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# Introduction

In the immediate aftermath of a mass casualty incident (MCI) or mass fatality incident (MFI), families and loved ones of victims and survivors will need assistance, including information and resources. People will gather where they believe their loved ones may be found or where they can obtain information, such as the incident site or local hospitals. A surge of people at the incident site or hospitals can significantly impact the response and possibly hinder lifesaving operations. Establishing a Friends and Relatives Center (FRC) followed by a Family Assistance Center (FAC) in the early hours after an MCI/MFI provides a place where family members can receive information about their loved ones, offer vital identification information to authorities, and access support services.

Because an MFI could be the result of an MCI, the two terms are not always interchangeable. An MCI implies that there are more survivors than fatalities, though there may be significant injuries. While many MCIs and MFIs are the result of human-caused events such as bombings or shootings, natural disasters (e.g., hurricanes, tornadoes, wildfires) can also result in large numbers of deaths and/or missing individuals, so family assistance support may be required. This plan addresses the need to provide support and information to family members whose loved ones were affected by any type of natural and human-caused MCI/MFI.

Family assistance is a critical component of an MCI/MFI response, and providing that assistance requires multi-agency planning and coordination. Organizations with diverse missions work together during a response to provide logistically complex and operationally demanding services to the families and loved ones of those affected by an incident. The development of this plan was a multi-agency effort, involving a wide array of stakeholders that provide services as part of an FRC/FAC. Table 1 lists key terms for that assistance. Appendix A: provides a list of acronyms used throughout this plan.

Table 1: Key Terms

| Term | Acronym | Definition |
| --- | --- | --- |
| Mass Casualty Incident[[1]](#footnote-2) | MCI | An incident with multiple victims requiring intervention by medical responders; generally considered to include a large number of injured persons but not fatalities. |
| Mass Fatality Incident2 | MFI | An incident that produces more fatalities than can be managed with locally available resources. |
| Friends and Relatives Center | FRC | A centralized location for families and friends to gather and receive initial information about potential victims in the immediate hours after an incident. |
| Family Assistance Center | FAC | A longer-term site that provides a wide range of services and information to family members of those injured, killed, missing, or otherwise impacted by the MCI/MFI, established 24–72 hours post incident. |
| Family Member | N/A | For purposes of family assistance, this term is defined broadly and includes the many individuals who consider themselves to be the victim’s “family,” even when the law does not formally recognize the relationship. |

## Purpose

This Family Assistance Plan has been developed to establish the framework for FRC and FAC operations in [jurisdiction]. The purpose of this plan is to define the operational concepts, organizational arrangements, responsibilities, and procedures to accomplish the tasks required to open, operate, and close an FRC and FAC in [jurisdiction] as a result of an MCI/MFI or any emergency event generating casualties/fatalities beyond [jurisdiction’s] daily normal response. This plan also identifies potential triggers for establishing an FRC and FAC, and it and identifies minimum and essential services that may be offered, as well as resources and job aids, such as forms and position checklists.

This plan is intended to support the response to an MCI/MFI, but the services and coordination presented in this plan are appropriate for all hazards involving large numbers of people who need support. Therefore, in effect, this is an all-hazards plan.

## Scope

The scope of this plan applies to an MCI/MFI incident in [jurisdiction] or in support of an MCI/MFI in contiguous jurisdictions. The tools in this document are intended as a resource for operating a FRC and/or FAC when needed. FRC and FAC operations are a primary component of mass fatality response, which may include recovery and management of human remains, morgue operations, and final disposition of human remains. These other functions, while essential to overall fatality management, are beyond the scope of this document.

## Situation

[Jurisdiction] and the North Central Texas Region face a diverse range of hazards and risks that could develop into catastrophic incidents and cause mass fatalities. Relevant risks include natural disasters (e.g., tornadoes, earthquakes, floods, landslides, wildfires, and severe storms/weather events); biological incidents (e.g., pandemic influenza, bioterrorism); large-scale accidental or intentional explosions, possibly with chemical or radiological components (e.g., manufacturing/storage/transportation accidents or terrorist-related explosive devices); and technological (human-caused) hazards.

[Insert jurisdiction-specific hazard/threat information or hazard history].

## Planning Assumptions

* This plan does not supersede existing emergency operations plans and procedures of [jurisdiction]. Rather it is designed to complement them. This plan also does not supersede existing plans maintained by any agency, business, or organization that has jurisdiction and authority to provide family assistance services. However, it does provide a framework for the jurisdiction to provide support to these response operations.
* The primary purposes of the FRC and FAC are to provide services to those trying to identify and reunify with their family members and provide basic assistance to those impacted by an incident.
* The [jurisdiction leadership] may request +[jurisdiction] departments make all necessary agency resources available to support the operation of an FRC and/or FAC.
* [Jurisdiction] must be prepared to initiate support to survivors and families of all those affected when an MCI/MFI occurs, even if the event falls under the authority or jurisdiction of another entity.
* [Jurisdiction] will employ existing protocols, agreements, and data systems that are relevant to the functioning of the FRC and/or FAC, and it will develop new protocols, agreements, and data systems when required to successfully execute all duties described in this plan.
* An MCI/MFI can generate extraordinary interest by unaffiliated persons offering to volunteer time and/or services.
* Besides local media interest, national and international media outlets are likely to converge in the area of the incident, seeking interviews from both officials and family members. Media access to public officials will be necessary and should be coordinated by [jurisdiction] public information officers (PIOs) in collaboration with FRC and/or FAC management.
* The incident may generate witness reports, as well as inquiries that could overwhelm existing systems, such as 9-1-1 and information and referral organizations and agencies. Separate FAC telephone lines or an information portal may be needed. A virtual FAC (call center) may be needed, especially in a pandemic situation.
* Family members who do not travel to the FAC should receive the same services as those in the FAC. Resources should be in place to ensure interface by internet, telephone conferencing for briefings, and other needed technology. Coordination with the appropriate organizations/agencies in the families’ communities may be necessary to provide resources outside the impacted area.
* Additional services may be provided to meet the needs of the survivors and victims. If services are not provided in the FAC, referrals to appropriate services may be provided to the survivors.
* This plan assumes that there is one event for which a FAC has been implemented. However, if there are multiple events or incidents to which [jurisdiction] must respond, the staffing plans will require more staffing resources beyond [lead response department] and other government agencies.
* State and federal agencies may provide support and/or coordination support in a jurisdiction-led FRC and/or FAC. In some circumstances, state and federal agencies may be the overall lead for FRC and/or FAC operations or the lead agency for functional tasks inside the FRC and/or FAC.
* The American Red Cross (ARC) and other national Volunteer Organizations Active in Disaster (VOADs) may provide essential assistance to disaster victims.

# Family Assistance Overview

The FRC and FAC staffing structure and command should fit into overall incident response operations through liaison with the Family Assistance Branch (see Figure 1). It is important to note that while the FRC and FAC are standalone locations with individual command structures (see Section 3.4 [Organization/Staffing](#_Organization/Staffing)), the Family Assistance Branch should fall into overall incident response operations because of the valuable information provided by family and friends that will support incident investigation. [Jurisdiction should modify the organization chart below as needed to ensure FRC/FAC operations fit into the local incident response structure.]

Figure 1: Relationship of FRC and FAC to the Incident Response Structure

## Friends and Relatives Center (FRC)

In the early hours after an MCI/MFI, people who think their loved ones might have been involved in the incident will seek information. These friends and family members might be able to provide vital information for victim identification. Calls to hospitals after an MCI/MFI can quickly overwhelm hospitals, and people might naturally gravitate to the incident site.



Lessons learned from law enforcement incidents resulting in mass casualty show that the term “reunification” can be limiting and could result in further trauma to affected family members who come to a family “reunification” center, only to discover their loved one is deceased. [Jurisdiction] should implement training to ensure staff supporting an FRC are aware of the importance of avoiding the term family reunification center.

An FRC can serve as a centralized location for families and friends to gather and receive initial information about potential victims in the immediate hours after an incident, as it could take 24–72 hours to establish and staff a FAC. This type of area is especially useful if the incident might involve many people from out of the area (e.g., a festival, concert, or other tourist attraction or event).

An FRC is intended to be activated quickly in the hours immediately after an incident to provide a gathering place for those who believe their loved ones might have been involved in the incident as well as for survivors of the incident who did not require medical attention. The FRC may be as simple as a parking lot away from the incident site, if a facility is not readily available. Authorities most likely will not have many details to share with families, but they can indicate when a more structured FAC will be opened. The FRC may serve many purposes, such as:

1. Providing a place away from the incident site for people who were involved in the incident but were not injured to reunite with family;
2. Providing protection for families from the media and curiosity seekers;
3. Facilitating information sharing to support family reunification, provide hospital information, if known, and collect critical information to help authorities identify victims; and
4. Limiting the number of people at the incident site or local hospitals.

If the incident does not result in death or victims requiring transport to a hospital, an FRC may suffice and a FAC might not be necessary, providing all victims are accounted for and reunited with family.

## Family Assistance Center (FAC)

A FAC is a longer-term site that provides a wide range of services and information to the family members of those injured, killed, missing, or otherwise impacted by the MCI/MFI. The FAC is a venue for authorities to coordinate access to support services such as disaster mental health and spiritual services and disseminate information such as available financial resources, if appropriate. Disaster mental/behavioral health is defined as using immediate crisis intervention to mitigate the psychological impact of the event. Although the specific needs of those impacted will vary, it is presumed that providing information and access to services is essential in any MCI or MFI.

If possible, the FAC should be separate from the FRC to prevent further trauma to a family who experienced the loss of a loved one in the incident. All facilities used for family assistance must be fully accessible for those with disabilities and others with access and functional needs. Considerations for access needs such as ramps, accessible restrooms, American Sign Language interpreters, assistive technologies, and other requested support should be made. In addition, language support such as translation services should be considered.

In a large-scale MCI/MFI, a FAC could be open for a long time. It should remain open at least until the last victim has been identified and family notifications are complete. In an MCI/MFI event involving multiple jurisdictions, coordination between the jurisdictions related to victim identification and family assistance is crucial. In this instance, a regional family assistance coordination group could establish a communication network between the assistance centers.

A FAC will most likely not be established until 24 to 72 hours after the onset of the event, as shown in Figure 2. Regional, state, and federal resources might take at least 48 hours to deploy. Once all casualties have been removed from the scene and operations shift to recovery, the transition to full FAC operation takes place. The Incident Commander (IC) or the [jurisdiction Emergency Management Coordinator (EMC)] or Emergency Operations Center (EOC) [Director] makes the decision to activate a FAC and begin the transition from the FRC. VOADs, other groups such as the ARC, and regional emergency management offices may be involved early in the process to support victims and their loved ones.

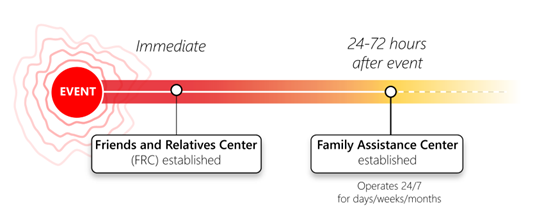


Figure 2: Timeline of a FRC and FAC

In an environment of uncertainty, worry, and need for information, a FAC serves as an important resource to help the community meet the needs of family and friends and to support the overall incident response. Besides providing a safe, protected, and supportive environment for families and loved ones to gather and receive updates and information, the FAC plays a critical role in ensuring that survivors and family and loved ones can reunite, coordinating patient tracking and information about missing persons, and giving families and loved ones a mechanism for offering critical information to help authorities identify victims.

## Planning Considerations for Virtual Family Assistance Support Services

Depending on the situation, additional services may be necessary. Individuals may be unable or unwilling to visit a physical FAC due to distance, concerns related to possible interaction with the government or law enforcement, or in situations that present a public health challenge, such as people gathering during the COVID-19 pandemic. Thus, regardless of the type of incident or affected population, jurisdictions should establish a method for affected individuals, families, and friends to access necessary resources virtually.

The ARC has developed virtual FACs to address this need. These virtual platforms include call centers, phone banks, and web-based video conferencing tools to communicate effectively with affected families and loved ones. [Jurisdiction OEM should consult with local public health, Local Mental Health Authority (LMHA), and social services partners to identify the resources available for implementing a virtual family assistance setting, such as existing call centers and public information platforms (e.g., 2-1-1) and fill in as necessary. Jurisdictions should consider customizing toolkit items and placing on websites for use during an incident].



The ARC maintains a Virtual Family Assistance Center [website](https://www.redcross.org/virtual-family-assistance-center.html) with resources for friends and families who have lost a loved one to COVID-19. From the website, individuals can request a call from an ARC member who can help to navigate available resources, such as funeral assistance, mental health support, and legal support. Individuals can also explore services and resources on their own. Information is available is several languages and specific state and local resources can be found by entering a zip code.

Following the 2021 building collapse in Surfside, Florida, the town of Surfside partnered with Miami-Dade County and the State of Florida to create an online [Family Information and Assistance System](https://www.surfsidefamilies.com/s/?language=en_US) in which affected individuals can report unmet financial needs and missing items related to the disaster. Individual’s information was forwarded to the appropriate government agencies, organizations, and non-profits for support.

## Primary FRC/FAC Operational Functions

An FRC/FAC has three primary functions: receiving and registering families, providing notification and information of victims’ status, and helping those impacted by the incident and their loved ones access support services. While the final structure of an FRC/FAC may vary depending on the situation, the following are core operational areas of FRC/FACs. More detailed information including operational tools and resources are available in this document. Some of the functions listed below may be addressed in more detail in Appendix B: Friends and Relatives Center Toolkit and Appendix C: Family Assistance Center Toolkit, but they have been included in this document to give a frame of reference for the entire family assistance operation.

### Reception

The registration point is where friends and family entering the FRC/FAC are first engaged. This includes friends and families seeking support and personnel who are staffing the center. The registration point should be at the entrance to the FRC/FAC. Once the friends and families are registered, hosts help them maneuver through the FRC/FAC, access various support services, and understand the available information about their loved ones who were impacted by the incident. In order to provide personalized care for families, FRC/FAC leadership should strive to keep the ratio of families to hosts as low as possible.

### Disaster Services

Families and victims will need access to a variety of services to help them address and recover from the impacts of the incident. The disaster services function may start out as a single group that can connect the families to a wide range of support, but as the incident progresses or expands there are likely to be multiple subgroups developed to focus on providing access to specialized care. As a result, a significant portion of the staff assigned to the disaster services function might support all of the needs. The following are common support services and potential subgroups that are found in an FRC/FAC.

#### Disaster Mental Health Services

These services help to ensure that the emotional and spiritual needs of family and FRC/FAC staff are met to mitigate the psychological impact of the incident. Individuals personally affected by a disaster often require a broad range of specialized mental health services. This function ensures that disaster mental health staff and disaster chaplains are on hand to provide these services. Disaster mental health personnel can provide a confidential forum for FRC/FAC personnel to assist with problem solving, conflict de-escalation; educate on stress reactions and coping; reinforce the importance of maintaining good self-care practices; and provide guidance about meeting families’ emotional needs. The ARC recommends one spiritual care worker (i.e. chaplains) per every eight families at a FAC and one worker per every 40 staff; they also recommend one mental health worker (i.e. psychologists, social workers) per every eight families at a FAC and one worker per every 40 staff.

#### Public Health Services

This function ensures that information and access to services, such as communicable disease control/rapid health assessment, and assessment of medical/chronic conditions to ensure treatment, are available to families and staff. This function ensures that the FRC/FAC facility is a healthful environment for staff and families, free from unhealthful conditions or procedures. Public health services may have nurses on standby in or near the registration area to provide basic medical care for non-emergency medical needs of families and staff, such as providing advice and making referrals to community-based health services. If food is to be prepared in the FRC/FAC, this function may arrange for an inspection by the local public health department.

#### Social Services

This function ensures that families’ and loved ones’ needs, such as childcare and memorial service support, are met in the FRC/FAC environment. This function is typically staffed by non-governmental agencies or local social services departments and staffing should be confirmed based upon the event type and scale. The social services group, in coordination with the local jurisdiction, can appoint a coordinator to make arrangements for a memorial service. Details about the memorial service should be given to PIOs to ensure information about the service is provided to the public (if it is open to the public). The social services group facilitates response activities of private sector participants in the FRC/FAC, and it coordinates with other support organizations.

If childcare is required, it should be requested, overseen, and coordinated with and through the local social services department. This department may be supported by the ARC and/or other local community-based partners, such as VOAD members. The childcare area should be staffed by pre-identified, qualified caretakers. All caretakers must pass a background check before the incident and wear identification while working.

#### Spiritual Care

Spiritual care providers offer a compassionate presence to clients waiting for information, support client briefings, initiate condolence visits, support grief counseling, support antemortem interviews, support death notifications, and escort clients on visits to the incident site(s) and to memorial services. They offer companionship, care, and comfort, and they provide a sacred space. In addition, spiritual care providers offer a bridge to faith resources, some of which may be related to preexisting support or other referrals, such as funeral homes that observe specific ritual needs. Finally, spiritual care providers facilitate rituals, including prayers, blessings of remains, and religious services.

#### Victim Information

The families of victims primarily access the FRC/FAC for information about the status of their loved ones. As such, this function is a critical element, and significant resources should be put into properly researching and tracking down victim information, whether the individual is admitted to a hospital, released from care, missing, or deceased. In larger incidents, various sources of information may be assigned to specific groups to focus on handling the data and research and to provide updates to the families. Another aspect of the victim information function is notifying next of kin of decedent victims, which requires collaboration with the [Medical Examiner/Coroner/Justice of the Peace], law enforcement, and hospitals.

#### Call Center

Because of the large influx of interest and attention an MCI/MFI gains, a single, centralized call center, staffed by qualified, trained call coordinators is vital to successfully providing FRC/FAC services. A centralized call center is also imperative for effectively managing the reunification process and assisting those in need of incident information. Not all families will travel to the jurisdiction, and a call center offers the opportunity for them to provide information and to receive information, just as those present at the physical FRC/FAC can.

The call center should screen callers, provide initial telephone intake, and refer appropriate callers to a physical FRC/FAC. The call center may also assist with reunification by entering basic data provided by family on victims to send to the [jurisdiction] [Medical Examiner/Coroner/Justice of the Peace], referring callers to appropriate services, and helping families locate injured individuals in local hospitals. All information provided through a call center should be validated through a predetermined process so that only official information is provided to callers. A call center should be established as early in the incident as possible to facilitate communication with those not on site.

Call center resources are provided in Appendix B: Friends and Relatives Center Toolkit and Appendix C: Family Assistance Center Toolkit however [jurisdiction] must ensure a dedicated call center activation process has been established with supporting partners, such as 211, information technology, and social/citizen services.

## Determining the Need for an FRC/FAC

Effective mass fatality management requires implementing systems to manage public or family inquiries about the missing and deceased and to collect antemortem information to assist with victim identification. By its very nature, a catastrophic incident is likely to result in a large number of fatalities that might overwhelm local capabilities. While the responsibility for fatality management and victim identification in [jurisdiction] resides with the local [Medical Examiner/Coroner/Justice of the Peace], certain conditions, including those resulting from a catastrophic incident, may warrant consolidating efforts in and between counties and/or coordinating at a state level on behalf of the impacted jurisdiction(s).

In the aftermath of a major transportation accident that falls under federal family assistance legislation, the affected carrier is required to establish a toll-free number. It is important for [jurisdiction] to understand that this is happening and establish communications and a flow of information between local agencies and the carrier, all of which are collecting and providing information, especially victim information that must be forwarded to the [Medical Examiner’s/Coroner’s/Justice of the Peace’s] victim identification team.

The size of the disaster/incident determines expected resource needs, but the number of fatalities is not necessarily the best measure. The following are some factors that can be used to estimate the level of family assistance resources that may be necessary:

* Magnitude: overall size of the incident, including the number of people affected
* Hazard type: bombing, pandemic, natural disaster, etc.
* Population: open vs. closed

In a **closed population incident,** a list of those involved is available, such as commercial aircraft incidents, workplace incidents, conferences with known registrants, or incidents at a multi-family residential building.

In an **open population or co-mingled incident,** the list of victims is unknown, such as an incident at a concert, festival, or tourist event, or in a widespread natural disaster, such as flooding.

* Condition of remains: intact, burned, severely traumatized, fragmented
* Rate of recovery: speed at which remains can be brought to the morgue from the scene
* Infrastructure status:availability of transportation, as well as power and water at morgue site
* Contamination: special precautions necessary (e.g. radiation, hazardous chemicals)

### Essential Elements of Information (EEI)

Developing situational awareness begins with collecting and validating information. A variety of sources may be used to identify EEI. EEIs are standard information requirements to provide context, support impact analysis, and inform decision-making. Collecting EEIs is key for building situational awareness, and it informs plan development, definition of operational objectives, and decision-making. Table 2 lists information that will inform discussions and decision-making regarding the need for FRC and/or FAC activation.

Table 2: Essential Elements of Information

| Essential Element of Information | Within  first 24 hours | After 24 hours (as conditions warrant and information becomes available) | Possible source of information |
| --- | --- | --- | --- |
| Estimated number or range of known or presumed dead | X | X | Fire/EMS, law enforcement, Medical Examiner/Coroner/Justice of the Peace, local health jurisdiction, passenger manifests, attendance logs |
| Will the number of injured exceed local and mutual aid capacity of EMS and/or local hospitals? | X | X | Fire/EMS, hospitals, local health jurisdiction |
| Estimated number or range of anticipated or reported missing | X | X | Local law enforcement/911 dispatch, local hospitals, local health jurisdiction, Medical Examiner/Coroner/Justice of the Peace |
| Has/will the jurisdiction be activating a mass fatality response plan? | X | X | Local Medical Examiner/Coroner/Justice of the Peace, local Emergency Operations Center (EOC) |
| Has/will the jurisdiction exceed local resources to manage mass fatality management operations? | X  (if possible) | X | Local Medical Examiner/Coroner/Justice of the Peace, local law enforcement, local EOC |
| Have/will patients/injured be transported across counties or out of the impacted area? |  | X | Local Fire/EMS, local health jurisdiction, hospitals |
| Have/will alternate care sites and/or federal medical station(s) be established? |  | X | Local health jurisdiction |
| Have/will hospitals be evacuated? |  | X | Local health jurisdiction, local healthcare facilities, local Fire/EMS |
| Is there significant population displacement from evacuation and mass sheltering? |  | X | Local EOC, local law enforcement, mass care services |

### Triggers for FRC/FAC Activation

After an MFI, the decision to activate an FRC and/or FAC should be made as quickly as possible to support family inquiries, document potentially missing and deceased victims, and begin collecting antemortem information to aid in victim identification. Timely activation of an FRC and subsequently an FAC dramatically decreases the psychological burden on family members and loved ones of the missing and presumed dead, and it helps redirect the surge placed on other response systems such as 9-1-1, hospitals, and [Medical Examiners/Coroners/Justice of the Peace]. Therefore, [jurisdiction] should determine early in the incident whether conditions warrant activation of one or more locally managed FRCs and/or FACs, or whether state assistance for centralized FRC and/or FAC operations should be requested.

Activating an FRC and/or FAC should be based on the number of casualties and fatalities, the nature of the incident, the resource capacity to staff an FRC and/or FAC, and the anticipated volume of information requests from the public. It is imperative for [jurisdiction] to open an FRC as quickly as possible and an FAC within 24–72 hours of a disaster, depending on the incident and circumstances of the time. An FRC and/or FAC will be activated as part of disaster response operations at the request of the on-scene IC, the EMC, the EOC [Director], [jurisdiction health officer] (for a health emergency), or [jurisdiction leadership].

The following are guidelines for triggers to activate an FRC and/or FAC:

* An incident that results in the need for reunification and associated services, and the agency with jurisdiction (e.g., school system, hospital, business) requests the assistance of [jurisdiction];
* An incident that displaces many individuals requiring assistance, information, and reunification;
* Any event in which there are multiple casualties and/or fatalities; or
* Any other incident in which establishing an FRC and/or FAC will enhance response operations.

The victim-count examples throughout this document serve as guidance; they might not be applicable or appropriate in every situation. For example, an MCI/MFI with 15 victims may result in 150 families seeking assistance at a FAC (based on a 1:10 victim-to-family ratio). In this situation, 150 families might be enough to require a significant FAC operation. However, if the 15 victims all belong to one family, a FAC operation might not be required. Consideration should also be given to the number of victims (survivors) versus decedents, as the greater the number of decedents, the more likely a FAC operation will be necessary.

## Cultural/Religious Considerations in FRC and FAC Planning and Operations

Each community is unique in its many cultures and faiths. Accommodating cultural and religious practices is a critical part of family assistance planning and operations. It is important to understand the needs of different cultures and faiths by considering various aspects of their practices to better serve the community at an FRC and FAC. Community considerations include:

* Language;
* Diet (including fasting);
* Dress;
* Physical contact;
* Medical treatment;
* Daily acts of faith/major events;
* Dying and death customs;
* Resources (e.g. texts, facilities); and
* Names.

Assumptions should not be made about the particular practices of individual families based on religion or ethnicity. The following is a list of instances in which cultural or religious practices should be considered and incorporated to better serve the community affected by the disaster:

* Memorial ceremonies, services, and anniversaries;
* Food preparation and consumption;
* Communications with families (e.g. family interviews, family briefings, notifications);
* Resources (e.g. texts, cultural/religious leaders);
* Space for cultural or religious practices; and
* Behavioral health and spiritual care.

[Insert specific information regarding jurisdiction’s languages spoken and other demographics.]

### Cultural and Religious Reference Chart

Table 3 provides summary information related to cultural and religious preferences regarding care of the deceased. Attempts should be made to care for the deceased consistent with these preferences however, public health considerations and guidelines provided by regulatory bodies also should be considered. If there is conflict between public health considerations and cultural or religious preferences, public health considerations take precedence. Additional detailed cultural and religious considerations are included in Appendix C: Attachment H: Cultural and Religious Considerations.

**Table 3: Cultural and Religious Preferences Regarding Care of the Deceased[[2]](#footnote-3)**

| Faith | Time | Autopsy | Burial | Ritual | Disposition |
| --- | --- | --- | --- | --- | --- |
| **Baha’i** | 24 hours | * Allowed, as long as the body is treated with respect | * Bathed and wrapped in a white shroud * Do not embalm * Perfume if possible * Place Baha’i burial ring on forefinger | * Recitation of the Prayer for the Dead | * Buried no more than 1 hour’s journey from place of death, with feet pointing towards Israel * Cremation is forbidden |
| **Buddhist** | None | * Not favored but allowed if necessary | * Left undisturbed for at least 8 hours | * Simple service with chants from Buddhist scriptures and prayers | * Either buried or cremated |
| **Eastern Orthodox** | None | * Forbidden unless there are compelling reasons | * Standard | * Prayers and recite the Trisagion | * Cremation and organ donation/medical research are prohibited |
| **Hindu** | 24 hours | * Not permitted unless required by law | * Bathed, laid in a coffin, adorned with sandalwood paste and garlands and wrapped in white cloth | * Arati and Homa Fire | * Cremated (wives who die before their husbands should be wrapped in red cloth) |
| **Islam** | 24 hours | * Not permitted unless required by law | * Bathed five times (by a member of the same gender) and wrapped in a simple plain cloth (Kafan) * No embalming or coffins | * No eulogy | * Burial facing Mecca (Saudi Arabia) |
| **Judaism** | 24-48 hours | * Not permitted unless required by law | * Bathed, dressed in a white linen shroud and placed in a plain wooden coffin (closed) * No embalming * All blood stained clothing must be buried with the deceased * No removals are to be made from sundown Friday to sundown Saturday, unless death occurs in a public place | * Simple service with scriptures, prayer (Kaddish) and eulogy (Hesped) | * Burial only * Cremation is forbidden |
| **Protestant Christian** | None | * Allowed | * Standard | * Funeral service consisting of hymns, readings, and prayer | * Either buried or cremated |
| **Roman Catholic** | None | * Allowed | * Standard | * Requiem Mass and Rite of Committal | * Either buried or cremated |
| **Sikhism** | None | * Not permitted unless required by law | * Bathed, dressed in clean clothing with hair covered by a turban or traditional scarf | * Celebratory service consisting of hymns and prayers | * Cremated (except small children and babies) * Body must include the five Karkars: Kachhera, an undergarment; Kanga, a wooden comb; Kara, a steel or iron bracelet; Kes, uncut hair (and beard); and Kirpan, a short sword |

# Concept of Operations

The Concept of Operations (CONOPS) explains leadership intent regarding emergency response operations for family assistance and for deploying and managing a FAC.

The decision to establish a FAC is based on several factors, including the number of fatalities and serious injuries, the impact to the community (localized or widespread), the number of victims whose families do not reside in the disaster area, and the complexity of recovering and identifying deceased and injured victims.

The FAC should open as soon as possible after the event, but not so soon that it would be undermined by a lack of preparation or resources. The FRC should be operational in some form within four hours of the decision to open the FAC, if necessary. The FAC should be fully operational and ready to accept clients within 24–72 hours.



The National Transportation Safety Board (NTSB) is the lead agency in investigating accidents involving aircraft, rail, or pipeline that results in loss of life, serious injury, or major damage. The NTSB may rely on [jurisdiction] to provide support to its FAC operation, and [jurisdiction] may be entirely responsible for executing many family support tasks. [Jurisdiction] should provide a liaison to the NTSB at the Joint Family Support Operations Center (JFSOC), if activated, and coordinate additional local needs with NTSB.

In aviation incidents, the airline is responsible for the establishing the JFSOC, which also incorporates federal, state, and local resources. [Jurisdiction] may appoint a liaison to the airline to coordinate local resources and services.

The Federal Bureau of Investigation (FBI) has a Victim Assistance Team that may deploy to a terrorist incident and help establish a FAC. The FBI may rely on [jurisdiction] to provide support to its FAC operation, and [jurisdiction] may be entirely responsible for the execution of many family support tasks.

## Notification

When an MCI/MFI has occurred that may require family assistance, the IC, EMC, or EOC [Director] should determine the need for an FRC and/or FAC. The EMC will notify [jurisdiction titles/department names] that an FRC and/or FAC is being established.

If multiple jurisdictions have been impacted, public messaging should be shared and coordinated across all affected jurisdictions to ensure consistent and accurate messaging. The EMC should also work with the other affected EMCs to determine if a single, multi-jurisdictional/regional FAC is warranted versus opening a FAC in each affected jurisdiction.

[Jurisdiction’s] PIO should quickly disseminate public information through established mass notification protocols, the press, and social media to alert the public of the MCI or MFI. The public should be encouraged to stay away from the incident site(s), and the locations of the FRC and/or FAC should be provided once they have been determined. [Add additional jurisdiction-specific information regarding mass and public notification procedures].

## Activation

The need to establish an FRC and/or FAC may be determined by the IC, EMC, or EOC [Director] or other [jurisdiction] official. The [jurisdiction] EOC will be activated to a [insert activation level], if not already activated, and the EMC may contact the Disaster District Coordinator (DDC), EOC Support Team, and/or the Community Emergency Response Team (CERT) to request staff to begin operations if staff shortages exist. [Insert additional jurisdiction-specific EOC activation staffing and operations].

The [jurisdiction] OEM is the lead agency responsible for coordinating the implementation of this plan. Generally, and unless responsibility is transferred to another agency, the establishment and initial management of a FRC and FAC is led by [jurisdiction] Social Services and supported by [jurisdiction department names]. Further information regarding the management of a FAC can be found in Section 4: Roles and Responsibilities.

### Friends and Relatives Center

If the determination is made to activate an FRC, it should be done quickly after an incident to provide a gathering place for those who believe their loved ones might have been involved in the incident and for people involved in the incident who do not require medical attention. Detailed information on the incident and loved ones might not be available until the FAC has been established or until after it has transitioned to a FAC.

Additional guidance on FRC operations is included in Appendix B: Friends and Relatives Center Toolkit.

### Family Assistance Center

The following serve as guidelines for activating a FAC:

* An MCI/MFI has occurred in [jurisdiction].
* An MCI/MFI involves [jurisdiction] and at least one other jurisdiction simultaneously.
* The IC, EMC, or EOC [Director] of [jurisdiction] has determined the need for FAC coordination outside [jurisdiction].
* An incident has resulted in a number of casualties and/or fatalities that is likely to overwhelm [jurisdiction].
* After an MCI/MFI, when establishing a FAC can better support response and recovery operations.

Additional guidance on FAC operations is included Appendix C: Family Assistance Center Toolkit.

### FRC/FAC Transition Timeline

The timelines presented in the following tables are provided to guide the transition between FRC and FAC operations. These timelines are fluid and should be adaptable for the incident scale.

Table 4: FRC/FAC Transition Timeline (Incident During Business Hours)

| *Within the timeline below, it is assumed that the incident occurred during business hours. The response clock starts upon the incident commander receiving notification of a mass casualty or mass fatality incident.* | | | |
| --- | --- | --- | --- |
| Timeframe | Call Center Action | Friends and Relatives Center (FRC) Action | Family Assistance Center (FAC) Action |
| <60 Minutes | * Website scripting prepared * Recorded messages drafted * Agencies notified to prepare staff for call center activation | * Identify potential FRC locations and make contact to determine availability * Confirm location | * Begin discussions on need for physical FAC activation |
| 90 Minutes | * Website live * Recorded message line activated * Push website link and recorded message line out to all dispatch centers, hospital public information officers, and traditional and social media | * Secure staff and trained volunteers (number of staff needed is dependent on the size of incident and number of FRCs) to deploy to answer questions and provide support | * Determine whether to start the process of opening a FAC |
| 3 Hours | * Confirm whether dedicated call center will remain open through duration of incident * Begin arranging staff availability with participating agencies for extended operations | * Continue to provide support in answering questions | * Identify potential FAC locations and make contact to determine availability |
| 4 Hours | * Begin sorting through information received via website and hospitals, medical examiner, and other venues | * Continue to provide support in answering questions | * Confirm locations * Begin securing needed supplies based on number of victims * Alert partner agencies to FAC decision and activation logistics * Identify FAC staff |
| 6 Hours | * Begin calling back people who reported someone online who matches information held by hospitals | * Continue to provide support in answering questions * Alert gathered family members and friends to opening of FAC * Provide location and basic information | * Visit site and begin discussions with event, catering and facility staff (if at hotel) about set-up, technology, privacy, and other needs and logistics * If staff will not be available until morning, plan for FAC opening at noon on the first day instead of 8 a.m. * Begin set-up of FAC |
| 8 Hours | * Gather antemortem information from loved ones of those likely involved in incident who cannot come in to a physical FAC | * Assist with transportation arrangements if family members and friends plan to go directly to the FAC | * Alert staff and volunteers to the location of the FAC, time to report, and associated roles |
| 12 Hours (or later depending on when the initial incident occurred; aim to open the FAC at the start of the new day) | * No new actions | * Demobilize | * Training and briefing for arriving staff at least one hour prior to opening of FAC * Begin making appointments for antemortem interviews and briefing families on the FAC and the status of the investigation and incident |
| 24 Hours | * Determine length of call center operations in coordination with FAC operations |  | * Continue operations for duration of incident |

Table 5: FRC/FAC Transition Timeline (After Hours Incident)

| *Within the timeline below, it is assumed that the incident occurred after business hours, during the middle of the night, or on a holiday. The response clock starts upon the incident commander receiving notification of a mass casualty or mass fatality incident.* | | | |
| --- | --- | --- | --- |
| Timeframe | Call Center Action | Friends and Relatives Center (FRC) Action | Family Assistance Center (FAC) Action |
| Within 1.5 – 2 Hours | * Website scripting prepared * Recorded messages drafted * Agencies notified to prepare staff for call center activation | * Identify potential FRC locations and make contact to determine availability * Confirm location * Determine the need for hospitals to implement reception centers and begin using modified information forms to help identify patients, if necessary | * Begin discussions on need for physical FAC |
| 2-3 Hours | * Website live * Recorded message line activated * Push website link and recorded message line out to all dispatch centers, hospital public information officers, and traditional/social media sources | * Secure staff and trained volunteers (number of staff needed is dependent on the size of incident and number of FRCs) to deploy to answer questions and provide support | * Determine whether to start the process of opening a FAC |
| 5-6 Hours | * Provide just in time training for incoming call center staff | * Continue to provide support in answering questions | * Research possible locations and make contact to determine availability |
| 8-10 Hours | * Begin sorting through information received via website and from hospitals, medical examiner/coroner/ justice of the peace and other venues (5-6 hours in an after-hours scenario when staff are able to access information from remote locations) | * Continue to provide support in answering questions | * Confirm locations * Begin securing needed supplies based on possible number of victims * Alert partners to FAC activation decision * Reach out to staff and volunteers |
| 10-12 Hours | * Begin calling back people who reported someone online who matches information held by hospitals | * Continue to provide support in answering questions * Alert gathered family members and friends to opening of FAC (provide location and basic information) | * Visit site and begin discussions with event, catering and facility staff (if at hotel) about set-up, technology needs, privacy needs and other logistics * If staff will not be available until morning, plan for FAC opening at noon on first day instead of 8 a.m. * Begin set-up of FAC |
| 14-18 Hours | * Gather antemortem information from loved ones of those likely involved in incident who cannot come in to a physical FAC | * Assist with transportation arrangements if family members and friends plan to go directly to the FAC | * Alert staff and volunteers to location of FAC, reporting time, and roles |
| 18-20 Hours (depending when the incident occurred, open FAC at 8 a.m. or noon on the day after the incident) | * No new actions | * Demobilize | * Training and briefing for arriving staff at least one hour prior to opening of FAC * Begin making appointments for antemortem interviews and briefing families on the FAC and the status of the investigation and incident |
| 24 Hours | * Determine length of call center operations in coordination with FAC operations |  | * Operations continue for duration of incident |

## Demobilization/Long-Term Operations

Planning to demobilize the FAC should begin as soon as the facility is operational. The EOC Planning Section, in coordination with the FAC Director and the IC, determine the triggers for demobilizing the FAC and create a plan to implement demobilization. The FAC Demobilization Unit is responsible for coordinating the demobilization.

A Family Assistance Plan is deactivated when the IC, EMC, or EOC [Director] and all involved jurisdictions agree that family assistance services are no longer necessary. There may be ongoing activities for some jurisdictions related to family assistance once the initial incident response and recovery have been completed.

### Thresholds for Demobilization

The time and date of demobilization should be clearly communicated to all families and referral services and, if necessary, case management may be set up in advance to handle any further follow-up for families.

Some general considerations when planning for demobilization include:

* Number of clients seen per day;
* Number of decedents still to identify;
* Number of unaccounted-for persons still to locate;
* Ability of other organizations to handle current operational needs off-site; and
* Need for daily briefings.

Criteria and thresholds to consider when planning for demobilization include the following:

* Daily briefings are no longer needed.
* Rescue, recovery investigations, and identification have decreased and can be handled through normal operations.
* Fewer than five clients per day register at the FAC for three consecutive days.
* Memorial services have been arranged for family and friends.
* Provisions have been made for the return of personal effects.
* Ongoing case management and/or a hotline number has been established, if needed.

It is important to conduct a final closing assessment of the facility with the facility owner to ensure facility is returned in satisfactory condition. Any damage or issues must be addressed and remediated during demobilization. An FAC Demobilization Checklist is included in Appendix C: Attachment I: Demobilization Tools.

## Organization/Staffing

Staffing is the most important component of FAC operations. In this highly sensitive environment, it is critical that all staff, employed or volunteer, are appropriately trained and qualified to provide services as dictated by their respective FAC roles and responsibilities.

### Friends and Relatives Center

While staffing for the FRC will be limited in services and scope and designed to fill a need in the short term, it is the most important component of FRC operations. It is suggested that all staff working in an FRC environment review and sign a confidentiality agreement. A confidentiality agreement can be found in Appendix B: Attachment B-3: Staff Confidentiality Agreement.

The quantity or number of staff needed should be determined at the time of the incident, based on its complexity and the estimated number of potential victims. Government and nonprofit organizations are ideally the primary providers of FRC services. Core staff from the FRC managing agency and from the local [jurisdiction] [Medical Examiner’s/Coroner’s/Justice of the Peace’s] Office are important for ensuring continuity for families. Involving additional agencies with experience in providing family assistance for mass fatalities is strongly recommended.

Figure 3 is meant to serve as staffing recommendations for an FRC that is compliant with the approach of an Incident Command System (ICS). The entity responsible for FRC activation (a) determines an ICS-compliant organization strategy based on incident scope and (b) fills additional roles, as necessary.

The FRC Director may elect to activate an FRC with fewer services if fewer resources are available or if there is not a high demand for services (e.g., a smaller incident). In such cases, responsibilities tasked to positions not shown in figure 3 should be carried out by the next higher filled position in that section; deputies, assistants, and staff can be added, as necessary.

Figure 3: FRC Organization Chart

#### Recommended Staffing Levels

The below table provides estimates of the personnel resources needed to staff an FRC, depending on the size of the incident. [These recommendations are intended to be scalable; jurisdictions should review internal staffing capabilities and adapt the organizational chart to fit their needs.] These estimates include staffing for entire branches and units. They assume a designated branch director or unit leader where not specifically indicated.

Table 6: FRC Staffing Recommendations

|  | Minimum Positions | Number of Staff |
| --- | --- | --- |
| Command | FAC Director | 1 |
| Liaison Officer | 1 |
| Public Information Officer | 1 |
| Safety Officer | 1 |
| Operations Section | Operations Section Chief | 1 |
| Reception Branch Director | 1 |
| Reception Staff | 4 |
| Services Branch Director | 1 |
| Services Branch Staff | 2 |
| Information Branch Director | 1 |
| Information Branch Staff | 2 |
| Security Branch Director | 1 |
| Security Branch Staff | 2 |
| Logistics Section | Logistics Chief | 1 |
| Resource Branch Director | 1 |
| Ordering Branch Director | 1 |
| Planning Section | Planning Section Chief | 1 |
| Documentation Unit | 1 |
| FAC Transition Unit | 1 |
|  | Total Staffing | 25 |

#### Position/Unit Missions and Staffing

FRC staff positions have been organized in accordance with ICS principles. The below table shows the core responsibilities of each position and suggested staffing qualifications/departments. If possible, leadership positions assigned during the first operational period should be reserved for government agencies; assignments are made at the discretion of the FRC Director. Participation from non-governmental organizations (NGOs) is also at the discretion of the FRC Director or upon request.

[Using the staffing recommendations below, identify and replace the grey text with the jurisdiction-specific position who will fill the role.]

Table 7: FRC Position/Unit Mission and Staffing

| Position/Unit | Mission | Staffing |
| --- | --- | --- |
| Friends and Realtives Center (FRC) Director | * The FRC Director is responsible for the overall management of the FRC, including the development and implementation of strategic goals and objectives, and approval and release of resources. * The FRC Director or designee coordinates with the Facility Liaison regarding the use of the facility for the FRC. | Identified by activating entity’s emergency management department/office. An Emergency Management Director or Social Services leader from a non-impacted entity may be able to fill this role in the early stages of the incident. |
| Liaison Officer | * This is the point of contact for representatives of other government agencies, non-governmental organizations (NGO), and/or the private sector (with no jurisdiction or legal authority) to provide input on their agency’s policies, resource availability, and other incident-related matters. * The Liaison Officer may need assistants, who may also represent assisting agencies or jurisdictions. | Activating entity’s external outreach department/office |
| FRC Public Information Officer (PIO) | * The FRC PIO is responsible for developing and releasing information about the FRC to news media, incident personnel, the public, and other organizations and agencies, as appropriate, in the early stages of an FRC. * When a Family Assistance Center (FAC) is activated, the FRC PIO should be transitioned to the FAC or demobilized. | Activating entity’s PIO |
| Safety Officer | * The Safety Officer ensures the protection of the facility and staff in the FRC. | Identified by activating entity’s Fire/EMS department |
| Operations Section Chief | * The Operations Section Chief manages FRC on-scene operations to meet the incident objectives established by the FRC Director. * A deputy may be assigned to assist with section responsibilities. | Identified by activating entity’s emergency management department/office |
| Reception Branch | * This branch coordinates client registration operations. * It provides intake services for arriving clients and maintains a database of all clients and staff that arrive at the FRC. | Activating entity’s Department of Social Services |
| Services Branch | * This branch provides mental health, public health, social services, spiritual care, and victim services. | Activating entity’s Department of Social Services |
| Information Branch | * This branch provides information to clients about the status and location of their loved ones. | Activating entity’s Medical Examiner/Coroner/Justice of the Peace, Fire/EMS, law enforcement department/office, or activating entity’s emergency management department/office. |
| Security Branch | * This branch coordinates overall FRC security, including managing and staffing site security operations, badging, and investigation support. | Activating entity’s law enforcement department/office |
| Logistics Section Chief | * The Logistics Section Chief meets all service and logistical support needs for the FRC, including ordering resources through appropriate procurement authorities from off-incident locations. * The Logistics Section Chief manages and coordinates FRC logistics, disability and access and functional support needs, information technology, and communications resources. * A deputy may be assigned to assist with section responsibilities. | Activating entity’s facility, supply, or logistics department/office |
| Resource Branch Director | * This branch coordinates the provision of logistics for work areas. * Responsibilities also include ordering necessary resources (e.g., tables, chairs, food, supplies) for associated services. | Activating entity’s facility, supply, or logistics department/office |
| Ordering Branch Director | * This branch reviews all incoming requests for resources and provides single-point ordering. | Activating entity’s facility, supply, or logistics department/office |
| Planning Section Chief | * The Planning Section Chief collects, evaluates, and disseminates information about FRC operations and the status of resources. * The Planning Section Chief works closely with the FRC Director and Operations Section Chief to understand FRC operations and develop objectives. | Activating entity’s emergency management department/office |
| Documentation Unit | * This unit collects and organizes incident files, information, forms, Incident Action Plans, information releases, and reports. | Support personnel as designated by the activating entity, or the American Red Cross and other NGOs |
| FAC Transition Unit | * This unit leads the effort to scale the FRC into a FAC. * It reviews the resource requirements, site locations, personnel requirements, and timing recommendations based on the size and impact of the incident. | Activating entity’s emergency management department/office |

### Family Assistance Center

#### Minimum Service Level

Figure 4 shows the minimum organization and staffing recommendations for implementing ICS-compliant approach to the FAC organization. The entity responsible for FAC activation (a) determines an ICS-compliant organization strategy based on incident scope and (b) fills additional roles, as necessary.

The FAC Director may elect to activate an FAC with fewer services if fewer resources are available or if there is not a high demand for services (e.g., a smaller incident). In such cases, responsibilities tasked to positions not shown here should be carried out by the next higher filled position in that section; deputies, assistants, and staff can be added, as necessary. The following recommendations assume that the local jurisdiction will request a regional FAC for incidents exceeding a medium level impact as identified in the Dallas/Fort Worth/Arlington (DFWA) Regional Complex Coordinated Terrorist Attack (CCTA) FAC CONOPS.

\*IC/UC refers to Incident Command/Unified Command

Figure 4: FAC Minimum Service Level Organizational Chart

#### Expanded Service Level

Figure 5 shows the organization and staffing for an expanded level of service to meet the needs of a more severe/larger incident. The FAC Director may choose to activate a FAC that offers higher or lower levels of service, based on the scale and scope of the incident. The FAC Director may also anticipate that the needs for the incident will exceed the capabilities of the local jurisdiction and make the request for a regional FAC.

**IC/UC\***

\*IC/UC refers to Incident Command/Unified Command

Figure 5: FAC Expanded Level of Service Organizational Chart

#### Recommended Staffing Levels

The below table provides estimates of the personnel resources needed to staff a FAC, depending on the size of the incident. [These recommendations are intended to be scalable; jurisdictions should review internal staffing capabilities and adjust the organizational chart to fit their needs.] These estimates include staffing for entire branches and units. They assume a designated branch director or unit leader where not specifically indicated.

Table 8: FAC Staffing Recommendations

|  | Scale of Incident | Small | Medium |
| --- | --- | --- | --- |
|  | Potential Victims | ≤50 | 51–300 |
|  | Family and Friends | ≤400 | 401–2,400 |
| Command | FAC Director | 1 | 1 |
| Liaison Officer | 1 | 1 |
| Facility Liaison | 1 | 1 |
| Public Information Officer | 1 | 1 |
| Safety Officer | 1 | 1 |
| Assistant SO - Mental Health | 1 | 1 |
| Operations Section | Operations Section Chief | 1 | 1 |
| Deputy Operations Section Chief | 0 | 1 |
| Reception Branch | | |
| Reception Branch Director | 1 | 1 |
| Registration Group | 5 | 7 |
| Family Host Group | 2 | 3 |
| Services Branch | | |
| Services Branch Director | 1 | 1 |
| Mental Health Group | 6 | 28 |
| Spiritual Care Unit | 4 | 20 |
| Public Health Services Group | 1 | 2 |
| Social Services Group | 4 | 7 |
| Child Care Providers | As required | As required |
| Animal Care Provider(s) | As required | As required |
| Information Branch | | |
| Information Branch Director | 1 | 1 |
| Communications Center | 1 | 4 |
| Victim Status Group | 1 | 3 |
| Notification Group | 5 | 10 |
| Security Branch | | |
| Security Branch Director | 1 | 1 |
| Security Officers (Interior) | TBD | TBD |
| Security Officers (Exterior) | TBD | TBD |
| Logistics Section | Logistics Chief | 1 | 1 |
| Resources Branch | | |
| Resources Branch Director | 1 | 1 |
| Facilities Group | 2 | 2 |
| Equipment and Supply Unit | 2 | 6 |
| Food Unit | 1 | 2 |
| Personnel Group | 3 | 5 |
| Ordering Branch | | |
| Ordering Branch Director | 0 | 1 |
| Planning Section | Planning Section Chief | 1 | 1 |
| Documentation Unit | 1 | 2 |
| Demobilization Unit | 1 | 2 |
| Situational Awareness Unit | 1 | 2 |
| Finance Section | Finance Section Chief | 1 | 1 |
| Investigation Section | Investigation Section Chief | 1 | 1 |
|  | Total Staffing | 56 | 124 |

#### Position/Unit Missions and Staffing

FAC staff positions have been organized according to ICS principles. The below table shows the core responsibilities and where resources may be found to fulfill FAC staffing needs. If possible, leadership positions assigned during the first operational period should be reserved for government agencies. Assignments are made at the discretion of the FAC Director. Participation from NGOs also is at the discretion of the FAC Director or upon request.

[Using the staffing recommendations below, identify and replace this text with the jurisdiction-specific position who will fill the role.]

Table 9: Position/Unit Missions and Staffing

| Positions/Units | Mission | Staffing |
| --- | --- | --- |
| Family Assistance Center (FAC) Director | * The FAC Director is responsible for the overall management of the FAC, including the development and implementation of strategic goals and objectives, and approval and release of resources. * The FAC Director or designee coordinates with the Facility Liaison regarding the use of the facility for the FAC. | Identified by activating entity’s emergency management department/office. An Emergency Management Director or Social Services leader from a non-impacted entity may be able to fill this role in the early stages of the incident. |
| Liaison Officer | * This is the point of contact for representatives of other government agencies, non-governmental organizaations (NGOs), and/or the private sector (with no jurisdiction or legal authority) to provide input on their agency’s policies, resource availability, and other incident-related matters. * The Liaison Officer may need assistants, who may also represent assisting agencies or jurisdictions. | Activating entity’s external outreach department/office |
| FAC Public Information Officer (PIO) | * The FAC PIO is responsible for developing and releasing information about the FAC to news media, incident personnel, the public, and other organizations and agencies, as appropriate. * PIOs should not change from day to day. * The PIO may need assistants, including supporting PIOs who represent other responding agencies or jurisdictions. | Activating entity’s PIO |
| Safety Officer | * The Safety Officer ensures the protection of the facility and staff in the FRC. | Identified by activating entity’s Fire/EMS department |
| Facility Liaison | * This person(s) is designated by the host facility to coordinate with FAC operations. | Host facility staff |
| Operations Section Chief | * The Operations Section Chief manages FAC on-scene operations to meet the incident objectives established by the FAC Director. * A deputy may be assigned to assist with section responsibilities. | Identified by activating entity’s emergency management department/office |
| Reception Branch | * This branch coordinates client registration operations. It provides intake services for arriving clients and maintains a database of all clients and staff that arrive at the FAC. * It has two groups; the Registration Group and the Family Host Group. | Activating entity’s Department of Social Services |
| Registration Group | * This group is responsible for registering clients and FAC staff. This includes verifying client identification and ensuring that clients requesting accommodations receive appropriate access to services, waiting area assignments, and FAC forms. * This group coordinates with the Badging Group to support badging operations. | Jurisdiction Department of Social Services, the activating entity’s emergency management department/office, human services agency or American Red Cross (ARC) and other NGOs |
| Family Host Group | * This group provides a compassionate atmosphere for clients, ensures that clients are aware of the services available at the FAC, and tracks and addresses requests. * It helps complete forms and ensures that clients have access to needed logistical resources (e.g., a place to sit, refreshments). Ideally, there is one host per family. | Activating entity’s Department of Social Services, human services agency, or ARC and other NGOs |
| Services Branch | * This branch provides mental health, public health, social services, spiritual care, and victim services. * This branch should ensure all religious and cultural considerations are considered by all staff of the FAC. * It has three groups: the Mental Health Services Group, the Public Health Services Group, and the Social Services Group. * It has two units: the Spiritual Care Unit and the Victim Services Unit. | Activating entity’s Department of Social Services |
| Mental Health Services Group | * This group ensures that services are provided for the emotional, mental, and spiritual needs of clients and FAC staff, and it oversees and manages spiritual care personnel. * It must also monitor the metal health of FAC staff, conducting frequent check-ins to evaluate if critical incident trauma management is needed. | Activating entity’s Department of Social Services, mental health agency, or ARC and other NGOs |
| Public Health Services Group | * This group oversees the provision of public health services for persons at the FAC. This may include providing advice nurses and support with community-based health referrals. | Activating entity’s health department. First aid may be provided by a separate entity |
| Social Services Group | * This group ensures that social service needs (childcare, memorial service support, etc.) of clients are met. It facilitates response activities of private sector participants in the FAC and coordinates with other support agencies/organizations. * This group may coordinate the provision of longer-term social services until a Local Assistance Center is activated. The Social Services Group includes the victim services function. | Activating entity’s Department of Social Services, human services agency, or ARC and other NGOs |
| Spiritual Care Unit | * This unit ensures that spiritual care services are made available to clients. It ensures that the spiritual care provided meets the needs/religious preferences of all clients of the FAC. | Spiritual care providers from government agencies, partner volunteer groups, or NGOs that meet spiritual care provider criteria |
| Child Care Unit | * This unit coordinates the provision of childcare services to the FAC, and it ensures that properly vetted and qualified personnel are assigned. | Activating entity’s Department of Social Services, human services agency, or ARC and other NGOs |
| Information Branch | * This branch provides information to clients about the status and location of their loved ones. * It has four groups: the Hospital Admission Group, the Decedent Status Group, the Missing Persons Group, and the Notification Group. | Activating entity’s Medical Examiner/Coroner/Justice of the Peace, Fire/EMS, law enforcement department/office, or activating entity’s emergency management department/office. |
| Communications Center | * The Communications Center establishes and maintains a call center for inquiries and information for friends and families. | Support personnel as designated by the activating entity, or ARC and other NGOs |
| Victim Status Group | * This group collects and analyzes information from hospitals, the Medical Examiner/Coroner/Justice of the Peace, police, and Fire/EMS to develop a detailed understanding and status of each of the victims. | Activating entity’s law enforcement, Fire/EMS department, Medical Examiner/Coroner/Justice of the Peace, health department, or personnel skilled in records or case management |
| Notification Group | * This group performs notifications to clients regarding the status or location of their loved ones. * It is responsible for tracking the status of completed client forms. | Notification Group Teams have one Mental Health representative and a representative of the Jurisdiction Medical Examiner/Coroner/Justice of the Peace (if notifying the next of kin) or a representative of the jurisdiction Fire/EMS Agency (if advising of hospital location), or a representative of law enforcement (if advising that the victim is still missing) |
| Security Branch | * This branch coordinates overall FAC security, including managing and staffing site security operations, badging, and investigation support. * Responsibilities also include ordering necessary resources (e.g., tables, chairs, food, supplies) for subordinate groups. | Activating entity’s law enforcement department/office |
| Site Security Group | * This group maintains security both internal and external to the FAC including crowd control and site access. | Activating entity’s law enforcement department/office |
| Logistics Section Chief | * The Logistics Section Chief meets all service and logistical support needs for the FAC, including ordering resources through appropriate procurement authorities from off-incident locations. * The Logistics Section Chief manages and coordinates FAC logistics, disability and access and functional support needs, information technology, and communications resources. * A deputy may be assigned to assist with section responsibilities. | Activating entity’s facility, supply, or logistics department/office |
| Resources Branch | * This branch coordinates the provision of logistics for work areas. Responsibilities also include the ordering of necessary resources (e.g., tables, chairs, food, supplies) for subordinate groups. * It has two groups, the Personnel Group and the Facilities Group, and it coordinates the response to people with disabilities and access and functional needs, communications equipment and supplies, food and water, and personnel training. | Activating entity’s facility, supply, or logistics department/office |
| Facilities Group | * This group determines the types and levels of services that are needed to maintain the facility. * It oversees the Equipment and Supply Unit and the Food Unit. | Activating entity’s facility, supply, or logistics department/office |
| Equipment and Supply Unit | * This unit determines the types and amount of equipment and supplies that are needed and are en route, and it arranges for receiving ordered supplies. | Activating entity’s facility, supply, or logistics department/office |
| Food Unit | * This unit determines the number of persons to be fed and the best method of feeding them. * It provides well-balanced meals for clients and FAC staff and maintains supplies of potable water. Food services may be provided by the host facility, if available. | Activating entity’s facility, supply or logistics department/office, or ARC and other NGOs |
| Personnel Group | * This group is responsible for the providing relief and replacement FAC staff. | Activating entity’s human resources department/office |
| Volunteer Coordination Unit | * This unit is responsible for liaising with volunteer groups and identifying needs with the Logistics Section Chief. | Activating entity’s recreation and parks, or ARC and other NGOs |
| Ordering Branch | * This branch reviews all incoming requests for resources and provides single-point ordering. | Activating entity’s facility, supply, or logistics department/office |
| Planning Section Chief | * The Planning Section Chief collects, evaluates, and disseminates information about FAC operations and the status of resources. * The Planning Section Chief works closely with the FAC Director and Operations Section Chief to understand FAC operations and develop objectives. * The Planning Section comprises the Documentation, Demobilization, and Situational Awareness units. * A deputy may be assigned to assist with section responsibilities. | Activating entity’s emergency management department/office |
| Documentation Unit | * This unit collects and organizes incident files, information, forms, Incident Action Plans, information releases, and reports. | Support personnel as designated by the activating entity, or ARC and other NGOs |
| Demobilization Unit | * This unit reviews FAC resource records to determine the probable size of the demobilization effort, and it identifies surplus resources and when they might be released. | Activating entity’s emergency management department/office |
| Situational Awareness Unit | * This unit collects and organizes incident status and situation information. It is also responsible for the evaluation, analysis, and dissemination of that information for use by the FAC staff. | Activating entity’s emergency management department/office |
| FAC Transition Unit | * This unit is in the Friends and Realtives Center and begins the planning for the FAC, including locations, staffing, and resources. | Activating entity’s emergency management department/office |
| Finance Section Chief | * The Finance Section Chief is responsible for all administrative and financial considerations surrounding the FAC. * A deputy may be assigned to assist with section responsibilities. | Activating entity’s finance department/office |
| Investigation Section Chief | * The Investigation Section Chief is responsible for coordinating with the Incident Commander/Unified Command investigation efforts and providing on-site support for information gathering, documentation, or questioning that is needed. | Activating entity’s law enforcement or associated officials |

#### Crosswalk of Local Capabilities and FAC Staffing Skills

FRCs and FACs require a wide range of skills and capabilities to address the needs of victims and their families and friends. No single entity or organization possesses all these capabilities and staffing abilities. The below table provides recommendations of where the various FRC and FAC skills and capabilities can be found in [jurisdiction’s] organizations and functions. [This table should be reviewed and modified to ensure listed agencies and associated positions are accurate for the jurisdiction.]

Table 10: Crosswalk of Position/Unit Missions and Staffing

|  | Local Capabilities | | | | | | | | | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Friends and Relatives Center (FRC)/Family Assistance Center (FAC) Position | Office of Emergency Management | Police Department | Fire/EMS Department | Health Department | Public Works/ Water/Sanitation | Building Services | Transportation  Department | Education Department/District | Library/Community Engagement | Clerk/Records/Admin | Legal/Court/Attorney | Commerce/Economic/  Real Estate | Parks/Recreation/ Events | Planning/Development/ Code | Animal Services | IT Services | Procurement/Contracts | Communications/  External Affairs | Social/Family/Child/ Homeless Assist. | Human Resources | Finance/Budget Department | VOAD/Nonprofit/  Faith Organizations | Medical Examiner/ Mortuary Affairs |
| FRC/FAC Director | X | X | X | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  | X |  |  |  |  |
| Liaison Officer | X | X | X | X |  |  |  |  |  |  |  | X |  |  |  |  |  | X | X |  |  |  |  |
| Public Information Officer | X | X | X | X |  |  |  |  |  |  |  |  |  |  |  |  |  | X |  |  |  |  |  |
| Safety Officer |  |  | X | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Operations Section Chief | X | X | X | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  | X |  |  |  |  |
| Reception Branch Manager | X |  |  | X |  |  |  | X |  |  |  |  |  |  |  |  |  |  | X | X |  |  |  |
| Registration Group | X |  |  | X |  |  |  | X | X | X |  |  |  | X |  |  |  |  | X | X |  | X |  |
| Family Host Group |  |  |  | X |  |  |  | X | X |  |  |  | X |  |  |  |  | X | X | X |  | X |  |
| Services Branch Manager | X |  |  | X |  |  |  | X | X |  |  |  |  |  |  |  |  |  | X | X |  |  |  |
| Mental Health Group |  |  |  | X |  |  |  |  |  |  |  |  |  |  | X |  |  |  | X | X |  | X |  |
| Public Health Group |  |  | X | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | X |
| Social Services Group |  |  |  | X |  |  |  | X |  |  |  |  |  |  |  |  |  |  | X | X |  | X |  |
| Spiritual Care Group |  |  |  | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  | X |  |  | X |  |
| Child Care Unit |  |  |  |  |  |  |  | X | X |  |  |  |  |  |  |  |  |  | X |  |  | X |  |
| Information Branch Manager | X | X | X | X |  |  |  |  | X | X |  |  |  | X |  | X |  | X |  |  |  |  | X |
| Communications Center | X |  |  |  |  |  |  |  | X | X |  |  |  |  |  | X |  | X | X |  |  |  |  |
| Victim Status Group | X | X |  | X |  |  |  |  |  | X |  |  |  |  |  |  |  |  |  | X |  |  | X |
| Notification Group |  | X |  | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  | X |  |  |  | X |
| Security Branch |  | X |  |  |  | X |  |  |  |  |  |  | X |  |  |  |  |  |  |  |  |  |  |
| Site Security Group |  | X |  |  |  | X |  |  |  |  |  |  | X |  |  |  |  |  |  |  |  |  |  |
| Logistics Section Chief | X |  |  |  | X | X | X |  |  |  |  | X | X |  |  |  | X |  |  |  |  |  |  |
| Resource Branch Manager | X |  |  |  | X | X | X |  |  |  |  | X | X |  |  |  | X |  |  |  |  |  |  |
| Facilities Group Supervisor |  |  |  |  | X | X |  |  |  |  |  |  | X |  |  |  |  |  |  |  |  |  |  |
| Equipment and Supplies Unit |  |  |  |  | X | X |  |  |  |  |  |  | X |  |  | X | X |  | X |  |  | X |  |
| Food and Water Unit |  |  |  |  |  |  |  | X |  |  |  |  |  |  |  |  |  |  | X |  |  | X |  |
| Personnel Group Supervisor | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | X |  | X |  |
| Volunteer Coordinator Unit | X |  |  |  |  |  |  | X | X |  |  |  |  |  |  |  |  |  | X | X |  | X |  |
| Ordering Branch Manager | X |  |  |  |  |  |  |  |  | X |  |  |  |  |  |  | X |  |  |  | X |  |  |
| Planning Section Chief | X | X | X | X |  |  |  |  |  |  |  |  |  | X |  |  |  |  |  |  |  |  |  |
| Documentation Unit | X |  |  | X |  |  |  | X | X | X | X | X |  | X |  | X |  |  |  |  | X | X |  |
| Demobilization Unit | X | X | X | X |  | X |  | X | X |  |  | X | X | X |  |  | X |  | X |  |  |  |  |
| Situational Awareness Unit | X | X | X | X |  |  |  |  |  |  |  |  |  |  |  | X |  | X |  |  |  |  |  |
| FAC Transition Unit | X | X | X | X |  | X |  | X | X |  |  | X | X | X |  |  | X |  | X |  |  |  |  |
| Finance/Admin Section Chief | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | X |  |  |  | X |  |  |
| Investigation Section Chief |  | X |  |  |  |  |  |  |  |  | X |  |  |  |  |  |  |  |  |  |  |  |  |

## Site Selection

The location for the FAC should be selected carefully, with consideration for the location and size of the facility and its amenities.

### Location

* The appropriate location for a FAC is largely dependent on the type of incident and number of fatalities.
* The location should be in relatively close proximity to the MCI/MFI site, so that personnel can easily travel between the two.
* The location should be far enough away from the incident site that families will not be subjected to viewing or hearing activities at the incident site.
* The location should not require families to pass by the incident site on their way to the FAC.
* The location should be easily accessible for families and friends of those impacted.
* The FAC might not be local to some of the victims’ families. If they are traveling a great distance, the FAC should help the family make overnight accommodations. *Note*: This does not mean the FAC pays for the overnight accommodations.
* Transportation between the FAC and hotels where the families are staying should be arranged. If the location is not easily accessible by public transportation, or if there is a limited amount of onsite parking, arrangements should be made to provide transportation to and from the FAC.
* The location should have easily controlled access and a secure perimeter.
* The location should have either a natural sight barrier or the ability to establish a sight barrier, to protect it from the view of the media and public.
* Consideration should be given to the number of entrances/exits to the FAC. Entrances should be limited to control access to and from the FAC.
* The FAC must be compliant with the Americans with Disabilities Act (ADA) and meet state accessibility standards.[[3]](#footnote-4)
* The locations identified as capable of accommodating a FAC should be flexible and available both for immediate use and for long-term use, depending on the nature of the incident. The amount of time needed to recover and identify the victims of an MFI is the factor that determines the duration of FAC operations.
* Ideally, one large FAC should be able to handle the needs of all of the victims’ families, rather than several smaller ones.

### Size

* The services offered in the FAC will require many breakout rooms, each with sufficient privacy.
* The bigger the incident, the more rooms are likely to be needed.
* The amount of space required for FAC operations should not be underestimated. The below table gives an example of the size considerations depending on the scale of the incident.

There should be enough room for 8 to 10 family members per victim and the required staff to run the FAC.

A larger venue should be chosen to allow room for expansion, in the event more families arrive than expected.

The venue should have an ample number of rooms of all sizes to house the services being offered at the FAC.

A larger venue may be required if a call center will be co-located with the FAC.

Table 11: FAC Size Recommendations

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Scale of Incident | | | |
| Small | Medium | Large | Catastrophic |
| **Number of Potential Fatalities** | Fewer than 50 | 50 to 300 | 300 to 1,000 | More than 1,000 |
| **Daily Capacity for Critical Service Operations** | 8 stations: 96 interviews | 25 stations:  300 interviews | 50 stations:  600 interviews | 50-75 stations:  Up to 900 interviews |
| **Potential Number of FAC Patrons** | Fewer than 400 | 400 to 2,400 | 2,400 to 8,000 | More than 8,000 |
| **Suggested Square Footage** | 4,686–12,525 | 12,525–61,030 | 61,030–197,340 | Over 197,340 |

### Site Amenities and Other Considerations

* Security, such as local law enforcement, should be present to monitor activity inside and outside the building, including the parking lot and the perimeter.
* Internet service should be available for use, both wireless and ethernet.
* Good cell phone reception should be available. If it is not, a portable cell tower should be used.
* Landline telephone service should be available for administrative purposes and for the call center if it is co-located on site.
* The availability of cable television hookups should be considered if TVs will be provided in the FAC. The effect that streaming media coverage may have on the family and friends of the victims should be considered.
* A sufficient amount of power outlets should be available for connecting various types of office equipment and computers for FAC operation. Families will also require power outlets to charge various mobile devices.
* Enough restroom facilities should be available to accommodate the anticipated number of families that will arrive, in addition to the FAC staff and volunteers. The ARC uses a planning factor of 40 people for restroom.
* A location with a large common area or lounge area that gives the families a place to relax and allows for the provision of food services should be considered. Food services may include catering or simply snacks and drinks.
* An ample amount of parking for victims’ families and FAC staff and volunteers should be available. Families may travel to the FAC in more than one or two vehicles. If a facility chosen to house the FAC does not have sufficient on-site parking, off-site parking and transportation to and from the FAC should be arranged.
* Backup generator or hookup capability options.

### Recommended Site Locations

#### Hotels

* If a local jurisdiction plans to establish the FAC in a hotel, the jurisdiction should consider entering a memorandum of understanding/agreement with the hotel prior to an incident.
* If a hotel is selected as the site for the FAC:

A determination must be made as to whether the entire hotel will be used. If only a portion of the hotel will be used, other guests may be indirectly impacted by the MFI. FAC staff must coordinate with hotel management to move the other guests or cordon off and secure the section of the hotel being used for the FAC.

Families may or may not stay at the hotel chosen as the FAC.

Incident scene personnel and responders must not stay at the hotel chosen as the FAC.

Incident responders and victims’ families should never be lodged in the same hotel, regardless of whether it is being used as the FAC.

#### Conference and Community Centers

These are favorable locations for choosing a FAC. These types of facilities often have a large number of rooms and a large gathering space, and they are used to accommodating large numbers of people at one time.

#### Public School Buildings

Schools provide an option for FAC operations, however there are several drawbacks to consider. They are available for use only while students are on break, and if students have lost loved ones in the MFI, there may be lasting negative memories of the school as the place they found out that their loved one died. If a school is selected for the FAC, ensure that FAC operations will be completed before school is back in session.

#### Recreational Centers/Stadiums/Facilities

Such places normally serve as good FAC locations as they are usually very large and have many private rooms, ample facilities, and an abundance of parking spaces.

#### Meeting Spaces on College/University Campuses

While college and university campuses can serve as excellent FAC locations, if classes are in session there will be a number of possible intrusions because of the changing of classes and the large number of students. Another consideration is that security may have to be bolstered to keep unwanted individuals away from the FAC.

#### Churches and Religious Institutions

These locations are less preferable than other facilities. A religiously neutral location should be chosen, if possible, as some families may not be comfortable coming to a place of worship for family assistance services.

### Notifications

Once a location has been determined and the FAC is ready to open:

* Inform [jurisdiction] EOC
* Publicly announce the location of the FAC.
* Contact all major television and radio stations to provide FAC details.
* Ensure the FAC location specifics (i.e. address) are provided with each public information update (or within 30 minute increments, whichever occurs sooner) during the first 24 hours. Location announcements should be made via all public messaging forums such as, but not limited to, websites, social media feeds, press releases, media conferences, and recorded phone message lines.

## Regional Resources

Depending on the scale of family assistance needs, a regional concept for family assistance may be needed, allowing resources from multiple conjoining counties to come together.

The two main reasons for participation in a regional concept are:

* There are limited resources (including federal assets) to support fatality management operations, and consolidation of effort will allow for the most effective use of available resources; and
* Centralized information gathering and sharing (including communication with families/next of kin about identification processes, antemortem data collection, and documentation of missing/unaccounted-for persons) will foster effective response. Inefficiencies or inconsistencies that result from a decentralized approach may lead to public distrust and loss of confidence in the response.

In light of this, when an incident impacts multiple jurisdictions, particularly when state and federal resources will be needed to help manage the response, regional coordination will be necessary to develop situational awareness about the regional impacts, to help form a common operating picture, and to identify priorities and areas where outside assistance, including state-level support for operations, may be needed. When regional FAC support is required, the DFWA CCTA FAC CONOPS should be referenced and implemented by impacted and supporting jurisdictions.

### Regional Information Exchange

Regional coordination between the [jurisdiction OEM] and [Medical Examiner/Coroner/Justice of the Peace] for the purposes of situational awareness and identifying the local and regional need for a FAC can be accomplished in several ways. These include the exchange of EEI by email or web-based information tools consistent with normal EOC operations and participation on regional conference calls. Regional conference calls serve as the primary mechanism to communicate the impact and resource needs and to discuss individual jurisdictional and regional priorities.

Participating agencies ([jurisdiction OEM], [Medical Examiner/Coroner/Justice of the Peace], local health department, law enforcement, medical facilities, behavioral health, emergency medical services) will strive to document and share information about potential casualties and fatalities within the first 24 hours. Although it is anticipated that there will be conflicting data reports, misinformation, and lack of confirmed details at this time, and potentially for multiple days, [jurisdiction] should lean forward by collecting and sharing information about these impacts to support situational awareness and help identify whether a FAC may be warranted.

In addition, sharing information for the purposes of situational awareness with the [jurisdiction OEM] will follow normal protocol for coordination through [jurisdiction OEM] conference calls with impacted jurisdictions, WebEOC, or other coordination mechanisms established at the time of the incident.

### Regional Coordination

An MCI/MFI that requires family assistance could involve multiple locations in a single jurisdiction or across jurisdictional boundaries. The jurisdictions directly impacted should establish and maintain a unified and coordinated operational structure and process that appropriately integrates all critical stakeholders and support the execution and coordination of family assistance activities. The affected jurisdictions designate the lead agency for family assistance coordination based on established local family assistance plans.

Jurisdictions impacted by an MCI/MFI are responsible for managing their incident response, which should be coordinated with other local/regional areas that are not impacted but might provide support. Coordination requires information sharing, resource management, planning to assess immediate and long-term impacts, and regional decision-making on public alerts and protective measures. The most effective mechanism to support this coordination is the proper implementation of the ICS and the National Incident Management System.

The overall incident management structure includes the following levels:

1. Incident Commander: directs on-scene incident personnel responsible for saving lives, stabilizing the incident, and protecting property and the environment.
2. Emergency Management Coordinator: oversees resource and planning support to the on-scene personnel and ancillary activities such as sheltering and donations management.
3. Public Information Officers: ensure that the public receives accurate, timely, and consistent information about the incident.
4. Disaster District Committee: comprising department heads and senior leaders, provides an essential management mechanism for strategic coordination to ensure incident resources are efficiently and appropriately managed according to local policies and regulations. It also ensures cost-effective measures are implemented and reviewed.

Partners in government, nonprofits, and the private sector are crucial to an effective FAC. The following regional partners may be able to assist in the planning and execution of a FAC:

* 2-1-1;
* Aging and Independence Services;
* ARC;
* Animal Services;
* Childcare Providers;
* Child Welfare Services;
* Department of the Medical Examiner/Coroner/Justice of the Peace;
* Education Systems;
* EMS;
* Faith-Based and Community Service Organizations;
* Fire and Rescue Departments;
* Foreign Consulate Services;
* Hospitals;
* Law Enforcement;
* Local Jurisdictions;
* National Center for Missing and Exploited Children;
* Private-Sector Partners;
* Public Health; and
* Public Works and Transportation.

### Mutual Aid Requests

If a large-scale MCI/MFI impacts [jurisdiction], there might be resource challenges that warrant support from neighboring counties and mutual aid partners. This resource support may be limited or unavailable if neighboring counties also are impacted. Mutual aid resources and resource assistance will likely come from counties that were not impacted, and the agencies available to provide support to the affected counties may not be the mutual aid support agencies typically use. While interpersonal relationships exist among responders, the use of these relationships during a large incident could disrupt the proper coordination of assets across the region, preventing the counties that need critical resources the most from acquiring those assets. Mutual aid requests should be coordinated through EOCs following proper ICS processes to ensure that mutual aid resources are properly tracked and effectively used, providing for a less challenging reimbursement application process.

After a large MCI/MFI, it is essential to manage resources to prevent over-convergence. Over-convergence is the informal, spontaneous, and non-requested movement of responders (official and volunteer), information, and supplies toward a major emergency incident area. This increases congestion and lowers the accountability of people and equipment. Over-convergence also usurps the ability of IC to prioritize resources. The key to preventing over-convergence is to establish and follow proper operational coordination and control for resource request procedures.

Once it is determined that family assistance is required, the EMC of the affected jurisdiction should assess the situation and ascertain whether the jurisdiction has the resources to handle the situation locally or if mutual aid is required.

If additional assistance from outside the jurisdiction is necessary, mutual aid is available without the existence of a predetermined agreement through the Texas Statewide Mutual Aid System, which is codified in Texas Government Code. This system allows for mutual aid among local government entities, given the absence of a written mutual aid agreement between the providing and receiving parties. Types of mutual aid may include:

* **Local automatic mutual aid** involves the automatic dispatch and response of requested resources without incident-specific approvals or consideration of entity boundaries. Automatic aid is usually defined in formal agreements or contracts between or among neighboring local entities, and they are used when time is of the essence to save lives, prevent human suffering, or mitigate property damage after an incident.
* **Local mutual aid** occurs between (typically neighboring) jurisdictions, under terms of a specific mutual aid agreement, and it usually involves a formal request for assistance.
* **Regional mutual aid** may be considered as mutual aid in which multiple local government entities (all in a defined geographic area) provide mutual aid assistance to one another, under the terms of a single mutual aid agreement to which all parties are signatory. Ex: North Central Texas Public Works Emergency Response Team Mutual Aid Agreement.
* **Intrastate mutual aid** (in Texas this could be used interchangeably with statewide mutual aid) may be considered as mutual aid in which local government entities in the state provide mutual aid assistance to one another, not under terms of specific local (automatic or jurisdiction-to-jurisdiction) or regional mutual aid contracts or agreements, but rather under a blanket statewide authority such as state statute or administrative law.
* Note: “**State-missioned**” sharing of resources and services involves local jurisdiction assets assisting other local jurisdiction(s) in the state, through a State mission assignment (at State expense).

The [jurisdiction] should also activate any local mutual aid agreements established for family assistance services such as mental health and health services support and mass care.

### Management of Volunteers and Donations

#### Volunteers

During emergencies, it is common for unaffected individuals to want to help. They may arrive at the incident site or the FAC to offer their services. While encouraging volunteerism, in general, is ideal, the FAC staff must be limited to persons with authorized FAC access to maintain safety and security. [Insert specific information regarding jurisdiction’s volunteer management plan]. If volunteers arrive at the FAC spontaneously, the FAC Director may refer those individuals to nonprofit volunteer organizations such as the following:

* American Red Cross – Dallas-Fort Worth (DFW) Chapter
* Animal Investigation & Response – Fort Worth
* Catholic Charities Dallas – Disaster Preparedness & Relief Services
* Catholic Charities Fort Worth – Disaster Response
* City of Dallas CERT
* Dallas County Animal Response Team
* Dallas County Medical Society – Emergency Response Volunteers
* Dallas County Medical Reserve Corps
* JustServe – DFW Relief
* Minuteman Disaster Response – McKinney
* North Texas Food Bank – Plano
* Tarrant County Medical Reserve Corps
* Texans on Mission – Volunteer after Disasters
* Texas Relief Warriors
* The Goodness Project – Fort Worth
* Volunteer Now
* [Add additional local volunteer resources]

The EMC may also consider reaching out to the local VOAD or the Texas VOAD for support in managing volunteer opportunities. Furthermore, the [jurisdiction] PIO could share volunteer opportunities on the jurisdiction’s public messaging platforms such as traditional and social media.

There are two types of volunteers:

* Affiliated volunteers are associated with existing volunteer or professional organizations prior to the incident. They typically have received some training, have some experience with command structures and service expectations, and likely have been vetted by the organization with which they are affiliated.
* Unaffiliated, convergent, or spontaneous volunteers are individuals who appear at the scene and wish to participate in the response effort. Little can be assumed related to training, experience, skills, and vetting of these volunteers. For that reason, these volunteers should not be incorporated into the operation of the FAC.

Because of the sensitive nature of the FAC, [jurisdictions] should use only known affiliated volunteers and volunteer organizations that have been requested through the FAC or the EOC. All volunteers approved and reporting to the FAC should sign in and receive appropriate credentialing and report to the assigned FAC staff member for duty assignment. Credentials issued in the FAC are to authorize service in the FAC, but they do not address the professional licensure or special skills of the volunteers. Such credentials are the responsibility of the organization with which the volunteers are affiliated and/or of the FAC section overseeing the organization whose service is requested.

Volunteer registration and a credentialing area should be designated in the FAC to expedite the verification process and get volunteers incorporated into operations as quickly and efficiently as possible. If space is a challenge, the affected jurisdiction could consider establishing a staging area for volunteer registration and credentialing before they are deployed to the FAC.

#### Donations

In most large emergencies involving deaths and casualties, people naturally want to donate. Donations may come in many forms, including in-kind food and water, clothing, toys, or cash. [Insert specific information regarding jurisdiction’s donations management plan.]

* Cash Donations: Money (cash) is the preferred form of donations because of its ease of acceptance, ease of management, and adaptability to filling disaster needs. The public may want to donate money to help those affected by the emergency necessitating the FAC. Staff at the FAC should never accept cash or checks, and local governmental agencies often have regulations against accepting cash donations.
* In-kind Donations: Businesses in the community may contact the FAC to offer meals or goods for those affected by the emergency. The public should be encouraged to donate money instead, but the in-kind donations framework should be used to redirect in-kind donations that arrive at the FAC.
* Food Donations: Only food that has been prepared in health department-certified kitchens should be accepted. Food cooked in an individual’s home should not be accepted. Re-routing or denying these donations should be handled tactfully.
* Used Clothing: Sometimes individuals or community groups offer donations that are not acceptable because of health and safety or logistical reasons. The FAC should not generally accept used clothing. A best practice is to encourage cash donations to organizations involved with the response. The FAC Director should work with the EOC to identify alternative locations, NGOs, or community-based organizations where used clothing donations can be accepted and put to good use.

The most effective means to manage incoming donations is to coordinate public messaging through the PIO or Joint Information Center (JIC) of [jurisdiction] or the Regional JIC, encouraging the public to donate cash to responding nonprofit organizations and/or providing locations where in-kind donations are accepted. The EOC may coordinate with VOADs and local faith-based organizations to amplify the message. Even with this messaging, [jurisdiction] should expect spontaneous in-kind donations at or near FAC sites and develop a plan to address these donations.

# Roles and Responsibilities

The following table presents the FAC roles of [jurisdiction]’s government, private-sector, and nongovernmental recovery partners. [Modify the table below as necessary to align with the jurisdiction’s organization and associated roles and responsibilities.]

Table 12: FAC Roles and Responsibilities

| Agency/ Organization | Role in the Family Assistance Center (FAC) |
| --- | --- |
| [Jurisdiction] Fire/EMS Department | * Provide first aid services at the Friends and Relatives Center (FRC) and FAC. * Provide transport and care of FAC staff and clients, as necessary. * Provide chaplains to the FAC for spiritual services. * Coordinate door-to-door notification and evacuation operations, as deemed necessary by the commanding officer on the scene. * Assist with gathering and transporting of human remains to the mortuary identification area, if necessary. |
| [Jurisdiction] Health Department | * Coordinate and ensure that appropriate mental health services are available for disaster victims, survivors, bystanders, responders and their families, and other community caregivers during response and recovery operations. |
| [Jurisdiction] Information Technology (IT) Department | * Procure and set up IT equipment for the FAC. * Provide staff to develop, support, and maintain the information and web portal for FAC operations, if activated. * Provide IT support for the FAC call center and virtual FAC operations. * Ensure security of all electronic personally identifiable information for individuals in the FAC, FAC staff, incident victims, and the deceased. |
| [Jurisdiction Medical Examiner/Coroner/Justice of the Peace] | * Coordinate the removal, tracking, storage, and identification of human remains. * Coordinate with [jurisdiction police department] to conduct reunification and fatality information and collection services in the FAC. * Help the [jurisdiction police department] to identify fatalities. * Coordinate with [jurisdiction health department] for any public health concerns related to human remains. * Provide death notification and identification to next of kin at the FAC (in coordination with [jurisdiction police department]). * Coordinate funeral and burial information and arrangements. |
| [Jurisdiction] Office of Emergency Management | * Serve as the primary agency responsible for activating, managing, and updating the Family Assistance Plan. * Activate the Emergency Operations Center (EOC), as necessary. * Notify partner agencies when an event occurs that will likely require the activation of a FRC and/or FAC. * Notify and coordinate with regional and state emergency management agencies to request support and assistance, as necessary. * Coordinate activation of additional emergency response plans, as necessary. * Provide a liaison to the FAC if necessary. * Coordinate resource management process to support FAC and FRC operations. |
| [Jurisdiction] Office of Transportation | * Provide, coordinate, and track resources to transport individuals to the FAC and other FAC operations facilities. * Coordinate and provide transportation services for clients and staff to and from the FAC as appropriate and necessary. |
| [Jurisdiction] Police Department | * Serve as the lead agency for and provide staff to conduct reunification and fatality information and collection services in the FAC as it relates to their responsibilities of investigating deaths and missing persons; recovering, cataloging, storing, and identifying human remains; and conducting death notifications. * Provide for the disposition or return of any personal effects or records used for identification purposes. * Provide death notification and identification to next of kin at the FAC (in coordination with the [Medical Examiner/Coroner/Justice of the Peace]). * Provide security at the FRC and/or FAC. * Develop a missing persons manifest. |
| [Jurisdiction] Public Information Office | * Establish a call center to gather information from the public and support public information efforts. * Staff call center operations. * Develop all press releases and media relations in coordination with the FAC Director. * Conduct family briefings in coordination with the FAC Director. |
| [Jurisdiction] Public Works Department | * Provide traffic and crowd management resources including cones, signs, and other barricade devices at the FAC and other FAC support facilities. * Coordinate and provide resources for debris removal at and around the FAC, if necessary (excluding chemical and hazardous wastes, special medical wastes, and other infectious wastes). |
| [Jurisdiction] Recreation and Parks Department | * Provide day care services and recreation to support clients partaking in services at the FAC, depending on the school session (for normal before and after daycare services) and any restricting availability. * Support transportation services as requested. * Support child care services as resources allow. |
| [Jurisdiction] Social Services Department | * Serve as the lead agency responsible for establishing and managing FAC operations. * Manage operations in a virtual FAC. * Oversee all operations at the FAC and coordinate resource requests with the EOC. * Coordinate with state, federal, and nongovernmental organizations to provide essential and secondary services in the FAC as deemed appropriate. |
| Insert additional departments as necessary |  |

# Communications

## Information Collection, Analysis, and Dissemination

### Incident Information

Updated information will have to be collected, analyzed, and disseminated repeatedly throughout recovery as often as necessary.

### FAC Communications/Coordination

Once an FAC has been opened, it is critically important to be prepared to provide timely and accurate information to the families. A family briefing schedule should be determined immediately, and this information should be clearly communicated in multiple formats to the families in the FAC. Briefings should be held at least twice daily, ideally in conjunction with scheduled updates from authorities. In addition, if available, arrangements should be made for family members to join the briefings remotely if they cannot be present at the FAC.

FAC staff charged with dealing with families must remain patient and understanding of requests for information that might not be readily available. Staff should resist the urge to provide information that has not been properly vetted, and they should refrain from offering opinions on the status of the incident investigation. Under no circumstances is the media to participate in the family briefings. Information on conducting family briefings is included below and in Appendix C: Attachment F: Communication Tools.

### Public Information

As soon as possible after activating the Family Assistance Plan, [jurisdiction public information office] should release messages in accordance with their established messaging procedures. [Jurisdiction] should use all public message tools available including press releases, social media, localized mass notification systems such as Everbridge, as well as the Integrated Public Alert and Warnings System (IPAWS) and the Emergency Alerts System. Messaging should include information on where families of loved ones involved in the MCI/MFI can receive information.

Public messaging should be coordinated through ICS (i.e., Unified, Area, or Unified Area Command) to ensure that information is vetted, consistent, and unified to avoid confusion and miscommunication. For large-scale incidents or incidents involving multiple counties, a regional JIC should be established to ensure coordinated and consistent messaging across [jurisdiction]. Communications will be provided in multiple languages and meet ADA compliance standards with messages in alternate formats.

[Insert jurisdiction-specific information regarding the jurisdiction’s public information plans].

Specific public information resources, such as media frequently asked questions, a PIO information collection sheet, and a sample family briefing agenda, are included in Appendix C: Attachment G: Communication Tools.



To help ensure that all affected individuals and families feel welcome and safe at the FAC, public messaging should include applicable statements from the U.S. Department of Homeland Security, such as the statement issued after the 2022 Uvalde, Texas, School Shooting. U.S. Immigration and Customs Enforcement and U.S. Customs and Border Protection, to the fullest extent possible, do not conduct immigration enforcement activities at a “registration site for disaster-related assistance or the reunification of families and loved ones.”

However, regardless of this statement, friends and relatives may be reluctant to physically access the FAC. Thus, partners offering resources to friends, family, and affected individuals should keep the following considerations in mind:

* Be prepared to provide these services in a location other than the FAC building.
* Pre-identify and work with trusted community leaders to determine a safe space, like a church, to meet family members.
* Dressing in plain clothes when meeting with individuals helps ensure privacy.

### Ongoing Communication with Families and Memorials and Remembrance

After a large-scale MCI/MFI, the public and families of those affected may create a makeshift memorial area at or near the incident location. Friends, family, neighbors, and community members may stop by to leave a flower, a candle, a card, a stuffed bear, or other mementos, or they may pray or stand in quiet contemplation of the scene. For most, this activity can be quite beneficial. If possible and if safe to do so, the affected jurisdiction should consider identifying a location for these activities that are in proximity of the incident site but will not hinder ongoing response activities. [Jurisdiction should develop a plan to ensure sensitivity in addressing mementos placed at makeshift memorial areas and the maintenance of any memorial areas and add related information].

For high-profile MCI/MFI incidents, a more structured memorial area may be warranted. In addition, depending on the incident type and location, family members of those affected may request, or in some instances, [jurisdiction] may decide to erect a permanent space for a memorial. In the FAC organizational structure, the social services group should appoint a coordinator to make arrangements for memorial service activities. Memorial service planning should include the families and consider their wishes. Having spiritual care providers who represent the same faith and speak the same language as the affected families also is critical. FAC Position Checklists are included in Appendix C: Attachment C-1: Staff Checklists. They provide specific job aids for each position in the FAC.

Memorial service planning efforts should include mental health, law enforcement, [Medical Examiner/Coroner/Justice of the Peace], and spiritual care representatives. Political officials should be notified and included in planning efforts. Details of memorial services should be provided to the PIO to ensure that information regarding planned memorial services and memorial areas is provided to the public (if they are open to the public).

## Briefings

### Family Briefings

Multiple briefings should be provided to family and survivors daily at the FAC to share all relevant emergency status information and family assistance processes and services. These briefings should be conducted by the FAC Director in coordination with the [jurisdiction] PIOs. They should include updates from officials involved in the many aspects of the incident. These briefings are independent of incident or media briefings.

The purpose of family briefings is to ensure that families have current and accurate information regarding the recovery process, identification of victims, investigations, and other areas of concern. They help to ensure that families receive information first from government agencies in a caring and supportive environment. Family briefings may not always be possible if the FAC is primarily virtual, however it is still important to have a strategy for communicating with families.

#### General Guidelines

* Always provide information to the families before releasing information to the media.
* Provide family briefings at least twice a day.
* Maintain a regular schedule for briefings.
* The [Medical Examiner/Coroner/Justice of the Peace], or their designee, should be present at all briefings to report on victim identification processes and progress.

#### Important Considerations

* Briefings should be conducted by individuals in charge of key areas of response, such as the FAC Director, [Medical Examiner/Coroner/Justice of the Peace], Chief of Police (or their high-level designees). Maintain consistency among the individuals conducting briefings.
* Establish a regular schedule for briefings and communicate this information to the families. Maintain a consistent briefing schedule even if there is no new information to report.
* Briefings should be provided to families physically at the FAC as well as those away from the FAC. A conference call capability should be made available for families to call in if they are not on site; transcription services also are recommended.
* Briefing messages should be coordinated with the JIC and PIO to ensure talking points are coordinated among relevant agencies and that information being given to families is consistent with messages given to the public.
* At each briefing, emphasize to families that the FAC is the best source of current and accurate information.
* Present information in terms family members can understand.
* Repeat information frequently during briefings to accommodate the different levels of receptiveness, information processing, and grieving among family members.
* Include question-and-answer periods after each briefing. These could take up to an hour.
* Be honest with family members if a question cannot be answered, but try to get an answer as quickly as possible, ideally by the next briefing.
* Provide copies of transcripts or notes and any related information sheets or handouts for families to help keep track of the information they are receiving.

#### Family Briefing Procedure

1. The PIO or the Deputy PIO, in coordination with the FAC Director, schedules the times and location(s) of the family briefings.
2. Prepare the schedule for the family briefings.
3. Post the schedule in the FAC and inform families when there are briefings.
4. FAC Logistics staff should set up the family briefing room with chairs, conference call equipment, microphones, projectors, and other audiovisual equipment, as needed, and other items such as bottled water, facial tissue, note pads, and pens.
5. Ensure conference call capabilities are available for all families not physically at the FAC.
6. FAC Behavioral Health staff should ensure mental health and spiritual care providers are present at all family briefings.
7. Translation and interpretation services should be coordinated, as needed.
8. Ensure there is an administrative assistance present to transcribe the briefings.
9. The [Medical Examiner/Coroner/Justice of the Peace] or their designee will run the family briefings, with representation by the FAC Director, EMC, and support agencies as necessary.

### Media Briefings

A FAC should be a reliable source of incident-related information and services. The FAC should receive information from the EOC, agency representatives, agency PIOs, callers, and families and survivors. The FAC should release information only as it is verified by the appropriate EOC representatives and the FAC Director. Media access to the FAC should be prohibited, and the designated area for media briefings should be located away from any entrances to the FAC to avoid media contact with families and survivors.

[Insert additional jurisdiction-specific information regarding a media briefings from JIC plan.]

## Information Portal

A web-based information system may be established to provide FAC information. The [jurisdiction] government website may be used and frequently updated with bulletins about the incident, and links to local, state, and federal resources. These FAC web pages should be developed and designed ahead of time, archived on the [jurisdiction] website, and activated when a FAC is established. When not activated, the webpages and their links should be updated every two years to ensure the information is current. The information portal may be set up within the first 12 hours of an incident, however the timeframe for establishing the portal will be resource dependent, so it might not be available in the first 12 hours.

All information provided through the information portal must be validated through a predetermined process so that only official information is provided. The information portal can direct media to the JIC and/or the FAC PIO to help protect clients from public scrutiny and information from unauthorized sources. [Insert jurisdiction-specific processes for submitting information to the information portal.]

# Plan Development and Maintenance

The [department name] is responsible for maintaining this plan. Organizations listed in this plan may recommend changes at any time based on lessons learned, and they may provide information periodically pertaining to changes in personnel and available resources. The [department name] will coordinate an annual review and revise this plan, as necessary. [Jurisdiction] departments with assigned responsibilities under this plan will develop the necessary operational plans and procedures to carry out those responsibilities.

This Family Assistance Plan provides an overall approach to providing family assistance during a disaster. As part of ongoing preparedness efforts, committees should develop supplemental processes, policies, and plans, including the following: [Modify bullets below as necessary.]

## Training and Exercises

A comprehensive program of training and exercises is essential for the effective operation of a FAC. Each department and organization with assigned roles and responsibilities should ensure that staff members are trained for their emergency roles and responsibilities and provided the opportunity to participate in exercises. FAC operations should be exercised regularly. When possible, they should be incorporated into comprehensive response exercises as a component of an overall MCI/MFI incident response.

This plan should be activated at least once a year in the form of an exercise, real-life event, or training to provide practical operations experience to those who have FAC responsibilities. FAC operations outlined in this plan should be incorporated into response exercises when possible. Stakeholders included in this plan—particularly NGO recovery partners—should be invited to participate in family assistance-related exercises. After each exercise, relevant feedback identified in the after-action report and improvement plan should be incorporated as an update to this plan.

[Jurisdiction] departments and other organizations with roles and responsibilities for FAC operations should develop and/or participate in FAC and other emergency-related training and exercises. [Jurisdiction] OEM should schedule and conduct training for [jurisdiction] employees and representatives from other organizations who may participate in FRC and FAC operations.

# Authorities and References

## Authorities

### Federal

* Public Health Service Act
* Aviation Disaster Family Assistance Act of 1996
* Foreign Air Carrier Family Support Act of 1997
* The Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended

### State

* Appendix 4 to Annex H of the Texas Division of Emergency Management Emergency Management Plan
* Texas Civil Practice and Remedies Code, Chapter 84
* Texas Code, Sections 418.0042 and 421.0013
* Texas Code, Chapter 418 (Emergency Management)
* Texas Health and Safety Code, Chapter 92
* Texas Health and Safety Code, Chapter 161

### Local

* [Jurisdiction] Emergency Operations Plan
* [Insert additional local references and authorities]

## References

* Birdville Independent School District Reunification Action Plan, May 2022
* City of Rowlett Family Reunification and Assistance Center Plan, June 2021
* Dallas County Family Assistance Center Guide, January 2020
* Dallas/Fort Worth/Arlington Complex Coordinated Terrorist Attack Regional Family Assistance Concept of Operations, May 2022
* Dallas/Fort Worth/Arlington Complex Coordinated Terrorist Attack Regional Public Information Concept of Operations, May 2022
* Kaufman County Reunification and Family Assistance Center Field Operations Guide, May 2022
* North Central Texas Council of Governments Regional Response Directory 3.0, June 2022
* North Central Texas Mass Casualty Incident Framework, June 2019
* Ohio Region 4 Family Assistance Center Standard Operating Procedure, August 2017
* Pentagon Family Assistance Center Operations Component
* Tennessee Homeland Security District 2 Regional Family Assistance Plan, June 2021
* Texas Department of Health and Human Services Family Assistance Center Toolkit, September 2016
* Texas School Safety Center Standard Response Protocol and Standard Reunification Method, 2021

###### Acronyms and Abbreviations

The below table provides definitions of frequently used acronyms in the [jurisdiction] Family Assistance Plan. [Insert additional acronyms if added to the plan.]

Table : Key Terms

| Acronym | Definition |
| --- | --- |
| ADA | Americans with Disabilities Act |
| ARC | American Red Cross |
| CERT | Community Emergency Response Team |
| CONOPS | Concept of Operations |
| DDC | Disaster District Coordinator |
| DFW | Dallas-Fort Worth |
| DFWA | Dallas/Fort Worth/Arlington |
| EEI | Essential Elements of Information |
| EMC | Emergency Management Coordinator |
| EOC | Emergency Operations Center |
| FAC | Family Assistance Center |
| FRC | Friends and Relatives Center |
| IC | Incident Commander |
| ICS | Incident Command System |
| IPAWS | Integrated Public Alert and Warnings System |
| IT | Information Technology |
| JIC | Joint Information Center |
| LMHA | Local Mental Health Authority |
| MCI | Mass Casualty Incident |
| MFI | Mass Fatality Incident |
| NGO | Non-Governmental Organization |
| OEM | Office of Emergency Management |
| PIO | Public Information Officer |
| SO | Safety Officer |
| UC | Unified Command |
| VOAD | Voluntary Organization Active In Disaster |

###### Friends and Relatives Center (FRC) Toolkit

This table of contents provides an overview of the Friends and Relatives Center (FRC) Toolkit.

* Attachment A: FRC Activation

A-1. FRC Set-up Considerations

A-2. FRC Activation Checklist

* Attachment B: Staffing and Supplies

B-1. FRC Staff Checklists

B-2. FRC Supply Guidelines

B-3. Sample Staff Confidentiality Agreement

B-4. Staff Sign-in Sheet

* Attachment C: FRC/FAC Call Center Tools

C-1. Call Center Intake Form

C-2. Call Center/Telephone Sample Scripts

* Attachment D: FRC Registration Tools

D-1. Family/Friend Daily Sign-in Sheet

###### Family Assistance Center (FAC) Toolkit

This table of contents provides an overview of the Family Assistance Center (FAC) Toolkit.

* Attachment A: Example – Local State of Emergency/Emergency Declaration
* Attachment B: Site Selection and Activation Tools

B-1. FAC Facility Size Estimation Tool

B-2. FAC Site Assessment Form

B-3. FAC Sample Layout

B-4. FAC Facility Use Agreement Template

* + - B-4-1. Facility Use Agreement Annex A: Organizational Contact Information
    - B-4-2. Facility Use Agreement Annex B: Facilities Covered by This Agreement

B-5. Just-in-Time Facility Use Agreement Template

B-6. FAC Activation Checklist

* + - B-6-1. FAC Facility Activation Worksheet
    - B-6-2. Potential Social Services Provided at FAC
* Attachment C: Staffing and Supplies

C-1. FAC Staff Checklists

C-2. FAC Supply Guidelines

C-3. Staff Confidentiality Agreement

C-4. Staff Daily Sign-in Sheet

C-5. Childcare Area Setup Guidelines

C-6. Pediatric Safe Area Registry Sheet

C-7. Minor Reunification Verification – Adult Form

C-8. Minor Reunification Verification – Child Form

C-9. Reunification Completion Checklist

* Attachment D: FRC/FAC Call Center Tools

D-1. Call Center Intake Form

D-2. Call Center/Telephone Sample Scripts

* Attachment E: FAC Registration Tools

E-1. Operations Overview

E-2. Family Registration/Check-in Protocols

E-3. Family/Friend Daily Sign-in Sheet

E-4. Family/Friend Registration Form

* Attachment F: FAC Interview Tools

F-1. Family Interview Protocol

F-2. Dental Records and DNA Sample Release Form

* Attachment G: Communications Tools

G-1. Media Frequently Asked Questions about Family Assistance Centers

G-2. PIO Information Collection Sheet

G-3. Sample Family Briefing Agenda

* Attachment H: Cultural and Religious Considerations
* Attachment I: Family Resource Packet
* Attachment J: FAC Demobilization Checklist

1. ,2 *Mass Fatalities Incident Overview*. Texas Department of State Health Services. Accessed on March 6, 2022. <https://www.dshs.state.tx.us/region1/documents/tmp-Mass-Fatalities-Overview.pdf> [↑](#footnote-ref-2)
2. Adapted from the Dallas County Mass Fatalities Cultural and Religious Considerations Guide, provided by Dallas County Health and Human Services. [↑](#footnote-ref-3)
3. ADA requires state and local governments, businesses, and non-profit organizations to provide goods, services and programs to people with disabilities on an equal basis with the rest of the public. State and local governments’ ADA obligations for program accessibility, barrier removal, and non-discriminatory policies and practices for the provision of auxiliary aids and services can be found in the Department of Justice’s ADA Title II regulations 28 CFR Part 35.150. State and local governments must ensure that all programs and activities, including those provided at an FAC, are in compliance with Title II. Further, any private entity with whom the state/local government contracts to provide a service must remain in compliance with Title III, which provides similar and often identical regulations as Title II. The New England ADA Center provides [checklists](https://www.adachecklist.org/doc/intro/checklistintro.pdf) to help assist governments and organizations in addressing program accessibility and barrier removal requirements in ADA Title II and III. [↑](#footnote-ref-4)