the terminology that might be used when discussing FAC operations.

Term	Definition
Antemortem Data	Information about the missing or deceased person that can be used for identification. This includes demographic and physical descriptions, fingerprints, medical and dental records, and information regarding their last known whereabouts. Antemortem information is gathered and compared to post-mortem information when confirming a victim's identification.
Closed Population	In the context of a mass-fatality incident, a closed population refers to the number and names of the deceased being known, commonly via a confirmed manifest (e.g., list of passengers on a plane).
Coroner	The medico-legal authority at the county level responsible for investigating suspicious or unnatural deaths and determining cause and manner of death and positive identification of the decedent.
Death Certificate	Government-issued certificate that serves as the official documentation of the date, location, and the certification of the cause and manner of a person's death. The death certificate is a critical piece of documentation usually needed to handle a person's life insurance benefits and manage their estate after death.
Death Certification	The official determination of cause and manner of death. This is usually determined by the pathologist after an autopsy or by a physician responsible for an individual's care prior to death.
Death Notification	The formal or official notification to the legal next of kin that their loved one is deceased and has been positively identified.
Decedent	A deceased person.
Disaster Behavioral Health	The provision of mental health, substance abuse, and stress management to disaster survivors and responders.
Disaster Mortuary Operational Response Team (DMORT)	DMORTs are federal teams within the National Disaster Medical System (NDMS) that provide support for mortuary operations following a mass-fatality disaster. In addition to the general DMORT teams, the DMORT capabilities include Disaster Portable Morgue Units (DPMU), a Weapons of Mass Destruction (WMD) Team, and a Family Assistance Center (FAC) Team.
Family Assistance Center (FAC)	A secure facility established to provide information about missing or unaccounted persons and the deceased and provide a "one-stop shop" of services for victims and their loved ones. FACs may also offer assistance with mental health, spiritual care, and various short-term and longer-term needs of affected family members. Depending on the incident, different agencies may be responsible for activation based on pre-established plans. Law enforcement investigations, including interviews and evidence investigations, may also be one of the ongoing activities at the FAC. If the incident was the result of a crime, and where applicable, victims should receive information from experienced staff about their rights, crime victim compensation, and victim assistance. FACs may not be established until 24-48 hours after an incident (and may be located in the same place as the FRC was).[14]
Family Interview	A conversation conducted with family members and/or friends by representatives from the Medical Examiner/Coroner's Office or FAC staff to collect antemortem information about the missing or deceased person. For example, this may be an interview to complete the DMORT Victim Identification Profile form or disaster missing persons form, including demographic and physical descriptions of the individual.

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[14] ASPR TRACIE Tip Sheet (2018), *Tips for Healthcare Facilities: Assisting Families and Loved Ones After a Mass Casualty Incident,* https://files.asprtracie.hhs.gov/documents/aspr-tracie-family-assistance-center-fact-sheet.pdf

Term	Definition
Family Reception Center (FRC)	A centralized, temporary location set up in the immediate hours after an MCI for families and friends seeking vetted/legitimate information about loved ones. This center is a jurisdictional responsibility, and the lead agency may vary by event type and according to local policy. The FRC may be open for a few hours following an incident and may not have services/resources available for families. The FRC will then transition to an FAC. Please note that some localities will use the term Family Reunification Center[15].
Family Reception Services	In the immediate hours after a mass casualty or mass fatality incident, a Family Reception Services should be established as a centralized location for families and friends to go before the Family Assistance Center is operational. Depending on the nature of the incident, this could be established at a community location, a hospital, or a hotel.
Family	Family is defined as any individual that considers them to be a part of the victim's family, even if there is not a legal, familial relationship. This includes individuals other family members characterize as family. This is distinguished from the legal next of kin, who may be the legally authorized individual(s) with whom the coroner coordinates or who is authorized to make decisions regarding the decedent.
Human Remains Recovery	The retrieval of human remains from the scene of the incident
Human Remains	A whole body or any part(s) thereof.
Legal Next of Kin	The closest blood relative, spouse, or domestic partner (according to Washington State law) who is legally authorized to make decisions regarding the deceased or the living during a medical emergency if the individual is incapacitated. The order of next of kin may vary by state but frequently includes spouse, then adult children, parents, siblings, etc.
Missing Person	In the context of disasters, an individual whose whereabouts, status, or wellbeing is unknown.
Open Population	In the context of a mass-fatality incident, an open population refers to the number and names of the deceased being unknown. Incidents with open populations require more resources to determine who has been reported missing and potentially among the deceased. The World Trade Center bombings on September 11, 2001 and Hurricane Katrina are examples of an open population incident.
Personal Effects	the personal belongings associated with the missing person or decedent
Positive Identification	Confirming, scientifically, an individual is deceased.
Postmortem Data	Information about the deceased used to compare to antemortem data on the missing person for identification purposes.
Psychological First Aid	An evidence-informed modular approach for assisting people in the immediate aftermath of a disaster and terrorism used to reduce initial distress and to foster short- and long-term adaptive functioning.
Reunification	The process of reuniting family members with their missing or deceased loved one(s).
Victim Identification Profile (VIP)	A database developed and managed by DMORT to manage antemortem and postmortem information for the purposes of helping to facilitate victim identification.
Victim	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[16].

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[15] ASPR TRACIE Tip Sheet (2018), *Tips for Healthcare Facilities: Assisting Families and Loved Ones After a Mass Casualty Incident,* https://files.asprtracie.hhs.gov/documents/aspr-tracie-family-assistance-center-fact-sheet.pdf
[16] 42 U.S.C. § 10607, and included in the Attorney General Guidelines on Victim and Witness Assistance, 2011

Appendix 3: Sample Site Set-Up

Identify the best location possible at the time of activating an FAC. Below are some sample set ups from other jurisdictions.[17] [18] These are a reference to consider when establishing an FAC. Identifying a site that meets all the recommendations may not be possible. The best site will be available, operationalize quickly, and meet the needs of the families and survivors.

Figure 2: Example FAC Facility Layout 1

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[17] Puget Sound Regional Catastrophic Coordination Plan Victim Information and Family Assistance Annex (2012), https://mil.wa.gov/asset/5ba4214bbc784
[18] US Department of Justice Office for Victim Assistance, Mass Fatality Incident Family Assistance Operations Recommended Strategies for Local and State Agencies (2013), https://www.hsdl.org/?abstract&did=735044
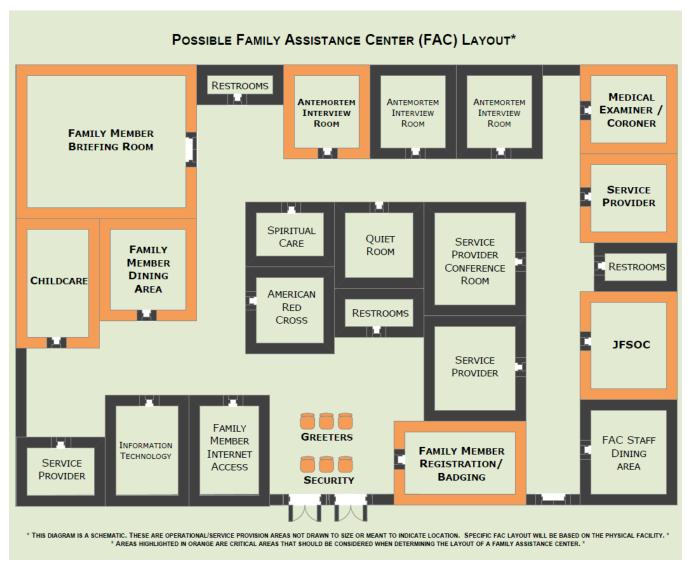
Figure 3: Example FAC Facility Layout 2

Appendix 4: Administrative Supplies Guide

The following list of equipment and supplies is adapted from the Puget Sound Regional Catastrophic Coordination Plan Victim Information and Family Assistance Annex and should be used as a starting point for incident-specific needs. The logistics section should use this as a jumping-off point to assess the needs of the site to ensure operational sustainability.

Resource	Scaling Guide	Quantity Required	Description/Comment
Reception/Registration			
Administrative Supplies	As Needed		
Badging Equipment	1 badging machine per 50 clients		
Chairs	Number of Tables x2		
Clipboards	1 per client at registration		
Extension Cords and power strips	1 per 2 computers		
FAC Forms	1 per client		
Locked Box (To store badges in as they are returned)	1 per 50 badges		
Staff Computer	1 per filled position		
Signage	As Needed		
Surge Protectors	1 per 2 computers		
Tables	1 per 2 filled positions		
Telephones	1 per 2 filled positions		
Telephone Lists	1 per telephone		
Family Briefing Area			
Chairs	Based on the incident, enough for all clients (if no auditorium)		
Communications Boards	1 or more as needed		
Audio/Visual Equipment (microphones, speakers, projectors, remote)	2 microphones, 4 speakers, 1 projector, 2 screens,1 remote		
Podium	1 (if not already in the room)		

Resource	Scaling Guide	Quantity Required	Description/Comment
Signage			
Telephone	1 telephone with speakerphone and conference call capabilities		
Tables	As needed		
Family Interview/Notification Rooms			
Administrative Supplies	As Needed		
Chairs	6 for family, 1-2 for staff		
Extension Cords	1 per 2 computers		
Signage			
Staff Computer	1		
Surge Protectors	1 per 2 computers		
Tables	1		
Telephone	1		
Telephone List	1 per telephone		
Tissues	As Needed		
Child Care Area			
Age-Appropriate Toys	As Appropriate		
Cribs/cots			
Diaper Changing Tables			
Digital Camera	1		
First Aid Kit	1		
Folding Screens/Partitions	As Needed		
Linens, blankets, pillows			
Rest Mats			
Small Refrigerator	1 per childcare area		

Resource	Scaling Guide	Quantity Required	Description/Comment
Client Computer/Telephone Bank			
Chairs	2 per computer, 2 per telephone		
Computers with internet	1 per 15 clients in the facility		
Extension Cords	1 per 2 computers		
Tables	1 per 2 computers (as resources allow), 1 per 4 telephones (as resources allow)		
Telephone	1 per 15 clients in the facility		
Signage			
Surge Protectors	1 per 2 computers		
Food Services Area			
Chairs	2 per table (rectangular), 8 per table (round)		
Food	3 meals a day throughout duration of operations		
Signage			
Tables	1 per 2 clients (rectangular) or 1 per 8 clients (round)		
Trash Cans			
Behavioral Health Services			
Administrative Supplies	As Needed		
Chairs			
Clipboards			

Resource	Scaling Guide	Quantity Required	Description/Comment
Computers	1:8 Staff Members		
Forms			
Tables	1 per counseling room		
Family Waiting Area			
Administrative Supplies	As Needed		
Chairs	# clients X .25		
Tables	As resources allow		
Signage			
Staff Registration/Badging/Credentialing			
Administrative Supplies	As Needed		
Badging Equipment	1 badging machine per 50 staff		
Chairs	Number of Tables x2		
Extension Cords	1 per 2 computers		
Locked Box (To store badges in as they are Returned)	1 per 50 badges		
Staff Computer	1 per filled position		
Surge Protectors	1 per 2 computers		
Tables	1 per 2 filled positions		
Telephones	1 per 2 filled positions		
Telephone Lists	1 per telephone		
Staff Work Area			
Administrative Supplies	As Needed		
Chairs	1 per staff member		
Extension Cords			
FAX machine	1		
Paper Shredder	1		

Resource	Scaling Guide	Quantity Required	Description/Comment
Photocopier and supplies	1		
Printer	1		
Slot-Top Collection Box (for paper to be shredded)	1 per 50 tables		
Staff Computer	1 per staff member, 2 for every staff member accessing antemortem database (1 for database and 1 for internet access)		
Surge Protectors			
Tables	2 staff per table, or long oval tables		
Telephone	1 per 2 staff		
Telephone List	1 per telephone		
Command Staff Area			
Administrative Supplies	As Needed		
Chairs	1 per staff		
Conference Call Phones	1		
Extension Cords	3		
FAX machine	1		
ICS Forms	2 sets per operational period		
Audio/Visual Equipment	2 microphones, 4 speakers		
Photocopier and supplies (ink cartridges, paper, etc.)	1		
Printer	1		
Radio	1 for each member of command staff, section chief, branch directors, and group leaders. Others if resources allow		

Resource	Scaling Guide	Quantity Required	Description/Comment
Staff Computers	1 per staff member		
Signage	1		
Surge Protectors	3		
Tables	Long oval table or equivalent to seat all command staff		
Telephone	3		
Telephone List	1 per telephone		
Staff Break Room			
Chairs	2 per table (rectangular) 1 8 per table (round)		
Food	3 meals a day for the duration of operations		
Signage			
Tables	1 per 4 staff (rectangular), 1 per 8 staff (round)		
Trash Cans			
Other Supplies			
AED	1		
First Aid Kit	2		
Fire Extinguisher	1		
Janitorial Supplies			
Flashlight			

Appendix 5: Operational Forms Descriptions

The following list of forms is available in the [Puget Sound Regional Catastrophic Coordination Plan Victim Information and Family Assistance Annex (2012)](#). This is included for reference purposes and the Annex should be referenced for the most current version of these forms.

Activation Protocols/Tools

B-1 Activation Checklist: This form should be used to help set up a Family Assistance Center to establish an appropriate level and size Family Assistance Center and outline all services provided at the site.

B-2 Prospective Site Assessment Worksheet: This document can be used in preplanning to establish possible FAC sites or just in time to provide suggested guidelines and site assessment tools. This document outlines planning considerations when setting up a FAC, including the type of facility, room specifications, all of the services that can be provided at the facility, and suggested specifications for a FAC.

B-3 FAC Org Chart: This organization chart is an example of all possible units that may need to be activated for a Family Assistance Center Facility in a catastrophic event. Depending on the size and type of the event, some functions may not need to be activated or can be combined. This example also does not include some units that may support a Family Assistance Center but may be located off site (e.g., at an Emergency Operations Center)

B-4 Staffing Overview: This document lists all possible staffing positions and suggested numbers necessary to run a Family Assistance Center. Depending on the size and type of incident, some positions may not be necessary or could be combined.

B-5 Equipment and Supplies: This document outlines all of the necessary equipment to set up and run a Family Assistance Center. To calculate the equipment needs of a specific size facility, fill out the Resource Breakdown by Functional Area and the Staffing Overview chart and complete the General/Scalable Guidelines for Supplies to total up the supplies.

B-6 Facility Floor Plan Set-up guidelines: This document outlines some basic guidelines to follow when creating a floor plan for a Family Assistance Center Facility.

B-7 Sample FAC Floor Plan: This floor plan is an example of a Family Assistance Center facility layout for a catastrophic event. The floor plan is not drawn to scale or based on any specific facility space.

B-8 Site Scaling Guide: This document provides a basic scaling guide for a Family Assistance Center site. To use the chart, enter the number of casualties from the incident in the cell and press enter. All other cells will automatically populate, giving you a suggested guideline for facility size.

Reception/Registration

C-1 Operations Overview: At the end of each operational period, this form should be filled out by the planning section and submitted to the FAC Director or Command Staff. The information can be used to inform planning and operations.

C-2 Family Registration/Check-in Protocol: This protocol outlines all of the necessary steps, staff, and forms involved in family registration and check-in.

C-3 Family/Friend Daily Sign-in Sheet: Each day, every family member must sign in using this form at the registration desk to ensure that the appropriate people are at the Family Assistance Center

C-4 Family/Friend Registration Form: This form is used at the reception desk for family members and friends who come to the Family Assistance Center seeking information about their family members. This form can be used in addition to an electronic sign-in system and then entered/transcribed or in place of an electronic sign-in system.

C-5 Staff Daily Sign-in Sheet: All staff must check in and out of the Family Assistance Center each day using this form.

C-6 Staff Confidentiality Agreement: The staff confidentiality agreement should be signed by all staff working and visiting the Family Assistance Center to ensure the security of confidential information about the families and victims.

C-7 Family Resource Packet: The family resource packet is designed to be given to the families during registration to provide them some key information about the Family Assistance Center. The family resource packet includes information on what services are provided, general rules, information that they will be asked, and frequently asked questions.

Family Briefing

D-1 Family Briefing Protocols: This document outlines the necessary steps and staff required to set up and run family briefings.

D-2 Example Family Briefing Agenda: This example agenda outlines some topics that should be covered at family briefings. Not all topics will be relevant to every briefing and more may need to be added depending on the incident.

Victim Identification

E-1 Information Flow through the Victim Information Branch: This flow chart outlines how information will flow throughout the Victim Information Branch and to other operations. This chart shows the importance of information sharing and communication within the Victim Information Branch and larger incident operations in finding and identifying missing persons.

E-2 Missing Persons Call intake form: This document is meant to be used by missing persons call center staff when receiving calls from families/friends about missing persons. If an electronic call center intake form is available, you can use this document and then enter/transcribe the information. If an electronic call center intake form is not available, scan the form to keep an electronic copy and then file the form in the case file.

E-3 Missing Persons Protocol: This protocol outlines the responsibilities and staff involved in the Missing Persons Group, the Patient Tracking Unit, the Shelter Unit, and the Web Search Unit. It also outlines how information will be shared and how partners will be contacted concerning missing persons.

E-4 Family Liaison Team Theory and Process: Family Liaison Teams are created in larger events to provide families with a core group of people to help them with the interview and notification processes. This document outlines the purpose, core concepts, and process for implementing family liaison teams for a Family Assistance Center.

E-5 Family Interview Protocol: This document outlines the process, staff, and forms involved in the family interview process. Family Interviewers should be trained individuals who have experience dealing with grieving families.

E-6 Antemortem Data Collection Forms: The Chief Medical Examiner/Coroner will determine which method to use in collecting antemortem data from family members. Information can be collected using normal operating procedures, using the Missing Persons Form provided, or using DMORT's VIP form. The use of each method will depend highly on the type and magnitude of the incident.

E-6.1 Missing Persons Form: The Missing Persons Form is one method that could be used in collecting antemortem data from families. The form provides the information necessary for the Medical Examiner/Coroner to make a scientific identification and the Missing Persons Group to investigate a missing person. If an electronic records and tracking system is available, the contents of the missing persons form should be entered or scanned into the system. If an electronic system is not available, the forms should be scanned to keep an electronic copy and paper copies should be filed.

E-6.2 DMORT VIP Form: The VIP form is a form used by DMORT to collect antemortem data from families and friends about the suspected missing person at the Family Assistance Center. This form can be used if DMORT assists or if the Medical Examiner/Coroner deems it necessary. If an electronic records and tracking system is available, the contents of the VIP form should be entered or scanned into the system. If an electronic system is not available, the forms should be scanned to keep an electronic copy and paper copies should be filed.

E-7 Dental Records and DNA Sample Release Form: The Medical Examiner/Coroner is not required to attain written consent to access medical or dental records for identification, but if a person is missing and it is not known if they are deceased, it is important to gain written consent from the family to access dental records and collect DNA sample to find their family member. This form is an example of a release form for a family member to sign.

E-8 Medical/Dental Records Request Form: This letter is an example of a request form that Medical Examiner/Coroner should use to request medical or dental records from healthcare providers for identification purposes.

E-9 Medical/Dental Records Protocol: This document outlines the process, staff, and forms involved in requesting and receiving medical/dental records from healthcare providers for the Medical Examiner/Coroner.

E-10 DNA Protocol: This document outlines the process and staff involved in collecting DNA samples from personal items or close family members.

E-11 Requested Records Log: This form tracks all requests for records relating to an individual victim/missing person and should be kept with the victim's file.

E-12 Data Management Protocol: This protocol outlines how all victim information documents should be handled and filed.

E-13 Case File Cover Sheet: This cover sheet should go at the front of all victim case files to document all changes and additions made to the file, who accessed/viewed each file, and when it was checked in and out. This document is critical in maintaining the integrity of information and confirming the chain of evidence.

E-14 Notification Protocol: This protocol outlines all of the procedures, staff, and forms required for making all of the different types of notification that may occur at the Family Assistance Center. This could include Hospital/Shelter notifications, Missing Persons notifications, Tentative notifications, and Death notifications. All notification staff should be trained and have experience working with grieving families.

E-15 Decedent Affairs Protocol: This document outlines all the processes, staff, and forms required for the decedent affairs unit. The decedent affairs staff will assist families will disposition arrangements and personal effects release.

E-16 Remains Release Authorization: This form is used to release the decedent's remains to the legal next of kin and the designated funeral home or mortuary services.

E-17 Personal Effect Release: This form is used to release personal effects of the decedent to the legal next of kin. Descriptions of the personal effects should be complete and as detailed as possible.

Health Services

F-1 Behavioral Health Annex: This annex outlines the main purpose and services of the behavioral health unit. It also provides an overview of job qualifications, required resources, and operating procedures.

F-2 PHRC Disaster Behavioral Health Response Team Qualifications: This document is an example of the job qualifications necessary for staff that will work on the Disaster Behavioral Health Response Team.

F-3 Behavioral Health Services Referral Form: This form is meant to be filled out by behavioral health providers to refer clients to behavioral health services not provided at the Family Assistance Center. This form is meant to be given to the family member with the contact information of the services recommended.

Operations Protocols/Tools: Support Services

G-1 Childcare Set-up Guidelines: The pediatric safe area table provides guidelines on resources to consider when setting up a childcare area. The sign-in/out-sheet can help document the flow of people in and out of the childcare areas.

Communication Protocols/Tools

H-1 Media Frequently Asked Question about Family Assistance Centers: This document answers many of the media's frequently asked questions about Family

Assistance Center operations. The PIO may wish to go over many of these questions in their briefings with the media.

H-2 PIO Cheat Sheet: This sheet is meant to assist PIOs in gathering information for their media briefings. This sheet is not meant to be given to the media but used to compile data.

Demobilizations Protocols/Tools

I-1 Demobilization Checklist: This checklist outlines items that should be considered when demobilizing a Family Assistance Center Facility, as well as action items that should be addressed when a Family Assistance Center is closing.

Position Matrix and Checklists

J. Position Matrix: This matrix outlines the missions of all of the sections, groups, units, and teams outlined in the org chart. In addition, it gives suggestions on possible sources of staff for each of the functional areas.

K. Position Checklists: Checklists K-1 through K-31 outline the primary job responsibilities of many of the staff positions outlined for the Family Assistance Center.

Cultural Considerations

L-1 Cultural/Religious Considerations in FAC Planning and Operations: This document outlines many of the areas that should be considered when establishing Family Assistance Center operations, including religious, cultural, and linguistic differences.

L-2 Cultures and Religions in Washington: These charts outline many of the religious customs and beliefs that should be considered when establishing and operating a FAC and interacting with families.

Recommended Minimum Data Elements for Patient Tracking

M. Recommended Minimum Data Elements for Patient Tracking: This chart shows the minimum data elements required for patient tracking by various stakeholders as outlined by the Puget Sound RGPGP Region Patient Tracking Steering Committee.

Family Reunification Resources

N. Family Reunification Resources: This is a compilation of some of the family reunification resources that families and Missing Persons Group staff should use to locate missing family members during a disaster.