



State of Ohio

Family Assistance Center

Field Operations Guide

This document was created by the Ohio State Coroners Association

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Mass Fatality Incident (abbreviated MFI) is an emergency management term used to identify an **incident** involving more dead bodies and/or body parts than can be located, identified, and processed for final disposition by available response resources.

The **Family Assistance Center** (FAC) model is a framework for providing **family assistance** following a mass fatality incident (MFI). **Family assistance** is **defined** as the provision of services and information to the **family** members of those killed and to those injured or otherwise impacted by the incident.

The **Victim Identification Center** (VIC) is designed to collect antemortem data in order to facilitate the positive identification of each decedent; the data will be compared with postmortem data in order to allow a Coroner/Medical Examiner (C/ME) to determine cause, manner, and time of the decedent's death.

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I. Overview / Purpose

Purpose

The purpose of a Family Assistance Center - Field Operations Guide (FOG) is to provide a framework to facilitate regional or county coordination of situational awareness and response related to determining when a Family Assistance Center (FAC) is needed to after a catastrophic incident to assist with victim identification and family reunification with the missing and deceased. The purpose of this FOG is to:

- Outline the key essential elements of information for determining when a FAC is needed after a catastrophic incident; and
- To provide tools that may be used for planning or response to when implementing an FAC

Scope

The scope of this guide is to cover an incident within one county or more if the incident occurs in contiguous counties. It is NOT intended to encompass the entire State of Ohio should a statewide mass fatality incident occur. Due to the rural and metropolitan nature of the state, rural areas may need to rely on a regional approach with the use of metropolitan assets during an incident to have resources to deal with a mass fatality incident. Therefore, this guide is geared to deal with one incident within a specified geographic location with the possible use of regional assets through a regional approach.

The scope of regional coordination outlined in this document is specific to information-sharing and situational awareness for the purposes of determining when a FAC is needed. This FOG does not direct local, regional or state FAC operations. However, because all jurisdictions could be impacted by a mass fatality incident and should be prepared to operate a FAC, resources are provided to assist jurisdictions in building this capability. The tools included in this FOG are intended as a resource for developing FAC plans and/ or operating a FAC when needed and are provided to assist local jurisdictions with building FAC capabilities. It is not the intent of this FOG to proscribe that local jurisdictions use these tools and this FOG does not supersede any other local plans or authorities.

Family Assistance Center operations are one primary component of mass fatality

response in addition to human remains recovery and management, morgue operations and final disposition of human remains. These other areas of mass fatality operations, while essential to the overall fatality management mission and necessary for final victim identification, are beyond the scope of this FOG.

Situation

1. Hazards

The State of Ohio faces a diverse range of hazards and risks that could develop into catastrophic incidents and cause mass fatalities. Relevant risks to the state 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.

2. Demographics

The State of Ohio has a very diverse demographic footprint. Responding to a recovery effort can dictate differing placement of an FAC/VIC. More populated areas of the state will have readily available resources to stand up an FAC/VIC while less populated areas may require a FAC/VIC to be located in a different county or farther away from the scene. Demographic considerations should be taken into account when looking for possible FAC/VIC sites.

3. Policies

- Per ORC 313.12 - (A) the county coroner/medical examiner has jurisdiction over human remains when any person dies as a result of criminal or other violent means, by casualty, by suicide, or in any suspicious or unusual manner.
- Positive Identification of the victims and certification of their cause and manner of death is the responsibility of the C/ME.
- The State of Ohio has a decentralized, mixed medico-legal death investigation system including Coroners and Medical Examiners.
- Ohio does not have a State Medical Examiner or State-level medico-legal death investigation authority.
- Law Enforcement agencies maintain primary responsibility for managing missing person cases.
- Consistent with the National Response Framework and the Ohio Comprehensive Emergency Management Plan, fatality management operations fall under the direction of Emergency

Support Function (ESF) 8, Public Health and Medical Services. In Ohio the lead for Public Health and Medical Services is the Ohio Department of Health. At the local (county) level is the responsibility of the local health jurisdiction.

- During a National Transportation Safety Board event, the American Red Cross has responsibility for the coordination of the Family Assistance Center.

Planning Assumptions

The following planning assumptions are specific to FAC operations during a catastrophic incident.

- All mass fatality events start on a local level and remain local.
- Though Public Health and Medical Services is the lead for fatality management operations, response will be dependent on coordination with other agencies, including, but not limited to those who handle Mass Care, for coordination with family reunification activities, Public Safety, Law Enforcement, and Security for coordination of missing persons.
- In a catastrophic incident, local resources, including those of the C/ME systems will be overwhelmed. Outside capability will be requested by counties through the state EOC to support mass fatality operations including victim identification. This could include assets such as mortuary response assistance available from the Ohio Mortuary Operational Response Team or if necessary the federal Disaster Mortuary Operations Response Team (DMORT), among other resources as determined by the State EOC.
- In a catastrophic incident, impacted local jurisdictions may be unable to manage a FAC independently.
- In a catastrophic incident when multiple jurisdictions are impacted the activation of a Unified Command structure may be an efficient method to direct the mass fatality operations and to collect and manage missing persons and antemortem information.
- If the State requests resource assistance on behalf of one or more impacted jurisdictions, the State may retain the asset(s) as a State asset to be managed at the State level on behalf of one or more

jurisdictions if it best meets the needs of the mission.

- If a catastrophic incident results in displacement of the population, including due to evacuation, it will be more difficult to locate the next of kin. This will impact developing an accurate list of the missing, gathering antemortem information, and reunification of the remains of the deceased with the next of kin. FAC operations will be prolonged due to the difficulty in locating the displaced next of kin.
- Some family members will be unable or choose not to come to the FAC. Services need to be available virtually or otherwise to provide information to those who are not physically on site at the FAC. This will be particularly necessary during a catastrophic incident when transportation infrastructure is severely damaged. Coordination with the media or internet providers may be important to accomplishing this.
- FAC operations will need to be established in an area with the appropriate support functioning infrastructure to facilitate access for responders and visitors. In a catastrophic incident this may be outside of the geographic boundaries of the jurisdictions that have been impacted.
- On average, eight to ten family members or loved ones will seek information about or need assistance for each potential victim.
- On average, following a disaster the reported number of missing will ultimately be at least 10 times the number of known or presumed deceased.
- After an incident, family and friends will call or self-report to many agencies or locations seeking information about their loved ones. This could include calling or going to the incident sites, 911, 211 (or equivalent systems), the Red Cross, hospitals, clinics, shelters, fire departments, police stations, or the C/ME office.
- Coordination among responding agencies about family member welfare inquiries, missing person reports, and patient tracking will be necessary in order to determine accurate lists of the missing and potentially deceased and to help identify Next of Kin.
- The FAC should be operational, at least with basic services, within 72 hours after the incident or as soon as feasibly possible. A call center should be activated as soon as possible after an incident, even before a physical FAC is established.
- Short term Family Reception Centers may be set up to provide a place for families to convene or share information until a FAC is established. The Family Reception Center is a short term location usually near the incident site

where families may congregate. Once the FAC is operational, families will be moved there and the Family Reception Center will close. These may occur at a hospital or other community site depending on the nature of the incident. Communication with these centers will be important to coordinate information about the missing.

- The FAC will need to operate 24 hours a day during the initial days or weeks after an incident.
- The FAC operations may be long term. For example, FAC operations following Hurricanes Katrina and Rita lasted for nearly one year.
- Family members will have high expectations regarding the identification of the deceased, the return of their loved ones to them, and the desire for ongoing information and updates.
- Victim identification may take multiple days, weeks, months, or a year or more depending on the nature of the incident, the condition of human remains and the availability of next of kin and antemortem information about the deceased.
- Families will not grieve or process information in the same way.
- Ethnic and cultural traditions will be important factors in FAC planning considerations.
- In many cases family interviews will need to be conducted with multiple family members or friends of the potential victim in order to collect sufficient antemortem information to assist with victim identification.
- Both mental health and spiritual care resources will be needed at the FAC and will be essential both for families as well as responders and FAC staff.

II. Overview of Family Assistance Centers

Background

In the hours and days after a mass casualty or mass fatality incident occurs, families and friends will anxiously seek assistance in accessing information about the incident and the whereabouts or status of their loved ones. This often leads to a surge of individuals arriving at the incident site or calling or showing up at local hospitals, shelters, fire or police stations in search of information. In addition to physically presenting at these key locations, an influx of calls with information-seeking inquiries will be made to 911, hospitals, police and fire departments or the Coroner/Medical Examiner's office, and others, creating a significant burden on the agencies already busy with other aspects of response.

At the same time, as the injured are transported to hospitals and law enforcement and the C/ME begin to deal with the dead, these response agencies will have a critical need to gather information from family and friends of the injured and deceased so that they can begin to identify the unidentified, confirm victim identities and facilitate reunification with their loved ones.

Following a catastrophic incident that results in a large number of casualties and fatalities, one of the most complex and publically sensitive aspects of response will be the coordination of information regarding the missing and/or presumed dead, and the processes for confirming the identity of the deceased. In the aftermath of this kind of disaster, both the response mission as a whole, and the community's psychological well-being, will rely upon establishing systems to collect, record, and process information regarding the injured, missing and deceased persons. This information will be important for all parties in order to understand and characterize the scope of the incident and to make resource determinations. It will also be essential to enabling the identification of victims and to aiding families with the reunification of their living or deceased loved one(s).

As demonstrated by previous mass fatality incidents, these activities warrant extensive coordination and information-sharing between many local, state, and federal and potentially international partners. Based on national best practices as well as federal target capabilities, federal public health emergency response standards, and federal fatality management operations guidelines, during a mass fatality incident, the operations to facilitate the collection of antemortem information needed for victim identification and to aid the reunification of families with their missing loved ones should occur under the umbrella of a physical (on site) or virtual (call center focused) FAC. The purposes of a FAC are two-fold:

First, to facilitate the exchange of information between disaster responders and the family members of the missing or deceased victims in order to aid in the identification of the victims and reunification of family with their loved ones; and second to provide timely information to family members about the response and recovery processes address their immediate emotional needs through the provision of behavioral

health and spiritual care services.

Primary FAC Operational Functions

While the final structure of a FAC may vary by incident depending what the mission requirements of the response warrant and what the unique family and community needs are specific to that incident, the following are core operational areas inherent to FACs. More detailed information including operational tools and resources are available in this document. It is important to understand that some of the functions listed below will be addressed in detail in the Victim Identification Center document and are included in this document to give a frame of reference for the entire operation.

Command and Control

In general the operation of a FAC in support of mass casualty or mass fatality incident is the responsibility of Public Health and Medical Services. While the specific lead agency in a community may vary, it is essential the FAC be established in close coordination with the C/ME and key partners including law enforcement, public health, emergency management, mental health, and human services. Depending on the nature of an incident, the FAC command structure may be established with a single incident commander or through a unified command structure. A FAC command structure is likely to involve many liaisons including those representing law enforcement, human services, the American Red Cross and federal agency partners. In a catastrophic incident, if the State establishes a centralized FAC on behalf of or in coordination with the impacted jurisdictions, the Ohio Department of Health as the coordinating agency for Public Health and Medical Services.

Call Center Operations

In any mass casualty or mass fatality incident, the impacted jurisdiction needs to be prepared to establish a centralized mechanism for managing missing person inquiries and collecting information to help identify potential next of kin and to gather antemortem information to assist with victim identification. This typically involves establishing a call center to collect information about those that are missing and unaccounted for and to document the names of individuals looking for potential victims.

In a catastrophic incident, or other circumstances where it may be difficult for families to go to a FAC, many FAC operations, such as family interviews, antemortem data collection, and answering family inquiries, may need to occur by phone. If multiple jurisdictions are impacted, these operations should be established in as centralized a way as possible to ensure coordinated and consistent messaging and data gathering.

Missing Persons Coordination

When an incident results in mass casualties, mass fatalities or large population displacement there will frequently be a large number of missing person inquiries as individuals try to find their loved ones. This is especially true in open population incidents, when a pre-established list or manifest providing the identity of the victims is unavailable. As a result, systems need to be established to document information on those that are missing and to investigate the whereabouts of those individuals to help determine if they are in fact missing or potentially among the deceased. The C/ME and local hospitals with unidentified patients will need to know which individuals are unaccounted for so that antemortem information can be gathered to assist with victim identification and family reunification.

In support of this effort, a missing persons unit within a FAC may leverage many databases and request information from other response agency partners and information sources to determine whether someone is alive or accounted for. These could include patient tracking information, shelter registries or evacuation lists, web searches and use of family locator or family reunification tools such as the American Red Cross Safe and Well system or Google Person Finder. In addition, law enforcement may run queries or seek access to information from numerous databases such as the Department of Licensing, United States Postal Service, financial services to see if there has been activity on financial accounts or Social and Human Service databases such as welfare, Medicaid, Medicare or FEMA Individual Assistance Program to determine whether there is evidence of activity for an individual that has been reported missing.

As a part of these operations, the Missing Persons function within the FAC includes a Notification unit which is responsible for informing families/loved ones on the status of the search for their loved one, assisting with reunification if applicable or confirming a death notification if a victim's identity has been confirmed.

In the event of a catastrophic incident or incident affecting multiple jurisdictions, it will be essential that there is a centralized or coordinated mechanism for sharing antemortem data for unaccounted for persons. If a centralized FAC is not established, all jurisdictions should seek to reconcile missing person lists at least once every 24 hours. Ideally, a single entity to support all jurisdictions should be named to maintain the master list and to confirm which families have been notified about the status of their loved one (missing, suspected or known deceased/identified, whereabouts determined).

Family Interviews and Antemortem Data Collection

One of the primary functions of a FAC in a mass fatality incident is to collect antemortem data that will assist the C/ME with identifying the deceased. This is one of the most important aspects of a response, because the scientific identification process is contingent on gathering this information so that the C/ME

can compare the data with the information collected on victims during the autopsy. This process will be explained in the Victim Identification Center Field Operations Guide (FOG).

This brief introduction of the Victim Identification process will give you an overview of this very detailed activity. For more information, please review the Victim Identification Center Field Operations Guide.

Family interviews are conducted with the next of kin or friends of the potential victims for the purposes of gathering the information necessary to collect antemortem data. In addition a DNA sample is typically collected from biological next of kin to assist with identification.

Once data from the family interview is compiled, medical and dental x-rays and records need to be obtained and data gathered so that forensic specialists can assist with the identification process based on comparison with the data that is gathered about the victims through autopsy or information that has been provided on unidentified patients in the hospitals.

In the event of a catastrophic incident or incident affecting multiple jurisdictions, it will be essential that there is a centralized or coordinated mechanism for sharing antemortem data for the unaccounted for persons are maintained. If a centralized FAC is not established, all jurisdictions should seek to share lists of individuals for whom antemortem data is available so that the C/ME can access data if needed.

Family Briefings

Traditionally, family briefings are an essential component of FAC operations, as the primary means to provide timely updates to families and loved ones about the status of the response and human remains recovery efforts and the victim identification processes. These briefing should include updates from key response agencies, such as law enforcement, the social or human service assistance providers and the Medical Examiner or Coroner. The intent with family briefings is to provide coordinated, accurate information to families before information is released to the media. This plays a critical role in maintaining the families' trust in the response effort and helping to support their psychological well-being.

In a catastrophic incident it may not be possible to have regularly scheduled briefings for family members, especially if the majority of FAC activities are happening virtually through telephone calls. In these circumstances it is critical to have standardized talking points for those answering calls and to identify other mechanisms for keeping families informed about the human remains recovery and identification processes.

Behavioral Health

At the core of working with family members or other loved ones who may have lost someone in a traumatic way, is the need to ensure the availability of psychological and spiritual support throughout the process. In addition, the traumatic and stressful nature of FAC activities can take a psychological toll on the FAC responders and volunteers.

Behavioral health services are an essential component of FAC operations. This includes having trained mental health and spiritual care professionals available on site and by phone (especially if FAC services are being offered by phone) to provide Psychological First Aid and mental health triage, and to assist family members throughout the process or to make referrals for additional care as needed. Behavioral Health services should also be present to support the FAC staff and responders.

Support Services

As a part of FAC operations, it is important to provide resources to assist families with their basic needs such as first aid or accessing social or human services assistance that may be needed after a disaster. This is especially true following incidents wherein the family members of the missing or deceased have also had their livelihoods affected by a disaster. Depending on the nature of the incident and the scope of the FAC, representatives from social or human services may be available on site to provide access to social services assistance. In the event that these services are being provided at other locations, such as a Disaster Recovery Center, liaisons should be available to help direct families in accessing these services.

III. Regional Coroners Concept of Coordination: Determine the Need for a Family Assistance Center

Overview

Effective mass fatality management will require implementation of 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 will overwhelm local capabilities. While the responsibility for fatality management and victim identification resides at the county level via the local C/ME, certain conditions, including those resulting from a catastrophic incident, may warrant consolidation of effort across counties and/or coordination at a State level on behalf of impacted jurisdictions. Some Ohio counties have chosen to participate in a regional concept where resources from multiple conjoining counties will come together.

There are two primary reasons for this:

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 occurs that impacts multiple jurisdictions, particularly when state and federal resources will be needed to help manage the response, regional coordination will be necessary in order 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.

Regional Coordination Structure

Regional Conference Call

Regional coordination between the EMA and C/ME for the purposes of situational awareness and identifying local and regional need for a FAC will be accomplished through the exchange of Essential Elements of Information via email or web-based information tools consistent with normal EOC operations and participation on a Regional Conference Call. Some areas of the state have already developed either a regional concept or a compact to address the need for pooling resources during an event. The need to coordinate via a conference call, which is the primary mechanism to communicate the impact and resources needed and to discuss individual jurisdictional and regional priorities, is very important. Specific protocol for activation and management of the conference call are contained within the regional mass fatality plan and are fully applicable to this guide.

Participating jurisdictions (Ohio EMA, C/ME, local Health Department, Law Enforcement, medical facilities, behavioral health, EMS) 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, jurisdictions will lean forward by collecting and sharing information about these impacts to support situational awareness and help identify whether a FAC may be warranted. Specific Essential Elements of Information that will assist with this are outlined in Table 3.2 below

In addition, information sharing for the purposes of situational awareness with the OHIO EMA will follow normal protocol for coordination via the OHIO EMA conference calls with impacted jurisdictions, WebEOC, or other coordination mechanisms established at the time of the incident.

Table 3-1 outlines a draft agenda for the Regional Coordination Conference Call as it pertains to sharing information related to the need for a Family Assistance Center.

**Table 3-1 Draft Agenda for Regional Coordination Conference Call
Agenda for Victim Information and Family Assistance Coordination**

**Regional Coordination Group Conference Call Agenda for Victim
Information and Family Assistance Coordination**

Victim Information and Family Assistance Conference Call Agenda

- Roll call/Introductions
- Identify affected areas
- Hear from each affected area on the status of the following for the next 24 hours and beyond
 - Estimated number or range of known or presumed dead
 - Will the number of injured exceed local and mutual aid capacity?
 - Estimated number or range of anticipated or reported missing
 - Has/will the jurisdiction be activating a mass fatality response plan
 - Has or will the jurisdiction exceed local resources to manage mass fatality operations?
- Affected areas requesting assistance
- Whether assistance can be offered by unaffected jurisdictions
- Identify current or future multi-county issues concerning family reunification, fatality management and victim identification
- Identify whether Victim Information Coordination Group should be activated
- Schedule the next conference call or determine other mechanism for coordinating information

Essential Elements of Information (EEI)

The following Essential Elements of Information outlined in Table 3-2 reflect the information that will inform discussions and decision-making regarding the need for FAC activation.

Table 3-2 Essential Elements of Information (EEI)

EEI	Within first 24 hours	24 hours and beyond (as conditions warrant and information is available)	Possible source of information
Estimated number or range of known or presumed dead	X	X	Fire/EMS, Law Enforcement, C/ME, local health jurisdiction
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, C/ME
Has/will the jurisdiction be activating a mass fatality response plan?	X	X	Local C/ME, local EOC
Has or will the jurisdiction exceeded local resources to manage mass fatality management operations?	X (if possible)	X	Local C/ME, local law enforcement, local EOC

Have/will patients/injured been transported across counties or out of the impacted area?		X	Local EMS/Fire, local health jurisdiction in coordination with Disaster Medical Control Center hospital
Have/will Alternate Care Sites and/or Federal Medical Station(s) been established?		X	Local health jurisdiction
Have/will hospitals been evacuated?		X	Local health jurisdiction, local healthcare facilities, local EMS/Fire
Is there significant population displacement due to evacuation and mass sheltering?		X	Local EOC, local Law Enforcement, Mass Care services

Triggers for Activating a Family Assistance Center

Following a mass fatality incident, the decision to activate a 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 a FAC dramatically *decreases* the psychological burden on family members and loved ones of the missing and presumed dead and helps redirect the surge placed on other response systems such as 911, hospitals and the C/MEs. Therefore, impacted jurisdictions should determine early in the incident whether conditions in their county or across multiple jurisdictions warrant activation of one or more locally managed FACs, or whether State assistance for centralized FAC operations should be requested.

The triggers outlined in Table 3-3 will help local jurisdictions identify conditions when a FAC will be needed in a single jurisdiction or when counties should request assistance from the State to support a centralized FAC operation. These triggers will be discussed on the initial Regional Coordination conference calls as situational awareness is obtained and on subsequent conference calls by the Victim Information Coordination Group as necessary. It is important to note that in a catastrophic incident there are many potentially concurrent variables that will influence the decision to activate a FAC including:

- A large number of fatalities
- A large number of missing persons being reported
- Mass displacement of the population due to evacuation and mass sheltering,
- Widespread distribution of patients and injured across multiple jurisdictions

Widespread need for victim information and psychological and spiritual care support

It is possible that in a catastrophic incident or other mass casualty or mass fatality incident multiple conditions outlined in Table 3-3 may occur concurrently. In these instances, a full FAC activation is recommended. Although a physical FAC location is always desirable, in a catastrophic incident it is possible that some of the FAC operations will need to be conducted virtually through a call center.

Condition	Recommended Action	Activation Considerations
<p>1. The incident has caused mass fatalities (opioid deaths due to tainted batch, natural/man-made disaster, etc.)</p> <p>AND/OR</p> <p>2. The incident has caused a large number of injuries and <i>probable</i> fatalities</p> <p>3. The incident has caused a large number of known or probably missing persons and conditions 1 and 2 do not apply.</p> <p>OR</p> <p>4. Injured victims have been or will be transported to hospitals across multiple counties, or out of state and conditions 1, 2, and /or 3 do not apply</p> <p>OR</p> <p>5. The incident has resulted in population displacement through evacuation and sheltering and conditions 1, 2, 3, and/or 4 do not apply</p>	<p>Activate a FAC</p> <p>Activate FAC Call Center to support patient tracking inquiries; full FAC activation may not be needed</p>	<ul style="list-style-type: none"> ▪ If multiple counties are impacted and requesting outside resource assistance a centralized led FAC operation is recommended. ▪ If a centralized FAC is not established and multiple local FACs are activated, coordination between the FACs will be essential on public messaging, antemortem data, patient tracking information and missing person's information. ▪ If multiple counties are impacted and requesting outside resource assistance a centralized coordinated/supported call center operation is recommended. <p>If a centralized call center is not established and multiple local call centers are activated, coordination between these will be essential.</p>

Victim Information Coordination Group

Coordination Structure

Sustained coordination across impacted jurisdictions regarding situational awareness, FAC activation and information management will be critical in an incident that results in mass casualties and fatalities. Specific issues for coordination include ongoing situational awareness, particularly as it pertains to missing persons, family reunification, victim identification and local FAC operations if activated, and the need to request State assistance for a State coordinated/supported FAC, if conditions warrant.

Locally impacted jurisdictions will coordinate through their local EOCs to share and de-conflict information regarding FAC decision-making and operations with local EOCs in all other impacted jurisdictions. The following positions in local EOCs will be critical to coordinating information regarding FAC information-sharing, decision-making and operations and will comprise a Victim Information Coordination Group (VICG):

- Mass Fatality branch director or designee and/or representative from the C/ME
- Representative from the Health and Medical branch (public health) to provide information related to casualty impacts, information on patient tracking and overall Public Health and Medical Services situational awareness
- Representative from the Mass Care branch to discuss family reunification needs
- Representative(s) from local law enforcement or Public Safety branch to discuss missing persons
- A Public Information Officer or Joint Information Center representative as appropriate

Activation of the VICG will be determined based on the Regional Coordination Conference Call or as the situation warrants. The VICG will utilize existing mechanisms available through their local EOC for communication including conference calls and email communications.

Coordination of information between local EOCs via the VICG should mirror discussion of the Essential Elements of Information outlined in Table 3-1 with a focus on elements contained in the column *24 hours and beyond* and a discussion of the relative impacts to the participating jurisdictions, actions taken within the jurisdiction and discussion of resource assistance needs and priorities. An example agenda is provided in Table 3-4.

Formal resource requests will be made following existing EOC protocol and will not be replaced by activities or discussions of the VICG.

Table 3-4 Agenda for Victim Information Coordination Group (VICG)

Agenda for Victim Information Coordination Group

- Roll call/Introductions
- Hear from each affected area on the status of the following for the next 24 hours and beyond
 - Estimated number or range of known or presumed dead
 - Will the number of injured exceed local and mutual aid capacity?
 - Estimated number or range of anticipated or reported missing
 - Has or will the jurisdiction exceed local resources to manage mass fatality operations?
 - Have/will patients/injured been transported across counties or out of the area?
 - Have/will Alternate Care Sites or Federal Medical Stations been established?
 - Have hospitals been evacuated
 - Is there significant population displacement due to population displacement or mass sheltering?
- Affected areas requesting assistance
- Whether assistance can be offered by unaffected jurisdictions
- Identify current or future multi-county issues concerning family reunification, fatality management and victim identification
 - Discuss operational coordination issues if applicable such as:
 - public messaging concerns such as who families should contact for assistance locating a loved one; reported or confirmed fatality numbers; number of identifications that have been made (this will be later in operations)
 - antemortem data collection methods/strategies
 - missing persons information coordination
 - locations for Family Assistance Center(s) (as applicable)
- Schedule the next conference call or determine other mechanism for coordinating information

Site Selection for the FAC

The right location for housing the FAC should be selected carefully. Consideration should be given to the location, size of the facility, and varying size and scale of a potential MFI.

Location

- The best location for an FAC will be largely contingent upon the type of incident and number of fatalities
- The FAC location should be relatively close in proximity to the MFI site, so that personnel traveling back and forth between the two can do so with ease
- The location should be just far enough away that families will not be subjected to viewing or hearing anything 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 the victims' families and friends
- 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 for the victims' families and friends to and from the FAC
- A location with easily controlled access should be considered, which should ease the process of establishing a security perimeter
- A location with either a natural sight barrier, or the ability to establish a sight barrier should be considered, to protect the location from the view of the media and general public
- Consideration should also be given towards the number of entrances/exits to the FAC. Entrances should be limited in order to control access to and from the FAC
- The FAC must be compliant with the Americans with Disabilities Act (ADA)¹ and also meet the State of Ohio Accessibility Standards
- The FAC may not be local to some of the victims' families. If they will be traveling a great distance, the FAC should assist the family in making 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 also be arranged
- The locations identified as capable of accommodating an FAC operation should be flexible and available both for immediate use, and for the long-term, depending upon the nature of the incident
- The amount of time needed to recover and identify the victims of an MFI will be the determining factor in regards to 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, with each having sufficient privacy

- The bigger the incident, the more rooms will likely be needed
- The amount of space required for FAC operations should not be underestimated. The chart below gives an example of the size considerations depending on the scale of the incident.
 - There should be enough room for eight 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
 - A venue with an ample amount of rooms of all sizes to house the services being offered at the FAC should be considered
 - A larger venue may be required if a Call Center will be co-located with the FAC

Scale of the Incident:	Small	Medium	Large	Catastrophic
Number of Potential Fatalities	Less 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	Less 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	197,340+

Site Amenities and Other Considerations

- Security, such as local law enforcement, should be present to monitor activity inside and outside of 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 not, a portable cell tower should be used
- Landline telephone service should be available for administrative purposes and for the Call Center, if it will be 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 the FAC operation. Families will also require available 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
 - Assume 1-bathroom stall per 50 people
- A location with a large common area or lounge area that provides 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 has a lack of ample on-site parking, off-site parking and transportation to and from the FAC should be arranged

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 (MOU)/agreement (MOA) 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 or not 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 an FAC

Conference and Community Centers

- Conference and Community Centers are a favorable location when choosing an FAC. These types of facilities many times have a large number of rooms, a large gathering space and are used to accommodating a large number of people at one time.

Public School Buildings

- Schools provide an option for FAC operations; however, there are several drawbacks. They are only available for use 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 to use for the FAC, ensure that FAC operations will be completed before school is back in session.

Recreational Centers/Stadiums/Facilities

- Recreational Centers/Stadiums/Facilities normally serve as a good location as they are usually very large, have many private rooms, have ample facilities and an abundance of parking spaces.

Meeting Spaces on College/University Campuses

- While College and University Campuses can serve as an excellent FAC, if classes are in session there will be a large number of possible intrusions due to 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.

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Churches and other religious institutions

- These locations are not preferable if other suitable facilities are available. 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
- Once a location has been determined and the FAC is ready to open:
 - Inform the local Emergency Operations Center (EOC)
 - The location of the FAC should be announced
 - All major television and radio stations should be contacted
 - FAC location announcements should be made every few minutes during the first 24 hours

There are two additional resource documents which accompany this Field Operations Guide (FOG). The State of Ohio Field Operations Guide Tool Kit and the Field Operations Guide Job Action Sheets. The Tool Kit gives the following specifics for the operation of a Family Assistance Center.

- ☐ **Glossary/Acronyms/Appendix Descriptions**
- ☐ **Activation Protocols/Tools**
- ☐ **Operations Protocols/Tools**
- ☐ **Family Briefing**
- ☐ **Victim Identification**
- ☐ **Health Services**
- ☐ **Operations Protocols/Tools: Support Services**
- ☐ **Communication Protocols/Tools**
- ☐ **Demobilizations Protocols/Tools**
- ☐ **Position Matrix**
- ☐ **Cultural Considerations**
- ☐ **Recommended Minimum Data Elements for Patient Tracking**
- ☐ **Family Reunification Resources**

The Job Action Sheets gives specific job assignment duties with the tasks to be performed during a Mass Fatality Incident.

- ☐ **Job Action Sheets**

A-1 Glossary

Antemortem data: information about the missing or deceased person that can be used for identification. This includes demographic and physical descriptions, medical and dental records, and information regarding their last known whereabouts. Antemortem information is gathered and compared to post mortem information when confirming a victim's identification.

Autopsy: an examination of human remains that are recovered from the scene of the incident. Autopsies are generally conducted by a pathologist (commonly a forensic pathologist). The autopsy helps the pathologist to determine the cause and manner of death.

Closed population: in the context of a mass fatality incident, a closed population refers to the number and names of the deceased being known, commonly via a confirmed manifest (e.g. list of passengers on a plane)

Death notification: the formal or official notification to the legal next of kin that their loved one is deceased and has been positively identified.

Decedent: a deceased person

Death certificate: government issued certificate that serves as the official documentation of the date, location and the certification of the cause and manner of a person's death. The death certificate is a critical piece of documentation usually needed to handle a person's life insurance benefits and manage their estate after death.

Death certification: the official determination of cause and manner of death. This is usually determined by the pathologist after autopsy, or by a physician responsible for the care of an individual prior to death.

Disaster Behavioral Health: the provision of mental health, substance abuse and stress management to disaster survivors and responders.

Disaster Mortuary Operational Response Team (DMORT): DMORTs are federal teams within the National Disaster Medical System (NDMS) that provide support for mortuary operations following a mass fatality disaster. In addition to the general DMORT teams, the DMORT capabilities include Disaster Portable Morgue Units (DPMU), a Weapons of Mass Destruction (WMD) Team and a Family Assistance Center (FAC) Team.

Family: Family is defined as any individual that considers them to be a part of the victim's family, even if there is not a legal familial relationship. This includes individuals other family members characterize as family. This is distinguished from

the legal next of kin, who may be the legally authorized individual(s) with whom the C/ME coordinates or who is authorized to make decisions regarding the decedent.

Family Assistance Center (FAC): A Family Assistance Center is traditionally a secure facility established to serve as a centralized location to provide information and assistance about missing or unaccounted for persons and the deceased and to support the reunification of the missing or deceased with their loved ones. In some situations many FAC services may be provide virtually through a call center operation.

Family interview: a conversation conducted with family members and/or friends by representatives from the Coroner/Medical Examiner's Office or Family Assistance Center staff to collect antemortem information about the missing or deceased person. For example, this may be an interview to complete the DMORT Victim Identification Profile form, which includes demographic and physical descriptions of the individual.

Family Reception Services: In the immediate hours after a mass casualty or mass fatality incident, a Family Reception Services should be established as a centralized location for families and friends to go, before the Family Assistance Center is operational. Depending on the nature of the incident, this could be established at a community location, a hospital or a hotel.

Human remains: a whole body or any part(s) thereof

Human remains recovery (Recovery): the retrieval of human remains from the scene of the incident

Legal next of kin: the closest blood relatives or spouse or domestic partner (according to Ohio law), who are legally authorized to make decisions regarding the deceased or the living during medical emergency if the individual is incapacitate. The order of next of kin may vary by state, but frequently includes spouse, then adult children, parents, siblings

Coroner/Medical Examiner (C/ME): the medico-legal authority at the county level responsible for investigating suspicious or unnatural deaths and determining cause and manner of death and positive identification of the decedent.

Missing person: in the context of disasters, an individual whose whereabouts, status or well-being is unknown

Open population: in the context of a mass fatality incident, an open population refers to the number and names of the deceased being unknown. Incidents with open populations require more resources to determine who has been reported missing and potentially among the deceased. The World Trade Center bombings on September 11, 2001 are an example of an open population incident.

Personal effects: the personal belongings associated with the missing person or decedent

Positive identification: confirming scientifically that an individual is deceased

Postmortem data: information about the deceased that is used to compare to antemortem data on the missing, for the purposes of identification.

Psychological First Aid: an evidence-informed modular approach for assisting people in the immediate aftermath of a disaster and terrorism used to reduce initial distress and to foster short and long term adaptive functioning.

Reunification: the process of reuniting family members with their missing or deceased loved one

Victim Identification Profile: a database developed and managed by DMORT to manage antemortem and postmortem information for the purposes of helping to facilitate victim identification

A-1 Acronyms

ACF – Alternate Care Facility

ADA – Americans with Disabilities Act

DMORT – Disaster Mortuary Operations Response Team

DMORT FACT – Disaster Mortuary Operations Response Team Family Assistance Center Team

DOJ – Department of Justice

DOS – Department of State

ECC – Emergency Coordination Center

EOC – Emergency Operations Center

ESF – Emergency Support Function

FAC – Family Assistance Center

FBI – Federal Bureau of Investigations

ICS – Incident Command System

MFI – Mass Fatality Incident

NIMS – National Incident Management System

NOK – Next of Kin

NTSB – National Transportation Safety Board

OEM – Office of Emergency Management

OSHA – Occupational Health & Safety Administration

PFA – Psychological First Aid

PICC – Public Information Call Center

PIO – Public Information Officer

VIP – Victim Identification Profile

References:

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- 1 *ADA Checklist for Existing Facilities*
<http://www.adachecklist.org/doc/fullchecklist/ada-checklist.pdf>
 - 2 *Fatality Management Target Capabilities List* U.S. Department of Homeland Security. p.519. accessed at:
<http://www.fema.gov/pdf/government/training/tcl.pdf>
 - 3 *Capability 5: Fatality Management Public Health Preparedness Capabilities: National Standards for State and Local Planning*;
 - 4 *U.S Department of Health and Human Services Centers for Disease Control and Prevention* <http://www.cdc.gov/phpr/capabilities/capability5.pdf>
 - 5 *Fatality Management Concept of Operations*, U.S. Health and Human Services Department, Office of the Assistant Secretary for Preparedness and Response. Version March 2009.
 - 6 *Puget Sound Regional Catastrophic Preparedness Program VICTIM INFORMATION AND FAMILY ASSISTANCE ANNEX* Version January 18, 2012