***template***

***Field Operations Guide***

***for***

***reunification***

***and***

***family assistance***

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Compiled by the Twin Cities Metro Area

Operation Curtain Call

After Action Work Group

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149. Family Liaison

151. Friends & Family Unit Leader

152. Reunification Group Supervisor

153. Reunification Specialist

154. Survivors Unit Leader

[***Family Assistance Center***](#_Toc374971877)

155. Ante Mortem Information Unit Leader

156. Notification Unit Leader

157. Notification Specialist

158. Medical Examiner Group Supervisor

159. Next of Kin Interview Team Lead

161. Next of Kin Interview Specialist

***Assistance Center***

162. Accountability Group Supervisor

163. Behavioral Health Specialist

164. Branch Director/Site Manager

166. Child Care & Supervision Unit Leader

167. Data Collection Specialist

169. Data Input Specialist

170. Data Management Unit Leader

172. Deputy Branch Director/Site Manager

174. Deputy Public Information Officer

175. Intake/Outtake Specialist

177. Interpretation & Translation Unit Leader

178. Liaison Officer

179. Medical/First Aid Worker

180. Medical Care & Behavioral Health Unit Leader

181. Missing Person Tracking Unit Leader

183. Reception Group Supervisor

185. Regional Hospital Resource Center Unit Leader

186. Registration Unit Leader

188. Runner

189. Safety Officer

190. Security Officer

192. Site Access Control and Security

194. Site Liaison

195. Site Logistics Lead

196. Site Planning Lead

197. Site Support Services Group Supervisor

198. Site Technology Lead

199. Usher

200. Usher Unit Leader

201. Workforce Lead

## Background and History

The Twin City metropolitan region of the State of Minnesota has been involved in a preparedness, response and recovery cycle in the area of family support and behavioral health for well over a decade.  In the early 2000s local public health and hospital compact program representatives worked in parallel processes of understanding what an assistance center would look like and developing procedures to manage the human impact.  On August 1, 2007, reality hit our community with the collapse of the I-35W Bridge in the heart of the City of Minneapolis. Many of us who had participated in planning and exercised were assigned the responsibility of managing the City’s Family Assistance Center (FAC) and work with the family members of the 13 victims.

National response organizations recognized the management of the center as a best practice, but the leadership team of the FAC felt we still had a great deal to learn and develop in the wake of that difficult time.  A regional stakeholder group was established to formalize after action tools and plans after the bridge collapse, which in turn established a path of planning, template development and exercise over the next seven years.  The most recent full scale exercise, a test of reunification and assistance center operations named Operation Curtain Call, occurred in the City of Minneapolis on January 16, 2013, and included 746 participants. The resulting After Action Work Group met for the following year to finalize this template for the region. This Field Operations Guide for Reunification and Family Assistance is a product of a deep and compassionate commitment to the survivors, friends and relatives of those impacted by disaster.

## acknowledgement

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## Abbreviations Glossary

**ADA** Americans with Disabilities Act

**AED** Automatic Electric Defibrillator

**ASL** American Sign Language

**BH** Behavioral Health

**CPR** Cardio Pulmonary Resuscitation

**DAC** Disaster Assistance Center

**DBH** Disaster Behavioral Health

**DMORT** Disaster Mortuary Operational Response Team

**EMS** Emergency Medical Services

**EOC** Emergency Operations Center

**EOP** Emergency Operations Plan

**FAC** Family Assistance Center

**FEMA** Federal Emergency Management Agency

**FOG** Field Operations Guide

**FRC** Friends and Relatives Center

**IC/UC** Incident Command/Unified Command

**ICS** Incident Command System

**JAS** Job Action Sheets

**JITT** Just-In-Time Training

**MDH** Minnesota Department of Health

**ME** Medical Examiner

**MHz** Megahertz

**MOU** Memorandum of Understanding

**MRC** Medical Reserve Corps

**MSDS** Material Safety Data Sheets

**NECLC** National Emergency Child Locator Center

**NEFRLS** National Emergency Family Registry and Locator System

**NOK** Next of Kin

**NOKR** Next of Kin Registry

**PFA** Psychological First Aid

**PIO** Public Information Officer

**POC** Point of Contact

**RHRC** Regional Hospital Resource Center

**SC** Survivor Center

**TTY** Teletype

**VOAD** Volunteer Organizations Active in Disaster

## 

## Introduction

An assistance center may be implemented after any disaster when there may be a need for friends/relatives or groups of individuals to reunite with loved ones, seek information, obtain support and/or connect with services. The event will determine the type of assistance needed at the center. Types of assistance centers include:

1. Reunification operations
   1. Survivor Center
   2. Friends and Relatives Center
2. Family Assistance Center
3. Disaster Assistance Center

An assistance center may be applicable to any disaster including, but not limited to, a mass casualty incident.

Potential target populations served by an assistance center may include:

1. survivors of the incident;
2. friends and relatives seeking reunification;
3. friends and relatives of missing persons seeking information and support; and,
4. survivors seeking information, resources and services.

An assistance center should be located within close but safe proximity to the disaster location if applicable, and should minimally have the following components:

1. command area necessary for coordination of operations including tables, chairs, internet connectivity, telephones, etc.;
2. staff check-in area for the documenting and tracking of initial reporting staff as well as all subsequently reporting staff;
3. registration area for family/friends and survivors to sign in;
4. first aid room with licensed staff;
5. central waiting area/briefing room;
6. area for food services;
7. private rooms available for services such as counseling, meditation, or notification; and
8. space for partner or participating agencies to set up as needed.

## Whole Community

An assistance center must be inclusive, assuring that the needs of the whole community are met. This may include but is not limited to: persons with disabilities, persons with limited English proficiency and persons of various religious and cultural backgrounds. Please see the *Social Services That May Be Required* document in the Attachments section of this guide.

In their 2011 document *A Whole Community Approach to Emergency Management: Principles, Themes, and Pathways for Action*, the Federal Emergency Management Agency (FEMA) defines the whole community concept and its implications for emergency planning and response. Users of this guide are encouraged to reference FEMA’s document and determine the best ways to engage stakeholders in their community.

***Whole Community* is a philosophical approach in how to conduct the business of emergency management.**

**Benefits include:**

 Shared understanding of community needs and capabilities

 Greater empowerment and integration of resources from across the community

 A stronger social infrastructure

 Establishment of relationships that facilitate more effective prevention, protection, mitigation, response, and recovery activities

 Increased individual and collective preparedness

 Greater resiliency at both the community and national levels

# 

# Annex A: Reunification

* Survivor Center
* Friends and Relatives Center

## Introduction

The purpose of this annex is to provide guidance for reunification operations that may become necessary as a result of a disaster or emergency.

Reunification between a survivor and loved ones can occur at a variety of physical locations, including at the incident scene, in a hospital, at home or at a designated center.

This annex will address reunification at a *Survivor Center* or *Friends and Relatives Center*. A Survivor Center is a place where those surviving the disaster may go immediately following the disaster. Depending on the type of event, friends and relatives may be directed to go to the Survivor Center for reunification; or they may be directed to another location, a Friends and Relatives Center. In this case, the survivors would be brought to this site. The purpose of either location is reunification.

## Assumptions

1. Reunification refers to a *process*.
2. In the context of reunification, the term *relative* is broadened to be more inclusive and can include life partners, stepparents, stepsiblings, close friends, and clergy.
3. Reunification can occur following a mass casualty (large number of injured persons) or mass fatality (large number of deaths) incident.

Every incident and jurisdiction will be different when and where this occurs.

## BASIC INFORMATION

**Primary Agency:** NAME OF AGENCY

**Supporting Agencies:** NAME OF AGENCY

NAME OF AGENCY

NAME OF AGENCY

**NAME OF AGENCY Goals**

Provide coordination, resources, and staff to aid in the reunification of survivors with loved ones (family and friends) following a mass casualty or fatality event.

1. **Initiation of Reunification Operations**

The decision to activate NAME OF AGENCY to coordinate reunification operations will come from the Emergency Operations Center or Incident Command Post.

1. **NAME OF AGENCY Responsibilities**
2. Staffing for site command positions.
3. Coordinate with local and regional partners to provide support services for survivors and their friends and families.
4. Coordinate with Incident Command and the Medical Examiner to determine if/when to shift operations from reunification to family assistance.
5. Coordinate personnel resources to staff non-leadership positions.

**Other Agency Responsibilities**

1. Responsibility 1
2. Responsibility 2
3. **Reunification Strategy**

While the primary functions during a mass fatality or casualty incident are family assistance and victim identification, another important function is that of reunification. Often occurring first at the incident site and then transitioning to a separate – but often geographically close – location (Survivor Center or Friends and Relatives Center). Reunification is the *process* of reconnecting those affected and displaced with their loved ones (both family *and* friends).

Reunification efforts should focus on:

1. Reunifying persons affected by or involved in a disaster or emergency incident with loved ones (friends and family) in a thoughtful and timely manner and with concern for those who are still searching;
2. Providing supportive services in a safe location while friends and family are waiting for information.
3. **Reunification Organizational Structure**

Reunification operations occur in the Operations Section under the Incident Command System. *Depending on the type of incident, reunification will either have its own branch or occur as a function of the Family Assistance Center (FAC).*

The Logistics, Planning and Finance/Administration Sections in Incident Command can assign staff to the site as appropriate. These staff members DO NOT take their direction and control from the Branch Director or Group/Division Supervisor. Direction and control comes from their respective leadership at Incident Command.

An example incident command organization structure is included in the attachments section of this document.

## SET UP

1. **Site Activation**

There are processes already in place that can be used by Dispatch if/when Incident Command determines there is a need for NAME OF AGENCY to coordinate reunification operations. The EOC has access to the same procedures and would activate NAME OF AGENCY the same way.

1. **Initial Setup**

The first areas to set up for reunification operations support are:

1. Command Area – necessary for coordination operations.
2. Family/friends Check-in Area – for the family/friends of those involved in the incident.
3. Survivor Check-in Area – for the registration of survivors.
4. Staff Check-In Area – to allow for the documenting and tracking of initial reporting staff as well as all subsequently reporting staff.
5. Waiting Area (minors) – a supervised and restricted-access area for minors to wait to be reunified with a parent, guardian, or family member.
6. Waiting Area (adults) – a restricted area for adult survivors to wait to be reunified with friends or family.
7. Waiting Area (friends & family) – a separate area following registration where family members and friends can gather to wait for information.
8. Release Area – a separate space used to reunite survivors with friends and/or family.

The Logistics Section of Incident Command will provide workers that will facilitate and complete the set up process. Security of the site should begin at this point as well. Local law enforcement is responsible for the security of reunification operations. Only those who are authorized to access the site at this time should be allowed in. This security must be maintained throughout the operations of the site.

1. **Security Assessment**

A security assessment of the site must be made prior to starting operations. Law Enforcement is responsible for this assessment, unless they have delegated the task to another qualified entity. The following list is a general outline of the basic security assessment that should be performed:

1. Inside the Site
2. Ensure safety and security of the facility.
3. Walk through the entire facility to ensure the facility is safe.
4. Secure all doors.
5. Limit points of entry to the facility.
6. Designate one entrance and a separate exit.
7. Post security personnel at entrance, exit and other vital locations.
8. Outside the Site
9. Secure perimeter and parking facilities.
10. Ensure media and the general public is kept away from the entrance and exit. Develop awareness where media will be permitted by law on public spaces such as sidewalks or park land.
11. Appraise incident command or the branch director of any issues related to securing the site and ensuring safe passage for family members.
12. Security Guidelines
13. Security personnel at each location will be clearly identified (such as wearing a law enforcement uniform) and visibly positioned in strategic locations in the facility.
14. Security will maintain a presence at the FAC daily from open to close for the duration of the FAC operation.
15. Security will secure the facility at the end of each day.

## STAFFING

Filling and scheduling staffing roles for Reunification operations is the responsibility of the Logistics Section at IC/UC. Site leadership should not be concerned with locating workers and filling roles at the site.

Staff will be informed of when and where to report. Depending on the situation, staff may initially report directly to the site for staging or may report to an offsite staging area.

In staging staff will receive a Job Information Packet that will contain information on their role, policies and procedures to follow while working at the reunification site, and any other information deemed necessary. Additional equipment, including radios, identification vests and other equipment necessary to effectively staff individual roles will be provided in staging.

In situations where offsite staging is in use, certain equipment may be provided to staff at the staging area while other equipment will be made available once staff arrives at the reunification site.

1. **Staff Identification**

All personnel working at a reunification site are required to wear a site-specific access badge along with their daily work ID card. This applies to all personnel from any agency or jurisdiction. Some staff will also be required to wear an incident command vest.

1. **Staff Credentialing**

Credentialing is the process of assessing and confirming the licensing and qualifications of a staff member or volunteer and will include license and/or certification verification. When requesting workforce from external agencies, the requesting agency should specify resource type indicating license or certification needs, as applicable. The sending agency should only deploy staff of the appropriate resource type requested. For example, Minnesota Department of Health (MDH) currently verifies licensure and certification for Minnesota Responds and Medical Reserve Corps (MRC) volunteers. Credentialing also may refer to an event-specific process, which requires on-site authorization and identification in order to enter an incident area.

1. **Badging System**

In the event that the disaster requires the NAME OF AGENCY to develop and implement just-in-time identification badge, suggested information to be on the badge includes:

1. Badge type
2. Event date and shift (time)
3. Training level
4. Creation date
5. Name
6. Badge number
7. Title
8. Photo
9. Employer/organization
10. Access level

If possible, these badge types should contain a color-coded background, as well as a color-coded strip to identify date of authorized access. Signage will be posted at appropriate locations and security officers guarding the perimeter will advise incoming persons of the requirement to report to the badging area.

1. **Shift Change Procedures**

Staff reporting to work at the reunification site will be informed of their position, shift times and reporting location prior to arriving at the site.

When arriving and departing, all staff must check in and sign the check-in log (ICS 211).

Individuals reporting for duty will be briefed thirty minutes prior to their shift change by the Group/Division Supervisor or his/her designee. Subsequent to this briefing, staff will receive their job aids and don their identifying vest (if applicable).

The out-going shift will remove vests and turn in their site-specific access badge. The out-going shift will then assemble for debriefing by the Group/Division Supervisor or his/her designee. A Unit Log Book outlining activities during the operational period will be completed by a Planning Section representative and turned in to the Planning Section at IC/UC.

1. **Staff Briefings**

A briefing is a structured opportunity to provide information to your staff concerning what is likely to happen during a shift. Briefings should be held on a regular basis which may be at the beginning and end of a shift and at any other time they are deemed necessary. Staff briefing schedule should be established at the beginning of the operational period by the Assistance Center Site Manager, and the schedule posted in an area where all staff can view it. Briefings are generally short, well focused, and designed to bring all staff to the same general level of knowledge. At a minimum, the following is recommended.

1. An “all Assistance Center staff” meeting once per operational period.
2. Two command staff meetings, one near the beginning and one near the end of each operation period. These briefings are not included in the operational planning process.
3. Section and unit meetings at the discretion of the Section Lead/Unit Leader.
4. Demobilization meeting.

Be sure that briefings are held in an appropriate location so all participants can hear and see the presenter and allow time for and encourage questions during the briefing. If you are presented with questions you cannot answer, defer up the chain of command for resolution.

Information for the staff briefing could include:

* Confidentiality for family members
* Don’t take pictures of friends and family
* Don’t share information with the media unless you’re the site manager or PIO
* Concerns for physical or psychological harm
* Communication with supervisor
* Information about breaks and sustenance
* End of shift procedures, including debriefing
* Security procedures
* Requests for specific assistance (support animals, clergy, etc.)
* Operational and information security

Refer to the *Command Briefing Agenda* and *Operational Briefing Checklist* documents in the Attachments section.

1. **Unaffiliated Volunteers**

In the event of a disaster, it is likely citizens may come forward to offer assistance during and immediately following the event. An unaffiliated, or spontaneous, volunteer is anyone who offers perceived skill by coming forward to help during a major incident but who does not affiliate with a known community agency and has not been entered into any responder database system.

Organizations including VOAD (Volunteer Organizations Active in Disaster) and MRC and others actively recruit, train, credential and provide identification badges for volunteers. It is recommended that the NAME OF AGENCY have available a trained and credentialed volunteer workforce who could be called upon, if needed. Unaffiliated volunteers may be referred to volunteer organizations for future response efforts.

## OPERATIONS

1. **Reunification Operations**

Reunification operations are scalable in response to different types and sizes of incidents. A response to a small-scale event, where the number of casualties does not overwhelm local responders and/or consists of a closed population, will differ from the response to a mass casualty event that occurs at a sporting event or shopping center.

Immediately following an event the reunification process will begin on its own. Depending on the size of the incident and number of affected persons there may be a need to relocate the survivors to a central location where they can be reunified with their friends and family. In addition, there will also be staff at the reunification center whose responsibility it will be to work with local hospitals to track any survivors that were transported from the incident scene to receive medical care.

Upon arriving at the Survivors or Friends and Relatives Center, survivors will go through a registration process and then be directed to a waiting area where they will have access to medical care, behavioral health resources, and other forms of support.

When family members and friends arrive seeking information they will also go through registration and then directed to a separate waiting area. The Accountability Group staff will then try to determine if the person they are looking for is on site, in a hospital, or whereabouts unknown.

The general public will not be allowed into the Survivor Center or Friends and Relatives Center unless they are searching for a person or information on someone. Media personnel will not be allowed into the site. Police officers will be stationed at the entrances of the building to ensure that problematic individuals and/or media do not enter the reunification center.

Ushers will be at fixed positions in order to help people find their way in the building. They are not meant to serve as “personal escorts” throughout the process. Security staff will also remain at fixed positions to ensure that staff and people using the center are safe.

1. **Identification**

Identification is strongly recommended but will not be required in order for a person to enter the reunification center with the intent to search for a lost friend or family member.

1. **Minors**

Parents or guardians who are looking for minors must go through the verification process. Verification must always be carried out. It involves checking that the person claiming the child is who they say they are, and that the child is going to his/her family, legal guardian or other appropriate adult.

1. Minor Reunification Verification Form – Both the adult and child must complete separate *Minor Reunification Verification* forms*.* The child may complete the form with assistance from Reunification Group staff.
2. Verification Process

Verification requires the following:

* 1. completed *Minor Reunification Verification* formsensuring information from child and adult matches
  2. photo identification from the adult
     1. if photo identification is not available, the adult may produce documentation indicating a relationship with the child e.g. photos
     2. if no documentation of any type is available, refer the child to Child Protection Services or Law Enforcement
  3. photo or photocopy taken of the adult’s identification or other documentation
  4. photo taken of the adult and child together with name on placard in the picture
  5. all documents attached to the verification forms

Additional verification may include:

1. checking with the child
2. observing the child’s reaction to reunification
3. asking the child if he/she feels safe leaving with this person
4. Child Protection Services

Custody of the minor will be given to Child Protection Services or Law Enforcement if:

1. the child is too young or unable to participate in the registration process
2. the child has indicated that he/she does not want to leave with the adult requesting reunification or does not feel safe leaving with this person
3. the parent/guardian is deceased or incapacitated
4. Resources
5. Child Protection Services: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. National Center for Missing and Exploited Children: missingkids.com; 24 Hour Hotline – 1-800-THE-LOST (1-800-843-5678) TTY: 800-826-7653
7. Other Contacts or Community Partners: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Reunification Completion Checklist

The *Reunification Completion Checklist* will be filled out by the staff member assisting in the reunification process to ensure that all necessary forms/documentation have been completed.

1. **Considerations**

Cultural and religious beliefs as well as food allergies need to be considered when serving food.

If animals are present on site, e.g. therapy dogs, cultural and religious beliefs as well as pet allergies need to be addressed.

See the *Cultural and Religious Considerations* and *Cultural and Religion Overviews* documents in the Attachments section.

1. **Environmental Health**

The Safety Officer will:

* 1. identify hazardous situations associated with the incident;
  2. take steps to report and remediate the situation;
  3. ensure that adequate levels of protective equipment are available, and are being used as needed; and
  4. ensure adequate sanitation and safety in food preparation and service.

1. **General Flow**

The following graphic addresses the general flow through some of the different stations/functions that will be available during a mass fatality or casualty incident. Reunification is just one piece of the overall process.

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# 

## COMMUNICATIONS

1. **Voice Communications Procedures**

Any NAME OF AGENCY operation will utilize handheld 800 MHz radios, cell phones, and other types of communication devices. Insert AGENCY’s tactical communications plan.

1. **Important Numbers List**

See the NAME OF DOCUMENT for department and county contact lists and mutual aid request information.

## INTERFACING WITH THE MEDIA

See NAME OF AGENCY’s EOP – Risk Communications Annex.

No media of any kind will be allowed access to the either the Survivor Center or Friends and Relatives Center. The incident or site Public Information Officer will handle all media inquiries and incidents.

1. If a PIO is not on site, the Branch Director will be the designated spokesperson and may call the PIO for assistance and direction.
2. If you are not the designated spokesperson, you should:
3. resist the urge to become a self-appointed spokesperson.
4. remain professional and focused on your assigned responsibilities.
5. be friendly and briefly conversational but decline an interview by saying:

“I understand you’re interest in getting accurate and up-to-date information about what we’re doing here. That’s not my role. Let me direct you to our spokesperson or Public Information Officer.”

See the *Media Frequently Asked Questions About Family Assistance Centers* document in the Attachments section.

## SAFETY

Protecting the life and safety of community members and responders is the first objective in an emergency response. Emergencies by definition have risk to the health of community members and may by virtue of the type of emergency pose a risk to the health of the emergency responders. A Hazard Assessment of the situation is critical to determine the risks to life, safety and health. Mitigation strategies to decrease the risk to both community members and emergency responders should be based on this assessment.

The *Safety Walkthrough Checklist* in the Forms section contains tools to assist with the Hazard Assessment of the reunification site, the determination of who is at risk for the hazard, and mitigation strategies to decrease risk to the responders and community members.

Insert AGENCY Incident Reporting System.

**First Aid and Behavioral Health**

1. Injury and Illness
2. Staff who are injured or become ill should tell their direct supervisor and, if needed, should be taken to the first aid room.
3. Clients who become seriously injured or very ill should be taken to the first aid room.
4. First aid staff should assess and assist the unwell person.
5. If the unwell person needs additional medical attention, they should be directed to the nearest medical facility.
6. All incidents should be documented by first aid staff and reported to the Branch Director.
7. First aid staff should have staff complete (or their supervisor if the staff is too unwell) any necessary forms.
8. If necessary, provide EMS transport.
9. Behavioral Health
10. Behavioral health counselors will be available at the reunification site to provide mental health assistance to visitors and staff.
11. Behavioral health counselors should provide only minimal counseling at the reunification site.
12. Quiet space should be available for persons needing behavioral intervention.
13. All staff working at the center may receive JITT in Psychological First Aid. The goal will be to have all workers trained in PFA and some licensed BH staff. If the situation warrants it, NAME OF AGENCY will provide JITT.

# Annex B: Family Assistance Center

## Introduction

Once survivors have been reunited with friends and relatives, a Family Assistance (FAC) may be set up specifically for the friends and relatives of those still missing and those who are deceased. An FAC allows them:

1. to be separated from the rest of the community;
2. to be provided support for their specific needs; and
3. to meet with the medical examiner and law enforcement representatives.

## Assumptions

Based on lessons learned from previous local, national, and international incidents, the following are a series of planning assumptions to consider:

1. Incidents warranting the activation of an FAC may occur as a result of natural, human-caused, or technological sources.
2. FAC operations may be long term.
3. Responding to a mass-casualty or mass-fatality incident can be overwhelming and lead to traumatic stress. Support for responders and staff at an assistance center will be essential.
4. Ethnic and cultural traditions must be considered at all FACs. See the *Cultural and Religious Considerations* and *Cultures and Religion* Overviews documents in the Attachments section.
5. Both behavioral health and spiritual care resources need to be made available all FACs.
6. Eight to ten family members or loved ones will arrive or need assistance for each potential victim.
7. After an incident, family members will immediately call or self-report to many agencies or locations seeking information about their loved ones. This could include the incident site, 911, 211, 311, hospitals, clinics, fire departments, police stations, or the Medical Examiner’s Office.
8. Not all family members will come to the FAC. Services need to be available virtually to support and provide information to those who are not physically on site at the FAC.
9. Coordination among responding agencies about family member welfare inquiries, missing persons reports, and patient tracking will be necessary.
10. The FAC should be operational, at least with basic services, within \_\_\_\_\_\_\_ hours after the event; and if there are known fatalities, within \_\_\_\_\_\_\_ hours.
11. The Family Assistance Center may be needed to provide a place for families to convene until an FAC is established. This may occur at a hospital, airport, or other community site.
12. The FAC may need to operate extended hours during the initial days or weeks after an incident.
13. Family members will have high expectations regarding:
    1. the identification of the deceased;
    2. the return of their loved ones to them; and
    3. ongoing information and updates.
14. Victim identification may take days, weeks or more depending on the nature of the incident.
15. Families and individuals will not grieve or process information in the same way.
16. Ethnic and cultural traditions will be important factors in how families grieve.
17. Family members who live afar may travel to the FAC and need assistance with basic resources such as lodging, toiletries, clothes, prescriptions, etc.
18. Family members that live locally may choose to stay overnight at the FAC, especially in the initial days after an incident.
19. Family interviews will need to be conducted with multiple family members in order to collect sufficient ante mortem information to assist with victim identification.

## BASIC INFORMATION

**Primary Agency:** NAME OF AGENCY

**Supporting Agencies:** NAME OF AGENCY

NAME OF AGENCY

NAME OF AGENCY

**NAME OF AGENCY Goal**

Provide a safe, protected, and supportive environment for families to gather while awaiting information on their missing, unaccounted for, or deceased loved ones (family and friends) following a disaster.

1. **Initiation of a Family Assistance Center**

The decision to activate NAME OF AGENCY to coordinate an FAC will come from the Emergency Operations Center or Incident Command Post.

1. **NAME OF AGENCY Responsibilities**
2. Staffing for site management positions.
3. Coordinate with local and regional partners to provide support services for survivors and their families and friends.
4. Provide coordination with Incident Command and the Medical Examiner.
5. Coordinate personnel resources to staff non-leadership positions. (See NAME OF AGENCY’s EOP – Workforce Annex for call up and options for recruitment.)
6. Assure behavioral health services and support are available for both community members and staff.
7. **Family Assistance Center Functions**

The main operational functions of an FAC are:

1. overall management of the center;
2. disaster behavioral health support; and
3. to support the medical examiner’s operations.

Other functions of a family assistance center may include but are not limited to the following:

|  |  |
| --- | --- |
| **Function:** | **Agency/Organization:** (Examples) |
| Family briefings | * Medical Examiner * Local Response Agencies * Affected Industry Agencies |
| Collection of ante mortem data for identification of human remains | * Medical Examiner * Disaster Mortuary Operational Response Team (DMORT) |
| Death notification to next of kin | * Medical Examiner * Chaplains |
| Management/coordination of all family assistance operations, including all involved organizations and personnel | * Health Department |
| Family support services:   * Call center * Reception and information desk * Spiritual care * Behavioral health services * First aid/medication * Translation/interpreter services * Child care * Food services/mass care * Web Search/Lead Investigation Center (if the mass fatality involves large numbers of missing persons) * A wide range of additional services that are based on the incident. These may include: lodging, clothing, transportation, financial assistance, financial services, legal services, crime victims services, etc. | A wide array of agencies, organizations, and volunteers that work collaboratively under the direction of the health department, for example:   * Human Services & Public Health Departments * American Red Cross * Salvation Army * Faith-based organizations and churches * Nonprofit organizations * Local volunteer agencies |

## SET UP

1. **Site Activation**

There are processes already in place that can be used by Dispatch if/when Incident Command determines there is a need for NAME OF AGENCY to coordinate an FAC and/or reunification operations. The EOC has access to the same procedure and would activate NAME OF AGENCY the same way.

1. **Suggested Site Specifications**

General Information:

1. An FAC should be close to the incident site but is preferred to not be in view of the incident when possible. Family/friends should not have to pass the incident site on their way to/from the FAC.
2. One large FAC is preferred over several smaller ones.
3. Ideally the FAC could be established (identified and set up) within 12 hours of an incident.
4. Sites should be community-neutral. Ideally faith-based organizations are not preferred for an FAC site based on complexity of religious beliefs.

|  |  |
| --- | --- |
| **Suggested Building Specifications (but not limited to):** | |
| Private counseling rooms for behavioral health | * Recommended ratio of 1:15 private rooms to families |
| Ante Mortem Interview Rooms | * Recommended ratio of 1:15 private rooms to families |
| Childcare Area | * Preferably have separate space with one entrance and exit * If possible, separate into age-appropriate areas * Remove all potential hazards (sharp corners/objects, objects with a potential to fall, open sockets and wires, etc.) * Recommended ratios of: * 1:4 for infants (maximum size of 8) * 1:7 for toddlers (maximum size of 14) * 1:10 for preschoolers (maximum size of 20) * 1:15 for school-age children (maximum size of 30) |
| Entrances/Exits | Preferably the facility could be locked down to monitor security and control ingress/egress |
| Loading Docks (if possible) | * Have enough space to bring in large trucks * Have material handling equipment on site |
| Restrooms | * 10 stalls per 300 users |
| Accessibility:   * Public Transportation * Proximity in the community | * Distance to nearest public transportation should be no more than ¼ mile * Visitors should not pass the disaster site to arrive at the FAC, if possible * Visitors should not be able to see the disaster site while at the FAC, if possible * FAC site should have accessible road or transportation to area hospitals |
| Supplies/IT/Utilities:  Radio/Internet/Telephone: | * Should have no known disruption to communications services * WiFi preferred * Charging stations * See the *Equipment and Supplies* document in the Attachments section. |

1. **Initial Setup**

An FAC should be located within close but safe proximity to the disaster location if applicable, and should minimally have the following components:

1. command area necessary for coordination of operations, including tables, chairs, internet connectivity, telephones, etc.;
2. staff check-in area for the documenting and tracking of initial reporting staff as well as all subsequently reporting staff;
3. registration area for family/friends and survivors to sign in;
4. first aid room with licensed staff;
5. central waiting area/briefing room;
6. area for food service
7. private rooms available for services such as counseling, meditation, or notification, and;
8. space for partner or participating agencies to set up as needed.
9. **Security Assessment**

A security assessment of the FAC site must be made prior to starting operations. Law Enforcement is responsible for this assessment, unless they have delegated the task to another qualified entity. The following list is a general outline of the basic security assessment that should be performed:

1. Inside the Site
2. Ensure safety and security of the facility.
3. Walk through the entire facility to ensure the facility is safe.
4. Secure all doors.
5. Limit points of entry to the facility.
6. Designate one entrance and a separate exit.
7. Post security personnel at entrance, exit and other vital locations.
8. Outside the Site
9. Secure perimeter and parking facilities.
10. Ensure media and the general public are kept away from the entrance and exit. Develop awareness where media will be permitted by law on public spaces such as sidewalks or park land.
11. Appraise incident command or the branch director of any issues related to securing the site and ensuring safe passage for family members.
12. Security Guidelines
13. Security personnel at each location will be clearly identified (such as wearing a law enforcement uniform) and visibly positioned in strategic locations in the facility.
14. Security will maintain a presence at the FAC daily from open to close for the duration of the FAC operation.
15. Security will secure the facility at the end of each day.

## STAFFING

Filling and scheduling staffing roles for FAC operations is the responsibility of the Logistics Section at IC/UC. Site leadership should not be concerned with locating workers and filling roles at the site.

Staff will be informed of when and where to report. Depending on the situation, staff may initially report directly to the site for staging or may report to an offsite staging area.

In staging, staff will receive a Job Information Packet that will contain information on their role, policies and procedures to follow while working at the FAC and any other information deemed necessary. Additional equipment, including radios, identification vests and other equipment necessary to effectively staff individual roles will be provided in staging.

In situations where offsite staging is in use, certain equipment may be provided to staff at the staging area while other equipment will be made available once staff arrives at the reunification site.

1. **Staff Identification**

All personnel working at a reunification site are required to wear a site-specific access badge along with their daily work ID card. This applies to all personnel from any agency or jurisdiction. Some staff will also be required to wear an incident command vest

1. **Staff Credentialing**

Credentialing is the process of assessing and confirming the licensing and qualifications of a staff member or volunteer and will include license and/or certification verification. When requesting workforce from external agencies, the requesting agency should specify resource type indicating license or certification needs, as applicable. The sending agency should only deploy staff of the appropriate resource type requested. For example, Minnesota Department of Health (MDH) currently verifies licensure and certification for Minnesota Responds and Medical Reserve Corps (MRC) volunteers. Credentialing also may refer to an event-specific process, which requires on-site authorization and identification in order to enter an incident area.

1. **Badging System**

In the event that the disaster requires the NAME OF AGENCY to develop and implement just-in-time identification badge, suggested information to be on the badge includes:

1. Badge type
2. Event date and shift (time)
3. Training level
4. Creation date
5. Name
6. Badge number
7. Title
8. Photo
9. Employer/organization
10. Access level

If possible, these badge types should contain a color-coded background, as well as a color-coded strip to identify date of authorized access. Signage will be posted at appropriate locations and security officers guarding the perimeter will advise incoming persons of the requirement to report to the badging area.

1. **Shift Change Procedures**

Staff reporting to work at the FAC will be informed of their position, shift times and reporting location prior to arriving at the site.

When arriving and departing, all staff must check in and sign the check-in log (ICS 211).

Individuals reporting for duty will be briefed thirty minutes prior to their shift change by the Group/Division Supervisor or his/her designee. Subsequent to this briefing, staff will receive their job aids and don their identifying vest (if applicable).

The out-going shift will remove vests and turn in their site-specific access badge. The out-going shift will then assemble for debriefing by the Group/Division Supervisor or his/her designee. A Unit Log Book outlining activities during the operational period will be completed by a Planning Section representative and turned in to the Planning Section at IC/UC.

1. **Staff Briefings**

A briefing is a structured opportunity to provide information to your staff concerning what is likely to happen during a shift. Briefings should be held on a regular basis which may be at the beginning and end of a shift and at any other time they are deemed necessary. Staff briefing schedule should be established at the beginning of the operational period by the Assistance Center Site Manager, and the schedule posted in an area where all staff can view it. Briefings are generally short, well focused, and designed to bring all staff to the same general level of knowledge. At a minimum, the following is recommended.

1. An “all Assistance Center staff” meeting once per operational period.
2. Two command staff meetings, one near the beginning and one near the end of each operation period.
3. Section and unit meetings at the discretion of the Section Lead/Unit Leader
4. Demobilization meeting.

Be sure that briefings are held in an appropriate location so all participants can hear and see the presenter and allow time for and encourage questions during the briefing. If you are presented with questions you cannot answer, defer up the chain of command for resolution.

1. **Unaffiliated Volunteers**

In the event of a disaster, it is likely citizens may come forward to offer assistance during and immediately following the event. An unaffiliated, or spontaneous, volunteer is anyone who offers perceived skill by coming forward to help during a major incident but who does not affiliate with a known community agency and has not been entered into any responder database system.

Organizations including VOAD (Volunteer Organizations Active in Disaster) and MRC and others actively recruit, train, credential and provide identification badges for volunteers. It is recommended that the NAME OF AGENCY have available a trained and credentialed volunteer workforce who could be called upon, if needed. Unaffiliated volunteers may be referred to volunteer organizations for future response efforts.

## OPERATIONS

1. **Family Registration/Check In/Check Out Protocols**
   * + 1. As families enter the facility, have greeters present to show them to the proper area to check in.
       2. All family members must sign in upon arrival.
       3. If this is the family member’s first visit to the FAC they must complete a registration form. See the *Family/Friend Registration* document in the Forms section.
       4. **If someone arrives at the FAC and is not looking for a family member, notify security immediately. Site security is crucial to preserving privacy.**
       5. Provide all family members with a Family Resource Packet if available.
       6. A family liaison should provide family members with a brief overview of the services provided at the FAC, a tour of the facility (if possible) and assist them with any immediate needs.
       7. Translators/interpreters should be on hand to provide assistance with the registration process if necessary. See the *Interpreter and Translator Services* document in the Attachments section.
       8. All family members must return their badge upon leaving the FAC and sign out on the Family/Friend Sign-In Sheet.
2. **Identification**
   * + 1. Family members are required to produce government issued photo identification upon entry to ensure the identity of all visitors.
       2. In the event that a family member does not have a government issued identification, (minor children, undocumented persons, identification unavailable, etc.) reception staff with the assistance of Law Enforcement, should take reasonable steps to ensure the identity of the individual.
       3. Security personnel should be available for assistance if necessary.
3. **Minors**

All minors must be accompanied by an adult. If needed, child care should be available on site in a pediatric safe area. Child care areas must be supervised by properly screened and credentialed staff. See the Child Care section in the Forms chapter for additional guidance.

1. **Considerations**

Cultural and religious beliefs as well as food allergies need to be considered when serving food.

If animals are present on site, e.g. therapy dogs, cultural and religious beliefs as well as pet allergies need to be addressed.

See the *Cultural and Religious Considerations* and *Cultures and Religion Overviews* documents in the Attachments chapter.

1. **Environmental Health**

The Safety Officer will:

1. identify hazardous situations associated with the incident;
2. take steps to report and remediate the situation;
3. ensure that adequate levels of protective equipment are available, and are being used as needed, and;
4. ensure adequate sanitation and safety in food preparation and service.
5. **Family Briefings**

The purpose of the family briefings is to ensure that families have current and accurate information regarding the recovery process, identification of victims, the investigations and other areas of concern. Ensure that families receive information first from government agencies in a caring and supportive environment.

Facilitators of the Briefing must be selected in a very intentional manner and, whenever possible, be a consistent individual. The must have an overall understanding of FAC operations and a strong compassionate and command presence in front of large diverse groups who have been deeply traumatized. Ideally, they will have had training in conducting such briefings. [see X attachment for briefer training outline]

Family Briefings may not always be possible. It is still important to have a strategy for communicating with families.

1. General Guidelines
2. Always provide information to the families before releasing information to the media.
3. Provide family briefings as soon as possible and maintain a regular schedule for briefings. The frequency of briefings may change over time depending on need.
4. The Medical Examiner, or their designee, should be present at all briefings to report on victim identification processes and progress.
5. Operations Section leadership should be present at all briefings to answer questions relating to their respective areas.
6. Security should be present to ensure only appropriate people are allowed into the briefing room.
7. Family Briefing Procedure

The Public Information Officer (PIO) or the Deputy PIO in coordination with the FAC Director and Medical Examiner schedules the time and location of the family briefings.

1. Prepare the schedule for the family briefings.
2. Post the schedule in the FAC and inform families where and when there are briefings.
3. The logistics team will set up the family briefing room with chairs, conference call equipment, microphones, projectors and other audio/visual equipment as needed.
4. Ensure that there are conference call capabilities for all families not physically at the FAC.
5. The Behavioral Health team will ensure that there are behavioral health and spiritual care providers present at all family briefings.
6. Translation and interpretation services should be coordinated as needed.
7. Ensure there is an administrative assistance present to transcribe the briefings.
8. The Medical Examiner or their designee will run the family briefings, with representation by the FAC Director and support agencies as necessary.

* Emphasize that the FAC is the best source of current information for the families.
* Present information in terms that the family members can understand.
* Repeat important information frequently during the briefings to accommodate families at various levels of receptiveness in the grieving process.
* Plan for a question and answer session that may take an hour.
* Provide copies of transcripts or briefing notes.

1. Family Briefing Agenda/talking points/scripts

The following represents suggested information that may be communicated to families or those seeking services (topics should be adjusted depending upon the nature of the incident and as needs change over the course of the event). See the *Example Family Briefing Agenda* in the Attachments section for more information

1. Number of missing, positive identification and casualties
2. Status of search, rescue, and recovery operation
3. Status of criminal investigation
4. Medical examiner information, notification, mortuary processes and procedures
5. DNA, medical and dental records collection
6. Process to issue death certificates
7. Victims’ personal effects (process for return)
8. Review of services available at the FAC
9. Press and media contact and family privacy rights
10. Resources for additional assistance
11. Q & A

## 

## COMMUNICATIONS

1. **Voice Communications Procedures**

Any NAME OF AGENCY operation will utilize handheld 800 MHz radios, cell phones, and other types of communication devices. Insert AGENCY’s technical communications plan.

1. **Important Numbers List**

See the NAME OF DOCUMENT for department and county contact lists and mutual aid request information.

## INTERFACING WITH THE MEDIA

See NAME OF AGENCY’s EOP – Risk Communications Annex.

No media of any kind will be allowed access to the either the Survivor Center or Friends and Relatives Center. The incident or site Public Information Officer will handle all media inquiries and incidents.

1. If a PIO is not on site, the Branch Director will be the designated spokesperson and may call the PIO for assistance and direction.
2. If you are not the designated spokesperson, you should:
3. resist the urge to become a self-appointed spokesperson.
4. remain professional and focused on your assigned responsibilities.
5. be friendly and briefly conversational but decline an interview by saying:

“I understand you’re interest in getting accurate and up-to-date information about what we’re doing here. That’s not my role. Let me direct you to our spokesperson or Public Information Officer.”

See the *Media Frequently Asked Questions About Family Assistance Centers* document in the Attachments section.

## SAFETY

Protecting the life and safety of community members and responders is the first objective in an emergency response. Emergencies by definition have risk to the health of community members and may by virtue of the type of emergency pose a risk to the health of the emergency responders. A Hazard Assessment of the situation is critical to determine the risks to life, safety and health. Mitigation strategies to decrease the risk to both community members and emergency responders should be based on this assessment.

See *Safety Walkthrough Checklist* in FORMS section of FOG. This section contains tools to assist with the Hazard Assessment of the reunification site, the determination of who is at risk for the hazard, and mitigation strategies to decrease risk to the responders and community members.

Insert AGENCY Incident Reporting System.

1. **First Aid and Behavioral Health**
2. **Injury and Illness**
3. Staff who are injured or become ill should tell their direct supervisor and, if needed, should be taken to the first aid room.
4. Clients who become seriously injured or very ill should be taken to the first aid room.
5. First aid staff should assess and assist the unwell person.
6. If the unwell person needs additional medical attention, they should be directed to the **nearest medical facility.**
7. All incidents should be documented by first aid staff and reported to the Branch Director.
8. First aid staff should have staff complete (or their supervisor if the staff is too unwell) any necessary forms.
9. If necessary, provide EMS transport.
10. **Behavioral Health**
    1. Behavioral health counselors will be available at the FAC to provide mental health assistance to visitors and staff.
    2. Behavioral health counselors should provide only minimal counseling at the reunification site.
    3. Quiet space should be available for persons needing behavioral intervention.

# 

# assistance center Attachments

25. Command Briefing Agenda

26. Cultural and Religious Considerations

27. Culture and Religion Overviews

51. Example Family Briefing Agenda

52. Family Assistance Center Organizational Structure

53. Interpreter and Translator Services

54. Media Frequently Asked Question about Family Assistance Centers

56. Operational Briefing Checklist

57. Psychological First Aid

59. Resources/Contact Information

60. Responder Self-Care

62. Reunification Operations Organizational Structure

63. Social Services that may be required

64. Staff Check In/Check Out Procedures

66. Support Agency Contact Information

## Command Briefing Agenda

* Welcome Staff/Introduce Self
* State Objectives:
  1. Provide a safe, welcoming environment for FAC operations.
  2. Assure the safety of staff, survivors, and loved ones throughout the operation by maintaining situational awareness, following the Safety and Medical Plans and following site security protocols.
  3. Follow Communication Plan to assure consistent messages to the public and media.
  4. Maintain Incident Command.
  5. Maintain documentation of all response activities.
  6. Complete debriefing and demobilization procedures.
* Incidental logistics issues (restrooms, staff room location, food arrival, etc.)
* Review Communication Plan
* Review Media Plan
* Review Safety/Medical Plan
* Review client confidentiality
  1. Do not take pictures of people visiting or utilizing the center
  2. Do not share information with the media unless you’re the Branch Director/Site Manager or Public Information Officer
  3. Refer any concerns regarding someone’s physical or psychological health to your supervisor or the Safety Officer
* Release staff to JITT

## Cultural and Religious Considerations

Each community is unique with many cultures and faiths. Accommodating cultural and religious practices is a critical part of an Assistance Center planning and operations. It is critical to understand the needs of different cultures and faiths by taking into consideration different aspects of their practices, to better serve the community at the family assistance center.

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

Assumptions should not be made about the particular practices of individual families based on religion or ethnicity.

Below 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
* Behavioral Health and Spiritual Care

Numerous languages are spoken within the City of Minneapolis. Family resources, signs and translators should be available in several languages for all families at the Assistance Center. Below are some of foreign languages spoken by the major immigrant groups in Hennepin County.

* Amharic
* Arabic
* Cambodian/Khmer
* Hmong
* Karen
* Laotian
* Oromo
* Russian
* Somali
* Spanish
* Vietnamese

## Culture and Religion Overviews

*Adapted from The Needs of Faith Communities in Major Emergencies: Some Guidelines. Home Office and Cabinet Office, UK. July 2005*

| **Bahá’í** | |
| --- | --- |
| **Language** | Main language is English, but elderly (from Iran) may not speak much. |
| **Diet**  **Fasting** | Bahá'ís abstain from alcohol, but can take it in Medicine.  They fast from sunrise (approx. 6.30am) to sunset (approx. 5.45pm) on 2 to 20 March. This fast is only practiced by people aged 15 years and over and who are not ill, pregnant, breast-feeding, menstruating or who have been travelling substantial distances. |
| **Dress** | There are no special requirements other than moderation and modesty. |
| **Physical contact**  **Medical treatment**  **Hospital stays, rest centers** | Bahá'ís believe in the healing power of modern medicine for both physical and mental ills, while recognizing the role of the spirit, of prayer and of turning to God. There is no objection to being touched or treated by members of the opposite sex.  Blood transfusions, organ donations, the administration of prescription drugs and the like are all perfectly acceptable.  There is no objection to mixed wards, but older Bahá'ís may prefer single-sex wards. Bahá'í patients will be ministered to by friends, by family and by those appointed as spiritual caregivers by the community. Because the Bahá¹í faith has no sacraments, these spiritual care givers do not have a sacramental or priestly/ministerial role nor do they have any authority over the patient. |
| **Daily acts of faith &**  **major annual events** | Every Bahá'í aged 15 years and over must recite daily one of three obligatory prayers each day, as well as reading a passage from the Bahá'í scriptures each morning and evening. Prayers are said privately and facing the 'Point of Adoration' (the Shrine of Bahá'u'lláh, roughly south east from the UK). Before reciting the prayers, Bahá'ís wash their hands and face, but ablutions do not require special facilities. Timing of the Bahá'í day starts at the sunset of the previous day (e.g. Naw- Ruz begins at sunset on 20 March and finishes at sunset on 21 March, but the date is always shown as 21 March).  Bahá'í holy days always fall on the same dates each year and are:  ♦ *Naw Ruz*: New Year (21 March)  ♦ *1st day of Ridvan* (21 April)  ♦ *9th day of Ridvan* (29 April)  ♦ *12th day of Ridvan* (2 May)  ♦ *Anniversary of the Declaration of the Bab* (23 May)  ♦ *Anniversary of the Ascension of Baha’u’llah* (29 May)  ♦ *Anniversary of the Martyrdom of the Bab* (9 July)  ♦ *Anniversary of the Birth of the Bab* (20 October)  ♦ *Anniversary of the Birth of Baha’u’llah* (12 November) |
| **Dying**  **Death customs** | There are no special religious requirements for Bahá'ís who are dying, but they may wish to have a family member or friend to pray and read the Bahá'í scriptures with them.  While there is no concept of ritual purity or defilement relating to the Treatment of the body of a deceased person, there are a few simple and specific requirements relating to Bahá'í burial and the Bahá'í funeral service, which the family will wish to arrange:  \* the body is carefully washed and wrapped in white silk or cotton - this may be done by family members or by others, according to the family's preference; the family may choose to allow others to observe the preparation of the body;  \* a special burial ring may be placed on the finger of a Bahá'í aged 15 or over;  \* the body is not cremated but is buried within an hour's travelling time from the place of death;  \* unless required by law, the body should not be embalmed;  \* it is buried in a coffin of as durable a material as possible; and  \* at some time before interment a special prayer for the dead, the only specific requirement of a Bahá¹í funeral service, is recited for Bahá'í deceased aged 15 or over.  While it is preferable that the body should be buried with the head pointing towards the Point of Adoration, this is not an absolute requirement, and may be impossible in some cemeteries without using two burial plots. This is a matter for the family. |
| **Resources (texts,**  **community facilities etc.)** | The Bahá'í scriptures comprise the Writings of Bahá'u'lláh, Founder of the  Faith, and of his forerunner, the Báb. The Writings of 'Abdu'l-Bahá, Bahá'u'lláh's eldest son and successor, are also included in the Bahá'í Canon. Bahá'ís may read the scriptures in any language, so it is preferable in the UK to provide English-language editions. The Bahá'í scriptures belong to all and there are no restrictions on who may touch or handle the books, provided they are treated with respect. Larger Bahá'í communities may have a Bahá'í centre, but most Bahá'í communities currently have no such facilities. |
| **Names** | Bahá'ís follow the practice of the wider community in naming. There are no Specific religious names. It is very important to check the spelling of the Names of Iranians, which may be transliterated in different ways. For Example, the name Masoud may also be spelt Massoud or Masood. |

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| **Buddhist** | |
| **Language** | Members may speak several languages other than English, including Tibetan, Cantonese, Hakka, Japanese, Thai and Sinhalese. |
| **Diet**  **Fasting** | Often vegetarian, salads, rice, vegetables and fruit are usually acceptable foods to offer. Some Buddhists do not eat onions or garlic, but this is more a matter of personal choice or cultural habit, rather than religious restriction. Buddhists who are vegetarian may eat fish and eggs.  Full moon days & new moon days are often fast days for many Buddhists, as are some festival days for various schools of Buddhism. On days of fasting, a Buddhist may eat before noon, but not afterwards. |
| **Dress** | Generally, no religious requirements for forms of every-day dress for lay Buddhists. Buddhist monks or nuns of the Theravada school shave their heads and wear orange or ochre-colored robes. |
| **Physical contact**  **Medical treatment**  **Hospital stays, rest centers** | In the case of medical examination and treatment and comforting by strangers, a Buddhist may be touched by a person of either sex.  There are no religious objections to blood transfusions, or transplants.  In cases of hospital stays, the use of either a bath or a shower is a personal matter. Provision of a quiet space set aside in a hospital or rest center is not a necessity, but if available it can be used for silent reflection and meditation. |
| **Daily acts of faith &**  **major annual events** | Buddhists do not pray in the generally-accepted sense, but meditate regularly. Other than in Zen Buddhism, the Buddhist calendar is lunar; the dates will therefore vary from year to year. Traditional observance days are the full moon, new moon and quarter days. There are different special events during the year, but those celebrated by all schools of Buddhism are:  ♦ *Wesak*  ♦ *Full moon days*  The calendar observed by Buddhists is not standardized and different traditions within Buddhism may observe the same Festival on significantly different dates. It is therefore wise to ask about the practice within the tradition involved, rather than making an assumption that for instance, Wesak, is observed on the same date by all Buddhists. |
| **Dying**  **Death customs** | Many Buddhists wish to maintain a clear mind when dying. There is respect for the doctors’ views on medical treatment, but there may sometimes be a refusal of pain-relieving drugs if these impair mental alertness. This is a matter of individual choice. It is helpful for someone who is dying to have some quiet, and it is customary to summon a monk to perform some chanting of sacred texts in order to engender wholesome thoughts in the mind of the dying person.  After death, the body of the deceased may be handled by non-Buddhists. In some cases a monk may perform some additional chanting, but this is not a universal practice. There are no objections to post-mortems. Preparation of the body for the funeral is generally left to the undertaker, but in some instances relatives may also wish to be involved. The body may be put in a coffin, or wrapped in cloth (sometimes white), or dressed in the deceased’s own clothes. It may be surrounded by candles, flowers, incense, photographs and colored lights, but this is a matter of individual choice and there are no hard-and-fast rules. The body is usually cremated, at a time dependent upon the undertaker and the availability of the crematorium’s facilities. |
| **Resources (texts, community facilities, etc.)** | The Pali Canon contains the teachings of the Buddha and his disciples and is used in the Theravada school of Buddhism. Mahayana schools use texts either in Sanskrit or their own languages, such as Chinese, Korean,  Japanese and Tibetan. Books of Scripture, liturgy etc. should, at all times, be handled with the utmost respect. In many traditions it is considered disrespectful to place them on the ground or to cover them. |
| **Names** | Buddhists usually have two or more names. The last name is the family name, and the preceding name(s) is/are given at the time of birth. |

| **Chinese (Confucianism, Taoism, Astrology, Christianity)**  Half the Chinese in the UK do not profess any religious belief. 1 in 4 are Christians and worship in Chinese language churches, and 1 in 5 observe Buddhist/Taoist/Confucian ceremonies and practices. Belief in astrology is widespread. Some 200 Chinese Christian churches exist in cities and towns, each having congregations worshipping in Cantonese, English and Mandarin to cater for linguistic preferences. Some are denominational but most are non-denominational and evangelical. Pastors are bilingual in English and Cantonese or Mandarin. More than half of the UK’s Chinese churches have fraternal links with the Chinese Overseas Christian Mission (COCM) that runs a Bible College (in Mandarin) in Milton Keynes. The COCM has long-standing links with the Overseas Missionary Fellowship, formerly the China Inland Mission. The COCM also has links with some 200 congregations of Chinese Christian churches in continental Europe. | |
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| **Language** | Cantonese, Mandarin, Hakka, Hokkien, English |
| **Diet**  **Fasting** | Southern Chinese (Cantonese and Fujian): seafood, fish, pork, poultry, green vegetables, soup, rice, rice noodles and fresh fruit. Northern Chinese: bread, wheat dumplings, meat dumplings, noodles, pork, lamb, chicken, cabbage, green vegetables. Beef and cheese are least preferred food. Drink: Soya milk is preferred to cow’s milk as some Chinese are allergic to cow’s milk. China tea (without milk and sugar).  Buddhist/Taoist Chinese will eat a vegetarian diet before major festivals. |
| **Dress** | Men and women prefer shirt/blouse and trousers/slacks. |
| **Physical contact**  **Medical treatment, Hospital stays, rest centers** | Although there is no gender barrier, women prefer to be medically examined by women health professionals. Single gender wards are preferred. Showers are preferred as Chinese people are not accustomed to bathtubs. Washing is done personally or by a spouse, parent or offspring of the same gender as the patient.  Injections are preferred in the belief that they are more effective than pills.  Chinese food should be offered to patients. Family units stay together and do not like being separated in emergencies, and this includes extended family members. |
| **Daily acts of faith &**  **major annual events** | Buddhists and Christian Chinese will pray or meditate in similar ways to their co-religionists. In addition to the two main Christian festivals of Christmas and Easter, Chinese Christians celebrate the Chinese New Year.  ♦ *Lunar New Year:* The biggest family occasion and honor/reverence is paid to ancestors and parents. A time for family reunions, visiting friends and relatives and exchanging monetary gifts in red envelopes.  ♦ *Teng Chieh* (Lantern Festival at first full moon of the year)  ♦ *Ching Ming:* A public holiday in China and Hong Kong - a time for people to visit their ancestral graves (April)  ♦ *Dragon Boat Festival* (June)  *▲ Mid-Autumn Festival* (September) |
| **Dying**  **Death customs** | All family members gather at the bedside. A Chinese Christian pastor is called to pray for and to counsel the dying person. In the UK this practice is also common among Chinese with no religious convictions or who are traditional Confucian/Taoist. Buddhists call for a priest/monk from a Buddhist association or temple with links to Taiwan or Hong Kong.  After death, undertakers handle the deceased. Some undertakers in areas with long established Chinese populations (e.g. Merseyside) are accustomed to Chinese needs such as embalming and the deceased being fully dressed in best clothes including shoes and jewelry. In such areas some cemeteries have a Chinese section. Burial or cremation may take place a week after the person has died. Friends and relatives visit the bereaved family, usually in the evenings prior to the funeral when gifts of money or flowers are given and help offered. Sweets are offered to visitors when they leave.  If the deceased is the head of the family, all children and their families are expected to observe a period of mourning for about a month. Headstones may have a picture of the deceased. If the deceased is a child, parents usually do not want to visit the mortuary. A sibling or close relative would be asked to identify the body in the mortuary. |
| **Resources (texts,**  **community facilities etc.)** | Chinese Christians read bilingual bibles printed in English and Chinese. Bibles printed in the traditional script are preferred by Chinese from Hong Kong and Taiwan whilst the simplified script is read by people from China and Singapore. Buddhist scriptures are available in traditional script. At least one Chinese community association, community center or church exists in every town and city in the UK. Local Councils should have the names, addresses and telephone numbers. Religious bodies in the Chinese community are usually found in local telephone directories. |
| **Names** | Chinese names start with the family name first, followed by the generation name and the personal name. Chinese Christians usually have Christian names in addition. Always ask the person how (s)he would like to be addressed. |

| **Christian**  Christians belong to a number of denominations and some groups which run across denominations. The most numerous in the UK are Anglicans (Church of England, Church in Wales, Church of Ireland, Scottish Episcopal Church); Roman Catholics, Church of Scotland and Free Church (including Baptist, Methodists, United Reformed, Pentecostal, Presbyterians, etc) and Quakers. Independent churches; in large cities especially there are communities of Orthodox Christians (from the historic churches of Greece, Russia, etc*.* Seventh-day Adventists are part of the Christian tradition but differ in some key respects from mainstream Churches and so have a separate section - see below. See the Chinese Christian section for specific needs of Chinese Christians. | |
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| **Language** | Christians in the UK may be from any ethnic group. Church services usually take place in English, ( or in Welsh and Gaelic). |
| **Diet**  **Fasting** | In general, Christians are not religiously forbidden to eat any foods, but this must be checked with the individual. Some will not consume alcohol.  Roman Catholics may abstain from meat on Fridays; Orthodox will abstain from meat in the fasting seasons of Advent and Lent. Those of African and African Caribbean origin may fast at other times. |
| **Dress** | No special code of dress for Christians except for clergy and members of religious orders. |
| **Physical contact**  **Medical treatment**  **Hospital stays, rest centers** | Most would have no objections to being touched by members of the opposite sex for medical purposes.  Treatment such as blood transfusions, surgery, organ transplants or the administration of drugs is permissible. Jehovah’s Witnesses (not regarded as Christians by most Christian organizations) are forbidden to receive blood transfusions and transplants – see below.  If a person is terminally ill, or dying, they may wish to keep a copy of the Bible close at hand. Survivors, their families and friends, should be allocated a quiet place at survivor and reception centers, which can be used for private prayer or to talk to a priest or minister. |
| **Daily acts of faith &**  **major annual events** | Many Christians pray daily, and often use the Lord’s Prayer. Daily reading from the Bible, and/or other aids to prayer such as a Cross or Crucifix (a Cross with the figure of Christ), a hymnbook or prayer book, a rosary (prayer beads with a small crucifix), or an icon of Christ or the Virgin Mary are all widely used, though preferences should be checked with the individual. All of these could helpfully be provided in a chapel or quiet place. Sunday is the special day, set apart for prayer, reflection, and church attendance. Christians pray in congregations, small groups or individually. The most important event for most congregations is the Eucharist (the Mass, Communion Service, Lord’s Supper), when Christians share bread and wine. The most widely celebrated Christian festivals are: -  ♦ *Christmas*  ♦ *Holy Week and Easter* (including Palm Sunday, Maundy Thursday, Good Friday and Easter Sunday)  ♦ *Pentecost/Whitsun*  ♦ *Ascension Day*  ♦ The seasons of *Advent* (leading up to Christmas) and *Lent* (leading up to Easter)  ♦ Remembrance Sunday |
| **Dying**  **Death customs** | Christians involved in a disaster will value prayers being said for them, or with them, and short readings from scripture, such as the Lord’s Prayer and the 23rd Psalm. Those who are injured or distressed may wish to receive Holy Communion and/or the Sacrament of the Sick (which used to be called Extreme Unction). The Sacrament of the Sick is not limited to those who are dying, but is part of the healing ministry of the Church. Other Christians may ask for prayer for healing with the laying on of hands.  The choice between cremation and burial can either be a matter of personal choice or a denominational requirement. In all cases, the wishes of the deceased’s family, or friends, should be sought if possible. If this cannot be done, then Christians should be buried. |
| **Resources (texts,**  **community facilities etc.)** | The sacred text is the Bible, which for Christians consists of the Old Testament (or Hebrew Scriptures), and the New Testament, bound as a single book. Of the translations of the Bible, the New Revised Standard Version, the Authorized version and the Jerusalem Bible are recognized by Catholics, Protestants and Orthodox Christians. Other versions are favored by evangelical Christians. Emergency Planners should discuss with church authorities the possible use of church facilities in a major emergency. |
| **Names** | Christians have one or more given names, usually called Christian names because for most Christians these were given historically at the service of baptism, which for most happened when the infant was a few weeks old. These names are followed by the surname or family name, which is constant for men. Many women change to their husband’s surname on marriage, though this custom is changing. Individuals may not be known by their first Christian name, so it is always wise to ask, “What should I call you?” or for a funeral “What name should I use?” |

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| **Christian Science**  Christian Science is a prayer-based system of healing that is fully explained in Mary Baker Eddy’s book *Science and Health with Key to the Scriptures*, currently published in 17 languages*.* Some people who follow the practices of Christian Science choose to become members of the Church of Christ, Scientist, the organization Eddy established to make these teachings available and accessible, but others do not. | |
| **Language** | Christian Science has been practiced around the world for over a century by individuals of various faith traditions, as well as by those with no formal faith tradition. Consequently, people of diverse cultures and languages practice Christian Science. |
| **Diet**  **Fasting** | Individuals make their own decisions regarding diet.  Individuals make their own decisions regarding fasting. |
| **Dress** | No particular requirements. |
| **Physical contact**  **Medical treatment**  **Hospital stays, rest centers** | In the practice of Christian Science, respect for individual choice in questions of healthcare or any other aspect of daily life is paramount. Many Christian Scientists rely on their own prayer for healing of adverse health conditions. Some may also ask for help from a Christian Science practitioner - a professional spiritual healer who employs the Christian Science method of healing. (There is a world-wide directory of practitioners in each issue of *The Christian Science Journal*, a monthly magazine.) However, individuals are always free to choose conventional medical treatment or other complementary and alternative therapies.  If a Christian Scientist were taken to a hospital because of an accident, for example, and chose to decline conventional medical treatment, this would ordinarily mean that the individual was choosing instead, as a competent adult, to rely on prayer for healing (individually or with the help of a Christian Science practitioner). Such an individual would co-operate with authorities to take appropriate actions, such as quarantine, which may be considered necessary to protect others.  Individuals relying on Christian Science may ask to be re-tested, or to have a pending procedure re-evaluated after having had time to pray for healing. If a Christian Scientist entered a hospital voluntarily, the individual would probably accept conventional medical treatment. He/she might ask that drugs/therapy be kept to a minimum. Individuals make their own decisions about blood transfusions and organ/tissue donation.  Doctors, nurses, mental health professionals and chaplains will find that there are many meaningful ways they can show support for patients relying on Christian Science. Where possible, the best way to ascertain what would be most helpful in any circumstance is to ask the individual patient. Some of the following might be requested by a patient, or could be offered by the healthcare worker:  ♦ Providing the patient time and a quiet space to pray, during the various stages of diagnosis and treatment.  ♦ Facilitating the patient’s contact with a Christian Science practitioner.  ♦ Making sure that the patient has access to the Bible and *Science and*  *Health*.  ♦ Reading aloud to the patient requested passages from these books (or other Christian Science literature). |
| **Daily acts of faith &**  **major annual events** | There are no prescribed holy days. Members would normally attend services and meetings at Church on Sundays and Wednesday evenings. Christian Scientists study a weekly Bible Lesson, a collection of topic- specific passages from the Bible and *Science and Health*. |
| **Dying**  **Death customs** | There are no specified last rites. Such issues are an individual/family decision.  Questions relating to care of the body should be answered by the individual’s partner/ family. In general, Christian Scientists request that, whenever possible, the body of a female should be prepared for burial by a female. The individual’s family should answer questions relating to post mortem examinations. |

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| **Church of Jesus Christ of Latter - day Saints (Mormons)** | |
| **Language** | Usually English |
| **Dress** | Those who have been endowed in a Temple of the Church of Jesus Christ of Latter-day Saints wear a special undergarment next to the skin. Mormons are always soberly dressed. |
| **Physical contact, medical treatment,**  **hospital stays, rest centers** | Necessary medical treatment can be carried out without delay and surgery and blood transfusions may be carried out as necessary. Transplants and organ donation are an individual and family matter; there are no religious objections. |
| **Daily acts of faith &**  **major annual events** | Scripture reading is considered an important part of daily life. The Sabbath is observed on Sundays, with services conducted by lay leaders called bishops. Christmas and Easter are important celebrations in the Church. |
| **Dying**  **Death customs** | Members may request a priesthood blessing. A quiet private place is appropriate for the blessing  The Church takes no position on post mortem examinations. Church or family members will usually arrange for the body to be clothed for burial. Burial rather than cremation is recommended by the Church, but the final decision is left for the family of the deceased. |
| **Resources (texts, community facilities etc.)** | The Bible and the *Book of Mormon: Another Testament of Jesus Christ* – are regarded as the word of God.  Although Mormon individuals and families are advised to be prepared spiritually and temporally to meet both problems of everyday life and emergencies that may arise, local Church leaders have the responsibility to organize proper responses to assist individuals and families in an emergency. Church branches are encouraged to prepare detailed *Emergency Preparedness and Response Plans*, based on principles contained in *Providing in the Lord’s Way*. Branch Welfare Committees are identified as the coordinators if disaster strikes. |

| **Hindu** | |
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| **Language** | In addition to English, Hindus in the UK generally speak Gujerati (most common), Hindi, Punjabi, Bengali or Tamil. |
| **Diet**  **Fasting** | Hindus regard the cow as sacred and do not eat beef. Orthodox Hindus are strictly vegetarian, which also excludes fish, eggs and animal fat for cooking. Some may also prefer to refrain from alcohol, and some very orthodox Hindus may refrain from garlic and in extreme cases onion. Salt- free salads, rice, vegetables, yoghurt and milk products and fruit are quite acceptable foods to offer.  Fasting is commonplace and frequent but fasts generally last just one day or one day a week (e.g. Lord Shiva’s fasting every Monday for 17 weeks, where yoghurt at lunch with water or fruit juice and a normal light meal in the evening is permitted). Hindu women keeping the *Karvachauth* fast in Autumn cannot even drink water until the moon is seen at night. |
| **Dress** | Generally, modesty and decency are considered essential factors in dress code. The sari is a one-piece female garment wound around the lower body in different styles to suit the occasion and the tradition from which the person comes. (NB Older Bangladeshi and Indian Muslim women also wear saris. Women also wear a dress and baggy trousers (*shalwar*). Men may sometimes wear a loose shirt (*Kurta*) and baggy trousers but generally they wear Western clothes. |
| **Physical contact**  **Medical treatment**  **Hospital stays, rest centers** | A Hindu would prefer to be comforted by a person of the same sex. There is no stated preference in respect of medical examination and treatment.  Blood transfusions, organ transplants, and all types of medicine for the purpose of saving life are permitted.  Hindus traditionally live in extended families, so information or requests (e.g. for organ donation) should be made by the authorities to the head of the family to be passed on without delay to the rest of the family unit, where this is practicable. Some groupings within the Hindu community are men only or women-only and the authorities should always appoint a person of the appropriate sex to liaise with such a grouping. |
| **Daily acts of faith &**  **major annual events** | Hindus will generally perform a daily act of personal devotion at home, either alone or with others. Ritual washing normally accompanies prayer. The most widely celebrated Hindu festivals are:  ♦ *Holi:* A celebration at the start of spring, with much use of color  ♦ *Rama Navami*  ♦ *Janamashtami*: there is fasting until midnight  ♦ *Divali*: the festival of lights  ♦ *Shivaratri:* the night is spent in prayer, fasting and meditation. |
| **Dying**  **Death customs** | Most fatally ill Hindus would prefer to pray with a *mala* (rosary). A Hindu will appreciate being with someone, preferably of the same sex.  It is preferred if all Hindu bodies can be kept together after death. A dead body should be placed with the head facing north and the feet south. Cleanliness is important and the body can be undressed and cleaned, but the family should be consulted where possible. The arms should be placed to the sides and the legs should be straightened. The face should be pointed upward with eyes closed and the whole body must be covered with white cloth. Any detached body parts must be treated with respect as if they were a complete body. Post mortems are permitted, usually with prior agreement of the immediate family. The bereavement in the family lasts a minimum of two weeks during which several rituals are followed. Hindus believe in cremating the body so that the soul is completely free of any attachment to the past physical matter. |
| **Resources (texts,**  **community facilities etc.)** | The Hindu ancient scriptures are called the Vedas and contain, amongst other texts, the *Upanishads,* philosophical works discussing the purpose of life, and the *Brahmanas*, which contain advice on ritual. The *Bhagawad Gita* is a prominent holy book with condensed spiritual teachings, and the *Ramayana* sets the highest ideals. |
| **Names** | Members of Hindu families may have three or four names, depending on cultural background and tradition. Suffixes to the first name are used, e.g.,‘Bhai’ or ‘Ji’ for males and ‘Ben’ for females. In some traditions the father’s first name is one of the middle names. Other middle names, which may be used as surnames are Kumar, Pal or Paul, Dev, Lal etc. Sometimes the surname is clan based as Patel or in case of Rajputs, Singh. Some Hindu women may adopt 'Devi', 'Kumari' or 'Wati' in place of a family surname. For records, it is advisable to ask the individual’s family name and use that as surname. Hindu equivalents to Mr and Mrs are Shri and Shrimati, commonly used, but for Miss one can use Sushai/Kumari/Devi but rarely used. In written records and invitations the practice is to say Shrimati and Shri (surname), i.e. Mrs and Mr (surname). |

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| **Humanists**  Humanism is not a faith. It is the belief that people can live good lives without religious or superstitious beliefs. Most humanists would describe their beliefs as either atheist or agnostic, and humanists reject the idea of any god or other supernatural agency and do not believe in an afterlife. However, Humanism is more than a simple rejection of religious beliefs. Humanists believe that moral values are founded on human nature and experience, and base their moral principles on reason, shared human values and respect for others. They believe that people can and will continue to solve problems, and should work together to improve the quality of life and make it more equitable. | |
| **Language** | English, or any other language depending on the individual’s background. |
| **Diet**  **Fasting** | No particular requirements. Some humanists are vegetarian or vegan, and many who do eat meat would refuse meat that has been slaughtered by methods they consider inhumane (Halal or Kosher meat).  None |
| **Dress** | No special requirements |
| **Physical contact, medical treatment,**  **hospital stays, rest centers** | No specific restrictions on physical contact, or on medical treatments. |
| **Daily acts of faith &**  **major annual events** | No daily acts of faith or worship, and no annual festivals. |
| **Dying**  **Death customs** | Many humanists will want to have family or a close friend with them if they are dying, or the support of another caring individual. Some may appreciate the support of a secular counsellor or a fellow humanist. Humanists may refuse treatment that they see simply as prolonging suffering. Some may strongly resent prayers being said for them or any reassurances based on belief in god or an afterlife.  No specific requirements. The choice between cremation and burial is a personal one, although cremation is more common. Most will want a humanist funeral, and crosses and other religious emblems should be avoided. However, since many humanists believe that when someone dies the needs of the bereaved are more important than their own beliefs, some may wish decisions about their funeral and related matters to be left to their closest relatives. |
| **Resources (texts, community facilities etc.)** | There are no humanist scriptures or religious texts. |
| **Names** | No particular traditions: names may vary according to ethnic or cultural background. |

| **Jain** | |
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| **Language** | Apart from some of the elderly, Jains speak and understand English. The majority in the UK are Gujerati speaking, but a minority speaks Hindi, Rajasthani, Tamil, or Punjabi. |
| **Diet**  **Fasting** | Jains are pure vegetarians, and do not consume meat, fish, seafood, poultry or eggs. In addition, those Jains who adhere to the stricter code of conduct do not eat any root vegetables, particularly onions and garlic but also potatoes, carrots, beets, etc. Jains do not consume alcohol. Salads, fruits, cooked grain of all types, cooked vegetables, bread or biscuits made without the use of eggs and dairy products are generally acceptable.  There are fasts with (a) no meal (b) one meal (c) two meals within 24 hours. Water, if used in a fast, must be boiled. Some Jains observe fasts without any intake of food or water. Abstention from fruit and vegetables is practiced on many days. Fasts are undertaken on various days throughout the lunar month. They are more popular during the festival of *Paryushana* during August or September, which lasts for 8 or 10 days. Two special 9-day periods called *Ayambil* are observed during June and December during which only one meal is taken. This meal is prepared using only grain, flour, water, rock salt and pepper. Use of dairy products, fruits, vegetables, nuts, oils and fats, and any raw food is forbidden. |
| **Dress** | Jain males have adapted the western dress code for everyday use whereas females may be orthodox or modern. The elderly usually wear Indian dresses such as saris and kurta-pyjama, whilst the younger generation wear all sorts of dresses. |
| **Physical contact**  **Medical treatment**  **Hospital stays, rest centers** | Ideally, same-sex contact and separate male and female wards are preferred but there is no taboo where medical and/or specialist personnel are involved.  Blood transfusions and organ transplants are acceptable if these are not obtained at the expense of another life. Medication for the purpose of saving life is usually accepted without question.  If the toilet and bathroom are separate, a water supply and beaker should be provided in the toilet for cleaning purposes. Diet restrictions should be observed during stays in hospital or rest center. |
| **Daily acts of faith &**  **Major annual events** | The *Namokkara* mantra is recited on waking up, going to bed and at meal times. Jains may observe the ritual of *pratikramana* once or twice a day, and meditate as often as desired. Festivals (based on the lunar calendar):  ♦ *Paryushana*: 8 or 10 days during August or September. The most significant Jain event. Prayers are recited with confession of sins, forgiveness is sought from all living beings and penances are undertaken.  ♦ *Mahavira Jayanti*: the Birthday of Lord Mahavira, the last Tirthankara (One who re-establishes the ford), in 599 BCE. Celebrated during April. This is a joyous occasion and the experiences of Lord Mahavira’s mother before and after his birth are recounted.  ♦ *Mahavira Nirvana*: Liberation of Lord Mahavira. Most Jains celebrate the eve of the Hindu New Year with Deepavali, the festival of lights. However, some observe this day as the day of liberation of Lord Mahavira followed by the day of enlightenment of his first disciple Gautam Svami around October.  ♦ *Ayambil* : Two periods are observed. (see Fasting section) |
| **Dying**  **Death customs** | If death is certain and there is nothing to benefit by staying in the hospital, the Jain would prefer to spend the last moments at home. Ideally, the subject would wish for mental detachment of all desires and concentrate on the inner self. Family members or others would assist by reciting text or chanting verses from the canon. As much peace and quiet should be maintained as possible.  There are no specific rituals in Jain philosophy for this event. Bodies are always cremated and never buried except for infants. Cremation must be performed as soon as practicable, even within hours if possible, without any pomp. Many Jains still pursue Hindu customs as a family preference. All normal practices of UK undertakers are acceptable if handled with respect. The family normally provides the dress and accessories for the preparation and final placement in the coffin. |
| **Resources (texts,**  **community facilities, etc.)** | The Jain scriptures are called Agamas and although the texts vary according to sects, the basic philosophy is the same. The Jains believe that the mission of the human birth is to achieve liberation from mundane life, and the cycle of death and rebirth. This is achieved through the practice of non-violence and equanimity as preached by Lord Mahavira in the Agamas. |
| **Names** | All names are made up of 3 or 4 words in a definite sequence: the person’s given name comes first. Sometimes this is appended with a gloss such as -Kumar, -ray, -lal, -chandra, -bhai, -kumari, -bhen etc. which is usually written with the given name but sometimes becomes the second name. The following name (usually the middle) is the father’s first name for males and the husband’s first name for the females. The last name is the surname or family name, which is usually common to all members of the family. |

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| **Japanese (Shinto)**  Shinto is Japan's indigenous religion: a complex of ancient folk belief and rituals which perceive the presence of gods or of the sacred in animals, in plants, and even in things which have no life, such as stones and waterfalls. As well as Shinto, individuals of Japanese origin may adhere to Buddhism - see separate Buddhist section. | |
| **Language** | Generally Shintoists speak Japanese with English as a second language. |
| **Diet**  **Fasting** | In general, the foundation of the Japanese diet is rice.  Japanese people do not have a custom of fasting. |
| **Dress** | There are no religious requirements for the form of every-day dress. For particular annual events such as New Year's Day and the Bon Festival (and for local shrine festivals in Japan) some wear traditional dress (*kimono*). |
| **Physical contact**    **Medical treatment**  **Hospital stays, rest**  **centers** | When undergoing medical examination and treatment or being comforted by strangers, Japanese people would prefer to be touched by a person of the same sex.  There are no religious objections to blood transfusions or transplants.  During hospital stays, baths are considered preferable to showers and the bathroom should be separated from the toilet. |
| **Daily acts of faith &**  **major annual events** | Shinto has little theology and no congregational worship. Its unifying concept is *Kami,* inadequately translated as "god". There are no Shinto prayers as such but many Japanese will follow Buddhist meditative practices. In addition to Buddhist festivals, Shintoists will celebrate:  ♦ *New Year:* 1 January  ♦ *Bon Festival:* respect to ancestors (13-16 August) |
| **Dying**  **Death customs** | Dying Japanese will wish to meditate.  Generally Japanese would prefer cremation to burial. Funeral services are administered according to Buddhist rites. |
| **Resources (texts, community facilities etc.)** | No specific Shinto texts. See Buddhism. Those requiring further information on Shinto should contact the Japanese Embassy or the International Shinto Foundation (www.shinto.org). |
| **Names** | It is usual for Japanese people to have two names. The first may be the family name and the second may be the given name. When names are required for record purposes it is advisable to ask first for the family name and to use this as the surname. |

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| **Jehovah’s Witnesses** | |
| **Language** | Usually English. |
| **Diet**  **Fasting** | While Jehovah’s Witnesses believe that Christians are required to abstain from blood and the meat of animals from which blood has not been properly drained, there are no religious restrictions on what they can eat. Use of alcohol is a personal matter.  No religious requirement. |
| **Dress** | No special religious dress. |
| **Physical contact**  **Medical treatment**  **Hospital stays, rest centers** | For deeply-held reasons of religious faith there are basically only two medical interventions that Jehovah’s Witnesses object to: elective termination of pregnancy and allogeneic blood transfusion. Baptized Jehovah’s Witnesses usually carry on their person an *Advance Medical Directive/Release* document directing that no blood transfusions be given under any circumstances, and this document is renewed annually. A more detailed *Health-Care Advance Directive* form outlining their personal treatment choices may also be carried.  Jehovah’s Witness are happy to sign hospital forms that direct that no allogeneic blood transfusion or primary blood components be administered under any circumstances, while releasing doctors, medical personnel and hospitals from liability for any damages that might result from such refusal despite otherwise competent care.  They understand the challenge that their decisions can sometimes pose for doctors and nurses. In an effort to alleviate these situations they have established a network of Hospital Liaison Committees throughout Britain. Members of these groups are trained to facilitate communication between medical staff and Jehovah’s Witness patients and are available at any time, night or day, to assist with difficulties either at the request of the treating team or the patient. |
| **Daily acts of faith &**  **major annual events** | Reading the Bible daily.  Witnesses commemorate the death of Jesus according to the Hebrew calendar (late March/April). They do not celebrate other traditional festivals, nor do they celebrate birthdays. |
| **Dying**  **Death customs** | There are no special rituals to perform for those who are dying, nor last rites to be administered to those *in extremis.* Pastoral visits from elders will be welcomed.  An appropriate relative can decide if a limited post mortem is acceptable to determine cause of death.  The dead may be buried or cremated, depending on personal or family preferences and local circumstances. |
| **Resources (texts, community facilities etc.)** | The Bible. |
| **Names** | No particular tradition. |

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| **Jewish** | |
| **Language** | English is generally used although Hebrew and Yiddish are also spoken. |
| **Diet**  **Fasting** | Observant Jews are required to uphold the *Kashrut*, a series of dietary laws. Jews do not eat pork in any form. Fish must have both fins and scales: shellfish is not permitted. Red meat and poultry must comply with *kosher* standards of slaughter. Meat and milk products must not be cooked together, and separate dishes must be kept. Milk products must not be eaten during or after a meat meal, and most observant Jews will wait three to six hours before dairy products are eaten or drunk. A vegetarian meal is often acceptable, since this ensures no doubt over the utensils used for its preparation, with dairy-free dressings or sauces if available.  *Yom Kippur* is a major annual 25-hour fast observed by the majority of Jews. There are other fast days during the year which are less widely observed. Jews are not permitted to eat or drink on fast days. Additionally, no leavened bread is eaten during the period of Passover, when unleavened bread known as *matzah* may be consumed instead. |
| **Dress** | Devout Jewish men and women will keep their heads covered at all times. Men wear a hat or skull-cap (the *yarmulka* or *kippa*). Orthodox women will wear a hat, scarf or wig. Orthodox women and girls are required to keep the body and limbs covered with modest clothing. Strictly Orthodox men are likely to wear black clothes (sometimes 18th century dress) and may have ringlets and beards. |
| **Physical contact**  **Medical treatment**  **Hospital stays, rest centers** | Strictly Orthodox men and women actively avoid physical contact with people of the opposite sex and will not welcome being comforted by someone touching or putting an arm around them.  All laws normally applying on the Sabbath or festival can be overruled for the purpose of saving life or safeguarding health. Blood transfusion is permitted and is a matter of personal choice. Transplants and organ donation are usually permissible, but may require advice from a Rabbi.  A quiet area for prayer should be provided if possible. |
| **Daily acts of faith &**  **major annual events** | All practicing Jews say prayers three times a day. The Sabbath (*Shabbat*) is observed from sunset on Friday evening until sunset on Saturday evening.  Prayers and a family meal are part of the observance.  The observance of festivals is very important. The major ones are:  ♦ *Days of Awe: Rosh Hashanah* (New Year) and *Yom Kippur* (Day of Atonement)  ♦ The *Three Foot Festivals: Sukkot, Pesach* and *Shavuot*  ♦ *Chanukah*  ♦ *Purim*  ♦ *Tishah B’Av* |
| **Dying**  **Death customs** | It is usual for a companion to remain with a dying Jewish person until death, reading or saying prayers. The dying person should not be touched or moved, since it is considered that such action will hasten death, which is not permitted in any circumstances. He or she may wish to recite the *Shema.*  The prompt and accurate identification of the dead is particularly important for the position of a widow in Jewish law. Post mortems are forbidden unless ordered by the civil authorities. Body parts must be treated with respect and remain with the corpse if possible.  When a person dies, eyes should be closed and the jaws tied; fingers should be straight. The body is washed and wrapped in a plain white sheet, and placed with the feet towards the doorway. If possible it should not be left unattended. For men a prayer shawl, *tallit*, is placed around the body and the fringes on the four corners cut off.  The *Chevra Kadisha* (Holy Brotherhood) should be notified immediately after death. They will arrange the funeral, if possible before sunset on the day of death, but will not move the body on the Sabbath. Coffins are plain  and wooden (without a Christian cross). Someone remains with the body constantly until the funeral. It is not usual to have floral tributes. Orthodox Jews require burial but Reform and Liberal Jews permit cremation. |
| **Resources (texts,**  **community facilities etc.)** | The Jewish scriptures are known as the *Tanakh* and include the *Torah,* the *Nevi’im* and the *Ketuvim.* |
| **Names** | Individuals usually have one or more Hebrew names, often taken from Biblical sources, followed by the Hebrew names(s) of their father. |

| **Muslim** | |
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| **Language** | Muslims may speak several languages other than English; the most common are Punjabi, Urdu, Gujarati, Arabic and Turkish. |
| **Diet**  **Fasting** | Muslims do not eat pork in any form, and foods and utensils that have come into contact with pork should not touch any food to be eaten by a Muslim. Consumption of alcohol in any form (e.g. desserts) is strictly forbidden.  Muslims may eat fish, they can eat poultry, mutton and beef, providing the meat is *halal*, i.e. killed and prepared according to Islamic law. *Halal* food and drink should be clearly labelled where other food is being served. Vegetarian meals and fresh fruit/vegetables are acceptable. Food is eaten with the right hand only.  Muslims fast from dawn to sunset to mark the month of *Ramadan*, and some will fast at other times during the year. Fasting during *Ramadan* is compulsory for all except menstruating, pregnant or lactating women, pre- pubertal children and the infirm. |
| **Dress** | Observant Muslim women usually have at least a head covering (*Hijab*), and are often covered from head to toe when in public or in the presence of men who are not family members. Covering the area between the navel and knees is a requirement for Muslim men and some devout male Muslims may prefer to keep their heads covered at all times. |
| **Physical contact**  **Medical treatment**  **Hospital stays, rest centers** | Treatment by medical staff of any religion is permissible, but men and women prefer to be treated by staff of the same sex where possible.  The views of the family/Imam on whether organ donation, transplants and blood transfusions are acceptable should be sought in each case.  In hospital, a shower is preferred to a bath. Muslims ritually wash after using the toilet, so a tap or container of water for washing should be provided whenever the toilet area is separate from the bathroom. In a rest center, suitable facilities for pre-prayer washing, time to conduct prayer, and a clean prayer room with a prayer mat and a compass or sign pointing to Makkah (Mecca) - south-east in the United Kingdom - are appreciated. |
| **Daily acts of faith &** **major annual events** | Muslims pray five times a day, facing Makkah: before dawn, around midday, late afternoon, after sunset and late evening. Sunrise and sunset determine the exact timings. Ritual washing (*Wudu*) is performed before praying. Men and women will not usually pray together, though in emergencies this is acceptable if a temporary partition is erected.  Major events in the Muslim 12 month lunar-based calendar are:  ♦ *The First of Muharram:* Begins the Islamic New Year  ♦ *Milad-un-Nabi* (not celebrated by orthodox Sunni)  ♦ *Lail-ul-Qadr:* A time of fasting and all-night prayer during Ramadan  ♦ *Eid-ul-Fitr:* The end of the month of Ramadan. A day of celebration  ♦ *Eid-ul-Adha:* The end of the time of the annual *Hajj* pilgrimage |
| **Dying**  **Death customs** | If a Muslim is terminally ill or dying, the face should be turned towards Makkah. The patient’s head should be above the rest of the body. The dying person will try and say the *Shahadah* prayer (the testimony of faith).  Muslim dead should be placed in body-holding areas or temporary mortuaries, and ideally be kept together in a designated area (with male and female bodies separated). Post mortems are acceptable only where necessary for the issue of a death certificate or if required by the coroner. Ideally only male Muslims should handle a male body, and female Muslims a female body. The body should be laid on a clean surface and covered with a plain cloth, three pieces for a man and five for a woman. The head should be turned on the right shoulder and the face positioned towards Makkah. Detached body parts must be treated with respect.  Next of kin or the local Muslim community will make arrangements to prepare the body for burial. Muslims believe in burying their dead and would never cremate a body. Burial takes place quickly, preferably within 24 hours. |
| **Resources (texts,** **community facilities etc.)** | The Qur’an is a source of guidance for life. If in the original Arabic it should not be touched by non-Muslims except with a cloth (translations may be handled by all, with respect), or by menstruating women. Many mosques have private mortuaries which may be available in an emergency. |
| **Names** | Muslims usually have several personal or religious names. The name of the family into which someone has been born is not necessarily used. Where names are required for record purposes, it is advisable to register the most used personal name as a surname, followed by the lesser used names. |

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| **Pagans** | |
| **Language** | Mainly English. |
| **Diet**  **Fasting** | Dietary practice varies but many Pagans are vegetarian and some may be vegan. Dietary choices are, however, a matter for the individual who should be consulted on their preferences.  None. |
| **Dress** | In everyday life, Pagans do not usually wear special forms of dress. Ritual jewelry is however very common and may have deep personal religious significance. In some traditions, the wearing of a ring, which symbolizes the person's adherence to Paganism or a particular Pagan path, is common. The removal of such a ring may cause considerable distress. |
| **Physical contact**  **Medical treatment**  **Hospital stays, rest centers** | There are no specific restraints on types of physical contact and no religious objections to blood transfusion and organ transplants. |
| **Daily acts of faith &**  **major annual events** | Private practice: Most Pagans will keep an altar, shrine or a devotional room (often called a temple) in their own homes. Private devotions take place whenever the individual wishes and may include prayer, meditation, chanting, reading of religious texts and ritual. Ritual practice and items used on the Altar in Pagan worship are described below.  Group practice: This often occurs on the lunar observance days and on the seasonal festivals celebrated by most Pagans. Many Pagans will celebrate these on the most convenient date rather than on the exact date, although the latter is preferred. Festivals:  ♦ *Samhain*: 31st October  ♦ *Yule (Midwinter)*: 21st December  ♦ *Imbolc*: 1st February  ♦ *Spring Equinox*: 21st March  ♦ *Beltane*: 30th April  ♦ *Midsummer*: 21st June:  ♦ *Lammas or Lughnasadh*: 1st August  ♦ *Autumn Equinox*: 21 September |
| **Death customs** | Most Pagans believe in reincarnation. The emphasis in funerals is on the joyfulness for the departed in passing on to a new life, but also consolation for relatives and friends that the person will be reborn. Disposal of the body may be by burning (cremation) or burial. Funeral services will take place in crematorium chapels, at the graveside or at the deceased's home. In some traditions, any religious items of significance to the deceased must be buried or burned with the body. Ritual jewelry, personal ritual items such as the Witch’s athame, and the person's religious writings (such as the Book of Shadows) are commonly buried with or burned with the body. A wake (mourning ceremony) carried out around the body by friends and relatives is common in some traditions. |
| **Resources (texts,**  **community facilities etc.)** | The Pagan Federation is the largest and oldest Pagan body in Europe. It publishes an informative quarterly journal (Pagan Dawn), and has a useful information pack which gives basic facts about modern European Paganism.  There are also information packs on Witchcraft, Druidry and the Northern Tradition. |
| **Names** | No specific directions as to use of names |

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| **Rastafarians** | |
| **Language** | The vocabulary is largely that of the Jamaican patois of English. |
| **Diet**  **Fasting** | Most Rastafarians are vegetarian and avoid stimulants such as alcohol, tea and coffee. Sacred food is called I-TAL (organic vegetarian food). Some Rastafarians will eat fish, but only certain types.  Fasting is observed, and can take place at any time. Nothing is consumed from noon until evening. |
| **Dress** | Rastafarians wear standard Western dress, except that some Rasta men will wear crowns or *tams* (hats) and Rasta women, wraps (headscarves).  The wearing of headwear can be deemed as part of a Rastafarian's attire, with some Rastafarian men and especially women never uncovering their heads in public. |
| **Physical contact**  **Medical treatment**  **Hospital stays, rest**  **centers** | Cutting of hair is prohibited in any circumstances. Dreadlocks symbolise the ‘mane of the Lion of Judah’ (reference to the divine title of Emperor Haile Selassie). In a medical emergency this issue would need to be discussed with the patient. |
| **Daily acts of faith &**  **major annual events** | Worship takes place at various times depending upon each Rastafarian commune. A service is conducted at least once a week. Rastafarians consider Saturday to be the Sabbath day. *Nyahbinghi* drumming and chanting is an important part of Rastafarian culture. It is used for spiritual upliftment and can last for many days. At the start of this spiritual time a *Firekey* also takes place: a fire is lit and must be kept burning until the drumming and chanting have stopped. Festivals:  ♦ *Ethiopian Constitution Day* (16 July)  ♦ *Birthday of Haile Selassie* (23 July): one of the holiest days of the Rastafarian year  ♦ *Birthday of Marcus Garvey* (17 August)  ♦ *Ethiopian New Year’s Day* (early September): a four-year cycle, with each year named after a Biblical evangelist.  ♦ *Anniversary of the crowning of Haile Selassie/Ethiopian Christmas*: 2 November |
| **Dying**  **Death customs** | No particular rituals are observed. The dying person will wish to pray. When a Rastafarian person passes (dies) a gathering takes place where there is drumming, singing, scriptures read and praises given. Usual on 9th and or 40th night of person passing. |
| **Resources (texts,**  **community facilities etc.)** | Books: *My Life and Ethiopia* (autobiography of Emperor Haile Selassie of  Ethiopia); *Important Utterances of His Imperial Majesty Emperor Haile Selassie I*; *Philosophy and Opinions of Marcus Garvey* (ed. Amy Jacque Garvey).  DVDs: *Time and Judgement* (by Ras Menelik); *The Journey of the Lion* (by Brother Howie).  CDs: *Churchial Chants of the Nyahbinghi*; *Prince Teban and the Sons of* *Thunder* communication drumming. |
| **Names** | No particular tradition. Older men may take the prefix Jah or Ras. |

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| **Seventh-day Adventists** | |
| **Language** | Usually English, though there are a number of different language groups within the Adventist Church in the UK, including Filipino, Ghanaian, Russian, Bulgarian, Portuguese etc. |
| **Diet**  **Fasting** | Seventh-day Adventists do not smoke, drink alcohol or use non-medicinal drugs. Some even avoid foods and drinks containing caffeine and other stimulants. Many are vegetarian but those that do eat meat avoid pork or shellfish products. Some are vegan.  Some Adventists may have a personal period of fasting in conjunction with special prayer projects. |
| **Dress** | No special dress. |
| **Physical contact**  **Medical treatment,**  **Hospital stays, rest centers** | In a rest center, provision of vegetarian food from outlets not handling meat would be required. Provision of a room for Sabbath worship would be requested, and access to a Bible. |
| **Daily acts of faith &**  **major annual events** | The Seventh-day Adventist Sabbath is kept from sunset on Friday to sunset on Saturday. It is a day of rest and worship, when Adventists like to practice fellowship and worship together. During this time most Adventists avoid secular activities such as watching television. Communion, or the Eucharist, is celebrated once every three months. Adventists celebrate Christmas and Easter as commemorative events, usually marking the occasions by a special service on the closest Sabbath day. |
| **Dying**  **Death customs** | Adventists would prefer to have an Adventist clergyman or woman present when facing death. However they would appreciate general prayers and other spiritual care from clergy of other Christian denominations if Adventist clergy were not available. Adventists do not hold the sacraments as required rituals; hence Sacrament of the Sick would not be necessary.  Cremation or burial is a matter of personal or family preference. |
| **Resources (texts, community facilities etc.)** | As with other Christians Adventists accept the Bible as the inspired word of  God. Many Adventist also cherish books by Ellen G White, who they believe had the spiritual gift of prophecy.  The Seventh-day Adventist Church in the UK is a fairly close knit community and most members will have friends or family to call on for temporary accommodation. |
| **Names** | No particular tradition. |

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| **Sikh** | |
| **Language** | The Punjabi and English languages are widely spoken and used. Swahili, Urdu and Hindi may be understood |
| **Diet** | Dietary practice varies, but devout Sikhs do not use tobacco, alcohol or drugs and are vegetarians, who will also exclude eggs. Those who do eat meat, fish and eggs will refrain from eating beef, halal and kosher meat.  Salads, rice, dahl (lentils), vegetables and fruit are generally acceptable. |
| **Dress** | All initiated male Sikhs wear the five K symbols: *Kesh* (uncut hair); *Kangha* (a comb to keep the hair neat); *Kara* (a steel bangle which symbolizes the unity of God); *Kirpan* (a short dagger which symbolizes the readiness of the Sikh to fight against injustice); and *Kachhera* (breeches or shorts to symbolize modesty). Women will wear all others except for the Turban, obligatory for men, it is optional for women who may instead wear a *chunni* (a long Punjabi scarf) to cover the Kesh.  The removal of the Turban or the *Kachhera* will cause great embarrassment to a Sikh and should be avoided. |
| **Physical contact**  **Medical treatment**  **Hospital stays, rest centers** | Treatment by medical staff of any religion is permissible, but men and women prefer to be treated by staff of the same sex where possible.  There are no specific medical requirements and no religious objections to blood transfusion and organ transplants. The views of the family/ individual concerned should be sought.  A Sikh in hospital may wish to have all five faith symbols within reach. *Kachhera* (shorts) should on no account be changed or removed other than by the individual concerned. A shower is preferred to a bath. Sikhs wash after using the toilet, so access to a tap and a container of water for washing should be provided in the toilet area. |
| **Daily acts of faith &**  **major annual events** | Sikhs are required to shower or bathe daily, especially before conducting their dawn prayers. Prayers are said three times a day: at sunrise, sunset and before going to bed. There is no set day for collective worship, though in the UK this usually takes place on Sundays. Festivals are normally celebrated with a continuous reading of the Guru Granth Sahib (Holy Scriptures) over a period of 48 hours. Major annual festivals are:  ♦ *Guru Nanak’s Birthday:* A three-day celebration  ♦ *The Martyrdom of Guru Tegh Bahadur*  ♦ *Guru Gobind Singh’s Birthday*  ♦ *The Martyrdom of Guru Arjan Dev*  ♦ *Baisakhi*  ♦ Divali |
| **Dying**  **Death customs** | The dying person will want to have access to the Sikh scriptures where possible.  The five Ks should be left on the dead body, which should, if possible, be cleaned and clothed, in clean garments before being placed in a coffin or on a bier. According to Sikh etiquette, comforting a member of the opposite sex by physical contact should be avoided, unless those involved are closely related. Deliberate expressions of grief or mourning by bereaved relatives are discouraged, though the bereaved will want to seek comfort from the Sikh scriptures. The dead person should always be cremated, with a close relative lighting the funeral pyre or activating the machinery. This may be carried out at any convenient time. The ashes of the deceased may be disposed of through immersion in flowing water or dispersal. |
| **Resources (texts, community facilities etc.)** | The Sikh Scriptures *(Adi Granth)* are treated with the utmost respect and reverence. Additionally, Sikhs may refer to the writings of Guru Gobind Sinqh (Dasam Granthland the Sikh Code of Conduct (Rahil *MatVada).* |
| **Names** | Sikhs generally have three names: their given name; a title (Singh (Lion) for all males and Kaur (Princess) for all females); and a family name. Where names are required for records, the family name can tactfully be asked for, bearing in mind that Sikhs generally prefer to use and will usually offer, their first name alone or their first name together with their title (Singh or Kaur). |

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| **Zoroastrian (Parsee)** | |
| **Language** | Zoroastrians almost always speak English. Those from the Indian sub- continent speak Gujarati and Iranian Zoroastrians speak Persian or Farsi. |
| **Diet**  **Fasting** | Zoroastrians have no particular dietary requirements. They are non- vegetarian.  On certain days in the year Zoroastrians may abstain from meat. |
| **Dress** | Zoroastrians almost always wear western clothes: traditional dress is for ceremonial occasions only. As part of their inner garments, most adult  Zoroastrians will wear a vest made of fine muslin cloth called a *Sudra*. They also tie a girdle around the waist and this is called the *Kusti*. It is important to wear a clean *Sudra*, to change it daily and to remove it only for medical reasons. |
| **Physical contact**  **Medical treatment**  **Hospital stays, rest** **centers** | It is believed that many Zoroastrians are prone to Glucose-6-Phosphate Dehydrogenase deficiency, a common human enzyme deficiency. There are no taboos on medical treatment or physical contact. |
| **Daily acts of faith &**  **major annual events** | Zoroastrians should untie their girdle and tie it back while saying their prayers, at least once a day. They may wish to cover their head whilst praying.  Zoroastrians follow two different calendars; some follow the Shenshai calendar and others the Fasli calendar. Main days of observance:  ♦ *Jamshedi Noruz* (Fasli): New Year’s Day according to the Fasli calendar used in Iran.  ♦ *Khordad Sal* (Fasli)  ♦ *Farvandigan* (Fasli)  ♦ *Zartusht-no-Diso* (Shenshai)  ♦ *Farvardigan*  ♦ *No Ruz* (Shenshai): New Year’s Day on the Shenshai calendar.  ♦ *Khordad Sal* (Shenshai)  ♦ *Fravardin* (Shenshai)  ♦ *Zartusht-no-Diso* (Fasli) |
| **Dying**  **Death customs** | Zoroastrians prefer to die quietly and without being disturbed.  Zoroastrians are either cremated or buried. It is important to dispose of the body as soon as possible after due paperwork and prayers for the dead have been performed. At least one priest should perform these prayers which can last for about one hour, prior to the funeral. |
| **Resources (texts, community facilities etc.)** | The Zoroastrian faith is headquartered in the UK |
| **Names** | Each Zoroastrian has one first name. The father's name appears as the second name. The family name serves as the surname. |

## Example Family Briefing Agenda

The specific content of each family briefing will depend on the situation. The PIO or the Deputy PIO should work with the ME, the FAC Site Manager, and other response agencies to develop the agenda for each briefing. Below is a suggested agenda for a family briefing:

* Rescue and recovery efforts;
* Victim identification efforts;
* Investigation updates;
* Site visits, memorial services;
* Disposition and return of remains;
* Return of personal effects; and,
* Description of services available at the FAC

## Family Assistance Center Organizational Structure

## Interpreter and Translator Services

Insert jurisdiction options/procedures for interpreter and translation services.

**Language Lines**

* American Sign Language (ASL)
* Spanish
* Somali
* Hmong
* TTY Line
* Others, as necessary by jurisdiction

**Internal interpreter resources**

* Resource
* Resource

**External interpreter resources**

* Resource
* Resource

**Translation resources (for materials, handouts, etc.)**

* Resource
* Resource

**ECHO/communication to public**

* Resource
* Resource

## Media Frequently Asked Questions about Family Assistance Centers

**Q. What is a Family Assistance Center?**

**A.** A Family Assistance Center is a secure facility established to serve as a centralized location to provide information and assistance about missing or unaccounted for persons and the deceased. It is also established to support the reunification of the missing or deceased with their family members.

**Q. Who can come to the Family Assistance Center?**

**A.** Any member of the missing or deceased person’s “family” may attend the Family Assistance Center. “Family” may include any individual (family, friend, partner, distant relative) that considers them to be a part of the victim’s family, even if there is not a legal familiar relationship. This may include people other family members characterize as family.

**Q. What do family members need to bring to the Family Assistance Center?**

**A.** All family members visiting the Family Assistance Center need to bring photo identification if possible. Upon entering the facility all family members will receive a unique badge. Each family will be interviewed at the Family Assistance Center. Information necessary for a family interview will include a physical description of your family member, including any identifying marks they may have with photographs if available, descriptions of jewelry or clothing, and the contact information of your family member’s dentist and physician. Do not bring original or photocopies of any medical or dental records. In addition, please provide any information you may have as to their last known whereabouts and anyone they may have been with.

**Q: How do people report their family members missing?**

1. To report a family member missing, following a disaster, call the Family Assistance Center. The Family Assistance Center will also have up to date information on the current status of the incident and the available missing person support.

**Q. How can people help find their family member?**

**A.** As a family member or friend they may have key information that can aid in finding your family member. Communicate all information to the Family Interviewer regarding their family member. They can also help by checking with the missing person’s friends, school, work, neighbors, relatives, or anyone else who may know their whereabouts. Search web based programs to locate family members including social networking sites, the American Red Cross Safe and Well site, and any other internet sites set up to assist in finding family members. Follow up frequently with any contacts and keep the Family Interviewer informed of any developments.

**Q. What happens if victims are not found?**

**A.** If the Family Assistance Center has closed and people have not yet been found, their case will be transferred to local law enforcement to continue investigation.

**Q. Why can’t people visually identify my family member’s remains? Why must they wait for a scientific identification?**

**A.** For legal reasons, the Medical Examiner’s Office is required to establish positive identification on all victims of this incident. In most instances, positive identification requires scientific confirmation, either through DNA, fingerprints, or x-ray comparisons. The Medical Examiner’s Office is working as quickly as possible to establish positive identification of decedents.

**Q. Why is it taking so long to identify the victims?**

**A.** The first step of the identification process is to confirm, through scientific means that your family member is deceased. This requires obtaining medical or dental x-rays, or waiting for fingerprint or DNA confirmation, all of which can take some time. After positive identification establishes that someone is deceased, the Medical Examiner will continue the identification process to insure that as much of the decedent’s remains are positively identified as possible.

1. **Will autopsies be done? Can someone choose not to have their family member’s body autopsied?**

**A.**  The Medical Examiner’s Office is required by law to determine the cause and manner of death. In almost all incidences, this will require an autopsy examination. An autopsy is a surgical procedure performed by a medical doctor (forensic pathologist). The Medical Examiner’s Office recognizes that every decedent is a treasured member of a family and of a community and as such, treats each decedent with the highest respect and dignity. The Medical Examiner is required by law to certify the cause and manner of death; they do not require permission of the next of kin to perform an autopsy on a death under their jurisdiction.

**Q. How are cultural beliefs being honored by the Medical Examiner?**

**A.** The Medical Examiner’s Office will do their best to honor cultural traditions but cannot do so if it impedes the ability to certify cause and manner of death

## Operational Briefing Checklist

1. Background
   * Distribute appropriate materials to the unit/team staff, including job action sheets, site maps, and event memos
   * Summarize the scenario or incident
   * Describe the overall layout of the site
   * Describe the flow of survivors and loved ones through the site
   * Reinforce information from Branch/Division Supervisor briefing
   * Review how to notify unit/team leader of medical and security emergencies
   * Describe the chain of command for staff members to follow
   * Describe the media policy
   * Clearly state you are the sole source of information, instructions and assistance
2. Unit/Team Operations and Staff Responsibilities
   * Describe and show the layout of station
   * Identify what materials are used at the station
   * Identify any materials that will be distributed at this station
   * Ensure that all staff have a clear understanding of the materials to be used and / or distributed at the station, regardless of individual responsibility
   * Identify and describe the various staff positions required at the station
   * Have staff review their job action sheets
   * Clarify any ambiguous or unclear directions presented on the job action sheets
3. Unit/Team Leader Responsibilities
   * Regulate tempo and direction of activities at the station
   * Inform staff of any information they need to know including task or event changes
   * Seek ongoing feedback on station operations
   * Address any situations that arise that staff cannot handle themselves
   * Ensure that staff have materials they need to perform their duties
   * Assign break times
   * Conduct unit debriefing at end of event
   * Present unit report during debriefing with Branch/Division Supervisor
   * Address any other concerns or issues identified by the staff

## Psychological First Aid

**Goal:** Limit distress and negative health behaviors

**Key:** Provide practical help and support resilience

CALM & COMFORT

* Have a compassionate presence with them
* Active listening
* Don’t push for information
* Use stress management techniques
* Be flexible and supportive
* Comfort, console, soothe

PROMOTE SAFETY

* Meet basic survival needs
* Provide simple and accurate information
* Repeat information as often as needed
* Identify resources

SELF EMPOWERMENT

* Clarify disaster information
* Engage towards meeting own needs
* Guide toward what to expect, teach resilience
* Work to ‘normal’ life activities
* Exercise

CONNECTEDNESS

* Help connect friends and loved ones
* Keep children with relatives
* Ask questions
* Make referrals as needed

**Overall, people want to be heard!**

***PREVENTION STRATEGIES***

* Share your thoughts with someone you trust
* Keep active with regular exercise
* Eat properly balance diet – avoid food high in processed sugar
* Avoid tobacco, alcohol, and illegal drugs which mask stress
* Look for humor in a situation wherever you can
* Help others as one can; don’t have an agenda
* Maintain a regular routine with uninterrupted sleep cycles
* Learn and use coping techniques including breathing and muscle relaxation

***SELF CARE***

* Check your readiness to respond before you go
* Understand the nature of the request
* Give consideration to your physical and emotional health
* Use the support resources during response
* Promote your own resiliency
* Expect recovery period after an incident
* Talk about your experiences

***Remember, disaster trauma can:***

* Reduce the ability to concentrate
* Disrupt attention span
* Interfere with cognitive skills
* Lead to regression in individuals and to less effective ways of coping

***Avoid:***

* Assuming everyone needs to talk with you.
* Forcing survivors to share their stories with you, especially very personal details.
* Giving simple reassurances like “everything will be OK” or “at least you survived”.
* Making assumptions about how you think survivors should be feeling, thinking or how they should have acted earlier.
* Imposing personal beliefs or spiritual answers on survivors.
* Making promises that may not be kept
* Criticizing existing services or relief activities in front of people in need of these services.

***When to Refer:***

The following reactions, behaviors and symptoms signal a need for disaster behavioral health workers to consult with a supervisor, and in many cases, to sensitively refer the individual for further assistance.

* Disorientation (dazed, significant memory loss, unable to give date/time or recall recent events)
* Significant depression (pervasive feelings of hopelessness and despair, isolation or withdrawal from others)
* Inability to care for self (not eating, bathing, changing clothes or managing daily needs)
* Suicidal or homicidal thoughts or plans
* Substance abuse
* Domestic violence or child/elder abuse

**When in doubt CONSULT with supervisors or local resources**

## Resources/Contact Information

Update with event specific information

**Family Assistance Center**

Address

Phone Number

**Medical Examiner**

Address

Phone Number

**Vital Statistics**

Address

Phone Number

**Mental Health**

Phone Number

**Spiritual Care**

Phone Number

**Social Services**

Phone Number

**FEMA**

Phone Number

**American Red Cross**

Address

Phone Number

**Crime Victims Assistance**

Phone Number

**Federal Bureau of Investigation**

Office of Victim Assistance

**Phone Number:** (202) 324-3000

## Responder Self-Care

The following responder self-care information was adapted by the Minnesota Department of Health and provides tools and information for responders and other mission critical personnel. Additional behavioral health services may be accessed via the Critical Incident Stress Management Team or Disaster Crisis Counseling.

Coping With a Traumatic Event

A traumatic event is a situation that threatens your safety or the safety of others in your environment. Whether you are directly or indirectly impacted by trauma, you may experience intense feelings of fear, hopelessness, or anxiety.

Common Reactions to Traumatic Events

* Strong emotions including shock, fear, anger, grief, confusion, and horror
* Feelings of helplessness, disbelief, powerlessness, disconnectedness, or aloneness
* Feelings of guilt or worthlessness
* Difficulties sleeping
* Nightmares or disturbing dreams
* Intrusive or upsetting thoughts or memories of the event
* Having strong reactions to things that remind you of the event
* Problems with concentration, learning, and decision-making
* Extreme mood swings, irritability, restlessness, outbursts of anger
* Headaches, stomachaches, rashes, or other allergic reactions
* Not wanting to share crisis job related responsibilities, or relinquish control of the situation
* Feelings of foreboding or impending doom, or feelings of fear about the future
* Increased concern about the safety of loved ones or about your own safety
* Thoughts of death or suicide; persistent feelings of pessimism

Coping Techniques

* Stay connected to friends and family—many people find it helpful to talk with others about what happened, but even those who prefer not to talk can find comfort in being with loved ones.
* Take care of yourself. Eat well, get enough exercise and sleep.
* Do activities you enjoy or find relaxing.
* Avoid excessive drinking—remember that alcohol is a depressant.
* Try to get back to your normal routine, but be aware that you may need to do some extra self-care.
* Don’t make big life-changing decisions for several months.
* Take time to grieve—traumatic events often leave us with a sense of loss.
* Do something positive to help others - give blood, donate food, volunteer.
* Ask others directly for what you need and want.
* Act on facts about what has happened, not speculation or rumors.

How Do I Know if I Need Professional Help?

In general, professional support is a good idea if you’re having trouble coping on your own.

**Strong feelings that won’t go away, that last longer than a few weeks, or are interfering with normal functioning may be symptoms of depression, anxiety, or a post-traumatic reaction.**

Some people do not seek professional help because they blame their symptoms on personal weakness or think that they should deal with their problems on their own. Many people, however, find that counseling helps them deal with their feelings more effectively.

Caring For Yourself in the Face Of Difficult Work

Our work can be overwhelming. Our challenge is to maintain our resilience so that we can keep doing our work with care, energy, and compassion

**10 things to do each day:**

1. Get enough sleep  
2. Get enough to eat  
3. Vary the work that you do  
4. Do some light exercise  
5. Do something pleasurable  
6. Focus on what you did well  
7. Learn from your mistakes  
8. Share a private joke  
9. Pray, meditate or relax  
10. Support a colleague

Contact your local public health agency for more information.  If you need the phone number, please call MDH at 651-201-5000

Adapted from “A Guide to Managing Stress in Crisis Response Professionals,” HHS, SAMHSA, CMH 2005, and Idaho State University Institute of Rural Health.

## Reunification Organizational Chart

## Social Services that may be required

*Not all services will be necessary at an Assistance Center.  
The list below provides suggestions of* ***possible*** *social services that may be necessary.*

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

## Staff Check In/Check Out Procedures

|  |  |  |
| --- | --- | --- |
| Step | **Staff Check In Procedure** |  |
| 1. | Offer a greeting as workforce arrives |  |
| 2. | Request to see a valid form of work identification with photo (i.e., government ID badge, Medical Reserve Corps badge, etc.) |  |
| 3. | Verify the name on the picture ID to the Duty Schedule/Staff Roster  a. If the two match, continue to step #4  b. If they do not match, call supervisor and deny entry until entry is otherwise approved |  |
| 4. | Provide all personnel with site badge that authorizes entrance  a. Record the site badge number on the staff roster |  |
| 5. | Have workforce sign in on staff roster |  |
| 6. | Remind person that the badge is to be worn on the outermost garment at all times |  |
| 7. | Have staff sign Confidentiality Agreement |  |
| 8. | Direct staff to briefing area and identify supervisor, if known |  |
|  |  |  |
| Step | **Staff Check Out/Exit Procedure** |  |
| 1. | Ask personnel to sign out on staff roster |  |
| 2. | Receive site ID badge from staff  a. Place badge in appropriate location |  |
| 3. | Confirm that debriefing occurred and all paperwork and documentation related to the incident was left on site |  |

|  |  |  |
| --- | --- | --- |
| Step | **Staff Shift Change Procedure** |  |
| 1. | Report to the AC 60 minutes prior to the shift change |  |
| 2. | Photo ID and staff list will be verified by security at the entrance to the site |  |
| 3. | Sign in at staff check-in   * 1. Receive work assignment and work-related supplies and equipment |  |
| 4. | Receive Situation Briefing |  |
| 5. | Receive just-in time (JITT) training |  |
| 6. | Complete duties as assigned |  |
|  |  |  |
| Step | **Leaving the Work Station** |  |
| 1. | Complete any documentation that may be required for specific positions |  |
| 2. | Report to staff check-in to sign out |  |
| 3. | Return all work-related equipment and supplies |  |

## Support Agency Contact Information

*In the spaces below enter the contact information for an organization or volunteers that are able to assist with each function.  
Briefly describe their responsibilities and reference any MOUs (Memo of Understanding) you might have with them.*

***Branch Director/Site Manager***

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Name | Contact Number | Responsibilities | MOU (Y/N) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

***Safety Officer***

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Name | Contact Number | Responsibilities | MOU (Y/N) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

***Liaison Officer***

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Name | Contact Number | Responsibilities | MOU (Y/N) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

***Site Planning***

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Name | Contact Number | Responsibilities | MOU (Y/N) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

***Site Logistics***

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Name | Contact Number | Responsibilities | MOU (Y/N) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

***Site Liaison***

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Name | Contact Number | Responsibilities | MOU (Y/N) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

***Site Technology***

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Name | Contact Number | Responsibilities | MOU (Y/N) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

***Workforce***

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Name | Contact Number | Responsibilities | MOU (Y/N) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

***Reception Group***

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Name | Contact Number | Responsibilities | MOU (Y/N) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

***Usher Unit***

|  |  |  |  |
| --- | --- | --- | --- |
| Organization/Volunteers | Contact Number | Responsibilities | MOU (Y/N) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

***Registration Unit***

|  |  |  |  |
| --- | --- | --- | --- |
| Organization/Volunteers | Contact Number | Responsibilities | MOU (Y/N) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

***Site Access Control & Security Unit***

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Name | Contact Number | Responsibilities | MOU (Y/N) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

***Reunification Group***

|  |  |  |  |
| --- | --- | --- | --- |
| Organization/Volunteers | Contact Number | Responsibilities | MOU (Y/N) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

***Survivors Team***

|  |  |  |  |
| --- | --- | --- | --- |
| Organization/Volunteers | Contact Number | Responsibilities | MOU (Y/N) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

***Friends & Family Team***

|  |  |  |  |
| --- | --- | --- | --- |
| Organization/Volunteers | Contact Number | Responsibilities | MOU (Y/N) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

***Medical Examiner Group***

|  |  |  |  |
| --- | --- | --- | --- |
| Organization/Volunteers | Contact Number | Responsibilities | MOU (Y/N) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

***Ante Mortem Information Unit***

|  |  |  |  |
| --- | --- | --- | --- |
| Contact name | Contact Number | Responsibilities | MOU (Y/N) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

***Notification Unit***

|  |  |  |  |
| --- | --- | --- | --- |
| Organization/Volunteers | Contact Number | Responsibilities | MOU (Y/N) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

***Accountability Group***

|  |  |  |  |
| --- | --- | --- | --- |
| Organization/Volunteers | Contact Number | Responsibilities | MOU (Y/N) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

***Missing Person Tracking Unit***

|  |  |  |  |
| --- | --- | --- | --- |
| Organization/Volunteers | Contact Number | Responsibilities | MOU (Y/N) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

***Data Management Unit***

|  |  |  |  |
| --- | --- | --- | --- |
| Organization/Volunteers | Contact Number | Responsibilities | MOU (Y/N) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

***Site Support Services Group***

|  |  |  |  |
| --- | --- | --- | --- |
| Organization/Volunteers | Contact Number | Responsibilities | MOU (Y/N) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

***Medical Care and Behavioral Health Unit***

|  |  |  |  |
| --- | --- | --- | --- |
| Organization/Volunteers | Contact Number | Responsibilities | MOU (Y/N) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

***Interpretation and Translation Unit***

|  |  |  |  |
| --- | --- | --- | --- |
| Organization/Volunteers | Contact Number | Responsibilities | MOU (Y/N) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

***Child Care & Supervision Unit***

|  |  |  |  |
| --- | --- | --- | --- |
| Organization/Volunteers | Contact Number | Responsibilities | MOU (Y/N) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

***Services to Meet Functional Needs Unit***

|  |  |  |  |
| --- | --- | --- | --- |
| Organization/Volunteers | Contact Number | Responsibilities | MOU (Y/N) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# Assistance Center Forms

***Site Forms***

76. Activation Checklist

77. Prospective Site Assessment Worksheet

85. Room Assessment Worksheet

87. Site Determination

88. Assistance Center Facility Agreement

***Supply Forms***

93. Equipment and Supplies

104. Signs

***Workforce Forms***

105. ICS 211A – Staff Sign-in Sheet

106. Staffing Determination Tool: Family Assistance Center

108. Position Identification Assignments: Reunification

109. Position Identification Assignments: Family Assistance Center

***Safety Forms***

110. Safety Walkthrough Checklist

***Registration Forms***

112. Family/Friend Registration Form

115. Missing Person Form

116. Missing Person Tracking Form

117. Survivor Form

***Public Information Forms***

118. PIO Cheat Sheet

***Child Care Forms***

120. Pediatric Safe Area Checklist

121. Childcare Area Sign In/Out Sheet

***Minor Reunification Forms***

122. Minor Reunification Verification - Adult Form

123. Minor Reunification Verification - Child Form

124. Reunification Completion Checklist

***Demobilization Forms***

125. Demobilization Checklist

126. Demobilization Procedures

## Activation Checklist

* Based on the incident size, number of victims, and other factors listed in the plan,  
  determine the approximate scale of the event:

Incident Type

Date Time

Approximate number of victims

Estimated number of family/friend to arrive at the AC

Estimated incident size (# of days, geographic)

* Logistics: review site assessment worksheets and select the location of the AC facility

**Facility Activation Information**

Facility Name

Street Address

City State Zip Code

* Identify and activate services that will be provided at the AC (check all that apply).
  + - Reception/Registration
    - Family Briefings
    - Survivor Information Services
    - Health Services
    - Ante Mortem Interviews
    - Missing Persons Tracking

Support Services:

* + - * Childcare Services
      * Translation/Interpretation Services
      * First Aid and Behavioral Health/Medical Referral
      * Social Services (see the *Social Services That May Be Required* document in the Attachments section)
* Coordinate with partners and local agencies to fill any resource or staff needs.
* Finance/Administration: identify all staff and volunteers.
* Logistics: identify and acquire all equipment and supplies needed for the AC Facility.
* Set up AC Facility.
* Ensure information technology needs are met and tested
* Law Enforcement: establish and implement tactical security plan for the facility.
* Open the AC Facility and coordinate messaging with PIO: location, hours and services.

## Prospective Site Assessment Worksheet

Note:If there is an existing building use agreement for sheltering or medical countermeasure dispensing it may be possible to add an addendum specific to assistance centers to the existing agreement instead of creating a new one.

**General Site Information:**

Review Date

Facility name

Year Built Total Square Footage

Street Address

City State Zip Code

🞎 Non-Profit 🞎 Faith-Based 🞎 City 🞎 State 🞎 For Profit 🞎 Other

*First Contact:*

Name Position

Phone Email

*Second Contact:*

Name Position

Phone Email

What times of the year is the site available:

What supersedes availability for emergency use \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Can this site be opened within: 🞎 2 hrs 🞎 4 hrs 🞎 6 hrs 🞎 12 hrs 🞎 24 hrs Other

Site appropriate for what size event (see the *Staffing Determination Tool* in the Forms section for guidance): 🞎 Small 🞎 Medium 🞎 Large 🞎 Catastrophic

Is this site familiar to the local population: 🞎 Yes 🞎 No

Current MOU Agreement with this site 🞎 Yes 🞎 No Details:

|  |  |  |  |
| --- | --- | --- | --- |
| **Specifications** | **Y/N** | **Comments** | **Available for Use Y/N:** |
| Number of Rooms |  | # rooms: |  |
| Capacity of Rooms \*  ***(See Room Assessment Worksheet for more details on each room)*** |  | Capacity of Room:  Capacity of Room:  Capacity of Room:  Capacity of Room:  Capacity of Room:  Capacity of Room:  Capacity of Room:  Capacity of Room:  Capacity of Room:  Capacity of Room:  Capacity of Room: |  |
| Equipment Supply Area |  | Dimensions: \_\_\_\_\_\_\_\_\_\_X\_\_\_\_\_\_\_\_\_\_\_=\_\_\_\_\_\_\_\_\_\_\_\_ ft2  Capacity of Room: |  |
| Ability to lock the site |  | Describe: |  |
| Loading Docks |  | # of Bays: \_\_\_\_\_\_\_\_\_\_\_\_ Forklift on site Y/N: \_\_\_\_\_\_\_\_\_\_  Operator Available Y/N:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Electrical Power Available Y/N: Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Material Handling Equipment Y/N: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Number of Toilets |  | # of Men’s\_\_\_\_\_\_\_\_\_\_\_\_\_ # of Women’s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  # of Family/Unisex: \_\_\_\_\_\_\_\_ # of ADA Accessible: \_\_\_\_\_\_ |  |
| Baby Changing Areas |  | # of sites: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Where located: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Food preparation and consumption facilities |  | Capacity of food prep areas: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Capacity of Food Consumption area (for staff and families): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Type of Food Preparation Areas |  | 🞎 Full Commercial 🞎 Warming 🞎 Partial  🞎 Walk-in refrigerator/Freezer |  |
| Refrigeration |  | Size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Temp Controlled Y/N: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

Accessibility:

|  |  |  |  |
| --- | --- | --- | --- |
| **Specifications** | **Y/N** | **Comments** | **Available for use: Y/N** |
| Primary Parking Lot |  | # of spaces for staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  # of spaces for clients:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cost of Parking per car\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Validation Available? Y/N \_\_\_\_\_\_\_\_\_\_\_\_\_ Cost:\_\_\_\_\_\_\_\_\_\_  Valet Available? Y/N \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Is Parking Secured? Y/N \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Describe: |  |
| Secondary Parking Lot |  | # of spaces:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cost per car \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Is Parking Secured Y/N \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Adequate Road Access |  | Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| ADA Accessible |  | # Stairs: \_\_\_\_\_\_\_\_\_\_\_ ADA adaptable Y/N: \_\_\_\_\_\_\_\_\_  ADA Compliant Y/N: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Refer to ADA checklist for Emergency Shelters) |  |
| Public Transportation |  | Stop Name/Line: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Stop Name/Line: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Proximity to Local Hospitals |  | Hospital name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  # Miles away: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Security |  | # of Officers \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Security System Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Surveillance Cameras on site: Y/N \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Real time or remote monitoring \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

Supplies/IT/Utilities:

|  |  |  |  |
| --- | --- | --- | --- |
| **Specifications** | **Y/N** | **Comments** | **Available for use: Y/N** |
| Tables |  | # on site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Chairs |  | # on site: |  |
| Beds |  | # Adult beds/cots on site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  # Pediatric beds/cribs on site:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Childcare equipment |  | Describe: |  |
| Temporary Partitions |  | # on site:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Describe: |  |
| Computers |  | # on site: |  |
| FAX machines |  | # on site: |  |
| Copiers |  | # on site: |  |
| Telephones |  | # on site: |  |
| Televisions |  | # on site: |  |
| Scanners |  | # on site: |  |
| Shredders |  | # on site: |  |
| File Storage Container |  | # on site: |  |
| Podium |  | # on site: |  |
| Audio/Visual Equipment |  | # on site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Industrial Fans |  | # on site: |  |
| Janitorial Services |  | # of trash cans on site:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Describe removal methods: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Sharps Container Y/N and #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Fire Safety System |  | 🞎 Sprinklers 🞎 Alarms 🞎 Smoke Detectors  🞎 Carbon Monoxide Detector  Date of last test/inspection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  # of Extinguishers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Radio |  | # and Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Known interference or Shielding Y/N: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Internet |  | Service provider:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Type of Internet: 🞎 Wi-Fi 🞎 Hardwire 🞎 Satellite  Known interference or Shielding Y/N: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Cable TV |  | Service provider: |  |
| Phone-  Include Cell Phones |  | Service provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Known interference or coverage gaps Y/N: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Electricity |  | Service provider:  Outlets per room/capacity: |  |
| Overhead Lighting |  | Sufficient for AC Operation Y/N: |  |
| Generator |  | Sufficient for AC Operation Y/N: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Transfer switch for trailer mounted generator Y/N: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Water |  | Service provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞎 Hot 🞎 Cold 🞎 Potable |  |
| Heat/AC |  | Heat Y/N: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AC Y/N: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Type : 🞎 Electric 🞎 Gas |  |
| Gas |  | Services Provider: |  |
| Transportation vehicles |  | Describe: |  |

Facility Documents

**Services the facility will continue to provide:**

|  |  |  |
| --- | --- | --- |
| **Service** | **Y/N** | **Comments/Contact Information** |
| Janitorial |  |  |
| Food Preparation / Cleaning |  |  |
| Restroom Maintenance |  |  |
| Facility Maintenance |  |  |
| Security |  |  |

Necessary documents to be attached:

|  |  |  |
| --- | --- | --- |
| **Document** | **Y/N** | **Comments** |
| MOU or contract for the site |  |  |
| Fire and Capacity Regulations |  |  |
| Evacuation Plan of site |  |  |
| Floor Plan of site |  |  |
| Photographs of Site  (including Satellite images) |  |  |
| Maps |  |  |

Recommended Functional Areas Checklist

*Check the box for each functional area that can be accommodated by prospective site*

***Main Service Areas***

* Reception and Registration
* Family Interview/Notification Rooms
  + - Behavioral Health Services
  + Private Consultation Areas
  + Staff Meeting Room
  + Staff Break Room
* Missing Persons Call Center (could be off site)
* Waiting Area
* Family briefing area (for families and responders to gather and brief)
* Television room (located away from the waiting room)
* Computer/Phone Bank
* Childcare Area
* Food Preparations Area
* Dining Area
* Family Meeting/Gathering area (for families to meet one another)
* Media Station (secured location far enough away from the FAC but sufficient for briefings)
* Memorial area (wall, room, table)
* Incident site map/diagram area
* Secondary Services area (social services area)

***Back Office Areas***

* Staff Check-in
* Staff Work Area
* Command Staff Area
* Staff Conference Rooms
* Staff Break Room

## Room Assessment Worksheet

Room Name: Capacity of Room:

Potential Use of the Room:

Number of Phone Ports Number of Internet ports

Number of Electrical Sockets Able to be divided Y/N

Number of Windows Lighting (Describe)

Type of Flooring: 🞎 Carpet 🞎 Tile 🞎 Linoleum 🞎 Cement 🞎 Wood 🞎 Other:

Notes:

Room Name: Capacity of Room:

Potential Use of the Room:

Number of Phone Ports Number of Internet ports

Number of Electrical Sockets Able to be divided Y/N

Number of Windows Lighting (Describe)

Type of Flooring: 🞎 Carpet 🞎 Tile 🞎 Linoleum 🞎 Cement 🞎 Wood 🞎 Other:

Notes:

Room Name: Capacity of Room:

Potential Use of the Room:

Number of Phone Ports Number of Internet ports

Number of Electrical Sockets Able to be divided Y/N

Number of Windows Lighting (Describe)

Type of Flooring: 🞎 Carpet 🞎 Tile 🞎 Linoleum 🞎 Cement 🞎 Wood 🞎 Other:

Notes:

Room Name: Capacity of Room:

Potential Use of the Room:

Number of Phone Ports Number of Internet ports

Number of Electrical Sockets Able to be divided Y/N

Number of Windows Lighting (Describe)

Type of Flooring: 🞎 Carpet 🞎 Tile 🞎 Linoleum 🞎 Cement 🞎 Wood 🞎 Other:

Notes:

Room Name: Capacity of Room:

Potential Use of the Room:

Number of Phone Ports Number of Internet ports

Number of Electrical Sockets Able to be divided Y/N

Number of Windows Lighting (Describe)

Type of Flooring: 🞎 Carpet 🞎 Tile 🞎 Linoleum 🞎 Cement 🞎 Wood 🞎 Other:

Notes:

Room Name: Capacity of Room:

Potential Use of the Room:

Number of Phone Ports Number of Internet ports

Number of Electrical Sockets Able to be divided Y/N

Number of Windows Lighting (Describe)

Type of Flooring: 🞎 Carpet 🞎 Tile 🞎 Linoleum 🞎 Cement 🞎 Wood 🞎 Other:

Notes:

## Site Determination

Work with local Red Cross and/or local municipal partners to determine appropriate site for an assistance center. Considerations should include:

* Type of event
* Location in relation to event, if applicable
* Neutrality of site
* Needs of participating agencies
* Availability of facility (immediate and long term)
* Space and floor plan
* Private room needs
* Infrastructure, including but not limited to:
  + - Power
    - Phone
    - Restroom Facilities
    - Controlled Temperature
    - Parking
    - Security/Safety Issues
    - Disability Accommodations
    - Computer/Internet Access
    - Copier/Fax
    - Other
    - Other

## Assistance Center Facility Agreement

This agreement is between the LOCAL JURISDICTION and a facility owner (“Owner”) so the LOCAL JURISDICTION can use the facility as an emergency assistance center during a disaster.

|  |  |
| --- | --- |
| Facility Name: |  |

**Parties and Facility**

Facility Owner:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Legal name: | | |  | | | |
| Chapter: | | |  | | | |
| 24-Hour Point of Contact: | | | | | | |
|  | | Name and title: | |  | | |
| Work phone: | |  | Cell phone: |  |
| Address for Legal Notices: | | | | | | |
|  |  | | | | | |  |
|  | | | | | |
|  | | | | | |
|  | | | | | |

Assistance Center Facility:

|  |  |  |
| --- | --- | --- |
| (Insert name and complete street address of building or, if multiple buildings, write “See attached Facility List” and attach Facility List including complete street address of each building that is part of this Agreement). | | |
|  |  |  |
|  |
|  |
|  |

LOCAL JURISDICTION:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Legal name: | | |  | | | | |
| Chapter: | | |  | | | | |
| 24-Hour Point of Contact: | | | | | | | |
|  | | Name and title: | |  | | | |
|  | | Work phone: | | |  | Cell phone: |  |
| Address for Legal Notices: | | | | | | | |
|  |  | | | | | | |  |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |

C*opies of legal notices must also be sent to*:

The LOCAL JURISDICTION’s General Counsel Office

**Terms and Conditions**

1. Use of Facility: Upon request and if feasible, the Owner will permit the LOCAL JURISDICTION to use the Facility on a temporary basis as an emergency public shelter.
2. Shelter Management: The LOCAL JURISDICTION will have primary responsibility for the operation of the shelter and will designate a LOCAL JURISDICTION official, the Shelter Manager, to manage the sheltering activities. The Owner will designate a Facility Coordinator to coordinate with the Shelter Manager regarding the use of the Facility by the LOCAL JURISDICTION.
3. Condition of Facility: The Facility Coordinator and Shelter Manager (or designee) will jointly conduct a pre-occupancy survey of the Facility before it is turned over to the LOCAL JURISDICTION. They will use the first page of the ***Facility Opening/Closing Form*** to record any existing damage or conditions. The Facility Coordinator will identify and secure all equipment that the LOCAL JURISDICTION should not use while sheltering in the Facility. The LOCAL JURISDICTION will exercise reasonable care while using the Facility as a shelter and will make no modifications to the Facility without the express written approval of the Owner.
4. Food Services: Upon request by the LOCAL JURISDICTION, and if such resources exist and are available, the Owner will make the food service resources of the Facility, including food, supplies, equipment and food service workers, available to feed the shelter occupants. The Facility Coordinator will designate a Food Service Manager to coordinate the provision of meals at the direction of and in cooperation with the Shelter Manager. The Food Service Manager will establish a feeding schedule, determine food service inventory and needs, and supervise meal planning and preparation. The Food Service Manager and Shelter Manager will jointly conduct a pre-occupancy inventory of the food and food service supplies in the Facility before it is turned over to the LOCAL JURISDICTION.
5. Custodial Services: Upon request by the LOCAL JURISDICTION and if such resources exist and are available, the Owner will make its custodial resources, including supplies and custodial workers, available to provide cleaning and sanitation services at the shelter. The Facility Coordinator will designate a Facility Custodian to coordinate the provision of cleaning and sanitation services at the direction of and in cooperation with the Shelter Manager.
6. Security: In coordination with the Facility Coordinator; the Shelter Manager, as he or she deems necessary and appropriate, will coordinate with law enforcement regarding any public safety issues at the Shelter.
7. Signage and Publicity: The LOCAL JURISDICTION may post signs identifying the shelter as a LOCAL JURISDICTION shelter in locations approved by the Facility Coordinator and will remove such signs when the shelter is closed. The Owner will not issue press releases or other publicity concerning the shelter without the express written consent of the Shelter Manager. The Owner will refer all media questions about the shelter to the Shelter Manager.
8. Closing the Shelter: The LOCAL JURISDICTION will notify the Owner or Facility Coordinator of the closing date for the shelter. Before the LOCAL JURISDICTION vacates the Facility, the Shelter Manager and Facility Coordinator will jointly conduct a post-occupancy survey, using the second page of the Shelter/Facility Opening/Closing Form to record any damage or conditions. The Shelter Manager and Facility Coordinator or Food Service Manager will conduct a post-occupancy inventory of the food and supplies used during the shelter operation.
9. Reimbursement: The LOCAL JURISDICTION will reimburse the Owner for the following:
   1. *Damage to the Facility or other property of Owner*, reasonable wear and tear excepted, resulting from the operations of the LOCAL JURISDICTION. Reimbursement for facility damage will be based on replacement at actual cash value. The LOCAL JURISDICTION will select from among bids from at least three reputable contractors. The LOCAL JURISDICTION is not responsible for storm damage or other damage caused by the disaster.
   2. *Reasonable costs associated with custodial and food service personnel* which would not have been incurred but for the LOCAL JURISDICTION’s use of the Facility for sheltering. The LOCAL JURISDICTION will reimburse at per-hour, straight-time rate for wages actually incurred but will not reimburse for (i) overtime or (ii) costs of salaried staff.
   3. *Reasonable, actual, out-of-pocket operational costs*, including the costs of the utilities indicated below, to the extent that such costs would not have been incurred but for the LOCAL JURISDICTION’s use of the Premises (both parties must initial all utilities to be reimbursed by the LOCAL JURISDICTION):

|  |  |  |  |
| --- | --- | --- | --- |
|  | Owner initials |  | LOCAL JURISDICTION initials |
| Water |  |  |  |
| Gas |  |  |  |
| Electricity |  |  |  |
| Waste Disposal |  |  |  |

The Owner will submit any request for reimbursement to the LOCAL JURISDICTION within 60 days after the shelter closes. Any request for reimbursement for food, supplies or operational costs must be accompanied by supporting invoices. Any request for reimbursement for personnel costs must be accompanied by a list of the personnel with the dates and hours worked at the shelter.

1. Insurance: The LOCAL JURISDICTION shall carry insurance coverage in the amounts of at least $1,000,000 per occurrence for Commercial General Liability and Automobile Liability. The LOCAL JURISDICTION shall also carry Workers’ Compensation coverage with statutory limits for the jurisdiction within which the facility is located and $1,000,000 in Employers’ Liability.
2. Indemnification: The LOCAL JURISDICTION shall defend, hold harmless, and indemnify Owner against any legal liability, including reasonable attorney fees, in respect to bodily injury, death and property damage arising from the negligence of the LOCAL JURISDICTION during the use of the Premises.
3. Term: The term of this agreement begins on the date of the last signature below and ends 30 days after written notice by either party.

|  |  |  |
| --- | --- | --- |
|  |  | THE LOCAL JURISDICTION |
| Owner (legal name) |  | (legal name) |
|  |  |  |
| By (signature) |  | By (signature) |
|  |  |  |
| Name (printed) |  | Name (printed) |
|  |  |  |
| Title |  | Title |
|  |  |  |
| Date |  | Date |

## Equipment and Supplies

**Prior Agreements or Stockpiles of Supplies:** *list any prior agreements with suppliers for the quick delivery of necessary supplies, or any stock piles that will be accessed*

|  |  |
| --- | --- |
| **Supplier** | **General contents of shipment** |
|  |  |
|  |  |
|  |  |
|  |  |

**Scalable guidelines for supplies – to be used for planning prior to an incident**

| **Supplies/Equipment Item** | **Incident Size (number of people)** | | | | **Number Available**  **On Site** |
| --- | --- | --- | --- | --- | --- |
| **Small** | **Medium** | **Large** | **Catastrophic** |
| **Potential Fatalities** | **<20** | **20-100** | **101-500** | **>500** |  |
| **Family and Friends** | **<160** | **160-800** | **800-4,000** | **>4,000** |  |
| ADA/Limited English Proficiency items |  |  |  |  |  |
| AED |  |  |  |  |  |
| Audio/Visual Equipment (projectors, microphones, screens, speakers, remote control) |  |  |  |  |  |
| Bags, Trash, 30 gallon |  |  |  |  |  |
| Badge processing equipment and supplies |  |  |  |  |  |
| Barrier Tape (Caution, restricted, etc.) |  |  |  |  |  |
| Batteries (AA, AAA, C, D, 9v) |  |  |  |  |  |
| Cell phone charging station |  |  |  |  |  |
| Cell Phones (with chargers) |  |  |  |  |  |
| Chairs |  |  |  |  |  |
| Childcare supplies (diapers, formula) |  |  |  |  |  |
| Clipboards (1 per client at registration) |  |  |  |  |  |
| Comfort Items |  |  |  |  |  |
| Communication Boards/White Boards |  |  |  |  |  |
| Computers |  |  |  |  |  |
| Conference Call Phones |  |  |  |  |  |
| Cots |  |  |  |  |  |
| Cribs |  |  |  |  |  |
| Diaper Changing Tables |  |  |  |  |  |
| Digital Camera |  |  |  |  |  |
| Diversion Items for Adults (dice, cards, puzzles, puzzle books) |  |  |  |  |  |
| Diversion Items for Children (toys, paper, crayons) |  |  |  |  |  |
| Extension Cords, 3 pronged |  |  |  |  |  |
| FAX machines |  |  |  |  |  |
| File Storage (e.g. file cabinets, crates, boxes) |  |  |  |  |  |
| Fire Extinguishers |  |  |  |  |  |
| First Aid Kits |  |  |  |  |  |
| Flashlights |  |  |  |  |  |
| Folders |  |  |  |  |  |
| Folding Screens/Partitions |  |  |  |  |  |
| Gloves, Non-Latex |  |  |  |  |  |
| Highlighters |  |  |  |  |  |
| Hygiene Supplies (Tissues) |  |  |  |  |  |
| Ink Cartridges |  |  |  |  |  |
| Internet |  |  |  |  |  |
| Internet and Power Cables |  |  |  |  |  |
| Janitorial Supplies |  |  |  |  |  |
| Language Boards |  |  |  |  |  |
| Linens, blankets, pillows |  |  |  |  |  |
| Lockable boxes |  |  |  |  |  |
| Maps (local area, facility, incident site) |  |  |  |  |  |
| Markers, Permanent |  |  |  |  |  |
| Megaphone/Loudspeaker/PA System |  |  |  |  |  |
| Paper (boxes) |  |  |  |  |  |
| Paper, Legal pad |  |  |  |  |  |
| Paper Shredders/ Burn bags |  |  |  |  |  |
| Paper Towels |  |  |  |  |  |
| Parking/Food Passes (If applicable) |  |  |  |  |  |
| Pens/Pencils |  |  |  |  |  |
| Photocopiers |  |  |  |  |  |
| Podium |  |  |  |  |  |
| Post It Notes |  |  |  |  |  |
| Printers |  |  |  |  |  |
| Radio, 2 way |  |  |  |  |  |
| Radio, 800MHz |  |  |  |  |  |
| Radio, AM/FM |  |  |  |  |  |
| Radio, Weather |  |  |  |  |  |
| Refrigerator/Coolers |  |  |  |  |  |
| Religious resources |  |  |  |  |  |
| Rest Mats |  |  |  |  |  |
| Sanitizer, Hand |  |  |  |  |  |
| Scanners |  |  |  |  |  |
| Scissors |  |  |  |  |  |
| Signs (see signage list) |  |  |  |  |  |
| Slot-top collection box |  |  |  |  |  |
| Snacks |  |  |  |  |  |
| Stapler and staples |  |  |  |  |  |
| Surge Protectors |  |  |  |  |  |
| Tables |  |  |  |  |  |
| Tape, Duct |  |  |  |  |  |
| Tape, Masking |  |  |  |  |  |
| Telephone books (if no internet) |  |  |  |  |  |
| Telephone Lists |  |  |  |  |  |
| Telephones |  |  |  |  |  |
| Televisions |  |  |  |  |  |
| Transportation vehicles |  |  |  |  |  |
| Trash Cans |  |  |  |  |  |
| Water, Bottled |  |  |  |  |  |
| Whiteboards or Easels with Poster paper |  |  |  |  |  |
| Window Covering |  |  |  |  |  |

**Area-specific supplies and equipment**

|  | **Resource** | **Scaling Guide** | **Quantity Required** | **Description/Comment** |
| --- | --- | --- | --- | --- |
| **Reception/Registration Area** | Administrative Supplies | As Needed |  |  |
| Badging Equipment | 1 badging machine per 50 clients |  |  |
| Chairs | Number of Tables x2 |  |  |
| Clipboards | 1 per client at registration |  |  |
| Extension Cords | 1 per 2 computers |  |  |
| CAC Forms | 1 per client |  |  |
| Locked Box | 1 per 50 badges |  | To store badges in as they are returned |
| Staff Computer | 1 per filled position |  |  |
| Signage | As Needed |  |  |
| Surge Protectors | 1 per 2 computers |  |  |
| Tables | 1 per 2 filled positions |  |  |
| Telephones | 1 per 2 filled positions |  |  |
| Telephone Lists | 1 per telephone |  |  |
| **Family Briefing Area** | Chairs | Based on incident, enough for all clients (if no auditorium) |  |  |
| Communications Boards | 1 or more as needed |  |  |
| Audio/Visual Equipment (microphones, speakers, projectors, remote) | 2 microphones, 4 speakers, 1 projector, 2 screens,1 remote |  |  |
| Podium | 1 (if not already in the room) |  |  |
| Signage |  |  |  |
| Telephone | 1 telephone with speaker phone and conference call capabilities |  |  |
| Tables | As needed |  |  |
| **Family Interview/Notification Rooms** | Administrative Supplies | As Needed |  |  |
| Chairs | 6 for family, 1-2 for staff |  |  |
| Extension Cords | 1 per 2 computers |  |  |
| Signage |  |  |  |
| Staff Computer | 1 |  |  |
| Surge Protectors | 1 per 2 computers |  |  |
| Tables | 1 |  |  |
| Telephone | 1 |  |  |
| Telephone List | 1 per telephone |  |  |
| Tissues | As Needed |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Child Care Area** | Age Appropriate Toys | As Appropriate |  | | |  | |
| Cribs/cots |  |  | | |  | |
| Diaper Changing Tables |  |  | | |  | |
| Digital Camera | 1 |  | | |  | |
| First Aid Kit | 1 |  | | |  | |
| Folding Screens/Partitions | As Needed |  | | |  | |
| Linens, blankets, pillows |  |  | | |  | |
| Rest Mats |  |  | | |  | |
| Small Refrigerator | 1 per childcare area |  | | |  | |
| **Client Computer/Telephone Bank** | Chairs | 2 per computer, 2 per telephone | | |  | |  |
| Computers with internet | 1 per 15 clients in the facility | | |  | |  |
| Extension Cords | 1 per 2 computers | | |  | |  |
| Tables | 1 per 2 computers (as resources allow), 1 per 4 telephones (as resources allow) | | |  | |  |
| Telephone | 1 per 15 clients in the facility | | |  | |  |
| Signage |  | | |  | |  |
| Surge Protectors | 1 per 2 computers | | |  | |  |
| **Food Services Area** | Chairs | 2 per table (rectangular), 8 per table (round) | | |  | |  |
| Food | 3 meals a day throughout duration of operations | | |  | |  |
| Signage |  | | |  | |  |
| Tables | 1 per 2 clients (rectangular) or 1 per 8 clients (round) | | |  | |  |
| Trash Cans |  | | |  | |  |
| **Behavioral Health Services** | Administrative Supplies | As Needed | | |  | |  |
| Chairs |  | | |  | |  |
| Clipboards |  | | |  | |  |
| Computers | 1:8 Staff Members | | |  | |  |
| Forms |  | | |  | |  |
| Tables | 1 per counseling room | | |  | |  |
| **Family Waiting Area** | Administrative Supplies | As Needed | | |  | |  |
| Chairs | # clients X .25 | | |  | |  |
| Tables | As resources allow | | |  | |  |
| Signage |  | | |  | |  |
|  |  | | |  | |  |
| **Staff Registration/Badging** | Administrative Supplies | As Needed | | |  | |  |
| Badging Equipment | 1 badging machine per 50 staff | | |  | |  |
| Chairs | Number of Tables x2 | | |  | |  |
| Extension Cords | 1 per 2 computers | | |  | |  |
| Locked Box | 1 per 50 badges | | |  | | To store badges in as they are returned |
| Staff Computer | 1 per filled position | | |  | |  |
| Surge Protectors | 1 per 2 computers | | |  | |  |
| Tables | 1 per 2 filled positions | | |  | |  |
| Telephones | 1 per 2 filled positions | | |  | |  |
| Telephone Lists | 1 per telephone | | |  | |  |
| **Staff Work Area** | Administrative Supplies | As Needed | | |  | |  |
| Chairs | 1 per staff member | | |  | |  |
| Extension Cords |  | | |  | |  |
| FAX machine | 1 | | |  | |  |
| Paper Shredder | 1 | | |  | |  |
| Photocopier and supplies | 1 | | |  | |  |
| Printer | 1 | | |  | |  |
| Slot-Top Collection Box | 1 per 50 tables | | |  | | For paper to be shredded |
| Staff Computer | 1 per staff member, 2 for every staff member accessing ante mortem database (1 for database and 1 for internet access) | | |  | |  |
| Surge Protectors |  | | |  | |  |
| Tables | 2 staff per table, or long oval tables | | |  | |  |
| Telephone | 1 per 2 staff | | |  | |  |
| Telephone List | 1 per telephone | | |  | |  |
| **Command Staff Area** | Administrative Supplies | As Needed | | |  | |  |
| Chairs | 1 per staff | | |  | |  |
| Conference Call Phones | 1 | | |  | |  |
| Extension Cords | 3 | | |  | |  |
| FAX machine | 1 | | |  | |  |
| ICS Forms | 2 sets per operational period | | |  | |  |
| Audio/Visual Equipment | 2 microphones, 4 speakers | | |  | |  |
| Photocopier and supplies (ink cartridges, paper, etc.) | 1 | | |  | |  |
| Printer | 1 | | |  | |  |
| Radio | 1 for each member command staff, section chief, branch directors and group leaders. Others if resources allow | | |  | |  |
| Staff Computers | 1 per staff member | | |  | |  |
| Signage | 1 | | |  | |  |
| Surge Protectors | 3 | | |  | |  |
| Tables | Long oval table or equivalent to seat all command staff | | |  | |  |
| Telephone | 3 | | |  | |  |
| Telephone List | 1 per telephone | | |  | |  |
| **Staff Break Room** | Chairs | 2 per table (rectangular) 1 8 per table (round) | | |  | |  |
| Food | 3 meals a day for the duration of operations | | |  | |  |
| Signage |  | | |  | |  |
| Tables | 1 per 4 staff (rectangular), 1 per 8 staff (round) | | |  | |  |
| Trash Cans |  | | |  | |  |
| **Other Supplies** | AED | 1 | |  | |  | |
| First Aid Kit | 2 | |  | |  | |
| Fire Extinguisher | 1 | |  | |  | |
| Janitorial Supplies |  | |  | |  | |
| Flashlight |  | |  | |  | |

**Attach to this sheet any invoices or order forms for supplies**

|  |  |
| --- | --- |
| **Supplier** | **Invoice Attached Y/N** |
|  |  |
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## Signs

Use this list as a guideline for what to include in go kits and/or use as a checklist during site setup.

* Signs for each service
  + - reception
    - waiting areas
    - interview areas
    - quiet rooms
    - staff work space, staff only spaces
    - storage rooms
    - staff break rooms
    - family briefing rooms
    - child care areas
    - memorial area
    - social services
    - Behavioral Health services areas
    - Medical/First Aid services areas
    - Signs for client movement through services (arrows, station signs, etc.)
    - Signs for any urgent or important updates about the incident
    - Signs for entrances and exits
    - Signs for handicapped areas, parking, and services
    - Signs for bathrooms
    - Signs for food and beverage
    - Signs for security personnel
    - Signs for public transportation/parking lots
    - Language Board
    - Signs in American Sign language
    - Incident map/Diagram
    - Local area maps
    - Service animal area

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ICS 211A – Staff Sign-in Sheet | | **Incident Name** | **Check-In Location** | | **Date/Time** | |
|  |  | |  | |
|  |
|  |  | |  | |
| Check-In Information | | | | | | |
| **Name** | **Unit Assignment** | **Signature** | | **Agency** | **Time In** | **Time Out/Initial** |
|  |  |  | |  |  |  |
|  |  |  | |  |  |  |
|  |  |  | |  |  |  |
|  |  |  | |  |  |  |
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|  |  |  | |  |  |  |
|  |  |  | |  |  |  |
|  |  |  | |  |  |  |

## Staffing Determination Tool: Family Assistance Center

*This staffing model is an example. Depending on the event, positions may be combined, eliminated, or managed by lead agency. Not all staff positions will be active during specific timelines of response.*

A/N = As needed TBD = To be determined at the time of the incident

|  | **Small** | **Medium** | **Large** | **Catastrophic** |
| --- | --- | --- | --- | --- |
| **Potential Fatalities** | **<20** | **20-100** | **101-500** | **>500** |
| **Family and Friends** | **<160** | **160-800** | **800-4,000** | **>4,000** |
| **Family Assistance Center Leadership** | | | | |
| Branch Director/Site Manager | 1 | 1 | 1 | 1 |
| Deputy Branch Director/Site Manager | 0 | 1 | 1 | 1 |
| Deputy Public Information Officer | A/N | 1 | 1 | 1 |
| Safety Officer | 1 | 1 | 1 | 1 |
| Liaison Officer | 1 | 1 | 1 | 1 |
| Site Planning Lead | A/N | 1 | 1 | 1 |
| Site Logistics Lead | 1 | 1 | 1 | 1 |
| Site Liaison | 1 | 1 | 1 | 1 |
| Site Technology Lead | A/N | 1 | 1 | 2 |
| Workforce Lead | 1 | 2 | 2 | 2 |
| **Leadership Staff Total** | **6** | **11** | **11** | **12** |
|  |  |  |  |  |
| **Reception Group** | | | | |
| Reception Group Supervisor | 1 | 1 | 1 | 1 |
| **Usher Unit** | | | | |
| Usher Unit Leaders | 1 | TBD | TBD | TBD |
| Ushers | TBD | TBD | TBD | TBD |
| Runners | A/N | A/N | A/N | A/N |
| **Registration Unit** | | | | |
| Registration Unit Leader | 1 | 1 | 1 | 2 |
| Intake/Outtake Staff: Survivors | 1 | 1 | 2-3 | 3-4 |
| Intake/Outtake Staff: Family | 1 | 2-3 | 3-4 | 4-6 |
| **Site Access Control and Security Unit** | | | | |
| Site Access Control and Security Unit Leader | 1 | 1 | 1 | 1 |
| Security Officers | TBD | TBD | TBD | TBD |
| **Reception Group Total** | **6** | **6-7** | **8-10** | **11-14** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Medical Examiner Group** | | | | |
| Medical Examiner/Coroner Group Supervisor | 1 | 1 | 1 | 1 |
| **Ante Mortem Information Unit** | | | | |
| Ante Mortem Information Unit Leader | 1 | 1 | 1-2 | 2-3 |
| Data Collection Specialists | 2 | 2-4 | 4-8 | 8-12 |
| **Notification Unit** | | | | |
| Notification Unit Leader | 1 | 1-2 | 2-4 | 4-8 |
| Notification Specialists | 2-4 | 4-10 | 10-20 | 20-50 |
| Chaplains | TBD | TBD | TBD | TBD |
| **Medical Examiner Group Total** | **5-7** | **9-18** | **18-35** | **35-74** |
|  | | | | |
| **Accountability Group** | | | | |
| Accountability Group Supervisor | 1 | 1 | 1 | 2 |
| **Missing Person Tracking Unit** | | | | |
| Missing Person Tracking Unit Leader | 1 | 1 | 1 | 1 |
| Regional Hospital Resource Center | A/N | A/N | A/N | A/N |
| Red Cross | A/N | A/N | A/N | A/N |
| **Data Management Unit** | | | | |
| Data Management Unit Leader | 1 | 1 | 2-3 | 3-4 |
| Data Collection | 1-2 | 2-5 | 5-10 | 10-20 |
| Data Input | A/N | A/N | A/N | A/N |
| **Accountability Group Total** | 4-5 | 5-8 | 9-15 | 16-27 |
|  |  |  |  |  |
| **Site Support Services Group** | | | | |
| Site Support Services Group Supervisor | 1 | 1 | 1 | 1 |
| **Medical Care and Behavioral Health Unit** | | | | |
| Medical Care and Behavioral Health Unit Leader | 1 | 1-2 | 2-4 | 4-6 |
| Behavioral Health | 3-4 | 4-8 | 8-12 | 12-20 |
| Medical/First Aid | 1 | 1-2 | 2-3 | 3-8 |
| **Interpretation and Translation Unit** | | | | |
| Interpretation and Translation Unit Leader | 1 | 1 | 1 | 1 |
| Interpreters and Translators | A/N | A/N | A/N | A/N |
| **Child Care and Supervision Unit** | | | | |
| Child Care and Supervision Unit Leader | 1 | 1 | 1 | 1 |
| Child Care and Supervision Staff | A/N | A/N | A/N | A/N |
| **Services to Meet Functional Needs Unit** | | | | |
| Services to Meet Functional Needs Unit Leader | 1 | 1 | 1 | 1 |
| Functional Needs Staff | A/N | A/N | A/N | A/N |
| **Site Support Services Group Total** | **9-10** | **10-16** | **16-23** | **23-38** |
| **Grand Total** | 30-34 | 41-59 | 62-94 | 97-165 |

## Position Identification Assignments: Reunification

|  |  |  |
| --- | --- | --- |
| **Position** | **Color** | **Vests Available** |
| * Branch Director/Site Manager * Deputy Branch Director * Deputy PIO * Safety Officer * Liaison Officer * Site Planning Lead * Site Logistics Lead |  |  |
| * Site Liaison * Site Technology Lead * Workforce Lead |  |  |
| Group Supervisors   * Reception Group * Reunification Group * Accountability Group * Site Support Services |  |  |
| Reception Group Supervisor   * Usher Unit Leaders   + Ushers   + Runners * Registration Unit Leader   + Intake/Outtake Staff: Survivors   + Intake/Outtake Staff: Family * Site Access Control and Security Leader   + Security Officers |  |  |
| Reunification Group Supervisor   * Survivors Team Lead Assistant   + Reunification Specialist(s) * Friends and Family Team Lead Assistant   + Reunification Specialist(s)   + Family Liaison (one per family) |  |  |
| Accountability Group Supervisor   * Missing Person Tracking Unit Leader   + RHRC   + Red Cross * Data Management Unite Lead   + Data Collection   + Data Input |  |  |
| Site Support Services Supervisor |  |  |
| * Medical Care & Behavioral Health Unit Leader |  |  |
| * + Behavioral Health |  |  |
| * + Medical/First Aid |  |  |
| * Interpretation & Translation Unit Leader |  |  |
| * Child Care Supervision Unit Leader |  |  |
| * Services to Meet Functional Needs Unit Leader |  |  |

## Position Identification Assignments: Family Assistance Center

|  |  |  |
| --- | --- | --- |
| **Position** | **Color** | **Vests Available** |
| * Branch Director/Site Manager * Deputy Branch Director * Deputy PIO * Safety Officer * Liaison Officer * Site Planning Lead * Site Logistics Lead |  |  |
| * Site Liaison * Site Technology Lead * Workforce Lead |  |  |
| Group Supervisors   * Reception Group * Medical Examiner Group * Accountability Group * Site Support Services |  |  |
| Reception Group Supervisor   * Usher Unit Leaders   + Ushers   + Runners * Registration Unit Leader   + Intake/Outtake Staff: Survivors   + Intake/Outtake Staff: Family * Site Access Control and Security Leader   + Security Officers |  |  |
| Medical Examiner Group Supervisor   * Ante Mortem Information Unit Leader   + Data Collections Specialist(s) * Notification Unit Leader   + Notification Specialist(s)   + Chaplains |  |  |
| Accountability Group Supervisor   * Missing Person Tracking Unit Leader   + RHRC   + Red Cross * Data Management Unite Leader   + Data Collection   + Data Input |  |  |
| Site Support Services Supervisor |  |  |
| * Medical Care & Behavioral Health Unit |  |  |
| * + Behavioral Health |  |  |
| * + Medical/First Aid |  |  |
| * Interpretation & Translation Unit |  |  |
| * Child Care Supervision |  |  |
| * Services to meet functional needs |  |  |

## Safety Walkthrough Checklist

\*to be completed by the Site Safety Officer

| **Inspected by:** | **Date:** | | |
| --- | --- | --- | --- |
| **Location:** | **Time:** | | |
|  | | | |
| **Training:** | | **Yes** | **No** |
| Did each person receive a safety brief at shift change? | |  |  |
| Is staff trained in use of portable fire extinguishers? | |  |  |
| Is the fire evacuation plan part of the safety briefing? | |  |  |
| Comments: | | | |
| **Environment:** | | **Yes** | **No** |
| Are resources available to deal with hot or cold conditions?(drinking water, heated tent, shade) | |  |  |
| Does staff know the symptoms of heat/cold related emergency? | |  |  |
| Is the level of light adequate for safe and comfortable performance of work? | |  |  |
| Are fire evacuation procedures/diagrams posted? | |  |  |
| Is the area around portable fire extinguishers free of obstructions and properly labeled? | |  |  |
| Are fire alarm pull stations clearly marked and unobstructed? | |  |  |
| Are exits properly marked and illuminated? | |  |  |
| Are the directions to exits, when not immediately apparent, marked with visible signs? | |  |  |
| Can emergency exit doors be opened from the direction of exit travel without the use of a key or any special knowledge or effort when the building is occupied? | |  |  |
| Are hand rails provided on all fixed stairways? | |  |  |
| Are standard guardrails provided wherever aisle or walkway surfaces are elevated more than 48 inches above any adjacent floor or the ground? | |  |  |
| Are objects covering heating and cooling vents? | |  |  |
| Comments: | | | |

|  |
| --- |
| **Security Checklist:** |
| * Evaluate access control, including media, contractors, attorneys, unsolicited volunteers and clergy |
| * Ensure adequate exterior lighting |
| * Secure parking lot |
| * Secure internal and external communication |
| * Evaluate escort needs |

|  |  |  |
| --- | --- | --- |
| **Housekeeping:** | **Yes** | **No** |
| Is the work area clear of debris and tripping hazards? |  |  |
| Are materials/supplies properly stacked and spaced? |  |  |
| Are work areas clear of fluid spills or leakage? |  |  |
| Are aisles and passageways clear of obstructions? |  |  |
| Are walkways clear of holes, loose debris, protruding nails, and loose boards? |  |  |
| Is the staff area kept clean and sanitary? |  |  |
| Are the dumpsters being serviced properly? |  |  |
| Are the restrooms (portable or fixed) clean, sanitary and restocked? |  |  |
| Are hand hygiene aids available (water, soap and/or hand sanitizer)? |  |  |
| Comments: | | |
|  | | |
| **Safety Incident Management:** | **Yes** | **No** |
| Have communication codes for emergencies been established? |  |  |
| Has a safety plan been filled out? |  |  |
| Is on-site first aid available? |  |  |
| Are AEDs available? |  |  |
| Are EMS services on site? |  |  |
| Are established emergency phone numbers posted where they can be readily found in case of an emergency? |  |  |
| Are Material Safety Data Sheets (MSDS) available or a process identified for accessing sheets? |  |  |
| Are incident report forms available on site? |  |  |
| Is there a predetermined medical plan for where to take staff and clients for treatment if there is an incident? |  |  |
| Has a site lock down procedure been reviewed if needed? |  |  |
| Is a copy of the facility fire prevention and emergency action plan available on site? |  |  |
| Comments: | | |

|  |  |  |
| --- | --- | --- |
| **Child Care Area** | **Yes** | **No** |
| Is there a child care facility on site? |  |  |
| Is it located near a rest room? |  |  |
| Is the area child proofed, free of chemical hazards? (outlet covers, shelving and electronics secured to walls, choking hazards) |  |  |
| Is it separate from adults and the sleeping areas? |  |  |
| Is the area secure? |  |  |
| Are toys age-appropriate and sanitary? |  |  |
| Does someone know pediatric CPR? |  |  |
| Comments: | | |

## Family/Friend Registration Form

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Use this form if no electronic/database registration system is available* Tracking Number

|  |
| --- |
| **Disaster Victim Information (*For Multiple Victims of Same Family, Use Additional Forms and Cross Reference by Name*)** |
| Last Name First Name MI |
| |  | | --- | | ***Next of Kin Information*** | | Has Next of Kin (NOK) arrived at the Family Assistance Center? 🞎 Yes 🞎 No 🞎 Unknown | | NOK Last Name First Name | | Relationship to Victim | | Current Address | | City State Zip | | Phone numbers | | Medications/Medical Needs? 🞎 Yes 🞎 No | | If Yes, Indicate Needs | | Physician’s Name Physician’s Phone # | | Notes | | *Information regarding Next of Kin provided by:* | | *Relationship to Next of Kin:* |  1. ***Presenting Family Member/Friend Name*** |
| Last Name First Name MI |
| Relationship to Victim |
| Permanent Address |
| City State Zip |
| Home Phone Cell Phone |
| Photo Identification Verification (type/#/State/County) |
| Additional considerations (medical, interpretation)? 🞎 Yes 🞎 No |
| If yes, please indicate:  Notes: |

## Family/Friend Registration Form (continued)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Use this form if no electronic/database registration system is available* Tracking Number

|  |
| --- |
| 1. ***Presenting Family Member/Friend Name*** |
| Last Name First Name MI |
| Relationship to Victim |
| Permanent Address |
| City State Zip |
| Home Phone Cell Phone |
| Photo Identification Verification (type/#/State/County) |
| Additional considerations (medical, interpretation)? 🞎 Yes 🞎 No |
| If yes, please indicate: |
| Notes: |
|  |
| 1. ***Presenting Family Member/Friend Name*** |
| Last Name First Name MI |
| Relationship to Victim |
| Permanent Address |
| City State Zip |
| Home Phone Cell Phone |
| Photo Identification Verification (type/#/State/County) |
| Additional considerations (medical, interpretation)? 🞎 Yes 🞎 No |
| It yes, please indicate: |
| Notes: |
|  |

## Family/Friend Registration Form (continued)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Use this form if no electronic/database registration system is available* Tracking Number

|  |
| --- |
| 1. ***Presenting Family Member/Friend Name*** |
| Last Name First Name MI |
| Relationship to Victim |
| Permanent Address |
| City State Zip |
| Home Phone Cell Phone |
| Photo Identification Verification (type/#/State/County) |
| Additional considerations (medical, interpretation)? 🞎 Yes 🞎 No |
| If yes, please indicate: |
| Notes |
|  |
| 1. ***Presenting Family Member/Friend Name*** |
| Last Name First Name MI |
| Relationship to Victim |
| Permanent Address |
| City State Zip |
| Home Phone Cell Phone |
| Photo Identification Verification (type/#/State/County) |
| Additional considerations (medical, interpretation)? 🞎 Yes 🞎 No |
| If yes, please indicate: |
| Notes |
|  |

# 

## Missing Person Form

Informant Contact Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Last Name | First Name | | Middle Name | | |
| Relationship to Missing Person | Phone Number(s) | | e-Mail | | |
| Street Address | | City | | State | Zip |
| Contact Person (if different than above) | | | | | |
| Last Known Contact (please list time, location, method of interaction) | | | | | |
| Please list why you think they are missing: | | | | | |

Missing Person Information

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Last Name | | | | First Name | | | | Middle Name | | | | |
| Maiden Name (if applicable) | | | | Nicknames or Aliases | | | | Phone Number(s) | | | | |
| Date of Birth | Age | | Gender | | Relationship to Informant | | | Race | | | Marital Status | |
| Street Address | | | | | | City | | | State | | | Zip |
| Does the person require medication (if yes, please list) | | | | | | | | Primary Language | | | | |
| Does the person have any major medical or mental health concerns (if yes, please list) | | | | | | | | | | | | |
| Weight | | Height | | | | | Eye Color | | | Hair Color & Length | | |
| Identifying Characteristics – scars, tattoos, piercings, birth marks, ... | | | | | | | | | | | | |
| Last known Clothing – type, size, color, footwear, jewelry, ... | | | | | | | | | | | | |
| Does the person carry a wallet or purse, if so please describe? | | | | | | | | | | | | |

Informant’s Needs – Do you have need for any of the following? (please circle if yes)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Lodging | Medical | Dietary | Religious | Transportation | Other: |
| Confidentiality: We respect your privacy. We will honor your wishes when sharing information about your needs. *Please let us know of limitations.* | | | | | |

Staff Use

|  |  |  |  |
| --- | --- | --- | --- |
| Staff Name | | | Staff Phone Number |
| Date | Time | Method of Collection:  By Phone In Person, list location | |

## Missing Person Tracking Form

Missing Person – Brief Summary

|  |  |  |  |
| --- | --- | --- | --- |
| Last Name | | First Name | Date of Birth |
| Is Individual a minor? | Last Known Location | | |

Check survivor pool first

|  |  |  |  |
| --- | --- | --- | --- |
| Survivor List |  |  |  |

Check hospital lists second

|  |  |  |  |
| --- | --- | --- | --- |
| 🞏 MNTrac | Contact Name: | Date: | Time: |
| 🞏 Hospital | Contact Name: | Date: | Time: |

|  |
| --- |
| Confirm family liaison assigned: |

Check databases

|  |  |  |  |
| --- | --- | --- | --- |
| 🞏 Police | Contact Name: | Date: | Time: |
| 🞏 School | Contact Name: | Date: | Time: |
| 🞏 Employer | Contact Name: | Date: | Time: |
| 🞏 Red Cross | Contact Name: | Date: | Time: |
| 🞏 Personal | Contact Name: | Date: | Time: |
| 🞏 \_\_\_\_\_\_\_\_ | Contact Name: | Date: | Time: |
| 🞏 \_\_\_\_\_\_\_\_ | Contact Name: | Date: | Time: |

When Located

|  |  |
| --- | --- |
| Location found? | Finding Verified By: |

Located Information Provided to:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Last Name | First Name | | Middle Name | | |
| Street Address | | City | | State | Zip |
| Time & Date information provided: | Method:  in Person via Phone Other: \_\_\_\_\_\_\_\_ | | Phone Number(s) | | |
| Special Request? | | | | | |

## Survivor Form

Survivor Information

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Last Name | | First Name | | | | Middle Name | | | |
| Maiden Name (if applicable) | | Nicknames or Aliases | | | | Phone Number(s) | | | |
| Street Address | | | | City | | | State | | Zip |
| Marital Status | Date of Birth | | Age | | Gender | | | Primary Language | |

Physical description of self to assist in reunification with loved ones (Optional)

|  |  |  |  |
| --- | --- | --- | --- |
| Approximate Weight | Approximate Height | Eye Color | Hair Color & Length |
| Identifying Characteristics – scars, tattoos, piercings, birth marks, ... | | | |
| Clothing description – type, size, color, footwear, jewelry, ... | | | |

Who might be looking for you?

|  |  |  |
| --- | --- | --- |
| Last Name | First Name | Middle Name |
| Relationship | Phone Number(s) | |
| Last Name | First Name | Middle Name |
| Relationship | Phone Number(s) | |
| Last Name | First Name | Middle Name |
| Relationship | Phone Number(s) | |

Survivor’s Needs – Do you have a need for any of the following? (please circle if yes)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Lodging | Medical | Dietary | Religious | Transportation | Other: | |
| Confidentiality: We respect your privacy. We will honor your wishes when sharing information about your needs. *Please let us know of limitations. I understand that you may share this information for the purposes of reunification and reconciliation with my loved ones.*  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |

Staff Use

|  |  |  |  |
| --- | --- | --- | --- |
| Staff Name | | | Staff Phone Number |
| Date | Time | Method of Collection:  By Phone In Person, list location | |

## PIO Cheat Sheet

This document is to be used to inform press briefings and media updates, but it is NOT a stand-alone document to be shared with the press. It should be completed using the judgment of the response staff, as not all items will be reported. All of the information below can be obtained from the Site Planning Section Lead at the Assistance Center or the Incident Planning Section Chief.

|  |  |  |
| --- | --- | --- |
|  | **Number in last operational period** | **Number to date** |
| Number of families at the Family Assistance Center |  |  |
| Number of families communicating with the FAC but not on site |  |  |
| Date/Time of last family briefing |  |  |
| Number of calls to the Missing Persons Call Center |  |  |
| Number of Missing Persons Reports received |  |  |
| Number of reunifications facilitated through the FAC |  |  |

**Services Provided at the Family Assistance Center:**



**Referral Services Provided Through the Family Assistance Center:**



**Number of confirmed fatalities**

**Number of confirmed injured** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Number of confirmed non-injured** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Number of decedents identified and their families notified**

**Language that SHOULD NOT be used in communications:**

* We know how you feel.
* Time heals all wounds.
* You should go on with your life.
* You will get over it.
* Others are worse off.
* Focus on the good times.
* You do not need to know that.
* What you do not know can’t hurt you.
* It was actually a blessing.
* You must be strong.
* It could have been worse.
* God never gives us more than we can handle.
* We cannot share that information. (Acceptable only if followed by ***why*** and ***when*** the information will be available.)

**Talking points concerning victim identification procedures:**

* PIOs should not speculate on any ME procedures, including the need for an autopsy.
* PIOs should not assign timeframes for victim identification.
* Victims’ names are only released after positive identification and notification of the family.
* Cultural considerations will be accommodated as often as practical.

**Additional Comments**

## Pediatric Safe Area Checklist

|  |  |  |
| --- | --- | --- |
| **YES** | **NO** | **ITEM** |
|  |  | Needle boxes are at least 48 inches off the floor? |
|  |  | Do the windows open? |
|  |  | Are the windows locked? |
|  |  | Are there window guards? |
|  |  | Plug-in covers or safety wiring for electrical outlets? |
|  |  | Are choking hazards and cords removed? |
|  |  | Strangulation hazards removed (cords, wires, tubing, and curtain/blind drawstrings)? |
|  |  | Can children be contained in this area (consider stairwells, elevators, doors)? |
|  |  | Are there activities for the children (age and gender appropriate videos, games, toys)? |
|  |  | Have you poison-proofed the area (cleaning supplies, Hemoccult developer)? |
|  |  | Are your med carts and supply carts locked? |
|  |  | Do you need to create separate areas for various age groups? |
|  |  | Is there a plan for security for the area? |
|  |  | Is there a plan to identify the children? |
|  |  | Is there a plan for assessing mental health needs of these children? |
|  |  | Are there any fans or heaters in use? Are they safe? |
|  |  | Is there an onsite or nearby daycare? Could they help you? |
|  |  | Is there enough staff to supervise the number of children (younger children will require more staff)? |
|  |  | Do the staff have age-appropriate experience? |
|  |  | Is there a sign-in/sign-out sheet for all children and adults who enter the area? |
|  |  | Will children need to be escorted from the childcare area to bathrooms? |
|  |  | Are age-appropriate meals and snacks available for children? |
|  |  | Are there considerations for life-threatening allergies? |
|  |  | Are various-sized diapers available? |
|  |  | Are there hand hygiene supplies? |
|  |  | Are there cribs, cots or beds available for children who need to sleep? |
|  |  | Is there a policy/protocol for handling minor illness in children (Tylenol dosing, administering routine meds, etc.). |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Childcare Area Sign In/Out Sheet | | | | | | | |
| **Name of Child** | **Age** | **Sign In Time** | **Sign Out Time** | **Responsible Adult Name** | **Responsible Adult Signature** | **Contact Phone Number** | **Special Instructions** |
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## Minor Reunification Verification - Adult Form

Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_

Nickname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Female □ Male

Medical/Health/Safety/Dietary Needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current situation:**

Adult(s) that the child lives with: □ Mother □ Father □ Foster Family □ Other\_\_\_\_\_\_\_\_\_\_

Adult’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adult’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

Current address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names of siblings and/or other household members: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pets and their names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_

**Information about adult claiming the child:**

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

Relationship to the child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the claiming adult have legal custody/guardianship? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any legal/custody issues we should be aware of? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**History of separation:**

Date of separation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of separation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circumstances of separation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other notes: ­­­­­­­­­­­­­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Minor Reunification Verification - Child Form

Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_

Nickname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Female □ Male

Medical/Health/Safety/Dietary Needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current situation:**

Adult(s) that the child lives with: □ Mother □ Father □ Foster Family □ Other\_\_\_\_\_\_\_\_\_\_

Adult’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adult’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

Current address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names of siblings and/or other household members: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pets and their names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_

**History of separation:**

Date of separation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of separation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circumstances of separation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child’s wishes:**

Name of person with whom the child would like to be reunited: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Alternative person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Form completed by**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Reunification Completion Checklist

Ensure the following have been completed:

□ Both *Adult and Child Verification Forms* completed.

□ Information from both forms has been cross-referenced.

□ Photo(s) taken of adult and child.

□ Photo/copy taken of adult’s identification (e.g. driver’s license).

□ Other verification/documentation, if needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Result:

□ Child has been reunited with adult claiming the child.

□ Child has been referred to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Process completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Demobilization Checklist

**Location/Name of Assistance Center:**

**Date/Time of Demobilization:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**General Guidelines that should be considered for closure:**

* Number of families receiving services.
* Number of victims still to identify/locate.
* Ability for other organizations to handle current operation needs off site.
* Emotional and physical toll of incident on response staff
* Family briefings are no longer needed.
* Rescue, recovery investigations and identification have decreased and are able to be handled by another ongoing operation.
* Memorial services have been arranged for family and friends.
* Provision for the return of personal effects has been arranged.
* Ongoing case management and/or hotline number has been established.

**Demobilization Tasks**

* Create a demobilization plan for the AC and get approval.
* Set a date and time for closure and communicate this with all partners and client’s families.
* Address outstanding case management needs and long-term follow-up with families.
* Coordinate final meeting with partners and government agencies.
* Coordinate messaging for public about demobilization.
* Update missing persons call center or recorded message.
* Break down the AC facility.
* Follow-up report of AC operations.
* Ensure the collection and transfer of all documentation to lead agency.
  + - Debrief staff and volunteers.

## Demobilization Procedures

Upon notification of the assistance center demobilization, the FAC Site Leader will complete the following procedures:

|  |  |  |
| --- | --- | --- |
| **Step #** | **Description** | **Completed** |
| 1. | The FAC Site Manager will notify Team Leads of time of operations closing. |  |
| 2. | Team Leads will notify Team Members of operations closing. |  |
| 3. | All staff should complete all operational tasks and responsibilities. |  |
| 4. | Site Manager will ensure site cleanup. |  |
| 5. | Site Manager will collect all documents, including client data collection forms, workforce time, expenditures, etc. |  |
| 6. | Site Leader will provide workforce with final briefing. |  |
| 7. | Site Leader will transfer all operational/site management documents to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |  |
| 8. | Equipment should be collected and turned in to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |  |
| 9. | All staff should complete final check out procedure. |  |
| 10. | Client data collection forms should be collected and turned in to the appropriate agency. |  |
| 11. | Perform closing facility site walkthrough with Facility Liaison. |  |
| 12. |  |  |
| 13. |  |  |
| 14. |  |  |
| 15. |  |  |

# Family Resource Packet

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129. Important Information for Families

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140. Frequently Asked Questions When Your Family Member is Missing

141. Frequently Asked Questions When Your Family Member is Deceased

143. Taking Care of Yourself and Your Family

144. Dialogue with Children About Death

145. Notifying Government and Financial Agencies

147. Credit Reporting Agency Notification

## Family Letter

Insert letter once FAC is established

## Important Information for Families

**Welcome to the Family Assistance Center, a safe place for families of missing or deceased individuals to gather. Please be respectful of other families visiting the Family Assistance Center at all times. If at any time you have any questions, concerns, or requests do not hesitate to approach any staff member.**

**How do I Use the Family Resource Packet?**

The Family Resource Packet is meant to provide you with information and resources to assist you in your time at the Family Assistance Center. At the end of the packet are several blank pages; throughout your time at the Family Assistance Center it might be helpful for you to take notes or write down any questions you may have. Because emotions run high at times like these, these notes can be helpful reminders. If you have any questions about the information in this packet or anything at the Family Assistance Center do not hesitate to approach any staff member.

**Who Can Come to the Family Assistance Center?**

Any member of the missing or deceased person’s “family” may attend the Family Assistance Center. “Family” may include any individual (family, friend, partner, distant relative) that considers them to be a part of the victim’s family, even if there is not a legal familiar relationship. This may include people other family members characterize as family.

**Family Members Visiting the Family Assistance Center**

All family members visiting the Family Assistance Center need to bring photo identification if possible. Upon entering the facility all family members will receive a unique badge. If a family representative wishes to prohibit the entry of specific family/friend, please inform the security team of your wishes. If you have any questions or concerns please feel free to speak to any registration staff member.

**Family Interviews and Family Liaison Teams**

Your family will be assigned to a family liaison/chaplain. The family liaison teams are created to provide you with a core group of people that will always be available to answer any question or address any concerns. There are no differences between the teams or the staff members assigned each team. Please do not hesitate to approach any member of your or other teams if you have any questions.

**Who is Legal Next of Kin?**

Minnesota law clearly identifies who is in charge of the disposition of the body. The right to control a dead human body, including the location and conditions of final disposition, vests in, and the duty of final disposition of the body devolves upon, the following in the order of priority listed:

1) A person may plan for their own final disposition and have those wishes carried out; (These arrangements made in advance of need must be in writing, dated and witnessed.)

2) The person or persons appointed in a dated written instrument signed by the decedent. By definition, a written instrument includes, but is not limited to, a health care directive executed under chapter 145C. If there is a dispute involving more than one written instrument, a written instrument that is witnessed or notarized prevails over a written instrument that is not witnessed or notarized. However, a written instrument does not include a durable or nondurable power of attorney which terminates on the death of the principal pursuant to sections 523.08 and 523.09;

3) The spouse of the decedent;

4) The adult child or the majority of the adult children of the decedent. Keep in mind that, in the absence of actual knowledge to the contrary, a mortician may rely on instructions given by the child or children who represent that they are the sole surviving child, or that they constitute a majority of the surviving children;

5) The surviving parent or parents of the decedent, each having equal authority;

6) The adult sibling or the majority of the adult siblings of the decedent, provided that, in the absence of actual knowledge to the contrary, a mortician may rely on instructions given by the sibling or siblings who represent that they are the sole surviving sibling, or that they constitute a majority of the surviving siblings;

7) The adult grandchild or the majority of the adult grandchildren of the decedent. A mortician may rely on instructions given by a grandchild or grandchildren who represent that they are the only grandchild or grandchildren reasonably available to control final disposition of the decedent's remains or represent a majority of such grandchildren;

8) The grandparent or the grandparents of the decedent, each having equal authority;

9) The adult nieces and nephews of the decedent, or a majority of them, provided that, in the absence of actual knowledge to the contrary, a funeral director or mortician may rely on instructions given by a niece, nephew, or nieces or nephews who represent that they are the only niece, nephew, or nieces or nephews reasonably available to control final disposition of the decedent's remains or represent a majority of nieces and nephews reasonably available to control final disposition of the decedent's remains;

10) The person or persons who were acting as the guardians of the person of the decedent with authority to make health care decisions for the decedent at the time of death;

11) An adult who exhibited special care and concern for the decedent;

12) The person or persons respectively in the next degree of kinship in the order named by law to inherit the estate of the decedent; and

13) The appropriate public or court authority, as required by law.

Anyone may review the regulations on controlling the final disposition of a body and who has the duty to pay for the funeral in MN Statutes 149A.80.

**Interpretation Services**

If at any time you wish to have an interpreter present do not hesitate to ask any staff member. They will ensure you receive any services you need.

**Missing Family Members**

If your family member is missing it is possible that they have been taken to a healthcare facility or shelter. Staff from the Family Assistance Center will work with you to gather information about the whereabouts of your missing family member. Families are encouraged to continue to search for their family members through all available channels. You should continue checking with the missing person’s friends, school, work, neighbors, relatives, or anyone else who may know their whereabouts.

**Identifying and Recovering Your Family Member**

If it is determined that your family member is deceased and their body is currently in the custody of the Hennepin County Medical Examiner’s Office, it’s important to understand that viewing is not possible until they have been taken to a private funeral home. Additional information will be provided by a representative of the Medical Examiner’s Office during the Family Briefing.

**Should You Need a Funeral Home**

The choice of a funeral home is entirely up to your family. You are welcome to contact the funeral home of your choice, whether it is local or out of state. If you chose to work with a funeral home out of state it is very common for funeral homes to contract with a local funeral home to deliver remains. If you have any questions or concerns about disposition arrangements please inform your Family Liaison.

**Talking with the Media**

There will be no media allowed within the Family Assistance Center, but you may be approached by the media outside of the Family Assistance Center. You are under no obligation to speak to the media. If you do not wish to speak to the media, remain silent or state that you have no comment. If you are being harassed by members of the media please inform a member of the Family Assistance Center staff or security team immediately. If you become aware of the presence of media inside the facility, immediately notify a security staff member.

## Services Provided at the Family Assistance Center

Update just-in-time with any services provided, hours, or any further information.

* **Childcare Services**

Childcare services will be offered to all families at the Family Assistance Center. All childcare areas will be run by trained staff.

* **Computer/Phone Bank**

A computer and phone bank area is available to families to aid in communications. If you need assistance with using a computer or phone any member of the communications team would be happy to help.

* **Family Briefings**

Family Briefings will be held twice a day by the Chief Medical Examiner or their designee. All families are encouraged to attend the family briefings to receive the most up to date information regarding the recovery and identification process.

* **Food Services**

Meals will be provided three times a day and a variety of healthy snacks will be provided throughout the day. Please communicate to a staff member any specific dietary restrictions or preferences. We will try to accommodate all requirements and preferences.

* **Meditation/Spiritual Care Area**

The meditation/spiritual care area is a quiet place for meditation or spiritual worship. Please ask a spiritual care provider if you need any assistance facilitating a gathering.

* **Memorial Area**

A memorial area will be provided for families. Please ask any staff member if you have questions relating to the memorial area.

* **Mental Health Services**

Licensed Mental Health providers will be available to all families at the Family Assistance Center. If you would like to speak to a mental health provider or need a referral to outside resources any mental health provider would be happy to help you.

* **Quiet Gathering Areas**

Quiet gathering areas are available for families if they wish to have a private space. Please ask any staff member to coordinate a private gathering space.

* **Spiritual Care Services**

Trained spiritual care providers will be available to all families at the Family Assistance Center. If you would like to speak to a spiritual care provider any spiritual care provider would be happy to help you.

* **Secondary Services (below are examples of possible services)**
* Crime Victims Assistance
* Financial Assistance
* Foreign Nationals
* Housing Assistance
* Insurance Advocacy
* Laundry Services
* Legal Assistance
* Provision of Medications
* Public Benefits
* Relocation Assistance
* Transportation
* Veterans Affairs
* Translation/Interpretation Services
* **Television Room**

A television room is provided for families who wish to watch the news. Please be considerate of other families who may not wish to hear about the news, please refrain from discussing television coverage outside of the television room.

## Floor Plan of Family Assistance Center

Insert floor plan once FAC is established

**Here is an example of areas to include:**



## internet Resources for Finding Your Family Member

Families are encouraged to continue to search for their family members through all available channels. You should continue checking with the missing person’s friends, school, work, neighbors, relatives, or anyone else who may know their whereabouts.

You should also search web based resource to locate your family member. Below are a few examples of web based resources that could be useful. You are encouraged to post and search for information on any or all of these locators to aid in finding your family member. If you have any questions or need assistance with this process please to do not hesitated to ask any Family Assistance Center staff member.

**Social Networking Sites**

* Following an incident, survivors may communicate their status with their family and friends through social networking pages or applications. Be sure to check with all social networking sites that your family member may communicate through.

**National Emergency Family Registry and Locator System (NEFRLS)**

* + NEFRLS is a web-based system which, when activated, collects information from individuals for the purpose of reuniting family and household members that have been displaced as a result of a Presidentially-declared disaster or emergency. NEFRLS is hosted by Federal Emergency Management Agency (FEMA), which may be activated following a disaster declaration and operates on a 24/7 basis.
  + Displaced individuals, including medical patients, can register in one of two ways during a disaster. The first is via the NEFRLS 800 number by which an operator at the Texas National Processing Center will take their information over the phone. The second option is via the internet through www.FEMA.gov or directly at https://asd.fema.gov/inter/nefrls/home.htm. Registrants can provide current contact information, list travel companions, and create a personal message. Registrants can designate up to 7 individuals to accept a Privacy Act Statement and complete an identity verification process.
  + Individuals registering as or searching for a displaced child under the age of 21 will be directed to the National Emergency Child Locator Center (NECLC)

**National Emergency Child Locator Center (NECLC)**

* + Following a Presidentially declared disaster the National Center for Missing & Exploited Children (NCMEC), with support from FEMA will establish a toll-free number and a website to assist in locating children and reunifying families.

**The American Red Cross Safe and Well Program**

* + The American Red Cross Safe and Well Program is a web based tool that people can use to register their status and location. The website can be accessed via <https://safeandwell.communityos.org>. or at [www.redcross.org](http://www.redcross.org) click on Safe and Well link, or by phone at 1-866-GET-INFO ( 866-438—4636) for help with registration and the hearing impaired may call 1-800-526-1417.
  + Registrant can leave brief messages, which if desired will update their Facebook or Twitter status as well.

**Next of Kin Registry (NOKR)**

* + The NOKR is a FREE tool for daily emergencies and national disasters. NOKR is an emergency contact system to help if an individual or family member is missing, injured or deceased. NOKR is the central depository for Emergency Contact information in the United States plus 87 other countries.
  + NOKR provides the public a free proactive service to store emergency contacts, next of kin and vital medical information that would be critical to emergency response agencies. Stored information is only accessible via a secure area that is only accessible by emergency public trust agencies that have registered with NOKR. For more information on this system, visit [www.pleasenotifyme.org](http://www.pleasenotifyme.org).

**Person Finder by Google**

* + Following a disaster the Google Crisis Response team assesses the severity and scope of a disaster to determine if they will activate ‘person finder,’ which enables people to either ‘look for someone’ or ‘provide information about someone.’ This tool has been used in many of the recent disasters across the world. For more information, visit [www.google.com/crisisresponse](http://www.google.com/crisisresponse).

## Family Interview Information

**Family Interview Information**

A family interview will be conducted by trained interviewers in a quiet and private location. The following information will need to be gathered from you. When you feel comfortable answering these questions, please let your Family Liaison know. They will schedule the interview with the Medical Examiner on your behalf. If you would like an interpreter to be present during the interview please inform your Family Liaison. If you have any questions or concerns about the family interview please do not hesitate to ask any staff member.

Please be ready to provide the following information about your missing family member.

* Full Name
* Address
* Employer
  + Employer’s Address
* Social Security Number
* Date of Birth
* Where Born
* Physical Description
  + Hair color, eye color, height, weight, shoe size
  + Distinguishing marks, scars, tattoos, piercings [please bring photographs of any of these marks if available]
  + History of surgery, missing organs or appendages
* Dentist and Physician Contact Information [please do not bring copies or originals of dental or medical records to the Family Assistance Center]
* Military Service History
  + Branch
  + Dates of Service
* If Married or Recognized Domestic Partner: name of spouse or domestic partner, with maiden name if applicable
* Photographs of person [preferably showing front teeth]
* Location of Fingerprints if available

## How Identification is Made

The NAME OF AGENCY Medical Examiner may use many methods to identify victims. In the best of circumstances this may take time; in the case of a larger event it is possible that it will take weeks or even months to identify some victims. Every victim must be scientifically identified by the Medical Examiner. This means that visual identification by family members will not be possible. The Medical Examiner may use one or more of the following methods to positively identify victims.

**DNA**

DNA can be used to identify victims in two ways: DNA gathered from the remains can be compared to DNA gathered from a biologically related family member, or DNA gathered from the remains can be compared to the person’s own DNA taken from personal items. DNA can be gathered from these personal items used by the individual for the purpose of identification:

* hairbrush
* tooth brush
* razor
* underwear
* blood tests
* Pap smear
* blood donation
* Newborn Screening Card

If a person’s DNA sample is not available family members may be asked to provide a family reference sample. The person contributing the reference sample must be biologically related to the decedent, preferably the mother. This DNA is gathered by a non-invasive cheek swab. All DNA collected will be used for the purposes of identification only. If family members are not able to attend the Family Assistance Center to provide DNA, arrangements will be made to collect a DNA sample in person.

***Potential obstacles for using DNA for identification:***

There are several potential obstacles to using DNA in identification of remains.

* DNA cannot always be obtained from partial remains
* DNA testing can take a long time
* Results of comparing unidentified remains to the DNA of family members are often not statistically strong enough to provide a positive identification
* Heat will destroy DNA. If the remains were exposed to fire they may not yield a useful specimen.

If you have any questions or concerns about the DNA identification process please ask any of the DNA counselors.

**Fingerprints**

Fingerprints are a reliable form of identification that the Medical Examiner may use. Inform the family interviewer if your family member has ever been officially fingerprinted while alive. If possible, provide information about the location of those fingerprints. If fingerprints can be obtained from the remains of the individual the Medical Examiner may use this to establish identification. If your family member was never officially fingerprinted, the Medical Examiner may be able to match prints obtained from an object belonging to the individual that remains untouched by others.

**Dental Records**

Using dental records and dental x-rays can be a fast and reliable method of positive identification. Please provide contact information for your family member’s dentist to the family interviewer. It is important to provide information on any dental work of which you are aware. If you are not aware of the existence of your family member’s dental records, records may be found through payment or insurance records. If dental x-rays are not available, provide information regarding any records from the dentist:

* dental casts
* charting
* photographs

**Medical Imaging**

The Medical Examiner may be able to positively identify remains by comparing x-rays of ANY PART of the body. This also includes a CAT scan (often taken in cases of suspected head injury). Hospitals and physicians usually only retain hard copy x-rays for seven years, but more modern technology uses digital x-rays, which may be available longer if not indefinitely. Please inform the family interviewer of the existence of any medical imaging of your family member.

**Other useful information**

***Photos:*** A photo of the missing person smiling allows comparison of the front teeth and a straight-on photo of the head allows for superimposition with a skull.

***Scars, marks, tattoos, surgery:*** Provide a description and picture if possible of any unique body markings. If the missing person is female, has she had any children? If the missing person is male, is he circumcised?

***Missing organs/appendages:*** Provide the family interviewer with information about any removed organs (appendectomy, hysterectomy) or missing appendages (fingers, toes).

## Frequently Asked Questions When your Family Member is Missing

**Q. How do I report my family member missing?**

**A.** To report a family member missing, following a disaster, call the Family Assistance Center. The Family Assistance Center will also have up to date information on the current status of the incident and the available missing person support.

**Q. How can I help find my family member?**

**A.** As a family member or friend you may have key information that can aid in finding your family member. Communicate all information to the Family Interviewer regarding your family member. You can also help by checking with the missing person’s friends, school, work, neighbors, relatives, or anyone else who may know their whereabouts. Search web based programs to locate family members including social networking sites, the American Red Cross Safe and Well site, and any other internet sites set up to assist in finding family members. Follow up frequently with any contacts and keep the Family Interviewer informed of any developments.

**Q. What information do you need from me to help find my family member?**

**A.** An interviewer will ask you for the information outlined on the Family Interview Information Sheet in this packet. Information will include a physical description of your family member, including any identifying marks they may have, descriptions of jewelry or clothing, and the contact information of your family member’s dentist and physician. In addition, please provide any information you may have as to their last known whereabouts and anyone they may have been with.

**Q. What is being done to find my family member?**

**A.** The Family Assistance Center staff is working diligently with local law enforcement, healthcare organizations, shelters, and partners to locate your family member. If you have any questions regarding the specific steps that are being taken please do not hesitate to ask your Family Liaison.

**Q. How long will it take to find my family member?**

**A.** Depending on the incident it may take a prolonged period of time for the Family Assistance Center to locate your family member. We encourage you to continue to reach out through your regular channels to locate your family member.

**Q. How do I know if my family member is injured, missing or deceased?**

**A.** The Family Assistance Center staff is in close contact with local healthcare organizations and shelter organizations to identify if your family member is located at a healthcare facility or shelter. The Family Assistance Center staff is also coordinating with local law enforcement to identify if your family member is missing. If your family member is believed to be deceased, representatives of the Medical Examiner’s Office will meet with you when remains that might be your family member are recovered. If you are not able to be present in person at the Family Assistance Center, arrangements will be made to notify you in person.

**Q. What happens if my family member is not found?**

**A.** If the Family Assistance Center has closed and your family member has not yet been found, your case will be transferred to local law enforcement to continue investigation.

**Q. Does anyone care that my family member is missing?**

**A.** Yes, Family Assistance Center staff are working diligently to locate your family member as quickly as possible. If you have any questions regarding the process do not hesitate to ask any member of the staff.

## Frequently Asked Questions When your Family Member is Deceased

**Definitions:**

***Cause of Death:*** The causal agent resulting in death

***Manner of Death:*** The manner of death can be determined to be one of five categories: natural, accidental, homicide, suicide or undetermined

**Q. Where is my family member?**

**A.** Your family member is in the care of the Hennepin County Medical Examiner’s Office. The Medical Examiner’s Office has jurisdiction over all victims of this incident and is working to positively identify all victims and establish the cause and manner of death in accordance with Minnesota State law.

**Q. How will I be notified if remains are identified or recovered?**

**A.** Representatives of the Medical Examiner’s Office will meet with you when remains that might be your family member are recovered. They will continue to meet with you regularly throughout the identification process. When a positive identification of your family member is made, you will be informed in person and given the opportunity to ask questions. If you are not able to be present in person at the Family Assistance Center, arrangements will be made to notify you in person. A phone number to the Family Assistance Center will be provided if you have any questions.

**Q. Why can’t I visually identify my family member’s remains? Why must I wait for a scientific identification?**

**A.** For legal reasons, the Medical Examiner’s Office is required to establish positive identification on all victims of this incident. In most instances, positive identification requires scientific confirmation, either through DNA, fingerprints, or x-ray comparisons. The medical Examiner’s Office is working as quickly as possible to establish positive identification of your family member.

* + - * 1. **Why is it taking so long to identify the victims?**

**A.** The first step of the identification process is to confirm, through scientific means that your family member is deceased. This requires obtaining medical or dental x-rays, or waiting for fingerprint or DNA confirmation, all of which can take some time. After positive identification establishes that your family member is deceased, the Medical Examiner will continue the identification process to insure that as much of your family member’s remains are positively identified as possible.

1. **How did my family member die?**

**A.** The Medical Examiner will determine the cause and manner of your family member’s death. The circumstances surrounding the death, including how it occurred, are part of the scene investigation by the Medical Examiner’s Office and investigating law enforcement agencies. When details are available, and when they are able, the Medical Examiner’s Office will provide you with any information regarding the death of your family member. However, details may not be available until much later in the investigative process.

**Q. Can I see the site of the incident?**

**A.** The investigating agencies will determine when and if it is safe for family members to visit an incident scene. If visits are permitted, the Family Assistance Center will make arrangements to transport you to the incident scene. You are not required, or expected, to make the trip. Doing so is a personal decision.

**Q. Will an autopsy be done?**

**A.**  The Medical Examiner’s Office is required by law to determine the cause and manner of death. In almost all incidences, this will require an autopsy examination. An autopsy is a surgical procedure performed by a medical doctor (forensic pathologist). The Medical Examiner’s Office recognizes that every decedent is a treasured member of a family and of a community and as such, treats each decedent with the highest respect and dignity.

1. **Can I choose not to have my family member’s body autopsied?**

**A.** No, the Medical Examiner is required by law to certify the cause and manner of death; they do not require permission of the next of kin to perform an autopsy on a death under their jurisdiction.

**Q. My cultural beliefs dictate that I must bury my family member’s remains immediately, is this possible?**

**A.** When made aware of time constraints, the Medical Examiner’s Office will do their best to expedite the examination and identification process. However, the circumstances of the incident may make it impossible to meet time limits. Please inform your Family Liaison of any cultural considerations and every effort will be made to accommodate those requests.

**Q. My cultural beliefs dictate that my family member’s body must not be marked or scared, is this possible?**

**A.** The Medical Examiner’s Office will do their best to honor cultural traditions but cannot do so if it impedes the ability to certify cause and manner of death.

1. **What is the condition of my family member’s remains?**

**A.** The condition of your family member’s remains is dependent on the circumstances of his/her death. Medical Examiner staff will provide you with honest answers to your questions regarding the condition of your family member’s remains. How much information is requested and how detailed that information is a personal choice and entirely up to you.

**Q. Can I see my family member’s remains?**

**A.** The standard protocol is that the Medical Examiner recommends that all viewing be done at the funeral home. Viewing prior to release to a funeral home is at the discretion of the Chief Medical Examiner and is dependent on a number of factors related to the investigation. The ability to view your family member’s remains is also dependent on the condition of the remains. Any decision regarding viewing will be communicated to you by Family Assistance Center Staff.

**Q. What should I do if my family member’s remains are identified over a prolonged period of time?**

**A.** Because the Medical Examiner will do everything possible to identify as much of your family member as possible, it is entirely conceivable that the identification process will take a prolonged period of time. The Notification Team at the Family Assistance Center will discuss with you whether you would prefer to be notified each time an identification is made or whether you prefer to be notified when all identifications are complete and the remains are ready for release to a funeral home.

**Q. Can my family member’s remains be released to the funeral home/location of my choice?**

**A.** Yes, the Medical Examiner’s Office will work with whatever funeral home you choose to transfer care of your family member once the examination and identification is complete.

**Q. What will happen with the remains that cannot be identified?**

**A.** If there are remains that are not identified despite all efforts to the contrary, the Medical Examiner will meet with each family to discuss the options and decisions regarding those remains.

**Q. Can I receive my family member’s personal affects?**

**A.** Yes, personal effects will be released to the legal next of kin. If the legal next of kin is not local, they can designate in writing someone to act on their behalf in receiving personal effects. Personal effects may not be releasable if they are in any way contaminated or are considered evidence in a criminal investigation.

## Taking Care of Yourself and Your Family

**Coping with the Loss of a Family Member**

* Simplify your life for a while. Make a list of the things that you are responsible for in your life, such as taking care of the kids, buying groceries, or going to work. Then, look at your list and see which things are absolutely necessary. Is there anything you can put aside for a while? Are there things you can let go of completely?
* Take care of your mind and body. Eat healthy food. Exercise regularly, even if it is only a long walk every day. Exercise will help lift depression and help you sleep better, too. Massage can also help release tension and comfort you.
* Rely on people you trust. Seek information, advice and help from them.
* Begin to restore order in your world by reestablishing old routines at work, home, or school as much as possible. Stay busy with work that occupies you mind; avoid overtaxing yourself with too much activity; leave yourself some down time to relax.
* Talk to your children, who are often the invisible victims of these events, and make sure they are part of your reactions, activities, and plans.
* Ask for help from family, friends, or professionals when you need it. Healing trauma, grief, and loss is similar to healing your body after illness or an accident. Just as there are doctors and nurses who are trained to help heal the body, there are professionals who are trained to help people recover from loss and cope with emotional pain.
* Think about things that give you hope. Make a list of these things and turn to them on bad days.

Adapted from the U.S. Department of Justice, Federal Bureau of Investigation, Office for Victim Assistance: *Help for Victims of Crimes*

## Dialogue with children About Death

⦁ Do take the word “death” off the taboo list.

• Do understand that mourning and sadness are appropriate for people of all ages.

• Do allow them to release emotions.

• Do contact your children’s school and inform them of the loss.

• Do seek help if you feel unable to deal with your children during this crisis.

• Do not use stories and fairy tales as an explanation for the mystery of death.

• Do not let your children believe that you have all the final answers.

• Do not be afraid to express your own emotions of grief.

• Do not forget to continue to give assurance of love and support.

• Try to recall the wonderfully happy times shred together, not just sad moment of death.

Youngsters should be reminded that the loss of one important relationship does not necessarily mean the loss of others-including the one with you. When words fail, touch! Attitude can be more important than words. Physical demonstrations of love and support are the greatest gifts to a grieving child. As you walk the long and difficult path of separation, you can find with your children new dimensions I their capacity for love, caring, and understanding. In truth, for people of all ages…healing is a process, recovery is a choice.

Adapted from *Talking about Death*

## Notifying Government and Financial Agencies

When a family member or friend has died, it is important to notify various government agencies, banks, creditors and credit reporting agencies of the death. To reduce the risk of identity theft, these notifications should be made promptly after the death.

To expedite notification, you should initially make the contact by telephone followed by written verification. For many of the government agencies and financial entities, you will need the decedent’s social security number, a copy of the death certificate, and, if you are a personal representative (executor) of the estate, your appointments form from the probate court. Make sure to retain copies of all notices that you send.

Below is a checklist of possible agencies and businesses that should be notified of the death. Because each individual case is unique, the list may not be complete. Also, the funeral home may have notified some of the government agencies on your behalf. Please consult with the funeral director when you receive this list so you can check off those agencies which have been notified by the funeral director.

**Government Agencies**

* Social Security Administration, 800-772-1213 (everyone)
* Veteran’s Administration (if decedent was formerly in the military)
* Defense Finance and Accounting Services, 800-269-5170 (military service retiree receiving benefits).
* Officer of Personnel management, 888-767-6738 (if decedent is a retired or former federal civil service employee).
* U.S. Citizenship and Immigration Services, 800-375-5283 (if decedent was not a U.S. citizen)
* State Department of Motor Vehicles (if decedent had a driver’s license or state ID).

**Financial Companies**

* Credit card and merchant card companies
* Banks, savings and loan associations, and credit unions
* Mortgage companies and lenders
* Financial planners and stockbrokers
* Pension providers

**Insurance and annuity companies**

* Life insurers and annuity companies
* Health, medical and dental insurers
* Disability insurer
* Automotive insurer
* Mutual benefit companies

**Credit Reporting Agencies**

There are three national credit reporting agencies which you should notify of the death and instruct them to list all accounts as: “Closed. Account Holder is Deceased.” You may also request a credit report to obtain a list of all creditors and to review recent credit activities. A sample notification letter is available for you convenience.

* Experian, 888-397-3742, P.O. Box 9701 Allen, Texas 75013
* Equifax, 800-525-6285, P.O. Box 105069, Atlanta, Georgia 30348
* TransUnion, 800-680-7289, P.O. Box 6790, Fullerton, California 92834

**Memberships**

* Professional associations and unions
* Health clubs and athletic clubs
* Automobile clubs
* Video rental stores
* Public library
* Alumni clubs
* Rotary, Kiwanis, Lions, Veterans’ organizations and clubs

**Do not contact lists**

For a fee of $1.00, you can list the decedent’s name on the Deceased Do Not Contact List which is maintained by the Direct Marketing Association. All members of the Direct Marketing Association will delete the decedent’s name from their mailing lists once the name is posted.  
A website for registering the name is set forth below:

* Direct marketing Association (register at [www.ims-dm.com/cgi/ddnc](http://www.ims-dm.com/cgi/ddnc))

Adapted from Death Notification Checklist, National Funeral Directors Association (NFDA)

## Credit Reporting Agency Notification

Credit Agencies: Check below each Credit Reporting Agency you wish to send this Notification. It is recommended that you send the Notification to each Credit Reporting Agency with copies of the death certificate and, if you are the personal representative of the estate, your appointment papers from the Probate Court. Prior to sending, make copies for your records.

🞏 Experian 🞏 Equifax 🞏 TransUnion

P.O. Box 9701 P.O. Box 105069 P.O. Box 6790

Allen, Texas 75013 Atlanta, Georgia 30348 Fullerton, CA 92834

**Identification Information:** Fill in the information below for yourself as Requesting Party and for the Decedent

***Requesting Party Decedent***

Name Name

Address Date of Death

Date of Birth

Phone Number(s) Location of Birth

(w) Social Security Number

(h)

**Prior Addresses of Decedent:** List the address of all residences of the Decedent over the past five years, starting with the most recent



**Relationship of Requesting Party to Decedent:** Please identify your relationship to the Decedent

🞏 Spouse 🞏 Personal Representative of Estate 🞏 Other:

**Directions to Credit Agency:** Please initial each request you wish to make to the Credit Agency receiving this Notification.

\_\_\_\_\_\_\_\_\_\_ Post on the Decedent’s credit report: “Deceased. Do Not Issue Credit”.

\_\_\_\_\_\_\_\_\_\_ Please forward to me at the address listed above the current copy of the Decedent’s credit report.

**Signature of Requesting Party Date**

Adapted from Death Notification Checklist, National Funeral Directors Association (NFDA)

# Position Checklists

[***Reunification***](#_Toc374971875)

149. Family Liaison

151. Friends & Family Unit Leader

152. Reunification Group Supervisor

153. Reunification Specialist

154. Survivors Unit Leader

[***Family Assistance Center***](#_Toc374971877)

155. Ante Mortem Information Unit Leader

156. Notification Unit Leader

157. Notification Specialist

158. Medical Examiner Group Supervisor

159. Next of Kin Interview Team Lead

161. Next of Kin Interview Specialist

***Assistance Center***

162. Accountability Group Supervisor

163. Behavioral Health Specialist

164. Branch Director/Site Manager

166. Child Care & Supervision Unit Leader

167. Data Collection Specialist

169. Data Input Specialist

170. Data Management Unit Leader

172. Deputy Branch Director/Site Manager

174. Deputy Public Information Officer

175. Intake/Outtake Specialist

177. Interpretation & Translation Unit Leader

178. Liaison Officer

179. Medical/First Aid Worker

180. Medical Care & Behavioral Health Unit Leader

181. Missing Person Tracking Unit Leader

183. Reception Group Supervisor

185. Regional Hospital Resource Center Unit Leader

186. Registration Unit Leader

188. Runner

189. Safety Officer

190. Security Officer

192. Site Access Control and Security

194. Site Liaison

195. Site Logistics Lead

196. Site Planning Lead

197. Site Support Services Group Supervisor

198. Site Technology Lead

199. Usher

200. Usher Unit Leader

201. Workforce Lead

## FAMILY LIAISON position checklist

**You report to**: Friends & Family Unit Leader

**Mission**: Provide families an individual to provide information, guide them through the process, and address their needs.

**Position-Specific Resources**

* Family Liaison and Chaplain Procedures: SOP for Family Liaisons
* Registration and Intake Standard Operating Procedures (SOP): SOP(s) for registration and intake/process description
* Data Management and Missing Person Tracking Procedures: SOP for Data Management and Missing Person Tracking
* Intake forms
* Survivor Form
* Missing Person Form
* Family Liaison Assignment Sheet
* Family Resource Packet

**Common Resources**

* Site Organizational Chart/Situation Board
* Current organizational chart
* Site floor plan/map
* Other visuals as determined by incident or event
* Information on conference call phone numbers
* Briefing schedule
* Other information as necessary
* ICS Forms
* ICS 214: Activity Log

**Immediate Tasks**

* Check in and receive site orientation at the check-in/check-out station
* Read this entire job aid and review the organizational chart
* Receive orientation from the Family Liaison Unit Leader
* Familiarize self with procedures, forms and reporting requirements
* Assist with set-up of area as needed
* Provide orientation to staff you supervise

**Intermediate and On-Going Tasks**

* Monitor function of your area and provide updates to Family Liaison Unit Leader as requested
* Troubleshoot problems as they arise and take to your supervisor when appropriate
* Document data tallies as requested by your supervisor
* Ensure that appropriate number of forms and tools are available
* Request break coverage from your supervisor
* Determine break coverage for your area

**Shift Change and Demobilization Tasks**

* Prepare to stand down the area when requested by supervisor, as determined in Demobilization Plan
* Brief staff person assigned to next shift
* Note items that need resupply and communicate to supervisor
* Participate in scheduled debriefing sessions
* Gather information for final situation report

## friends & family unit leader position checklist

**You report to**: Reunification Group Supervisor

**You Supervise**: Reunification Specialists, Family Liaisons

**Mission**: Direct all reunification and family liaison activities

**Immediate Tasks**

* Check in and receive site orientation at the Staff Check-in/Check-out Station.
* Read this entire Job Action Sheet and organizational chart.
* Receive orientation from Branch Director.
* Review site layout.
* Provide orientation to staff you supervise.
* Prepare break schedule for those you supervise.
* Keep F&R staff apprised of the break schedule.

**Intermediate and On-Going Tasks**

* Assign and supervise staff:. Assist as needed with duties on their position checklist.
* Supervise and assist reunification activities
* May need to provide updates to individual families regarding status of survivor search.
* Coordinate with Reception Group and Site Support Services Group to assess client needs and ensure services are utilized when needed.
* Receive requests for staff assistance and assign staff to respond.
* Troubleshoot problems as they arise; bring in Reunification Group Supervisor when necessary.
* Continuously assess survivor and family needs, directing staff as needed. If unable to meet needs notify Branch Director
* Request additional staff and supplies from the Reunification Group Supervisor.
* Attend periodic update sessions from Reunification Group Supervisor.
* Cover breaks for staff you supervise.
* Request break coverage from the Reunification Group Supervisor.

**Shift Change and Demobilization Tasks**

* Assist with clean-up as necessary.
* Participate in scheduled debriefing sessions.
* Check out at the Staff Check-in/Check-out Station.

## reunification group supervisor position checklist

**You report to**: Branch Director/Site Manager

**You Supervise**: Survivors Unit and Friends & Family Unit

**Mission**: Direct reunification activities and work with Accountability Unit and Reception Group to coordinate reunification between families and survivors.

**Immediate Tasks**

* Check in and receive site orientation at the Check-in/Check-out Station.
* Read this entire position checklist and organizational chart.
* Receive orientation from Branch Director/Site Manager.
* Review site layout.
* Provide orientation to staff you supervise.
* Prepare break schedule for those you supervise.

**Intermediate and On-Going Tasks**

* Assign and supervise staff and assist as needed with duties on their position checklists.
* Manage reunification between survivors and families
* Receive requests for assistance (regarding reunification with family) and assign staff to respond.
* Troubleshoot problems as they arise; bring Branch Director/Site Manager when necessary.
* Request additional staff and supplies as needed.
* Attend periodic update sessions by Branch Director/Site Manager.
* Cover breaks for staff you supervise.

**Shift Change and Demobilization Tasks**

* Assist with clean-up as necessary.
* Participate in scheduled debriefing sessions.
* Check out at the Check-in/Check-out Station.

## reunification specialist position checklist

**You report to**: Survivors Unit Leader OR Friends & Family Unit Leader

**Mission**: Reunite survivors with their friends and family members.

**Immediate Tasks**

* Check in and receive site orientation.
* Review position checklist and organizational chart.
* Receive briefing from supervisor.
* Review site layout.

**Intermediate and On-Going Tasks**

* Partner with Accountability Group staff to identify survivors and their family information.
* Provide regular updates to supervisor
* Troubleshoot problems with supervisor as they arise.
* Continuously assess survivor needs, notify support service of needs.
* Request additional staff and supplies from supervisor.
* Partner with School Staff, hospital staff and Support Services Staff to identify unaccompanied minors and their family information.
* Review with School Staff their policy and protocols for reunification of school children with family.

**Shift Change and Demobilization Tasks**

* Assist with clean-up as necessary.
* Participate in scheduled debriefing sessions.

## survivors unit leader position checklist

**You report to**: Reunification Group Supervisor

**You Supervise**: Reunification Specialists

**Mission**:

**Position-Specific Resources**

**Common Resources**

**Specific Responsibilities**

**Immediate Tasks**

**Intermediate and On-Going Tasks**

**Shift Change and Demobilization Tasks**

## ante mortem information unit leader position checklist

**You report to**: Medical Examiner Group Supervisor

**You Supervise**: Investigators and just-in-time trained volunteers

**Mission**: To secure ante mortem records

**Position-Specific Resources:** Communication assets to secure information from sources outside the center

**Common Resources:**

* Designated, enclosed areas
* Communication equipment

**Specific Responsibilities**

* Acquire outside information specific to potential Decedents

**Immediate Tasks**

* Acquire lead information from interview teams

**Intermediate and On-Going Tasks**

* Use internet and land lines for communication with sources outside the center

**Shift Change and Demobilization Tasks**

* Brief staff person assigned to next shift
* Note items that need resupply and communicate to supervisor
* Participate in schedule debriefing sessions
* Gather information for situation reports
* Secure communication assets

## notification unit leader position checklist

**You report to**: Medical Examiner Group Supervisor

**You Supervise**: Notification Team Members, Chaplains

**Mission**: To coordinate with the Chief Medical Examiner the confirmed identifications with

**Position-Specific Resources**

* Information conduit to the Chief Medical Examiner for identifications

**Common Resources**

* Staging area
* Office space to coordinate with Notification Teams

**Specific Responsibilities**

* Direct notifications of deceased with confirmed identification to Next of Kin
* Report back to Chief Medical Examiner success of notification

**Immediate Tasks**

* Provide direction for Notification Teams

**Intermediate and On-Going Tasks**

* Receive identifications from the Chief Medical Examiner and arrange notifications

**Shift Change and Demobilization Tasks**

* Brief staff person assigned to next shift
* Note items that need resupply and communicate to supervisor
* Participate in schedule debriefing sessions
* Gather information for situation reports
* Secure communication assets

## notification specialist position checklist

**You report to**: Notification Unit Leader

**Mission**: To perform in-person death notifications

**Position-Specific Resources**

* Identification verifications
* Transportation capabilities
* Next-of-kin information

**Common Resources**

* Staging area or office to communicate with supervisor

**Specific Responsibilities**

* Provide notification to next-of-kin in respectful manner, preferably in person

**Immediate Tasks**

* Acquire information on necessary notifications to perform

**Intermediate and On-Going Tasks**

* Perform notifications as needed

**Shift Change and Demobilization Tasks**

* Brief staff person assigned to next shift
* Note items that need resupply and communicate to supervisor
* Participate in schedule debriefing sessions
* Gather information for situation reports
* Secure communication assets

## medical examiner group supervisor position checklist

**You report to**: Branch Director/Site Manager

**You Supervise**: Ante Morten Information Unit, Notification Unit

**Mission**: To secure ante mortem data and execute notification to next-of-kin

**Position-Specific Resources**

* Areas to coordinate ante mortem data collection
* Staging area for Notification Teams
* Interview rooms

**Common Resources**

* Communication assets

**Specific Responsibilities**

* Provide supervision and support for Ante Morten Information Unit and Notification Unit staff

**Shift Change and Demobilization Tasks**

* Brief staff person assigned to next shift
* Note items that need resupply and communicate to supervisor
* Participate in schedule debriefing sessions
* Gather information for situation reports
* Secure communication assets

## Next of kin interview team lead position checklist

**You report to**: Ante Mortem Information Unit Leader

**You Supervise**: Next of Kin Interview Specialists

**Mission**: Oversee and conduct family interviews for the collection of antemortem data.

**Position-Specific Resources**

* Areas to coordinate ante mortem data collection
* Interview rooms

**Common Resources**

* Communication assets

**Specific Responsibilities**

* Collect antemortem data via family interviews from all the family members of probable victims
* Oversee and maintain the mental and physical health/safety of all subordinate staff
* Work collaboratively with other staff to collect all necessary antemortem data

**Immediate Tasks**

* Confirm the established mode of antemortem data collection with the Medical Examiner Group Supervisor
* Conduct Just-in-Time training for Next of Kin Interview Specialists
* Ensure all support, resource, and staff needs are met for interview operations
* Receive briefing from outgoing Next of Kin Interview Team Lead
* Read the current Operational Objectives and Incident Action Plan
* Attend all General Staff Briefings
* Brief subordinate staff of all important information
* Establish a regular unit meeting schedule

**Intermediate and On-Going Tasks**

* Collect antemortem data via family interviews
* Oversee and maintain the mental and physical health/safety of all subordinate staff
* Ensure the privacy, confidentiality, and security of all protected health information
* Maintain communications and information sharing with other staff
* Provide recommendations and assistance to the Medical Examiner Group Supervisor concerning interview operations
* Conduct unit meetings

**Shift Change and Demobilization Tasks**

* Brief staff person assigned to next shift
* Note items that need resupply and communicate to supervisor
* Participate in schedule debriefing sessions
* Gather information for situation reports
* Secure communication assets
* Brief incoming Next of Kin Interview Team Lead
* Identify operational priorities and urgent missions currently underway
* Participate in staff debriefing
* Develop items for after action report
* Debrief staff and collect after action items

## next of kin interview specialist position checklist

**You report to**: Next of Kin Interview Team Lead

**Mission**: To secure ante mortem data

**Position-Specific Resources**

* Areas to coordinate ante mortem data collection
* Interview rooms

**Common Resources**

* Communication assets

**Specific Responsibilities**

* Collect antemortem data via family interviews from all the family members of probable victims
* Work collaboratively with other staff to collect all necessary antemortem data

**Immediate Tasks**

* Confirm the established mode of antemortem data collection with the Next of Kin Interview Team Lead
* Read the current Operational Objectives and Incident Action Plan
* Attend all General Staff Briefings

**Intermediate and On-Going Tasks**

* Collect antemortem data via family interviews
* Ensure the privacy, confidentiality, and security of all protected health information
* Maintain communications and information sharing with other staff
* Provide recommendations and assistance to the Next of Kin Interview Team Lead concerning interview operations

**Shift Change and Demobilization Tasks**

* Brief staff person assigned to next shift
* Note items that need resupply and communicate to supervisor
* Participate in schedule debriefing sessions
* Gather information for situation reports
* Secure communication assets
* Participate in staff debriefing
* Develop items for after action report

## Accountability group supervisor position checklist

**You report to**: Branch Director/Site Manager

**You Supervise**: Missing Person Tracking Unit, Data Management Unit

**Mission**: Coordinate collection of data and tracking of missing persons at the Family Assistance Center. Ensure data is being collected and documented appropriately. Ensure proper flow of data, coordination collection of data from intake staff.

**Position-Specific Resources**

* Survivor form
* Missing person form
* Tracking spreadsheet
* Tracking form
* ICS 214 Activity Log

**Immediate Tasks**

* Check in and receive site orientation at the Staff Check-in/Check-out Station.
* Read this entire Job Action Sheet and organizational chart.
* Receive orientation from Reception Group Supervisor.
* Familiarize self with Job Action Sheets and staff assignments for positions you supervise.
* Provide orientation to staff you supervise.
* Prepare break schedule for those you supervise.

**Intermediate and On-Going Tasks**

* Monitor function of your area and provide updates to Reception Group Supervisor
* Ensure proper number of forms and tools are available
* Document data tallies as requested by supervisor.
* Troubleshoot problems as they arise and forward unresolved issues to Reception Group Supervisor.
* Request break coverage from Reception Group Supervisor.

**Shift Change and Demobilization Tasks**

* Assist with clean-up as necessary for next shift.
* Brief staff person assigned to next shift.
* Participate in scheduled debriefing sessions
* Check out at the Check-in/Check-out Station.

## behavioral health specialist position checklist

**You report to**: Medical Care & Behavioral Health Unit Leader

**Mission**: Provide for and respond to the emotional, psychological and spiritual needs of families and FAC staff.

**Specific Responsibilities**

* Ensure the provision of mental health and spiritual care services
* Ensure the privacy, confidentiality, and security of all protected health information
* Provide assistance in coordinating a memorial or site visit for the families

**Immediate Tasks**

* Receive briefing from outgoing Behavioral Health Specialist
* Read the current Operational Objectives and Incident Action Plan
* Attend all General Staff Briefings

**Intermediate and On-Going Tasks**

* Follow all procedures, professional codes of conduct and laws.
* Attend meetings with unit members as needed.
* Ensure the provision of spiritual / pastoral care, crisis intervention / mental health care when indicated.
* Coordinate with Disaster Behavioral Health provider organizations.
* Ensure the privacy and confidentiality of all verbal and written Behavioral Health interaction and documentation concerning families and FAC staff.
* Provide assistance in coordinating a memorial or site visit for families

**Shift Change and Demobilization Tasks**

* Brief incoming Behavioral Health Specialist
* Identify operational priorities and urgent missions currently underway
* Participate in staff debriefing
* Develop items for after action report

## branch director/Site Manager Position Checklist

The following checklist should be considered as the minimum requirements for this position. Note that some of the tasks are one-time actions; others are ongoing or repetitive for the duration of the incident.

* Obtain briefing from Operations Section Chief (or designee)
  + Determine incident objectives and recommended strategies.
  + Identify current organization, location of resources, and assignments.
  + Determine scale and functions at the site.
  + Determine the scale of the site, services that will be provided, the site organization chart, any logistical needs of the site, the staffing needs, and the location of the site, in coordination with Incident Command
  + Identify expectations, needs and challenges
* Review applicable reference materials for your section, including plans, annexes, Field Operation Guides and Standard Operating Procedures.
* Oversee and direct site set up. Organize site to ensure operational efficiency, personnel safety and adequate span of control.
* Develop communications protocols
  + Internal to Site
  + Between Site and IC
  + Other appropriate partners
* Manage the Site
  + Determine briefing schedule/Conduct briefings
  + Identify, review and communicate goals and objectives for site operations with Site Management Leaders and Site Section Leads
  + Provide direction to site leadership as needed
  + Ensure accurate and timely information is being provided to the Public Information Officer
  + Coordinate with key stakeholders and Agency Representatives through the Liaison Officer
  + Ensure, with Site Safety Officer, the continued safety of the facility and staff
  + Ensure sections are activated and staffed appropriately as needed
* Evaluate situation and provide status reports to Planning Section
  + Location, status, and assignment of resources
  + Effectiveness of tactics
  + Desired contingency plans
* Ensure coordination of the Site throughout incident
* Ensure time-keeping, activity logs, and equipment use documents are maintained and passed to Planning, Logistics, and Finance/Administration Sections, as appropriate
* Ensure resource ordering and logistical support needs are passed to Logistics in a timely fashion and enforce ordering process
* Notify Site Logistics of communications problems
* Keep Site Planning up-to-date on resource and situation status
* Notify Site Liaison of issues concerning cooperating and assisting agency resources
* Keep Safety Officer involved in tactical decision-making
* Keep Operations Section Chief updated on status of operational efforts
* Hold Site meetings, as necessary, to ensure communication and coordination among Site Leadership.
* Document key actions, decisions, and communications on ICS Form 214. Complete an end of shift report for incoming Site Manager, including key activities and pending issues. Ensure documents are also forwarded to the Planning Section for incident filing.
* Brief oncoming Site Manager at change of shift

## child care & supervision unit leader position checklist

**You report to**: Site Support Services Group Supervisor

**Mission**: Oversee the provision of child care for all children of families at the Assistance Center

**Specific Responsibilities**

* Oversee the provision of child care at the Assistance Center
* Review names, qualifications and criminal background checks of all Child Care Providers
* Continually assess the child care needs of families at the Assistance Center
* Ensure the safety of children under the care of child care providers at the Assistance Center

**Immediate Tasks**

* Conduct Just-in-Time training of Child Care staff
* Assess the potential child care needs of the families at the Assistance Center and coordinate staffing and resources as necessary
* Verify child care protocols and train staff on check-in/out procedures
* Receive briefing from outgoing Child Care & Supervision Unit Leader
* Read the current Operational Objectives and Incident Action Plan
* Attend all General Staff Briefings

**Intermediate and On-Going Tasks**

* Oversee the provision of child care at the Assistance Center
* Review names, qualifications and criminal background checks of all Child Care Providers on shift.
* Continually assess the child care needs of families at the Assistance Center
* Ensure all check-in/out protocols are being followed
* Provide recommendations and assistance to the Site Support Services Group Supervisor concerning Child Care operations
* Ensure the safety of children under the care of child care providers at the Assistance Center
* Ensure only authorized individuals are allowed in the child care areas
* Provide age appropriate care and activities for children as applicable

**Shift Change and Demobilization Tasks**

* Brief incoming Child Care & Supervision Unit Leader
* Identify operational priorities and urgent missions currently underway
* Participate in staff debriefing
* Develop items for after action report
* Debrief Child Care Staff and collect after action items
* Provide referrals to outside child care resources if necessary

## Data collection specialist position checklist

**You report to**: Data Management Unit Leader

**Mission**: Coordinate collection and input of data of missing persons at the Family Assistance Center.

**Position-Specific Resources**

* Registration and Intake Standard Operating Procedures (SOP): SOP(s) for registration and intake/process description
* Data Management and Missing Person Tracking Procedures: SOP for Data Management and Missing Person Tracking
* Intake forms
* Survivor Form
* Missing Person Form
* Tracking Forms
* Tracking spreadsheet
* Laptop computer

**Common Resources**

* Site Organizational Chart/Situation Board
* Current organizational chart
* Site floor plan/map
* Other visuals as determined by incident or event
* Information on conference call phone numbers
* Briefing schedule
* Other information as necessary
* ICS Forms
* ICS 214: Activity Log

**Specific Responsibilities**

* Collect Missing Persons Forms from Intake staff
* Enter information from forms on Tracking Spreadsheet

**Immediate Tasks**

* Check in and receive site orientation at the check-in/check-out station
* Read this entire job aid and review the organizational chart
* Receive orientation from the Data Management Unit Leader
* Familiarize self with procedures, forms and reporting requirements
* Assist with set-up of area as needed
* Provide orientation to staff you supervise

**Intermediate and On-Going Tasks**

* Monitor function of your area and provide updates to Data Management Unit Leader as requested
* Troubleshoot problems as they arise and take to your supervisor when appropriate
* Document data tallies as requested by your supervisor
* Ensure that appropriate number of forms and tools are available
* Request break coverage from your supervisor
* Determine break coverage for your area

**Shift Change and Demobilization Tasks**

* Prepare to stand down the area when requested by supervisor, as determined in Demobilization Plan
* Brief staff person assigned to next shift
* Note items that need resupply and communicate to supervisor
* Participate in scheduled debriefing sessions
* Gather information for final situation report

## data input specialist position checklist

**You report to**: Data Management Unit Leader

**Mission**: Manage all data received and provide information to the relevant units. Coordinate with the Missing Person Tracking Unit to share information when appropriate. Maintain the integrity and security of all antemortem data.

**Specific Responsibilities**

* Manage data received and provide it to the relevant unit
* Coordinate information sharing with the Accountability Group, the Friends & Family Unit, and the Medical Examiner Group as appropriate
* Ensure the integrity, privacy, confidentiality, and security of all antemortem data and protected health information

**Immediate Tasks**

* Confirm the Data Management protocols
* Ensure all support, resource, and staff needs are met for Data Management operations
* Receive briefing from outgoing Data Input Specialist
* Read the current Operational Objectives and Incident Action Plan
* Attend all General Staff Briefings

**Intermediate and On-Going Tasks**

* Manage all data according to the established protocol
* Coordinate information sharing with the Accountability Group, the Friends & Family Unit, and the Medical Examiner Group as appropriate
* Ensure the integrity, privacy, confidentiality, and security of all antemortem data and protected health information
* Provide recommendations and assistance to the Data Management Unit Leader on Data Management operations
* Conduct unit meetings

**Shift Change and Demobilization Tasks**

* Brief incoming Data Input Specialist
* Identify operational priorities and urgent missions currently underway
* Participate in staff debriefing
* Develop items for after action report

## Data management unit leader position checklist

**You report to**: Accountability Group Supervisor

**You Supervise**: Data Collection Specialists, Data Input Specialists

**Mission**: Coordinate collection of data and tracking of missing persons at the Assistance Center.

**Position-Specific Resources**

* Registration and Intake Standard Operating Procedures (SOP): SOP(s) for registration and intake/process description
* Data Management and Missing Person Tracking Procedures: SOP for Data Management and Missing Person Tracking
* Intake forms
* Survivor Form
* Missing Person Form
* Tracking Forms
* Tracking spreadsheet (Data Collection/Input Unit)
* Tracking Form (Missing Person Tracking Unit)
* Laptop computer

**Common Resources**

* Site Organizational Chart/Situation Board
* Current organizational chart
* Site floor plan/map
* Other visuals as determined by incident or event
* Information on conference call phone numbers
* Briefing schedule
* Other information as necessary
* ICS Forms
* ICS 214: Activity Log

**Specific Responsibilities**

* Ensure all data is being collected and documented appropriately
* Ensure proper flow of data, according to SOPs.
* Coordinate collection of data from Intake staff
* Provide intake forms to the Data collection/input staff
* Supervise Data Collection/Input staff and Missing Person Tracking staff

**Immediate Tasks**

* Check in and receive site orientation at the check-in/check-out station
* Read this entire job aid and review the organizational chart
* Receive orientation from the Reception Group Supervisor
* Familiarize self with procedures, forms and reporting requirements
* Assist with set-up of area as needed
* Provide orientation to staff you supervise

**Intermediate and On-Going Tasks**

* Monitor function of your area and provide updates to Reception Group Supervisor as requested
* Troubleshoot problems as they arise and take to your supervisor when appropriate
* Document data tallies as requested by your supervisor
* Ensure that appropriate number of forms and tools are available
* Request break coverage from your supervisor
* Determine break coverage for your area

**Shift Change and Demobilization Tasks**

* Prepare to stand down the area when requested by supervisor, as determined in Demobilization Plan
* Brief staff person assigned to next shift
* Note items that need resupply and communicate to supervisor
* Participate in scheduled debriefing sessions
* Gather information for final situation report

## deputy branch director/site manager position checklist

**You report to**: Branch Director/Site Manager

**You Supervise**: Liaison Officer, Site Planning Lead, Site Logistics Lead

**Mission**: Assist Branch Director/Site Manager as requested. Manage Support Staff so as to maximize efficiency of Assistance Center operations. Assist Safety Officer with maintenance of safe worksite.

**Immediate Tasks**

* Obtain briefing from Branch Director/Site Manager and assist with the following tasks:
  + Determine incident objectives and recommended strategies.
  + Identify current organization, location of resources, and assignments.
  + Determine scale and functions at the site.
  + Determine the scale of the site
* Review applicable reference materials for your section, including plans, annexes, Field Operation Guides and Standard Operating Procedures.
* Oversee and direct site set up. Organize site to ensure operational efficiency, personnel safety and adequate span of control.
* Develop communications protocols

**Intermediate and On-Going Tasks**

* Assist the Branch Director with managing the site
  + Determine briefing schedule/Conduct briefings
  + Identify, review and communicate goals and objectives for site operations with Site Management Leaders and Site Section Leads
  + Provide direction to site leadership as needed
  + Ensure accurate and timely information is being provided to the Public Information Officer
  + Coordinate with key stakeholders and Agency Representatives through the Liaison Officer
  + Ensure, with Site Safety Officer, the continued safety of the facility and staff
  + Ensure sections are activated and staffed appropriately as needed
* Evaluate situation and provide status reports to Planning Section
  + Location, status, and assignment of resources
  + Effectiveness of tactics
  + Desired contingency plans
* Ensure coordination of the Site throughout incident
* Ensure time-keeping, activity logs, and equipment use documents are maintained and passed to Planning, Logistics, and Finance/Administration Sections, as appropriate
* Ensure resource ordering and logistical support needs are passed to Logistics in a timely fashion and enforce ordering process
* Notify Site Logistics of communications problems
* Keep Site Planning up-to-date on resource and situation status
* Keep Safety Officer involved in tactical decision-making

**Shift Change and Demobilization Tasks**

* Document key actions, decisions, and communications on ICS Form 214. Complete an end of shift report for incoming Site Manager, including key activities and pending issues. Ensure documents are also forwarded to the Planning Section for incident filing.
* Brief oncoming Deputy Site Manager at change of shift

## deputy public information officer position checklist

**You report to**: Public Information Officer:

**Mission**: Disseminate public and media information regarding Reunification and Assistance Center operations

**Immediate Tasks**

* Read entire Job Action Sheet and organizational chart.
* Determine how to handle media requests and who will do the interviews.

**Intermediate and On-Going Tasks**

* Manage media access as needed: receive notification from security regarding media personnel arriving on site, provide direction concerning access of media personnel to site, escort media around site, assure that staff and clients provide consent for any interviews, photos, and/or filming.
* Determine from the Incident Public Information Officer and Branch Director/Site Manager if there are any limitations on information release.
* Distribute approved public information materials as requested.
* Obtain Incident Public Information Officer and Branch Director/Site Manager approval of media release.
* Obtain media information that may be useful to incident planning.
* Keep Incident Public Information Officer and Branch Director/Site Manager briefed on PIO issues and concerns.
* Attend pertinent meetings.
* Maintain Unit Log – ICS 214.

**Shift Change and Demobilization Tasks**

* Assist with clean-up as necessary for next shift.
* Participate in scheduled debriefing sessions.
* Check out at the Staff Check-in/Check-out Station
* Contribute to After Action Report.

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## Intake/Outtake Specialist position checklist

**You report to**: Registration Unit Leader

**Mission**: Ensure all people who are entering the center go through intake/outtake process, complete forms, and coordinate collection of data.

**Position-Specific Resources**

* Registration and Intake/Outtake Standard Operating Procedures (SOP): SOP(s) for registration and intake/process
* Intake/Outtake forms
* Survivor Form
* Missing Person Form
* Family Resource Packet: Packet given to families at Intake/Outtake

**Common Resources**

* Site Organizational Chart/Situation Board
* Current organizational chart
* Site floor plan/map
* Other visuals as determined by incident or event
* Information on conference call phone numbers
* Briefing schedule
* Other information as necessary
* ICS Forms
* ICS 214: Activity Log

**Specific Responsibilities**

* Ensure all people who are entering the center go through intake/outtake
* Complete forms
* Coordinate collection of data
* Provide intake/outtake forms to the Data Management/Accountability Unit for tracking purposes

**Immediate Tasks**

* Check in and receive site orientation at the check-in/check-out station
* Read this entire job aid and review the organizational chart
* Receive orientation from the Intake Leader
* Familiarize self with procedures, forms and reporting requirements
* Assist with set-up of area as needed

**Intermediate and On-Going Tasks**

* Monitor function of your area and provide updates to the Registration Unit Leader as requested
* Troubleshoot problems as they arise and take to the Registration Unit leader when appropriate
* Document data tallies as requested by the Registration Unit Leader
* Request break coverage from the Registration Unit Leader

**Shift Change and Demobilization Tasks**

* Prepare to stand down the area when requested by supervisor, as determined in Demobilization Plan
* Note items that need resupply and communicate to supervisor
* Participate in scheduled debriefing sessions
* Gather information for final situation report

## interpretation & translation unit leader position checklist

**You report to**: Site Support Services Unit Leader

**You Supervise**: Interpreters

**Mission**: Assist limited English speakers

**Immediate Tasks**

* Check in and receive site orientation at the Check-in/Check-out Station.
* Read this entire Job Action Sheet and organizational chart.
* Receive orientation from the Support Services Group Supervisor.
* Familiarize self with Reunification and Assistance Center, and the Reunification process.

**Intermediate and On-Going Tasks**

* Provide interpreter services in an ethical, confidential, and professional manner. Interpret accurately and completely (without additions, omissions, editing, or polishing); uphold the confidentiality of the client-staff relationship.
* Seek clarification from others involved in interaction to ensure clear and accurate interpretation; promote direct communications between clients and staff (interpret in first person communication).
* Assist clients in completing forms.
* Refer questions to the Support Services Group Supervisor.
* Request break coverage from the Support Services Group Supervisor.

**Shift Change and Demobilization Tasks**

* Assist with clean-up as necessary for next shift.
* Participate in scheduled debriefing sessions.
* Check out at the Check-in/Check-out Station.

## liaison officer position checklist

**You report to**: Deputy Branch Director

**Mission**: Coordinate with cooperating and assisting agencies. Serve as a contact person for any partners providing services at the site (e.g. Volunteer organizations, EMS, facility staff).

**Immediate Tasks**

* Check in and receive site orientation at the Staff Check-in/Check-out Station.
* Read this entire Job Action Sheet and organizational chart.
* Attend Branch Director’s orientation meeting.
* Review site-specific set-up.
* Check with Branch Director to find out what partners are on-site or will be assisting on-site.
* Obtain contact information for partner agencies. Gather information on resources and personnel from partner agencies.

**Intermediate and On-Going Tasks**

* Attend Branch Director’s update sessions.
* Contact and brief cooperating and assisting agency representatives.
* Act as point of contact for facility staff and other partners.
* Troubleshoot problems as they arise; take to Deputy Branch Director when appropriate.
* Work with Public Information Officer and Deputy Branch Director to coordinate media releases associated with inter-governmental cooperation issues.
* Monitor incident operations to identify potential inter-organization problems.

**Shift Change and Demobilization Tasks**

* Assist with clean up as necessary for next shift.
* Participate in scheduled debriefing sessions.
* Check out at the Staff Check-in/Check-Out Station.
* Contribute to After Action Report.

## medical/first aid worker position checklist

**You report to**: Medical Care & Behavioral Health Unit Leader

**Mission**: Coordinate and provide basic health services and first aid to all visitors and staff. If further care is necessary, provide referrals to outside health services.

**Specific Responsibilities**

* Coordinate and provide basic health services and first aid to all visitors and staff.
* Provide referrals to outside medical or pharmaceutical services if necessary
* Continually assess the medical/first aid needs of the families at the FAC
* Ensure the privacy, confidentiality, and security of all protected health information

**Immediate Tasks**

* Based on the incident assess the potential medical/first aid services necessary and make recommendations to the Medical Care & Behavioral Health Unit Leader
* Establish contact and procedures with outside organizations for follow-up medical care
* Receive briefing from outgoing Medical/First Aid Worker
* Read the current Operational Objectives and Incident Action Plan
* Attend all Staff Briefings

**Intermediate and On-Going Tasks**

* Coordinate and provide basic health services and first aid to all FAC families.
* Provide referrals to outside medical or pharmaceutical services if necessary
* Continually assess the medical/first aid needs of the families at the FAC
* Provide recommendations and assistance to the Medical Care & Behavioral Health Unit Leader concerning Medical/First Aid operations.
* Ensure the privacy, confidentiality, and security of all protected health information

**Shift Change and Demobilization Tasks**

* Brief incoming Medical/First Aid Worker
* Identify operational priorities and urgent missions currently underway
* Participate in staff debriefing
* Develop items for after action report
* Provide referrals to outside/ongoing medical care if necessary

## Medical Care and Behavioral Health Unit leader position checklist

**You report to**: Site Support Services Group Supervisor

**You Supervise**: Behavioral health Workers, Medical/First Aid Workers

**Mission**: Respond to medical emergencies; provide Behavioral Health services throughout Assistance Center operations

**Immediate Tasks**

* Check in and receive site orientation at the Check-in/Check-out Station.
* Read this entire Job Action Sheet and organizational chart.
* Receive orientation from the Support Services Group Supervisor.
* Familiarize self with emergency treatment protocols.
* Set up equipment in First Aid Station.

**Intermediate and On-Going Tasks**

* Assess and provide care to clients and staff with medical emergencies.
* Make arrangements for referral or transport, as indicated.
* Provide Behavioral Health services to clients and staff.
* If no trained first responder is on site, call 911 with any life threatening emergencies immediately.
* Report injuries or bloodborne pathogen exposures to the Support Services Group Supervisor.
* Request additional supplies from the Support Services Group Supervisor.
* Request break coverage from the Support Services Group Supervisor

**Shift Change and Demobilization Tasks**

* Assist with clean-up as necessary for next shift.
* Participate in scheduled debriefing sessions.
* Check out at the Check-in/Check-out Station

## Missing person tracking unit leader position checklist

**You report to**: Accountability Group Supervisor

**Mission**: Use available resources to track missing persons at the Assistance Center.

**Position-Specific Resources**

* Data Management and Missing Person Tracking Procedures: SOP for Data Management and Missing Person Tracking
* Tracking Forms
* Tracking Form (Missing Person Tracking)
* Laptop computer
* Landline or mobile telephone

**Common Resources**

* Site Organizational Chart/Situation Board
* Current organizational chart
* Site floor plan/map
* Other visuals as determined by incident or event
* Information on conference call phone numbers
* Briefing schedule
* Other information as necessary
* ICS Forms
* ICS 214: Activity Log

**Specific Responsibilities**

* Follow procedures as outlined in the Data Management and Missing Person Tracking Procedures
* Use laptop and telephone to search for missing persons, as listed on the Tracking Spreadsheet
* Provide possible matches according to Data Management and Missing Person Tracking Procedures

**Immediate Tasks**

* Check in and receive site orientation at the check-in/check-out station
* Read this entire job aid and review the organizational chart
* Receive orientation from the Data Management/Accountability Unit Leader
* Familiarize self with procedures, forms and reporting requirements
* Assist with set-up of area as needed
* Provide orientation to staff you supervise

**Intermediate and On-Going Tasks**

* Monitor function of your area and provide updates to Data Management/Accountability Unit Leader as requested
* Troubleshoot problems as they arise and take to your supervisor when appropriate
* Document data tallies as requested by your supervisor
* Ensure that appropriate number of forms and tools are available
* Request break coverage from your supervisor
* Determine break coverage for your area

**Shift Change and Demobilization Tasks**

* Prepare to stand down the area when requested by supervisor, as determined in Demobilization Plan
* Brief staff person assigned to next shift
* Note items that need resupply and communicate to supervisor
* Participate in scheduled debriefing sessions
* Gather information for final situation report

## Reception group supervisor position checklist

**You report to**: Branch Director/Site Manager

**You Supervise**: Usher Unit, Registration Unit, Site Access Control and Security Unit

**Mission**: Oversee the reception process at the Family Assistance Center.

**Position-Specific Resources**

* Registration and Intake Standard Operating Procedures
* Daily sign in sheet
* Intake forms
* Survivor Form
* Missing Person Form
* Family Resource Packet: Packet given to families at Intake

**Common Resources**

* Site Organizational Chart/Situation Board
* Current organizational chart
* Site floor plan/map
* Other visuals as determined by incident or event
* Information on conference call phone numbers
* Briefing schedule
* Other information as necessary
* ICS Forms
* ICS 214: Activity Log

**Specific Responsibilities**

* Ensure all people who are entering the center sign in and go through intake
* Ensure all people exiting the center sign out and go through outtake
* Oversee coordination of data between intake and data management/accountability units
* Oversee Ushers and ensure they have necessary information and resources
* Supervise Usher Unit, Registration Unit, Site Access Control and Security Unit

**Immediate Tasks**

* Check in and receive site orientation at the check-in/check-out station
* Read this entire job aid and review the organizational chart
* Receive orientation from the Branch Director/Site Manager
* Familiarize self with procedures, forms and reporting requirements
* Assist with set-up of area as needed
* Provide orientation to staff you supervise

**Intermediate and On-Going Tasks**

* Monitor function of your area and provide updates to the Branch Director/Site Manager as requested
* Troubleshoot problems as they arise and take to your supervisor when appropriate
* Document data tallies as requested by your supervisor
* Ensure that appropriate number of forms and tools are available
* Request break coverage from your supervisor
* Determine break coverage for your area

**Shift Change and Demobilization Tasks**

* Prepare to stand down the area when requested by supervisor, as determined in Demobilization Plan
* Brief staff person assigned to next shift
* Note items that need resupply and communicate to supervisor
* Participate in scheduled debriefing sessions
* Gather information for final situation report

## regional hospital resource center unit leader position checklist

**You report to**: Missing Person Tracking Unit Leader

**Mission**: Use available resources to track missing persons at regional hospitals

**Position-Specific Resources**

* Data Management and Missing Person Tracking Procedures
* Survivor Form
* Missing Person Form
* Tracking Form
* Site floor plan/map
* ICS 214 Activity Log
* MNTrac access

**Specific Responsibilities**

* Follow procedures as outlined in the Data Management and Missing Person Tracking Procedures
* Use laptop and telephone to search for missing persons, as listed on the Tracking Spreadsheet
* Provide possible matches according to Data Management and Missing Person Tracking Procedures
* Coordinate with regional hospitals to identify location of survivors

**Immediate Tasks**

* Check in and receive site orientation at the check-in/check-out station
* Read this entire job aid and review the organizational chart
* Receive orientation from the Missing Person Tracking Unit Leader
* Familiarize self with procedures, forms and reporting requirements
* Assist with set-up of area as needed
* Provide orientation to staff you supervise

**Intermediate and On-Going Tasks**

* Monitor function of your area and provide updates to Missing Person Tracking Unit Leader as requested
* Troubleshoot problems as they arise and take to your supervisor when appropriate
* Document data tallies as requested by your supervisor
* Ensure that appropriate number of forms and tools are available
* Request break coverage from your supervisor
* Determine break coverage for your area

**Shift Change and Demobilization Tasks**

* Prepare to stand down the area when requested by supervisor, as determined in Demobilization Plan
* Brief staff person assigned to next shift
* Note items that need resupply and communicate to supervisor
* Participate in scheduled debriefing sessions
* Gather information for final situation report

## Registration unit leader position checklist

**You report to**: Reception Group Supervisor

**You Supervise**: Intake/Outtake Staff

**Mission**: Ensure all people who are entering the center register/sign in, go through intake process, complete forms, and coordinate collection of data.

**Position-Specific Resources**

* Registration and Intake Standard Operating Procedures (SOP): SOP(s) for registration and intake/process description
* Daily sign in sheet: Sign in sheet completed at the Check-in and Badging station
* Intake forms
* Survivor Form
* Missing Person Form
* Family Resource Packet: Packet given to families at Intake

**Common Resources**

* Site Organizational Chart/Situation Board
* Current organizational chart
* Site floor plan/map
* Other visuals as determined by incident or event
* Information on conference call phone numbers
* Briefing schedule
* Other information as necessary
* ICS Forms
* ICS 214: Activity Log

**Specific Responsibilities**

* Ensure all people who are entering the center sign in and go through intake
* Ensure forms are completed by families at Intake
* Coordinate collection of data from Intake staff
* Provide intake forms to the Data Management/Accountability Unit for tracking purposes
* Supervise Registration, Data Management/Accountability, and Escort Unit Leaders

**Immediate Tasks**

* Check in and receive site orientation at the check-in/check-out station
* Read this entire job aid and review the organizational chart
* Receive orientation from the Reception Group Supervisor
* Familiarize self with procedures, forms and reporting requirements
* Assist with set-up of area as needed
* Provide orientation to staff you supervise

**Intermediate and On-Going Tasks**

* Monitor function of your area and provide updates to Reception Group Supervisor as requested
* Troubleshoot problems as they arise and take to your supervisor when appropriate
* Document data tallies as requested by your supervisor
* Ensure that appropriate number of forms and tools are available
* Request break coverage from your supervisor
* Determine break coverage for your area

**Shift Change and Demobilization Tasks**

* Prepare to stand down the area when requested by supervisor, as determined in Demobilization Plan
* Brief staff person assigned to next shift
* Note items that need resupply and communicate to supervisor
* Participate in scheduled debriefing sessions
* Gather information for final situation report

## Runner position checklist

**You report to**: Usher Unit Leader

**Mission**: As needed, be available to assist in the acquisition and/or transport of needed supplies and equipment.

**Position-Specific Resources**

* 800 MHz radio or Walkie-talkie: To communicate with staff in your area

**Common Resources**

* Site Organizational Chart/Situation Board
* Current organizational chart
* Site floor plan/map
* Other visuals as determined by incident or event
* Information on conference call phone numbers
* Briefing schedule
* Other information as necessary
* ICS Forms
* ICS 214: Activity Log

**Specific Responsibilities**

* Acquire and move supplies and/or equipment for FAC staff, as requested
* Transport supplies and/or equipment to other sites, as needed and requested by Usher Unit Leader or Site Manager

**Immediate Tasks**

* Check in and receive site orientation at the check-in/check-out station
* Read this entire job aid and review the organizational chart
* Receive orientation from the Usher Unit Leader

**Intermediate and On-Going Tasks**

* Troubleshoot problems as they arise and take to your supervisor when appropriate
* Request break coverage from your supervisor

**Shift Change and Demobilization Tasks**

* Prepare to stand down the area when requested by supervisor, as determined in Demobilization Plan
* Brief staff person assigned to next shift
* Note items that need resupply and communicate to supervisor
* Participate in scheduled debriefing sessions
* Gather information for final situation report

## Safety Officer Position Checklist

The following checklist should be considered as the minimum requirements for this position. Note that some of the tasks are one-time actions; others are ongoing or repetitive for the duration of the incident.

* Obtain briefing by Safety Officer, if necessary.
* Obtain briefing from Site Manager
* Review incident objectives and recommended strategies.
* Review/determine status of current tactical assignments.
* Review current organization, location of resources, and assignments.
* Review applicable reference materials for your section, including plans, annexes, Field Operation Guides and Standard Operating Procedures
* Oversee site set up to ensure safety protocols.
* Prepare Site Safety and Risk Analysis (ICS Form 215A). Provide a copy to the DOC Safety Officer and the Site Planning Lead for documentation.
* Establish employee safety and personal protective procedures
  + Distribute written guidelines for staff and worksites, and forms for reporting worksite incidents and/or injuries and illnesses.
  + Ensure the procurement and distribution of needed personal protective equipment.
  + Oversee fit testing, as needed.
* Oversee site safety
* Identify hazardous situations associated with the incident.
* Ensure adequate levels of protective equipment are available, and being used.
* Identify corrective actions and ensure implementation. Coordinate corrective action with Site Leadership
* Establish process where Section Leads, safety and security staff stay alert to identify and report all hazards and unsafe conditions immediately.
* Initiate preliminary investigation and mitigation of security incidents, accidents or contaminations that have occurred within site operational areas.
* Ensure that unsafe or contaminated areas are posted.
* Ensure adequate sanitation and safety in food preparation (if applicable)
* Participate in Site Management briefings
* Assess and propose modifications to existing security plans. Serve as security liaison to entities providing security to the site. Obtain assistance from qualified individuals to evaluate special hazards or to mitigate anticipated safety or security issues.
* Document accidents that have occurred at the site
* Ensure accident scene is preserved for investigation
* Ensure accident is properly documented
* Coordinate with DOC Safety Officer
* Prepare accident report as per agency policy, procedures, and direction
* Recommend corrective actions to Site Manager and DOC Safety Officer
* Work with the Medical Unit Leader as needed
* Document key actions, decisions, and communications on ICS Form 214. Complete an end of shift report for incoming Site Safety Officer, including key activities and pending issues. Ensure documents are also forwarded to the Planning Section for incident filing.
* Brief oncoming Site Safety Officer at change of shift.

## security officer position checklist

**You report to**: Site Access Control and Security Unit Leader

**Mission**: Organize and enforce the safety and security of all staff, facilities, supplies, and clients.

**Immediate Tasks**

* Upon arrival at the site, check in at the check-in station. Receive assignment, reporting location/station, reporting time, and any special instructions. Obtain Activity Log Form 214 and begin to document activity.
* Report to your assigned work station. Obtain briefing and job/task assignment from Site Access Control & Security Unit Leader. Review Incident Action Plan for the Operational Period and participate in JIT training.
* Obtain computers or other electronic equipment; work station telephone numbers; and briefing on web access, communications systems, passwords, and other technology-related procedures.
* Request additional resources as needed through your supervisor.
* Collaborate with other Security Officers and the Site Access Control & Security Unit Leader to develop Security Plan for both the interior and exterior of the site.
* Appoint Interior Security Personnel to include:
  + Fixed Security Posts
  + Roving Patrols
  + Dismissing Unauthorized Persons as Necessary
* Appoint Exterior Security Personnel to include:
  + Perimeter Security
  + Traffic Control
  + Initial Screening Security
  + Roving Patrols

**Intermediate and On-Going Tasks**

* Security Outside of the site:
  + Alert local law enforcement to site activation and missing persons operations (if County/other law enforcement resources are utilized).
  + Prescreen individuals as they approach the perimeter entrance of the site.
  + Media personnel will be directed to the appropriate location identified for media.
  + Establish and enforce FAC perimeter security.
  + Ensure that only official vehicles assigned to personnel at the FAC, as well as vehicles operated by clients are granted access to the restricted area.
  + Expedite vehicular traffic outside restricted areas.
  + Request after hours patrol of site.
  + Immediately address any potential threats to site operations and the safety of those located therein.
* Security Inside of the site:
  + Prevent unauthorized access to all building entrances and exits.
  + All authorized persons seeking admittance into the site are subject to a cursory weapons search by law enforcement personnel.
  + A portable metal or weapons detector may be used in addition to or in lieu of the law enforcement personnel cursory weapons search.
  + Oversee, coordinate and enforce badging for clients and staff.
  + All sworn law enforcement officers are exempt from the no weapons policy of the site.
  + Provide security presence to all client briefings.
  + If media is present, ensure that press members are kept in appointed areas and are allowed to interview authorities or clients (if willing) only when appropriate.
  + Escort non-badged personnel who are authorized to temporarily be on-site (i.e. vendor, maintenance or delivery personnel).
  + Immediately address any potential threats to site operations and the safety of those located therein.
  + Develop and maintain a strategy to replenish and provide breaks for subordinate personnel.

**Shift Change and Demobilization Tasks**

* Return equipment and unused supplies.
* Arrange for return of any agency-owned equipment (computers, etc.).
* Participate in the staff demobilization briefing.
* Collect activity logs of your subordinates and complete your own. Turn in all activity logs (ICS Form 214) to your supervisor.
* Sign out at the personnel check-out station.

## site access control & security unit leader position checklist

**You report to**: Reception Group Supervisor

**You Supervise**: Security Officers

**Mission**: The Site Access Control and Security Unit coordinates assistance center security, to include management and staffing of site security operations, badging support, and overall security management.

**Immediate Tasks**

* Upon arrival at the site, check in at the check-in station. Receive assignment, reporting location/station, reporting time, and any special instructions. Obtain Activity Log Form 214 and begin to document activity.
* Obtain and don agency identification and appropriate badge provided by security.
* Report to your assigned work station. Obtain briefing and job/task assignment from supervisor.
* Review Incident Action Plan for the Operational Period and participate in just in time training.
* Obtain computers or other electronic equipment to be supplied by the site; work station telephone numbers; and briefing on web access, communications systems, passwords, and other technology-related procedures.
* Ensure that set-up and logistics are complete for subordinate areas.
* Ensure that staffing is adequate for the operational period and make adjustments as necessary.
* Request additional resources as needed through your supervisor.
* Review position checklists for subordinate positions. Brief subordinate staff and make task/job assignments
* Coordinate with the Badging and Site Security Group Supervisors to develop a Security Plan for both the interior and exterior of the site.
* Communicate with, organize and prepare assignments for unit personnel. Develop and maintain a strategy to replenish and provide breaks. Make changes as necessary to branch organization, personnel assignments, and method of operation.

**Intermediate and On-Going Tasks**

* Oversee all unit operations and ensure mission completion. Duties include:
  + Command and control of all law and/or Federal resources assigned to security functions.
  + Maintain liaison and provide status updates to supervisor and incident/unified commanders of the primary incident.
* Inform Reception Group Supervisor of activities.
* Maintain Unit/Activity Log (ICS Form 214).
* Conduct briefings to ensure understanding of the current Incident Action Plan. Participate in meetings and briefings as needed.
* Develop and maintain a strategy to replenish and provide breaks for subordinate personnel.

**Shift Change and Demobilization Tasks**

* Brief incoming Reception Group Supervisor if a subsequent Operational Period is scheduled.
* Return equipment and unused supplies issued by the site.
* Demobilize site security, perimeter security and badging stations. Demobilize work areas and arrange for on-going investigations as needed.
* Notify all sworn and non-sworn staff within the unit that the site is being demobilized.
* Arrange for return of any agency-owned equipment (computers, etc.).
* Conduct staff exit briefing.
* Turn in Unit/Activity Logs (ICS Form 214) to the Reception Group Supervisor.
* Sign out at staff check-in station.

## site liaison position checklist

**You report to**: Site Logistics Lead

**Mission**: Support assistance center operations by providing information and facility-specific resources to site leadership.

**Immediate Tasks**

* Upon arrival at the site, check in at the check-in station. Receive assignment, reporting location/station, reporting time, and any special instructions. Obtain Activity Log Form 214 and begin to document activity.
* Report to your assigned work station. Obtain briefing and job/task assignment from Supervisor. Review Incident Action Plan for the Operational Period and participate in just in time training.
* Prepare for the distribution of electronic equipment or other supplies for assistance center staff.
* Obtain work station telephone numbers; and briefing on web access, communications systems, passwords, and other technology-related procedures.
* Ensure that set-up and logistics are complete for subordinate areas.
* Ensure that staffing is adequate.
* Request additional resources as needed through your supervisor.
* Brief subordinate staff and make task/job assignments.

**Intermediate and On-Going Tasks**

* Communicate with, organize and prepare assignments for facilities personnel. Develop and maintain a strategy to replenish and provide breaks for any subordinate personnel.
* Coordinate activities of facilities personnel, if necessary.
* Maintain a list of services needed for the facility. Ensure that facility services needed at the site (e.g., trash pick-up, housekeeping, etc.) are maintained.
* Receive requests for support from Supervisor. Respond to requests for support.
* Inform Supervisor of activities.
* Maintain Unit/Activity Log (ICS Form 214).
* Brief incoming Site Liaison if a subsequent Operational Period is scheduled.
* Conduct briefings to ensure understanding of the current Incident Action Plan. Participate in meetings and briefings as needed.

**Shift Change and Demobilization Tasks**

* Return equipment and unused supplies.
* Arrange for return of any agency-owned equipment (computers, etc.).
* Participate in the staff demobilization briefing.
* Collect activity logs of your subordinates and complete your own. Turn in all activity logs (ICS Form 214) to your supervisor.
* Sign out at the personnel check-out station.

## Site Logistics Lead Position Checklist

The following checklist should be considered as the minimum requirements for this position. Note that some of the tasks are one-time actions; others are ongoing or repetitive for the duration of the incident.

* Obtain briefing from Site Manager
* Review incident objectives and recommended strategies.
* Review/determine status of current tactical assignments.
* Review current organization, location of resources, and assignments.
* Work with Site Operations Lead to determine needed supplies and equipment.
* Review applicable reference materials for your section, including plans, annexes, Field Operation Guides and Standard Operating Procedures
* Determine staff that report to you and brief those staff.
* Coordinate with Facility Liaison for site-specific orientation and location of logistical resources available to be used in incident operations
* Oversee site set up and provide operational areas with necessary supplies and equipment.
* Oversee site logistics
* Monitor operational areas and address issues/make changes to increase efficiency
* Communicate to Site Manager
* Participate in Site Management briefings
* Communicate to Logistics Section Chief (at the DOC)
* Notify Site Security of expected deliveries
* Track supplies, inventory, receipts, invoices, etc. and provide them to the Site Planning Section or directly to the Planning Section Chief or Logistics Section Chief at the DOC.
* Evaluate situation and provide update to Site Planning Lead
* Location, status, and assignment of resources
* Coordinate the requests for additional resources from Site Operations and Planning Leads
* Ensure coordination of the Logistics Section with other Site Leadership throughout incident
* Ensure Logistics Section time-keeping, activity logs, and equipment use documents are maintained and passed to Planning, Logistics, and Finance/Administration Sections, as appropriate
* Ensure resource ordering and logistical support needs are fulfilled in a timely fashion
* Identify and correct communications problems
* Keep Planning up-to-date on resource and situation status
* Keep Site Manager apprised of logistical status
* Document key actions, decisions, and communications on ICS Form 214. Complete an end of shift report for incoming Logistics Lead, including key activities and pending issues. Ensure documents are also forwarded to the Planning Section for incident filing.
* Brief oncoming Site Logistics Lead at change of shift.

## Site Planning Lead Position Checklist

The following checklist should be considered as the minimum requirements for this position. Note that some of the tasks are one-time actions; others are ongoing or repetitive for the duration of the incident.

* Obtain briefing from Site Manager
* Review incident objectives and recommended strategies.
* Review/determine status of current tactical assignments.
* Review current organization, location of resources, and assignments.
* Work with Site Logistics Lead to determine location of available supplies and equipment.
* Review applicable reference materials for your section, including plans, annexes, Field Operation Guides and Standard Operating Procedures
* Assist in site set up.
* Oversee and coordinate Site Planning functions
* Monitor operational areas and address issues/make changes to increase efficiency
* Analyze resources, workforce, and client flow and use this information to prepare projections on future needs
* Coordinate with Planning Section Chief (at the DOC)
* Collect, evaluate, and disseminate site situation information
* Maintain status of resources assigned to center
* Communicate to Site Manager
* Participate in Site Management briefings
* Ensure coordination of the Planning Section with other Site Leadership throughout incident
* Ensure Planning Section time-keeping, activity logs, and equipment use documents are maintained and passed to Planning, Logistics, and Finance/Administration Sections, as appropriate
* Document key actions, decisions, and communications on ICS Form 214. Complete an end of shift report for incoming Planning Lead, including key activities and pending issues.
* Ensure documents are collected from all other site staff for incident filing.
* Brief oncoming Site Planning Lead at change of shift.

## site support services group supervisor position checklist

**You report to**: Branch Director/Site Manager

**You Supervise**: Medical Care & Behavioral Health unit, Interpretation & Translation Unit, Child Care & Supervision Unit, and Services to Meet Functional Needs Unit

**Mission**: Coordinate activities of Support Services Units at the Assistance Center

**Immediate Tasks**

* Check in and receive site orientation at the Check-in/check-out Station.
* Read this entire Job Action Sheet and organizational chart.
* Receive orientation from the Branch Director/Site Manager.
* Familiarize self with Job Action Sheets and staff assignments for positions you supervise.
* Provide orientation to staff you supervise.
* Prepare break schedule for those you supervise.

**Intermediate and On-Going Tasks**

* Attend scheduled update sessions by the Branch Director/Site Manager.
* Monitor function of Services Group through reports from Services Group Unit Leaders.
* Troubleshoot problems as they arise and forward unresolved issues to Branch Director/Site Manager.
* Cover breaks for staff you supervise.
* Request break coverage from the Branch Director/Site Manager.

**Shift Change and Demobilization Tasks**

* Assist with site clean-up.
* Participate in scheduled debriefing sessions.
* Check out at the Check-in/Check-out Station

## site technology lead position checklist

**You report to**: Site Logistics Lead

**Mission**: Manage communications equipment and provide support for staff

**Immediate Tasks**

* Check in and receive site orientation at the Staff Check-in/Check-out Station.
* Read this entire Job Action Sheet and organizational chart.
* Receive orientation from Site Logistics Lead.
* Familiarize self with Job Action Sheets.
* Coordinate distribution of communications equipment.
* Assess staff skill and assign IT duties as appropriate.
* Coordinate training of MDS staff in use of communications equipment as assigned by Site Logistics Lead.

**Intermediate and On-Going Tasks**

* Update site communications plan as needed
* Assess need for reallocation of/additional equipment.
* Request additional equipment from Site Logistics Lead.
* Assist staff with communications/computer equipment problems or requests.
* Troubleshoot problems as they arise and forward unresolved issues to Site Logistics Lead.
* Request break coverage from Site Logistics Lead.

**Shift Change and Demobilization Tasks**

* Assist with clean-up as necessary for next shift.
* Participate in scheduled debriefing sessions
* Check out at the Check-in/Check-out Station.

## usher position checklist

**You report to**: Usher Unit Leader

**Mission**: Ensure all people who are entering the center are assessed for immediate needs, assist people through the site, as needed, and assist in making accommodations for families, as needed

**Immediate Tasks**

* Check in and receive site orientation at the Staff Check-in/Check-out Station.
* Read this entire Job Action Sheet and organizational chart.

**Intermediate and On-Going Tasks**

* Ensure all people who are entering the center are assessed for immediate functional needs.
* Direct those that enter to intake staff,
* Provide orientation to center, ensure persons have floor plans and understand layout and flow.
* Provide Psychological First Aid, if needed.
* Document data tallies as requested by supervisor.
* Troubleshoot problems as they arise and forward unresolved issues Usher Unit Leader.
* Request break coverage from Usher Unit Leader.

**Shift Change and Demobilization Tasks**

* Assist with clean-up as necessary for next shift.
* Brief staff person assigned to next shift.
* Participate in scheduled debriefing sessions
* Gather information for final situation report
* Check out at the Check-in/Check-out Station.

## usher unit leader position checklist

**You report to**: Reception Group Supervisor

**You Supervise**: Ushers

**Mission**: Oversee Usher Unit activities. Ensure all people who are entering the center are assessed for immediate needs, assist people through the site, as needed, and assist in making accommodations for families, as needed.

**Immediate Tasks**

* Check in and receive site orientation at the Staff Check-in/Check-out Station.
* Read this entire Job Action Sheet and organizational chart.
* Receive orientation for Usher Unit Leader
* Review Job Action Sheets for those you supervise
* Provide orientation for those you supervise
* Schedule breaks for staff.

**Intermediate and On-Going Tasks**

* Monitor function of your area and provide updates to Reception Group Supervisor
* Ensure all people who are entering the center are assessed for immediate functional needs.
* Direct those that enter to intake staff,
* Provide orientation to center, ensure persons have floor plans and understand layout and flow.
* Provide Psychological First Aid, if needed.
* Document data tallies as requested by supervisor.
* Troubleshoot problems as they arise and forward unresolved issues to the Reception Group Supervisor.
* Request break coverage from Reception Group Supervisor.

**Shift Change and Demobilization Tasks**

* Assist with clean-up as necessary for next shift.
* Brief staff person assigned to next shift.
* Participate in scheduled debriefing sessions
* Gather information for final situation report
* Check out at the Check-in/Check-out Station.

## workforce lead position checklist

**You report to**: Site Logistics Lead

**Mission**: Manage the staffing needs, primarily: Staff Check-in/Check-out process, documentation of on-site staff (current, previous, and upcoming shifts), and staff food, water and break needs.

**Immediate Tasks**

* Check in and receive site orientation to Staff Check-in/Check-out Station and break areas.
* Read this entire Job Action Sheet and organizational chart.
* Receive orientation from Site Logistics Lead.
* Familiarize self with position checklist.

**Intermediate and On-Going Tasks**

* Check in and check out staff, badging and providing orientation materials.
* Assess food and water needs for staff.
* Organize and maintain break areas, supplying food/water.
* Request additional equipment and supplies from Site Logistics Lead.
* Work with Safety and Security to ensure security of staff belongings
* Manage staff phone line (if needed) providing communication between staff and family.
* Troubleshoot problems as they arise and forward unresolved issues to Site Logistics Lead.
* Request break coverage from Site Logistics Lead.

**Shift Change and Demobilization Tasks**

* Assist with clean-up as necessary for next shift.
* Participate in scheduled debriefing sessions
* Check out at the Staff Check-in/Check-out Station.