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

*[Note: This Appendix B Table of Contents is included for illustrative purposes in this document but should be removed, leaving only the main base plan table of contents, when and if all documents are combined with the Family Assistance Base Plan to create a single document.]*

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Attachment A: FRC Activation

A-1. FRC Set-up Considerations

Below are considerations for activating a Friends and Relatives Center (FRC).

Facility Considerations

* Pre-identified locations;
* Availability to open on short notice within one to two hours of an incident;
* Easy access from major roads, freeways, or public transit;
* Proximity to those people who are affected by the incident;
* Proximity to mass transportation resources;
* Adequate number of parking spaces;
* Parking lot layout that is amenable to law enforcement access restrictions;
* Americans with Disabilities Act (ADA)-compliant facility;
* Sufficient space;
* Appropriate furniture;
* No direct view of incident site;
* External communication capabilities: landline, cell, Wi-Fi internet access;
* Electrical outlets (for cell phone chargers, etc.); and
* Generator availability/hookup considerations.

Quick Checklist for Setting Up for Operations for an FRC

* **Initial Setup**
* Set up command area.
* Set up check-in areas:
  + Survivor Check-in Area – for registration of survivors.
  + Staff Check-In Area – for documenting and tracking initial reporting staff and all subsequent reporting staff.
* Set up waiting areas:
  + Waiting Area (minors) – supervised and restricted-access area for minors to wait to be reunified with a parent, guardian, or family member.
  + Waiting Area (adults) – restricted area for adult survivors to wait to be reunified with loved ones.
  + Waiting Area (friends and family) – separate area where family members and friends can gather to wait for information after registration.
* Set up Release Area – separate space used to reunite survivors with friends and/or family.
* **Security Considerations**
* Perform a security assessment prior to starting operations.
* Inside the site:
  + Ensure safety and security of facility;
  + Walk through the entire facility to ensure that facility is safe;
  + Secure all doors;
  + Limit points of entry to facility;
  + Designate one entrance and a separate exit; and
  + Post security personnel at entrance, exit, and other vital locations.
* Outside the site:
  + Secure perimeter and parking facilities;
  + Ensure media and the public are kept away from the entrance and exit. Identify public spaces where media and the public may be permitted by law, such as sidewalks or parks; and
  + Appraise incident command or the branch director of any issues related to securing the site and ensuring safe passage for family members.
* **Suggested Staff for the FRC**
* Facility representatives;
* Transportation carrier representatives;
* Local disaster support services staff;
* Local disaster volunteer organization(s);
* Law enforcement personnel;
* Medical services staff; and
* Others, as needed.
* **Staffing Considerations**
* Job aids/position checklists: Provide information on each staff member’s role, policies and procedures to follow, and how to operate equipment.
* Staff identification: Provide ways to differentiate between staff and visitors (vests, name badges etc.).
* Staff credentialing: Assess and confirm licensing and qualifications of staff.
* Staff shift change considerations: Identify work/rest cycles, shift briefs, and respite areas for staff.
* **Facility/Services Considerations**
* ADA compliance;
* Availability of translator and interpreter services;
* Food allergies;
* Needs for animals;
* Space for media that is separate from families/friends;
* Secured site;
* Does not have a view of the incident site;
* Food and beverages;
* Deployable signage; and
* External communications resource needs:
  + Landlines;
  + Wi-Fi; and
  + Electricity.

A-2. FRC Activation Checklist

Based on the incident size, number of victims, and other factors listed in the Family Assistance Plan, determine the approximate scale of the event.

Incident Type:

Date/Time:

Approximate Number of Victims:

Estimated Number of Friends and Relatives to Arrive at FRC:

Estimated Geographic Size of the Incident:

Ensure notifications have been made to the local Emergency Management Coordinator to activate the Family Assistance Plan.

Initiate appropriate notifications, including both internal notifications to the jurisdiction and external notifications to appropriate regional partners, to begin the FRC activation process.

Initiate FRC selection process:

Contact selected facility to confirm availability.

Conduct site assessment and complete initial site assessment form (noting any existing damage or areas of concern).

Activate and deploy necessary logistics and Information Technology (IT) related resources.

FRC site preparation:

Provide follow up notifications with internal and external stakeholders to provide FRC location information.

Activate and deploy appropriate FRC staff.

Implement public notification procedures and coordinate public messaging with appropriate public affairs partners.

Ensure that FRC is prepared to receive friends and family members with the current level of staff, supplies, and services.

Attachment B: Staffing and Supplies

B-1. FRC Staff Checklists

*See attachment for Staff Checklists.*

B-2. FRC Supply Guidelines

The following table provides the estimated quantities of supplies a jurisdiction should consider having available in the event a Friends and Relatives Center (FRC) is activated. This list is not intended to be exhaustive but provides a basic list of supplies, equipment, and materials a jurisdiction will need to effectively operate an FRC focused on short-term operations.

It is recommended that supplies marked with an asterisk (\*) be packed during blue-sky conditions (e.g., when the jurisdiction is under normal operations prior to an incident) in plastic tubs with lids that can be easily transported to the FRC. Jurisdictions should inspect these supplies at least annually to update forms and contact lists and replace expired or damaged items. Additional supplies such as trash bins, garbage bags, and sanitary items will also be needed. Additional quantities may be needed based on the size of the incident. Jurisdictions should review this list and customize it for their needs.

Table 1: Suggested FRC Supplies

| Area | Resource | Quantity |
| --- | --- | --- |
| Reception Area: Family Registration, and Badging | \*Administrative supplies (pens, staplers, notepads, paper clips, markers, newsprint, easels, scotch tape, painters’ tape) | As needed |
| \*Badging equipment | Single-use name tags |
| \*Clipboards | 1 per family (if a line has formed) |
| \*Three-pronged extension cords | 1 per 2 computers |
| \*Surge protectors | 1 per 2 computers |
| \*Friends and Relatives Center (FRC) forms | 1 per family; languages other than English as well as in Braille and large print, etc., should be provided as needed |
| \*First aid kits | 1 on or near reception tables |
| \*Signage | Directional and security signage as needed; signage should be provided for people with disabilities or access and functional needs (AFN), to include a sign that states “Assistance available upon request” |
| \*Tissues | 1 box per table as well as individual packs |
| Tables | 1 per 2 filled positions; additional as requested (e.g., extra table may be needed for staff administrative work) |
| Chairs for tables | As needed based on table size |
| Staff computers | 1 per filled position (staff should bring their own laptops; activating jurisdiction should provide additional computers as needed) |
| Telephones | 1 per 3 filled positions (staff should bring their own cellular telephones) |
| Family Waiting Area | \*Tissues | 1 box per table as well as individual packs |
| \*Signage | Directional signage as needed |
| Tables | As resources allow |
| Chairs for the waiting area | As needed based on space and incident size |
| Microphones/speakers/speaker wire | 1 microphone, 4 speakers, speaker wire as needed |
| Family Resources and Social Services Room   * Mental health * Spiritual care * Public health * Social services * Language interpreters | \*First aid kits | 1 or more as needed |
| \*Signage | 1 sign per family station; directional signage as needed |
| \*Contact lists (phone and email) for jurisdictional staff and partner agencies | 1 per staff member |
| \*Administrative supplies (pens, staplers, notepads, paper clips) | As needed |
| Tables | 1 per 2 filled positions; additional as requested (e.g., extra table may be needed for staff administrative work) |
| Chairs for tables | As needed based on table size |
| Staff computers | 1 per filled Team Leader or higher position; additional as requested (staff should bring their own laptops; activating jurisdiction should provide additional computers as needed) |
| Family Briefing Room | \*Signage | 1 sign per family station; directional signage as needed |
| \*Tissues | 1 box per table as well as individual packs |
| Chairs for family briefing area | Number based on the incident and whether facility has an auditorium; stationary chairs should be placed next to designated wheelchair locations |
| Microphones/speakers/speaker wire | 2 microphones, 4 speakers, speaker wire as needed |
| Projectors/screens/remotes with supplemental batteries | 1 projector, 2 screens, 1 remote, 1 set of supplemental batteries |
| Telephones | 1 telephone with speakerphone and conference call capability |
| FRC Staff Reception and Badging Area: Credentialing and Licensing and Assignment | \*Administrative supplies (pens, staplers, notepads, paper clips) | As needed |
| \*Three-pronged extension cords | 1 per 2 computers |
| \*Signage | 1 sign per station; directional signage as needed. |
| \*Badging equipment | Single-use name tags |
| Tables | 1 per 2 filled positions; additional as requested (e.g., extra table may be needed for staff administrative work) |
| Chairs for tables | As needed based on table size |
| Staff computers | 1 per filled position (staff should bring their own laptops; activating jurisdiction should provide additional computers as needed) |
| Telephones | 1 per 3 filled positions (staff should bring their own cellular telephones) |
| FRC Command Center | \*Administrative supplies (pens, staplers, notepads, paper clips, newsprint, easels, scotch tape, painters’ tape) | As needed |
| \*Three-pronged extension cords | 3 |
| \*Surge protectors | 3 |
| \*Radios (2-way) or other backup communication systems with chargers and supplemental batteries | 1 for each member of the command staff and for each section chief, branch director, and group supervisor; additional radios for others as requested |
| Table | Long oval table (or equivalent) to seat all command staff and section chiefs |
| Chairs | 1 per each command staff member, section chief, and observer |
| Projectors/screens/remotes with supplemental batteries | 1 projector, 1 screen, 1 remote, 1 set of supplemental batteries |
| Staff computers | 1 per staff member (activating entity should provide computers for command staff and chiefs to ensure compatibility) |
| Telephones | 2 (at least 1 must be conference call capable) |
| Logistics/IT Area | \*Administrative supplies (pens, staplers, notepads, paper clips) | As needed |
| \*Contact lists (phone and email) for jurisdictional staff and partner agencies | 1 per staff member |
| \*Signage | 1 |
| \*Radios (2-way) or other backup communication systems with chargers and supplemental batteries | As needed |
| Chairs | As needed based on table size |
| Tables | 1 per 6 staff |
| Staff computers | 1 per filled position (staff should bring their own laptops; activating jurisdiction should provide additional computers as needed) |
| Wireless internet service | 1 secure network for FRC staff and 1 open network for family members |

B-3. Sample Staff Confidentiality Agreement

*[Note: The following staff confidentiality agreement is a sample adapted from forms used by the King County, Washington, Medical Examiner’s Office. This form should be carefully reviewed and edited by each jurisdiction’s legal department.]*

As a staff member at the Friends and Relatives Center (FRC), I understand that I may come into possession of confidential client information, even though I may not be directly involved in providing client services. Client information may be in the form of files, paperwork, reports, records, documents, electronic data, or oral communications. Access to client information is limited to authorized persons per Public Health Department policy and state and federal law. My signature on this agreement indicates that I understand and agree to the following:

* Any information I obtain on clients of the FRC will be kept strictly confidential. This includes the knowledge of their visits to the facility and financial as well as clinical data.
* Unless directed by my supervisor, I will not disclose any client information to any person whatsoever or permit any person whatsoever to examine or make copies of any client reports or other documents prepared by me, coming into my possession, or under my control, or use client information other than as necessary in the course of my business with the FRC.
* I will not remove client information or records from the FRC.
* When client information must be discussed with other healthcare practitioners in the course of my assignment, I will use discretion to ensure that such conversations cannot be overheard by others who are not involved in the client’s case.
* I will use only that information which is minimally necessary to conduct my assignment.
* I will maintain and safeguard the security of all personally identifiable health information obtained at the FRC for which I am responsible.
* I understand that violation of this agreement, either intentionally or through carelessness, may result in one or more of the following:
* Discharge from the business I am conducting with the FRC, which will affect future business relationships with the Public Health Department.
* Prosecution by federal or state authorities if criminal or civil penalties are imposed as it relates to failure to comply with this agreement, including jail and fines or actual damages and attorney fees, for which I would be personally responsible.
* There may be possible additional criminal or civil sanctions taken against me for misrepresentation of facts concerning my business with the FRC.

By signing this, I acknowledge I have had the opportunity to ask questions and receive clarification on the above.

Date Signed Signature of Staff Member

(Page 1 of 2)

Printed Name of Staff Member

Date Signed Signature of Family Assistance Center Supervisor

Printed Name of Family Assistance Center Supervisor

(Page 2 of 2)

B-4. Staff Sign-in Sheet

*[Note: This form can be used if a digital credentialing/badging system is not available.]*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ID Badge #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| Date | Time of Arrival | Time of Departure | Area Assigned | Signature |
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Attachment C: FRC/FAC Call Center Tools

C-1. Call Center Intake Form

*[Note: This form can be used if a digital option is not available. This form should be customized by each jurisdiction.]*

Intake Information:

Call Taken By:

Date of Call:

Time of Call:

Reason for Call:  Report Missing Person  Report Found Person  Other

Caller Information:

Name:

Phone:

Address/City/State/Zip:

Email:

Missing Person Information:

Name of Missing Person:

Caller’s Relationship to the Missing Person:

Is the Caller the Next of Kin?

If No, Who is the Next of Kin?

Address/City/State/Zip of Missing Person:

Work Name of Missing Person:

Work Address/City/State/Zip of Missing Person:

Work Phone Number of Missing Person:

Why Does Caller Believe the Person was In/Around Incident Location?

Description of Missing Person:

Missing Person Category  Known Missing  Possible Missing  Not Known

Follow-up with Caller:

Follow-up Needed?  Yes  No Best Time to Reach:

FAC Staff Assigned:

C-2. Call Center/Telephone Sample Scripts

Answer calls using the information below, depending on what the call is about.

1. Start all calls with:

* [Name of incident] Call Center. This is [your name]. How may I help you?

1. Then do the following, based on the topic of the call.

* Missing persons
* Continue call by saying: Thank you very much for calling. May I please get some information?
* During the call: Fill out the “Call Center Intake Form” as completely as possible.
* End call by saying: I appreciate your call. You do not need to call 9-1-1. This information will be given to the group dealing with missing persons. Someone will be back in touch with you as soon as possible.
* Requesting information about a missing person
* Continue call by saying: Our call center only gathers information. Law Enforcement and Search and Rescue Teams have direct access to missing persons information and are actively using this information to locate missing persons. We appreciate your concern but cannot give out any information to anyone. Thank you very much for calling.
* A reported missing person who has been found
* Continue call by saying: Thank you very much for calling. May I please get some information?
* During the call: Fill out the “Call Center Intake Form” as completely as possible and check the “Report Found Person” box in the “Reason for the Call” section of the form.
* Immediately send this information to the FAC Reunification Leader and thank person for calling.
* Self-safe (person reporting that they are individually okay)
* Continue call by saying: Thank you very much for calling. May I please get some information?
* During the call: Fill out the “Call Center Intake Form” as completely as possible and write “SELF-SAFE” in the OTHER category in the “Reason for the Call” section of the form.
* Immediately send this information to the FAC Reunification Leader and thank person for calling.
* Volunteering to help
* Thank the caller for their desire to help and refer the caller to the local volunteer coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (will vary by incident)
* Making a donation
* Thank the caller for their generosity and refer the caller to the local donation entity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (will vary by incident)
* Other incident-related inquiries
* Thank the caller for their inquiry and refer the caller to the Emergency Operations Center.

Remember:

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

Attachment D: FRC Registration Tools

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

*[Note: Use this form if a digital credentialing/badging system is not available.]*

**Victim Name**:

**Family/Friend Name**: Last: First: MI:

| Date | Time of Arrival | Family Member Name (please print) | Signature | Time of Departure |
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