



State of Ohio

Family Assistance Center

Field Operations Guide

Tool Kit

This document was created by the Ohio State Coroners Association

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Appendix A: Glossary/Acronyms/Appendices Descriptions

A-1 Glossary

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

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

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

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

Decedent: a deceased person.

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

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

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

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

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

Family Reception Services: In the immediate hours after a mass casualty or mass fatality incident, a

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

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

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

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

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

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

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

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

Positive identification: confirming scientifically that an individual is deceased.

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

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

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

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

A-2 Acronyms

ACF – Alternate Care Facility

ADA – Americans with Disabilities Act

DMORT – Disaster Mortuary Operations Response Team

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

DOJ – Department of Justice

DOS – Department of State

ECC – Emergency Coordination Center

EOC – Emergency Operations Center

ESF – Emergency Support Function

FAC – Family Assistance Center

FBI – Federal Bureau of Investigations

ICS – Incident Command System

MFI – Mass Fatality Incident

NIMS – National Incident Management System

NOK – Next of Kin

NTSB – National Transportation Safety Board

OEM – Office of Emergency Management

OSHA – Occupational Health & Safety Administration

PFA – Psychological First Aid

PICC – Public Information Call Center

PIO – Public Information Officer

VIP – Victim Identification Profile

A-3 Appendices Descriptions

A. Glossary/Acronyms/Appendix Descriptions

- **A-1 Glossary:** Glossary of terms used in the annex and supporting appendices.
- **A-2 Acronyms:** List of acronyms used in the annex and supporting appendices.
- **A-3 Appendix Descriptions:** Description of all of the appendices in the Annex and how they should be used.

B. Activation Protocols/Tools

- **B-1 Activation Checklist:** This form should be used to aid in setting up a Family Assistance Center to establish an appropriate level and size Family Assistance Center, and outline all services that will be provided at the site.
- **B-2 Prospective Site Assessment Worksheet:** This document can be used in preplanning to establish possible FAC sites, or just in time to provide suggested guidelines and site assessment tools. This document outlines planning considerations when setting up a FAC including the type of facility, room specifications, all of the services that can be provided at the facility, and suggested specification for a FAC.
- **B-3 FAC org Chart:** This organization chart is an example of all of the possible units that may need to be activated for a Family Assistance Center Facility in a catastrophic event. Depending on the size and type of the event some functions may not need to be activated or can be combined. This example also does not include some units that may support a Family Assistance Center but may be located off site (e.g. at an Emergency Operations Center).
- **B-4 Staffing Overview:** This document lists all possible staffing positions and suggested numbers necessary to run a Family Assistance Center. Depending on the size and type of incident some positions may not be necessary or could be combined.
- **A-5 Equipment and Supplies:** This document outlines all of the necessary equipment to set up and run a Family Assistance Center. To calculate the equipment needs of a specific size facility, fill out the Resource Breakdown by Functional Area and the Staffing Overview chart and then complete the General/Scalable Guidelines for Supplies to total up the supplies.
- **B-6 Facility Floor Plan Set-up guidelines:** This document outlines some basic guidelines to follow when creating a floor plan for a Family Assistance Center Facility.
- **B-7 Sample FAC Floor Plan:** This floor plan is an example of a Family Assistance Center facility layout for a catastrophic event. The floor plan is not drawn to scale or based on any specific facility space.
- **B-8 Site Scaling Guide:** This document gives a basic scaling guide for a Family Assistance Center site. To use the chart enter the number of casualties from the incident in the cell and press enter, all other cells will automatically populate giving you a suggested guideline for facility size.

Operations Protocols/Tools

C. Reception/Registration

- **C-1 Operations Overview:** At the end of each operational period this form should be filled out by the planning section and submitted to the FAC Director or Command Staff. The information can be used to inform planning and operations.
- **C-2 Family Registration/Check-in Protocol:** This protocol outlines all of the necessary steps, staff, and forms involved in family registration and check-in.
- **C-3 Family/Friend Daily Sign-in Sheet:** Each day every family member must sign in using this form at the registration desk to ensure that the appropriate people are at the Family Assistance Center
- **C-4 Family/Friend Registration Form:** This form is used at the reception desk for family members and friends that come to the Family Assistance Center seeking information about their family member. This form can be used in addition to an electronic sign in system and then entered/transcribed, or in place of an electronic sign in system.
- **C-5 Staff Daily Sign-in Sheet:** All staff must check in and out of the Family Assistance Center each day using this form.
- **C-6 Staff Confidentiality Agreement:** The staff confidentiality agreement should be signed by all staff working and visiting the Family Assistance Center to ensure the security of confidential information about the families and victims.
- **C-7 Family Resource Packet:** The family resource packet is designed to be given to the families during registration to provide them some key information about the Family Assistance Center. The family resource packet include information on what services are provided, general rules, information that they will be asked, and answers to frequently asked questions.
- **Important Information for Families:** This document outlines some key information about the Family Assistance Center processes that families may need to know.
- **Services Provided at the Family Assistance Center:** This document is meant to outline all services provided at the facility as well as any special considerations with those services, including hours of operations. This document must be updated with current information before a facility is opened.
- **Map of the Family Assistance Center:** This will be a map of the actual Family Assistance Center facility. This document must be updated with a current map before a facility is opened.
- **Web Resources for Finding Your Family Member:** This document is meant to provide families with several resource they should consider accessing to help find their missing family member.
- **Family Interview Information:** This document outlines the information that families will be asked to provide during a family interview. Families should be given access to telephones, computers, and other assistance to attempt to find the information necessary to answer interview questions.
- **How Identification is Made:** This document outlines the methods that the Coroner/Medical Examiner will use to make a scientific identification of the decedent.
- **Frequently Asked Questions When your Family Member is Missing:** This document answers many of the questions that families may have about the investigation process if their family member

is missing. The Missing Persons Group may wish to address many of these questions during the family briefings.

- **Frequently Asked Questions When you Family Member is Deceased:** This documents answers many of the questions that families may have for the Coroner/Medical Examiner regarding the victim identification process. A representative from the C/ME's office may wish to address many of these questions/concerns in the family briefings.
- **Notifying Government and Financial Agencies:** This is a guide for families to notify the appropriate agencies once the Coroner/Medical Examiner has scientifically identified their family member.
- **Credit Reporting Agency Notification:** This is an example notification letter that families can be filled out and sent to credit reporting agencies to notify them that their family member is deceased.
- **Resources/Contact Information:** This document provides contact information of some key resources for families. This document must be updated with current contact information for these agencies and any other necessary resources before a facility is opened.
- **Notes:** These pages are designed to give families a place to take notes during their time at the Family Assistance Center.

D. Family Briefing

- **D-1 Family Briefing Protocols:** This document outlines the necessary steps and staff required to set up and run family briefings.
- **D-2 Example Family Briefing Agenda:** This example agenda outlines some topics that should be covered at family briefings. Not all topics will be relevant to every briefing and more may need to be added depending on the incident.

E. Victim Identification

- **Operational Protocols/Tools: Victim Information**

F. Health Services

- **F-1 Behavioral Health Annex:** This annex outlines the main purpose and services of the behavioral health unit. It also provides an overview of job qualifications, required resources, and operating procedures.
- **F-2 PHRC Disaster Behavioral Health Response Team Qualifications:** This document is an example of the job qualifications necessary for staff that will work on the Disaster Behavioral Health Response Team.
- **F-3 Behavioral Health Services Referral Form:** This form is meant to be filled out by behavioral health providers to refer a client to behavioral health services not provided at the Family Assistance Center. This form is meant to be given to the family member with the contact information of the services recommended.

G. Operations Protocols/Tools: Support Services

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

H. Communication Protocols/Tools

- **H-1 Media Frequently Asked Question about Family Assistance Centers:** This document answers many of the frequently asked questions by the media about Family Assistance Center operations. The PIO may wish to go over many of these questions in their briefings with the media.
 - **H-2 PIO Cheat Sheet:** This sheet is meant to assist PIOs in gathering information for their briefings with the media. This sheet is not meant to be given to the media but used as an aid in compiling data.
- I. Demobilizations Protocols/Tools**
- **I-1 Demobilization Checklist:** This checklist outlines items that should be considered when demobilizing a Family Assistance Center Facility, as well as action items that should be addressed when a Family Assistance Center is closing.
- J. Position Matrix:** This matrix outlines the missions of all of the sections, groups, units and teams outlined in the org chart. In addition it gives suggestions on possible sources of staff for each of the functional areas.
- K. Position Job Action Sheets:** Job Action Sheets outline the main job responsibilities of many of the staff positions outlined for the Family Assistance Center.
- L. Cultural Considerations**
- **L-1 Cultural/Religious Considerations in FAC Planning and Operations:** This document outlines many of the areas that should be considered when establishing Family Assistance Center operations including religious, cultural and linguistic differences.
 - **L-2 Cultures and Religions in Ohio:** These charts outline many of the religious customs and beliefs that should be considered when establishing and operating a FAC and interacting with families.
- M. Recommended Minimum Data Elements for Patient Tracking:** This chart outlines the minimum data elements required for patient tracking.
- N. Family Reunification Resources:** This is a compilation of some of the family reunification resources that should be used by families and Missing Persons Group staff for to locate missing family members during a disaster.

Appendix B: Activation and Set-up Protocols/Tools

B-1 Activation Checklist

- The [insert local or state authority agency here], in coordination with the Health Officer, and the Chief Coroner/Medical Examiner will activate the Family Assistance Center Plan.
- 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 FAC _____
Estimated Incident size _____

- Logistics: review site assessment worksheets and select the location of the FAC facility.

FAC Facility Activation Information

Facility Name _____ Date _____
Street Address _____
City _____ State _____ Zip _____ Code _____
Contact Person: _____
Phone _____ Email _____

- Identify services that will be provided at FAC (check all that apply):

- Reception/Registration
- Family Briefings
- Victim Information Services
- Health Services
- Missing Persons Services
- Support Services
 - Childcare services
 - Translation/Interpretation Services
 - Social Services (List Below)

1. _____ 6. _____
2. _____ 7. _____
3. _____ 8. _____
4. _____ 9. _____
5. _____ 10. _____

- Logistics: identify all staff, equipment, and supplies needed for the FAC Facility.
- Coordinate with partners and local agencies to fill any resource or staff needs.
- Set-up FAC Facility.
- Ensure Information Technology needs are met and tested (Television/Cable, Phones, Internet, Cell Phones, Fax Machines, Radios).
- Law Enforcement to establish and implement tactical security plan for the facility.
- Open FAC Facility and coordinate messaging with Public Information Officer; location, hours, and services.

Social Services that may be required at a FAC

Not all services will be necessary at a FAC facility; the list below provides suggestions on possible social services that may be necessary depending on the nature of the incident and availability of these services at other locations.

- Animal Care
- Banking
- Basic Medical Care
- 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 Dogs
- Transportation
- Unemployment benefits
- Veterans Affairs
- Translation/Interpretation Services
- Workers Compensation

Equipment Supply Area		Dimensions: _____ X _____ = _____ ft ² Capacity: _____	
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 Restrooms		# of Men's _____ # of Women's: _____ # of Family/Unisex: _____ # of ADA Accessible: _____	
Baby Changing Areas		# of sites: _____ Where located: _____	
Food preparations and consumptions facilities		Capacity of food prep areas: _____ Capacity of Food Consumption area (for staff and families: _____	
Type of Food Preparation Areas		<input type="checkbox"/> Full Commercial <input type="checkbox"/> Warming <input type="checkbox"/> Partial <input type="checkbox"/> 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 _____	
Coordination with EMS, Fire, Police Response		<input type="checkbox"/> YES <input type="checkbox"/> NO Describe: _____	

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		<input type="checkbox"/> Sprinklers <input type="checkbox"/> Alarms <input type="checkbox"/> Smoke Detectors <input type="checkbox"/> 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: <input type="checkbox"/> Wi-Fi <input type="checkbox"/> Hardwire <input type="checkbox"/> Satellite Known interference or Shielding Y/N: _____	
Cable TV		Service provider: _____	
Phone		Service provider: _____ Known interference or Shielding Y/N: _____	
Electricity		Service provider: _____	
Overhead Lighting		Sufficient for FAC Operation Y/N: _____	

Generator		Sufficient for FAC Operation Y/N: _____ Transfer switch for trailer mounted generator Y/N: _____	
Water		Service provider: _____ <input type="checkbox"/> Hot <input type="checkbox"/> Cold <input type="checkbox"/> Potable	
Heat/AC		Heat Y/N: _____ AC Y/N: _____ Type : <input type="checkbox"/> Electric <input type="checkbox"/> Gas	
Gas		Services Provider: _____	
Transportation vehicles		Describe: _____	

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		

Checklist for Recommended FAC Functional Areas at Prospective Site

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
- Television 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
- 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: _____

Suggested FAC Site Specifications

General Information:

- **A FAC should be close to the incident site but SHOULD NOT be in view of the incident. Family/friends should not have to pass the incident site on their way to/from the FAC.**
- One large FAC is preferred over several smaller ones.
- Ideally the FAC could be activated within 12 hours of an incident.
- Sites should be community neutral, ideally faith-based locations are not preferred for a FAC site.
- In a mass fatality incident with a separated population of affected residents, workers, business owners, and those who have not lost a friend or family, a separate facility for secondary services should be established to provide other secondary services. If a secondary services facility is established near the FAC the two facilities should have separate entrances.

Building Specifications:

Room Capacity: (See Site Scaling Guide – Excel document).

Private Counseling rooms for Behavioral Health:

- Recommended ratio of 1:15 private counseling rooms to families.

Antemortem Interview Rooms:

- Recommended ratio of 1:15 private interview rooms to families.

Childcare Area:

- Preferably have a separate space with one; entrance and exit. If possible, separate in to age appropriate areas;
- Remove all potential hazards (sharp corners/objects, objects with a potential to fall, open sockets and wires, etc.);
- Expected capacity ratio of 3:10, children to # of families.

Entrances/Exits:

- Preferably the facility could be locked down to monitor security and control ingress/egress. Ensure the facility is ADA compliant.

Loading Docks:

- Have enough space to bring in and unload multiple large trucks simultaneously;
- Have material handling equipment on site.

Restrooms

- 10 stalls per 300 users;
- If possible have a separate staff restroom;
- Handicapped accessible restrooms.

Accessibility:

Public Transportation:

- Distance to nearest public transportation should be no more than ¼ mile.

Proximity in the community:

- Visitors should not pass the disaster site to arrive at the FAC Visitors should not be able to see the disaster site while at the FAC;
- 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;
- Should have secure wireless internet service.

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Table 1: Suggested Social Services

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

B-4 Staffing Overview

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

	Small	Medium	Large	Catastrophic
Potential Fatalities	<20	20-100	101-500	>500
Family and Friends	<160	160-800	800-4,000	>4,000
Command				
FAC Director/Incident Commander/Unified Commander	1	1	1	1
Deputy Officer in Charge/Deputy FAC Commander	0	1	1	1
PIO	1	1	1	1
Deputy PIO Family Briefings	0	1	1	1
Safety Officer	1	1	1	1
Liaison Officer	1	1	1	1
America Red Cross Liaison	TBD	TBD	TBD	TBD
Local Human Services Liaison	TBD	TBD	TBD	TBD
Law Enforcement Liaison	TBD	TBD	TBD	TBD
EOC Liaison	TBD	TBD	TBD	TBD
Impacted Public/Private Sector Liaison	TBD	TBD	TBD	TBD
Command Staff Total				
Planning Section				
Planning Chief	1	1	1	1
Planning Staff	1	0	0	0
Demobilization Branch				
Demobilization Branch Director	0	1	1	1
Demobilization staff	0	1	1	1
Documentation Branch				
Documentation Branch Director	0	1	1	1
Documentation staff	0	1	1	1
Situation Status Branch				
Situation Status Branch Director	0	1	1	1
Situation Status Staff	0	0	1	1
Resource Status Branch				
Resource Status Branch Director	0	1	1	1
Resource Status Staff	0	0	1	1
Planning Section Total				
Logistics Section				
Logistics Section Chief	1	1	1	1
Deputy Logistics Chief	0	1	2	2
Services Branch				
Services Branch Director	1	1	1	1
Services Branch Staff	1	0	0	0
Staff Medical/Safety Group				
Staff Safety Group Supervisor	1	1	1	1

Staff Safety Group Staff	0	1	1-2	2-3
Food Group				
Food Group Supervisor	1	1	1	1
Food Group Staff	0	0-1	1-2	2-3
Communications Group				
Communications Group Supervisor	1	1	1	1
Communications Group Staff	2			
IT Support Unit				
IT Unit Lead	0	1	1-2	2-3
IT Unit Staff	0	2-4	4-8	8-16
Radio Unit				
Radio Unit Lead	0	1	1	1
Radio Unit Staff	0	1-2	2-4	4-6
Telecommunications Unit				
Telecommunications Unit Lead	0	1	1	1
Telecommunications Unit Staff	0	2-3	2-5	5-7
Support Branch				
Support Branch Director	1	1	1	1
Support Branch Staff	2	0	0	0
Resource Group				
Resource Group Supervisor	1	1	1	1
Resource Group Staff	1			
Equipment and Supply Unit				
Equipment and Supply Unit Lead	0	1	3	3
Equipment and Supply Unit Staff	0	6	8	8
Personnel Team				
Personnel Team Lead	0	1	1-2	2
Personnel Team Staff	0	1-2	2-4	4-6
Training	0	1	1-2	2-3
Credentialing and Licensing Staff	0	1	1-2	2-3
Ordering Unit				
Ordering Unit Lead	0	1	1	1
Ordering Unit Staff	0	0	1-2	2-3
Transportation Group				
Transportation Group Supervisor	1	1	1	1
Transportation Group Staff	1	1-2	2-3	3-4
Facilities Group				
Facilities Group Supervisor	0	1	2	2
Facilities Group Staff	0	1-2	2-3	3-4
Security Unit				
Security Group Supervisor	1	1	1	1
Security Team Leads	1-2	2-4	4-6	6-8
Security Officers	TBD	TBD	TBD	TBD
Logistics Section Total				
Operations Section				
Operations Section Chief	1	1	1	1
Deputy Operations Section Chief	0	1	1	2
Victim Information Branch				
Victim Information Branch Director	1	1	1	1
Deputy Victim Information Branch Director	0	1	1	2-3
Missing Persons Call Center Group				

Missing Persons Call Center Group Supervisor				
Phone Operators				
Data Entry Staff				
Missing Persons Group				
Missing Persons Group Supervisor	1	1	1	1
Missing Persons Team Lead	1	1	2	2-3
Missing Person Data Management Staff	1-2	2-5	5-10	10-20
Missing Persons Staff	3-4	0	0	0
Patient Tracking Unit				
Patient Tracking Team Lead	0	1	1	1
Patient Tracking staff	0	2-3	2-4	4-6
Shelter Unit				
Shelter Team Lead	0	1	1	1
Shelter Staff	0	2-3	2-4	4-6
Web Search Unit				
Web Search Team Lead	0	1	1	1
Web Search Staff	0	2-3	2-4	4-6
Antemortem Data Group				
Antemortem Data Group Supervisor	1	1	1	1
Deputy Antemortem Data Group Supervisor	0	1	1	1
Medical Examiner Advisor	1	1	1	1
Antemortem Data Group Staff	4-5	0	0	0
Medical/Dental Records Unit				
Medical/Dental Records Team Lead	0	1-2	2-3	3-4
Medical Records Staff	0	2-4	4-8	8-14
Dental Records Staff	0	2-4	4-8	8-14
DNA Unit				
DNA Unit Team Lead	0	1	1-2	2-3
DNA Specialist	0	2-4	4-8	8-10
DNA Counselors	0	1	1-2	2-3
Data Management Unit				
Data Management Team Lead	0	1	1	2
Data Management Staff	0	2-5	5-10	10-20
Family Interview Unit				
Family Interview Team Lead	1	1-2	2-5	5-9
Family Interviewers	3-5	5-10	10-30	30-50
Family Interview Coordinator	1	2	2-4	4-8
Notification Group				
Notification Group Supervisor	1	1	1-2	2-5
Notification Group Staff	2-4	4-10	10-20	20-50
Decedent Affairs Unit				
Decedent Affairs Unit Team Lead	0	1	1	1
Decedent Affairs Staff	0	2-3	4-8	8-10
Support Services Branch				
Support Service Branch Director	1	1	1	1

Deputy Support Services Branch Director	0	1	1	2
Support Services Staff	3	0	0	0
Child Care Group				
Child Care Supervisor	1	1	1	1
Child Caregivers	TBD	TBD	TBD	TBD
Social Service Group				
Social Services Supervisor	0	1	1	1
Social Services Team Lead	0	1	1	2
Social Services Staff	0	2-3	3-5	5-10
Interpretation/Translation Services Group				
Interpretation/Translation Services Supervisor	1	1	1	1
Interpreters and Translators	TBD	TBD	TBD	TBD
Health Services Branch				
Health Services Branch Director	1	1	1	1
Deputy Health Services Branch Director	0	1	1	2
Medical/First Aid Group				
Medical/First Aid Group Supervisor	1	1	1	1
Nurses	1	1-2	2-3	3-8
Infection Control Specialist (as needed)	TBD	TBD	TBD	TBD
Behavioral Health Services Group				
Behavioral Health Group Supervisor	1	1	1-2	2-3
Behavioral Health Group Staff	3-4	0	0	0
Mental Health Unit				
Mental Health Team Lead	0	1	1-3	3-5
Mental Health Workers	0	1-4	4-20	20-30
Spiritual Care Unit				
Spiritual Care Team Lead	0	1	1-3	3-5
Spiritual Care Workers	0	1-4	4-20	20-30
Reception Branch				
Reception Branch Director	1	1	1	1
Deputy Reception Branch Director	0	0	1	2
Reception Branch Staff	3	0	0	0
Registration Group				
Registration Group Supervisor	0	1-2	2	2-3
Data Management Staff	0	1	1-2	2-3
Staff Check-in Staff	0	2	2-3	3-5
Family Registration Staff	0	2-3	3-4	4-6
Badging Staff	0	2	2-4	4-6
Runners	As Needed	As Needed	As Needed	As Needed
Family Host Group				
Family Host Supervisor	0	1	2	2
Family Host Staff	0	1-2	2-4	4-6
Operations Section Total				
Finance/Administration Section				
Finance/Administration Section Chief	1	1	1	1
Deputy Finance/Administration Section Chief	0	0	1	1
Finance/Administration Staff	2	2	2-3	3-4
Scribes/Note takers/Runners	As Needed	As Needed	As Needed	As Needed
Phone Receptionists	1	1-2	2-3	3-4
Signage/Graphics Specialist	0	0	1	2
Finance/Administration Section Total				
Grand Total				

B-5 Equipment and Supplies

Prior Agreements or Stock piles 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

General/Scalable guideline for supplies: Use the Resource Breakdown by Functional Areas listed below and the Staffing Overview to estimate the supply and equipment needs of the appropriate sized FAC.

Supplies/Equipment Item	Small	Medium	Large	Catastrophic	Number Available On-Site
Potential Fatalities	<20	20-100	101-500	>500	
Family and Friends	<160	160-800	800-4,000	>4,000	
Administrative Supplies					
AED					
Age Appropriate Toys					
Audio/Visual Equipment (projectors, microphones, screens, speakers, remote control)					
Badge processing equipment					
Barrier Tape (Caution, restricted, etc.)					
Cell phone charging station					
Cell Phones (with chargers)					
Chairs					
Clipboards (1 per client at registration)					
Comfort Items					
Communication Boards/White Boards					
Computers					
Conference Call Phones					
Cribs/cots					
Diaper Changing Tables					
Digital Camera					
Extension Cords [3 pronged]					
FAX machines					
File Storage (e.g. file cabinets, crates, boxes)					
Fire Extinguishers					
First Aid Kits					
Flashlights					

Folding Screens/Partitions					
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)					
Paper (boxes)					
Paper Shredders/ Burn bags					
Parking/Food Passes (If applicable)					
Photocopiers					
Podium					
Printers					
Radio (2 way radios)					
Radio 800MHz					
Religious resources					
Rest Mats					
Scanners					
Signs (see signage list)					
Slot-top collection box					
Small Refrigerator					
Surge Protectors					
Tables					
Telephone books (if no internet)					
Telephone Lists					
Telephones					
Televisions					
Transportation vehicles					
Trash Cans					
Whiteboards or Easels with Poster paper					
Window Covering					

Resource Breakdown by Functional Area⁵

Resource	Scaling Guide	Quantity Required	Description/Comment
Reception/Registration			
Administrative Supplies	As Needed		
Badging Equipment	1 badging machine per 50 clients		
Chairs	Number of Tables x2		
Clipboards	1 per client at registration		
Extension Cords	1 per 2 computers		
FAC 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		

⁵ Adapted from Los Angeles County Operational Area Family Assistance Center Plan, March 31, 2010

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/Credentialing			
Administrative Supplies	As Needed		
Badging Equipment	1 badging machine per 50 staff		
Chairs	Number of Tables x2		
Extension Cords	1 per 2 computers		
Locked Box	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 antemortem database (1 for database and 1 for internet access)		
Surge Protectors			
Tables	2 staff per table, or long oval tables		
Telephone	1 per 2 staff		
Telephone List	1 per telephone		
Command Staff Area			
Administrative Supplies	As Needed		
Chairs	1 per staff		
Conference Call Phones	1		
Extension Cords	3		
FAX machine	1		
ICS Forms	2 sets per operational period		
Audio/Visual Equipment	2 microphones, 4 speakers		
Photocopier and supplies (ink cartridges, paper, etc.)	1		
Printer	1		
Radio	1 for each member commandstaff, 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

Signage

Required Signs for the FAC:

- 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 accessible 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 Signlanguage
- Incident map/Diagram
- Local area maps

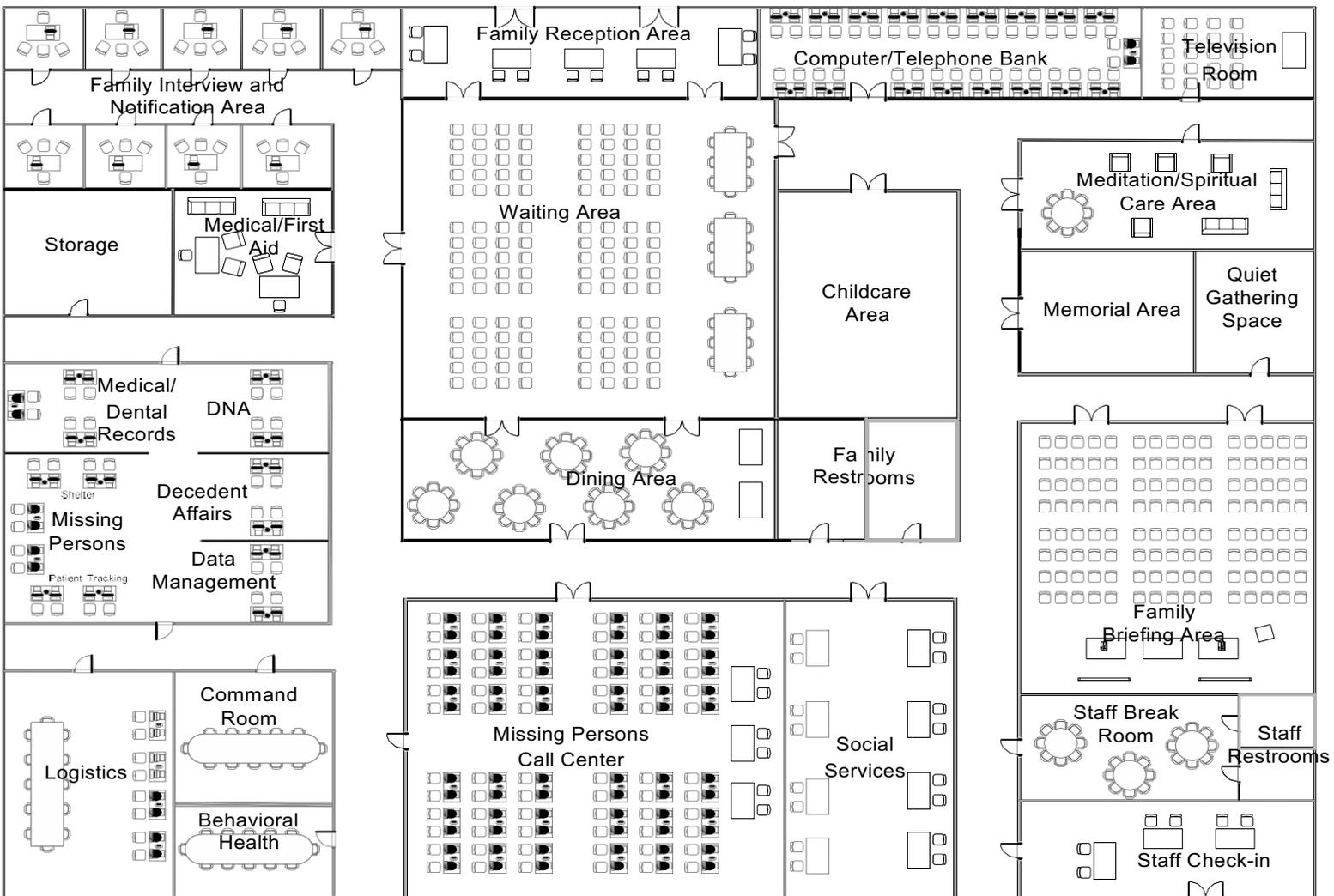
B-6 Facility Floor Plan Set-up Guidelines

Below are important guidelines to consider when setting up the floor plan for a Family Assistance Center

1. Childcare area, dining area, and family restrooms should be situated close to waiting areas.
2. Childcare areas should have a single point of ingress/egress if possible.
3. Family Interview/notification areas should not be located directly adjacent to quiet rooms or waiting areas.
4. Families and staff should have separate reception/check-in areas and separate entrances if possible.
5. Staff should have separate restrooms and dining areas if possible. Staff dining areas can be combined with a staff break room.
6. Medical/First Aid area should be close to the family interview/notification area and the waiting area.
7. The television room should be far enough away from the waiting area that families who do not need to hear the news if they do not wish to.
8. The media should be in a secured location far enough away from the FAC but sufficient for briefings.
9. Any time a staff area is adjacent to a family area, out of respect for the families staff should be aware of their noise level and laughter.

B-7 Sample FAC Floor Plan

Example Family Assistance Center Facility Layout



B-6 Site Scaling Guide

Example site scaling guide is for annex purposes only, see excel document for full tool

Suggested FAC Site Specifications

Mass Fatality Incident



#Incident Size is based on the definitions from the Plan

Room type	Number of Rooms/Areas	Capacity	Suggested Square Footage	Square Footage Scaling Key
Reception Area	1	20	200	10ft ² /person
Family Interview/Notification	10	10	1000	10ft ² /person
Private Counseling	10	10	1000	10ft ² /person
Family	1	792	7920	10ft ² /person
Family	1	792	7920	10ft ² /person
Childcare Area	1	45	1350	30ft ² /child
Meditation/Spiritual	1	75	3000	40ft ² /person
Television	1	80	800	10ft ² /person
Family Computer/phone	1	80	2000	25ft ² /person
Dining Service	1	600	7200	12ft ² /person
Comman	1	20	600	25ft ² /person
Behavioral Health Team	1	10	300	25ft ² /person
Behavioral Health Staff	1	5	150	30ft ² /person
Staff Break	1	15	450	30ft ² /person
Staff Work				25ft ² /person
Supplies	1	0	500	500ft ²
Other Meeting		10	100	10ft ² /person
Total Number of	33		34490	
Restroom Stalls	40			

Appendix C: Operational Protocols/Tools: Reception/Registration

C-1 Operations Overview

The Planning Section will complete the following operations overview once every operational period.

Victim Information Update

Missing Person Call Center Update

	Number in last operational period	Number to date
Number of calls to the missing persons call center		
Number of calls answered		
Number of calls not answered		
	Last operational period	Overall average
Average length of time of calls		

Types of Calls _____

Missing Persons Group Update

	Number in last operational period	Number to date
Number of missing person reports received		

Number of positive identification of injured or sheltered		
Number of missing persons cases still open		
Number of missing persons cases transferred to the C/ME		

Antemortem Data and Notification Group Updates

	Number in last operational period	Number to date
Number of family interviews		
Number of families not visiting the FAC contacted		
Number of dental records, medical records that have been requested/received		
Number of positive identifications made by C/ME		
Number of families notified of positive identification		
Number of families to which remains have been released		

Family Briefings

	Number in last operational period	Number to date
Number of family briefings held		
Number of people who attended the briefings		

Support Services Update

	Number in last operational period	Number to date
Number of children in childcare		
Number of families using childcare		
Number of translation/interpretation requests		
	Age Range	Number
Children in childcare		

Languages spoken by FAC families _____

List types of referral services made in the last operational period _____

Faith Communities represented by the FAC families _____

Health Services Update

List general health services activities in the last operational period _____

Reception Services Update

	Number in last operational period	Number to date
Number of family members at FAC		
Number of families at FAC		

Logistics Update

	Number in last operational period	Number to date
Number of people (staff and families) dining at the FAC		

List any logistics updates from the last operational period _____

Planning Update

List any planning updates made in the last operational period _____

Finance/Administration Update

	Number in last operational period	Number to date
Number of Public Health staff at FAC		
Number of volunteers at FAC		
Number of partner agency staff at FAC		
Total number of staff at FAC		

Questions/Comments: Document below any representative feedback from families that illustrates the perspective of families, key concerns, etc.

C-2 Family Registration/Check-in Protocols

1. As families enter the facility have greeters present to show them to the reception area.
2. Families will check-in to the facility.
 - a. All family members must sign-in upon arrival.
 - b. Family members are required to produce government issued photo identification upon entry to ensure the identity of all visitors.
 - i. 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 (* the FAC should be considered a safe space for victims' families. If loved ones are undocumented, every effort should be made to ensure that entering or interfacing with the FAC does put them at risk of deportation).
 - c. Law Enforcement should be on hand to verify all identification and issue each person a badge based on the established local or regional credentialing protocol. Badges should have a unique feature (e.g. color coding) and have a photo.
3. If this is the family member's first visit to the FAC they must complete a Family/Friend Registration Form.
 - a. If someone arrives at the FAC and is not looking for a family member notify security immediately.
4. Provide all family members with a Family Resource Packet.
5. Family Hosts should family member 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.
6. Translators/Interpreters should be on hand to provide assistance with the registration process if necessary.
7. Behavioral Health providers should be on hand at all times to provide assistance to families.
8. Security Personnel should be available for assistance if necessary.
9. All family member must return their badge upon leaving the FAC.

Forms to be completed:

1. Family/Friend Daily Sign-in Sheet
2. Family/Friend Registration Form

C-4 Family/Friend Registration Form

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

Disaster Victim Information

Last Name _____ First Name _____ MI _____

For Multiple Disaster Victims of the Same Family, Use Additional Forms and Cross Reference with Victims Name at Bottom of this Page

1. Presenting Family Member/Friend Name

Last Name _____ First Name _____ MI _____

SS# (optional) _____ Relationship to Victim _____

Permanent Address _____

City _____ StateZip _____

Home Phone _____ Cell Phone _____

Photo Identification Verification (type/#/State/County) _____

Medications/Medical Needs? Yes No

If Yes, Indicate Medication Needs _____

Physician's Name _____ Physician's Phone # _____

Next of Kin to Disaster Victim? Yes No

If No, Name of Next of Kin _____

Notes _____

2. Presenting Family Member/Friend Name

Last Name _____ First Name _____ MI _____

SS# (optional) _____ Relationship to Victim _____

Permanent Address _____

City _____ StateZip _____

Home Phone _____ Cell Phone _____

Photo Identification Verification (type/#/State/County) _____

Medications/Medical Needs? Yes No

If Yes, Indicate Medication Needs _____

Physician's Name _____ Physician's Phone Number _____

Notes _____

3. **Presenting Family Member/Friend Name**

Last Name _____ First Name _____ MI _____

SS# (optional) _____ Relationship to Victim _____

Permanent Address _____

City _____ StateZip _____

Home Phone _____ Cell Phone _____

Photo Identification Verification (type/#/State/County) _

Medications/Medical Needs? Yes No

If Yes, Indicate Medication Needs _____

Physician's Name _____ Physician's Phone # _____

Notes _____

4. Presenting Family Member/Friend Name

Last Name _____ First Name _____ MI _____

SS# (optional) _____ Relationship to Victim _____

Permanent Address _____

City _____ State/Zip _____

Home Phone _____ Cell Phone _____

Photo Identification Verification (type/#/State/County) _

Medications/Medical Needs? Yes No

If Yes, Indicate Medication Needs _____

Physician's Name _____ Physician's Phone # _____

Notes _____

Victim Name _____

5. Presenting Family Member/Friend Name

Last Name _____ First Name _____ MI _____

SS# (optional) _____ Relationship to Victim _____

Permanent Address _____

City _____ State/Zip _____

Home Phone _____ Cell Phone _____

Photo Identification Verification (type/#/State/County) _____

Medications/Medical Needs? Yes No

If Yes, Indicate Medication Needs _____

Physician's Name _____ Physician's Phone # _____

Notes _____

Next of Kin Information

Has Next of Kin arrived at the Family Assistance Center? Yes No

NOK Last Name _____ First Name _____

SS# (optional) _____ Relationship to Victim _____

Current Address _____

City _____ County _____ State _____ Zip _____

Phone numbers _____

Medications/Medical Needs? Yes No

If Yes, Indicate Medication Needs _____

Physician's Name _____ Physician's Phone # _____

⁶ Adapted from the Santa Clara Advanced Practice Center Toolkit: "Managing Mass Fatalities: A Toolkit for Planning"

C-6 Staff Confidentiality Agreement

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

1. Any information I obtain on clients of the Family Assistance Center will be kept strictly confidential. This includes the knowledge of their visits to this facility and financial as well as clinical data.
2. Unless directed by my supervisor, I will not disclose any client information to any person whatsoever or permit any person whatsoever to examine or make copies of any client reports or other documents prepared by me, coming into my possession, or under my control, or use client information other than as necessary in the course of my business with the Family Assistance Center.
3. I will not remove client information or records from the Family Assistance Center.
4. When client information must be discussed with other healthcare practitioners in the course of my assignment, I will use discretion to ensure that such conversations cannot be overheard by others who are not involved in the client's case.
5. I will use only that information which is minimally necessary to conduct my assignment.
6. I will maintain and safeguard the security of all personally identifiable health information obtained at the Family Assistance Center for which I am responsible.

I understand that violation of this agreement, either intentionally or through carelessness, may result in one or more of the following:

1. Discharge from the business I am conducting with the Family Assistance Center, which will affect future business relationships with Public Health.
2. Prosecution by federal or state authorities if criminal or civil penalties are imposed as it relates to failure to comply with this agreement, including jail and fines of up to \$250,000 or actual damages and attorney fees, for which I would be personally responsible. (RCW 68.50.105, RCW 70.24.080, RCW 70.24.084, RCW 70.02, 42 CFR Part 2, 45 CFR)
3. There may be possible additional criminal or civil sanctions taken against me for misrepresentation of facts concerning my business with the Family Assistance Center.

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

Date Signed

Signature of Staff Member

Printed Name of Staff Member

Date Signed

Signature of Family Assistance Center Supervisor

Printed name of Family Assistance Center Supervisor

⁷ Adapted from forms by the King County Medical Examiner's Office

Family Resource Packet

Suggestions for Printing

Should be translated into multiple languages
Could be posted on posters in the FAC

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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 black 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 [\[Remove reference to liaison teams if not used\]](#)

Once your family feels comfortable answering questions please make an appointment with the Family Interview Scheduler who will assign you to a Family Liaison Team. Once you receive your family interview appointment your family will be assigned to a family liaison team. 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?

Ohio Revised Code 2105.03 defines the Determination of next of kin as:

In the determination of intestate succession, next of kin shall be determined by degrees of relationship computed by the rules of civil law.

Effective Date: 10-01-1953.

Translation and Interpretation Services

If at any time you wish to have a translator or 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 <ENTER COUNTY NAME> Coroner/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 Coroner/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 Team or speak to a Decedent Affairs staff member

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 last minute 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.

Map of Family Assistance Center

[Insert once FAC is established]

Web 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 access via <https://safeandwell.communityos.org>. or at 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.
- The Next of Kin Registry (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.

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 activated its 'person finder,' which enabled 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.

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 make an appointment with the Family Interview Scheduler. If you would like a translator or interpreter to be present during the interview please inform the family interview scheduler. 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 Coroner/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 Coroner/Medical Examiner. This means that visual identification by family members will not be possible.

The Coroner/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:

- hair brush
- toothbrush
- razor
- underwear
- blood tests Pap
- smear of blood
- PKU card (if born in Ohio; if decedent is under 21 and born in another state it is possible that the state has retained the card as well)

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, although new technologies can reduce the time for DNA results
- 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 Coroner/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 Coroner/Medical Examiner may use this to establish identification. If your family member was never officially fingerprinted, the Coroner/Medical Examiner may be able to match prints obtained from an object belonging to the individual that remains untouched by other.

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 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. A Family 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 a Family Interview staffmember.

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 is 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 loved one is in the care of the Coroner/Medical Examiner. The Coroner/Medical Examiner 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 Ohio State law.

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

A. Representatives of the Coroner/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 give 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 Coroner/Medical Examiner 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 Coroner/Medical Examiner is working as quickly as possible to establish positive identification of your loved one.

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 your family member is deceased, the Coroner/Medical Examiner will continue the identification process to insure that as much of your family member's remains are positively identified as possible.

Q. How did my family member die?

A. The Coroner/Medical Examiner will determine the cause and manner of your loved one's death. The circumstances surrounding the death, including how it occurred, are part of the scene investigation by the Coroner/Medical Examiner and investigating law enforcement agencies. When details are available, and when they are able, the Coroner/Medical Examiner 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. Did my family member suffer before they died?

A. This is very much dependent on the circumstances of your loved one's death. The Coroner/Medical Examiner will be working with the investigating agencies to understand the circumstances of the incident and will do their best to answer all of your questions regarding the death of your family member.

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 Coroner/Medical Examiner 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 Coroner/Medical Examiner recognized 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.

Q. Can I choose not to have my family member's body autopsied?

A. No, the Coroner/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 Coroner/Medical Examiner 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 Team of any cultural considerations and every effort will be made to accommodate those requests.

Q. My cultural beliefs dictate that my loved one's body must not be marked or scared, is this possible?

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

Q. 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. Coroner/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 Coroner/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 Coroner/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 Coroner/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 Coroner/Medical Examiner will work with whatever funeral home you choose to transfer care of your family member once the examination and identification is complete. A Decedent Affairs staff member will help coordinate any disposition arrangements.

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 Coroner/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 effects?

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.

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 appointment 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

⁸ Adapted from Death Notification Checklist, National Funeral Directors Association (NFDA)

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)

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.

- | | | |
|-----------------------------------|----------------------------------|-------------------------------------|
| <input type="checkbox"/> Experian | <input type="checkbox"/> Equifax | <input type="checkbox"/> 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

<i>Requesting Party</i>	<i>Decedent</i>
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

1. _____
2. _____
3. _____
4. _____
5. _____

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.

Resources/Contact Information

[Update with event specific information]

Family Assistance Center

Address Phone
Number

County Corner/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

Appendix D: Operations Protocols/Tools: Family Briefing

D-1 Family Briefing Protocols

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 received information first from government agencies in a caring and supportive environment. Family Briefings may not always be possible if the FAC is primarily virtual; it is still important to have a strategy for communicating with families.

General Guidelines

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

Family Briefing Procedure

1. The PIO or the Deputy PIO Family Briefings, in coordination with the FAC Director and the Coroner/Medical Examiner schedules the time and locations of the family briefings.
2. Prepare the schedule for the family briefings.
3. Post the schedule in the FAC and inform families when there are briefings.
4. The logistics team will set up the family briefing room with chairs, conference call equipment, microphones, projectors and other audio/visual equipment as needed.
5. Ensure that there are conference call capabilities for all families not physically at the FAC.
6. The Behavioral Health team will ensure that there are mental health and spiritual care provider's present at all family briefings.
7. Translation and interpretation services should be coordinated as needed.
8. Ensure there is an administrative assistance present to transcribe the briefings.
9. The Coroner/Medical Examiner or their designee will run the family briefings, with representation by the FAC Director, EOCs, 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 questions and answers session that may take an hour.
 - Provide copies of transcripts of briefing notes.

D-2 Example Family Briefing Agenda

The specific content of each family briefing will depend on the situation. The PIO or the Deputy PIO Family Briefings should work with the C/ME, the FAC Director, EOCs, 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;
- Description of services available at FAC.

E: Operational Protocols/Tools: Victim Information

Please see the Victim Identification Center Field Operations Guide for detailed information.

Appendix F: Operations Protocols/Tools: Health Services

F-1 Behavioral Health Annex

Purpose

The purpose of providing Behavioral Health Services resources in a Family Assistance Center is to provide short term emotional support, spiritual/pastoral care, and assessment and referral services for individuals and families impacted by disasters or other emergencies and for FAC staff/volunteers deployed to assist these individuals.

Scope of Care

Qualified BH Responders will:

- Provide psychological triage and conduct informal risk assessments of families and FAC staff.
- Provide Psychological First Aid (PFA), including psych-education, referrals and advocacy.
- Provide spiritual support / pastoral care when requested or indicated. This includes assisting families concerned with cultural end of life practices and multi-denominational memorial services.
- Provide crisis intervention / mental health support when requested or indicated.

Team Structure

Crisis Counseling and Spiritual/Pastoral Support services will be provided by members of the Behavioral Health (BH) Team. The BH Team may be comprised of members of the following organizations: Medical Reserve Corps, the American Red Cross Disaster Mental Health Team, staff from local county mental health, other non-governmental organizations that provide mental health services and the Green Cross.

Spontaneous / unaffiliated volunteers are prohibited from the BH Team unless properly screened and vetted.

BH Services will be organized in teams, each team having a BH Team Leader. Team Leaders will have no more than five (5) Crisis Counselors or Spiritual Care Workers reporting to them at a time. If needed, there will be one team dedicated to supporting FAC workers only. Team Leaders will report to a Behavioral Health Services Group Supervisor.

To determine staffing levels, a recommended ratio of 1:25 BH Responders to families, assuming 8 family members reporting to the FAC per victim, will be used.

Minimum Qualifications/Requirements

Behavioral Health Responder

BH Responders will consist of crisis counselor and spiritual care/pastoral professionals.

Crisis Counselors must meet the following requirements:

- Registered or licensed psychologist, psychiatrist, mental health counselor, social worker, marriage & family therapist, or psychiatric nurse in good standing with the State of Ohio.
- A minimum of 3 years of clinically supervised mental health experience.
- Successful completion of an approved Psychological First Aid (PFA) training curriculum.

Spiritual Care Workers must meet the following requirements:

- Volunteer Chaplain for a local jurisdiction and/or actively serve as a Chaplain or Spiritual Care worker at a house of worship or healthcare facility.
- A minimum of 3 years' experience as a Chaplain or Spiritual Care worker.
- Pass a criminal background check.
- Successful completion of an approved Psychological First Aid (PFA) training curriculum.

Behavioral Health Team Leader

Behavioral Health Team Leaders must meet the following requirements:

- Licensed psychologist, psychiatrist, mental health counselor, social worker, or marriage & family therapist in the State of Ohio.
- Completed ICS 100 & 200.
- 3+ years of clinical supervisory experience.
- Pass a criminal background check.
- Successful completion of a Psychological First Aid (PFA) curriculum.
- Successful completion of a Psychological First Aid (PFA) Instructor course.

Behavioral Health Branch Chief

Behavioral Health Branch Chief must meet the following requirements:

- Licensed psychologist, psychiatrist, mental health counselor, social worker, or marriage & family therapist in the State of Ohio.
- Completed ICS 100 & 200.
- 3+ years of clinical supervisory experience.
- Pass a criminal background check.
- Successful completion of a Psychological First Aid (PFA) Instructor course.

Activation Plan

Behavioral Health assistance is one of the most fundamental and critical operations in a FAC. In the event that a FAC is activated, the Incident Commander is responsible for assigning a Behavioral Health Services Group Supervisor, who will then assemble a team of qualified BH Responders based on the size and magnitude of the event.

Demobilization

As a component of demobilizing a FAC, the BH Services Group Supervisor is responsible for ensuring self-care and reintegration information is provided to FAC staff, /volunteers as well as private individual exit interviews with a BH Responder are made available to all FAC staff/volunteers.

Resource Needs

To assure that the privacy of the individuals assisted by the BH Team is maintained and the BH Team has the necessary tools to provide such services, the following resources will be provided.

Note: resources will be scaled based on size of event and facility.

- Family waiting area
- Private family rooms: used by BH Responders for meeting with families and FAC staff.
 - Recommended ratio: 1:15 room to families.
- Behavioral Health Team meeting room: capacity to hold all team members, used as a private/confidential space for BH Team debrief and sharing of sensitive information.
- Behavioral Health Team Leader office: Capacity to accommodate use by all Team Leaders.
- BH Responder office: Capacity to accommodate use by 50% of team members at once.
Adequate phones, desks, chairs, pens, paper, printer, copier, fax for all team rooms.
- Computers w/Internet access in BH Team Leader and BH Responder offices.
 - Access to 2-1-1 online resource database;
 - Recommended ratio: 1:8 computers to BH Team Members.
- Electronic and hard copies of Psychological First Aid Field Operations Guide (The National Center for PTSD /The National Child Traumatic Stress Network).
 - Ratio: 1:1 Operations Guide to BH Team member.
- Electronic and hard copies of Family Assistance Center Operational Plan: Behavioral Health Services Appendix.

Shift Procedures

All BH Team Members must:

- Follow FAC check-in and check-out procedures.
- Follow provider self-care tips including taking regular breaks.
- Follow all appropriate procedures, professional codes of conduct and laws.
 - BH Team Leader and BH Services Group Supervisor must be notified if a mandated reporting incident occurs.

Attachments:

- FAC Behavioral Health Referral Form
- [Psychological First Aid Field Operations Guide \(The National Center for PTSD / The National Child Traumatic Stress Network\)](#)
- [Traumatic Stress Network](#)

F-2 PHRC Disaster Behavioral Health Response Team Qualifications

Chaplain/Spiritual Care Worker

1. Volunteer Chaplain for County or a City within and/or Paid or volunteer pastor, or pastor equivalent, at a congregation in the County.
2. A minimum of 3 years' experience as a Chaplain or Spiritual Care worker.

Licensed Mental Health Counselor

1. Current State of Ohio Mental Health Counselor License in good standing; State of Ohio Driver's License and auto insurance coverage.
2. A minimum of 3 years post license clinical experience.

Psychologist

1. Current State of Ohio Psychologist License in good standing; State of Ohio Drivers Registration and auto insurance coverage.
2. A minimum of 2 years post license clinical experience.

Marriage & Family Therapist

1. Current State of Ohio Marriage & Family Therapist License in good standing; State of Ohio Driver's License and auto insurance coverage.
2. A minimum of 3 years post license clinical experience.

Psychiatric Nurse

1. Current State of Ohio Nursing License in good standing; State of Ohio Driver's License and auto insurance coverage.
2. A minimum of 2 years psychiatric nursing experience in a hospital or clinic setting.

Psychiatrist

1. Current State of Ohio Medical License in good standing; State of Ohio Drivers Registration and auto insurance coverage.
2. Board Certification.

Registered Mental Health Counselor

1. Current State of Ohio Mental Health Counselor Registration in good standing; State of Ohio Drivers Registration and auto insurance coverage.
2. A minimum of 5 years of post-registration clinical experience.

Social Worker

1. Current State of Ohio Social Work License in good standing; State of Ohio Driver's License and auto insurance coverage.
2. A minimum of 3 years post license clinical experience.

All applicants must pass a criminal background check, participate in a phone interview and will be subject to reference checks.

F-3 Behavioral Health Services Referral Form

Date: _____

Person completing form: _____

Referral # 1: *Indicate category of referral*

- | | |
|--|---|
| <input type="checkbox"/> Spiritual / Pastoral support | <input type="checkbox"/> Other disaster services: _____ |
| <input type="checkbox"/> Professional mental health services | _____ |
| <input type="checkbox"/> Substance abuse treatment | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Medical care | _____ |

Referral contact information:

Name: _____
Phone (Business): _____ Phone (Cell): _____
Phone (Other): _____ Email: _____
Website: _____
Address: _____

Referral # 2: *Indicate category of referral*

- | | |
|--|---|
| <input type="checkbox"/> Spiritual / Pastoral support | <input type="checkbox"/> Other disaster services: _____ |
| <input type="checkbox"/> Professional mental health services | _____ |
| <input type="checkbox"/> Substance abuse treatment | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Medical care | _____ |

Referral contact information:

Name: _____
Phone (Business): _____ Phone (Cell): _____
Phone (Other): _____ Email: _____
Website: _____
Address: _____

Referral # 3: *Indicate category of referral*

- Spiritual / Pastoral support
- Professional mental health services
- Substance abuse treatment
- Medical care
- Other disaster services: _____

- Other: _____

Referral contact information:

Name: _____

Phone (Business): _____ Phone (Cell): _____

Phone (Other): _____ Email: _____

Website: _____

Address: _____

Referral # 4: *Indicate category of referral*

- Spiritual / Pastoral support
- Professional mental health services
- Substance abuse treatment
- Medical care
- Other disaster services: _____

- Other: _____

Referral contact information:

Name: _____

Phone (Business): _____ Phone (Cell): _____

Phone (Other): _____ Email: _____

Website: _____

Address: _____

Appendix G: Operations Protocols/Tools: Support Services

G-1 Child Care Set-up Guidelines

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?
		Do you have window guards?
		Plug-in covers or safety wiring for electrical outlets?
		Strangulation hazards removed (cords, wires, tubing, and curtain/blinds drawstrings)?
		Can you contain children in this area (consider stairwells, elevators, doors)?
		Do you have distractions for the children (age and gender appropriate videos, games, toys)?
		Poison-proof the area (cleaning supplies, Hem occult developer, choking hazards, cords should be removed or locked)
		Are your med carts and supply carts locked?
		Do you need to create separate areas for various age groups?
		Have you conducted drills of the plans for this area with all relevant departments?
		Do you have a plan for security for the unit?
		Do you have a plan to identify the children?
		Do you have a plan for assessing mental health needs of these children?
		Are there any fans or heaters in use? Are they safe?
		Do you have an onsite or nearby daycare? Could they help you?
		Do you have enough staff to supervise the number of children (Younger children will require more staff)?
		Do you have a sign-in, sign-out sheet for all children and adults who enter the area?
		Will children need to be escorted away from safe area to bathrooms?
		Are age-appropriate meals and snacks available for children?
		Are various-sized diapers available?
		Does the PSA have hand hygiene supplies?
		Are there cribs, cots or beds available for children who need to sleep?
		Does the PSA have a policy/protocol for handling minor illness in children (Tylenol dosing, administering routine meds, etc?)
		Do you have an evacuation plan?

Pediatric Safe Area Registry Sheet

#	Name of Child	MI>	Arrival Time	Wrist Band Number/Name	Departure Time	Adult Name	Adult Identification	Contact Phone Number
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								

Appendix H: Communications Protocols/Tools

H-1 Media Frequently Asked Question about Family Assistance Centers

Q. What is a Family Assistance Center?

- A. The 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. Who is Legal Next of Kin?

A. Here is the order of individuals recognized as legal next of kin. First is a spouse or registered domestic partner. Second is an adult child or children. Third is a parent and fourth is/are sibling(s).

Q: How do people report their family members 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 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.

R. 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.

R. 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 recognized 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.

H-1 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 Planning Chief of the Family Assistance Center

	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 onsite		
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

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Referral Services Provided Through the Family Assistance Center

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |

3. _____

Number of Remains Recovered _____

Number of decedents identified and their families notified _____

Things NOT TO SAY:

- 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.
- The County cannot share that information. (Acceptable only if followed by why, and when the information will be available.)
- 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.

Talking points concerning victim identification procedures

- Fatality numbers are released only by the PIO and only after confirmation with ICS Commander. 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 _____

Appendix I: Demobilization Protocols/Tools

I-1 Demobilization Checklist

General Guidelines that should be considered

- # clients seen/day
- # victims still to identify/locate
- Ability for other organization to handle current operation needs off site
- Need for daily briefings

Criteria to consider for demobilization

- Family briefings are no longer needed
- Rescue, recovery investigations and identification have decreased to be able to be handled by another ongoing operation
- Less than 5 clients per day register at the FAC three days in a row
- 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 if needed

Reason for demobilization: _____

Location/Name of FAC: _____

Date/Time of Demobilization: _____

Demobilization Tasks

- Create a demobilization plan for the FAC 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 FAC facility
 - assign partners to demobilization tasks
- Follow-up report of FAC operations
- Debrief staff and volunteers

Appendix J: Position Matrix

Position/Section/Branch/ Group/Unit	Mission	Possible Source of Staff examples for a local State-led FAC- not intended as exhaustive list
Family Assistance Center Director	<p>Oversee all FAC operations.</p> <p>Oversee strategic decision concerning FAC operations.</p> <p>Coordinate with HMAC on all FAC/HMAC operations.</p>	<p>C/ME personnel, Public Health, Human Services, Mental Health, Law Enforcement, DMORT, State DOH, DSHS, WSP, Incident Management Team, city or county employee requested to work as a state asset under state mission.</p>
PIO	<p>Coordinate all public messaging concerning the FAC.</p> <p>Coordinate with PHSKC PIO and Hospital PIOs to provide information to the public and the media concerning FAC operations.</p>	<p>PIO from local Public Health, Human Services, Mental Health, Law Enforcement; PIO from DOH, DSHS, WSP, EMD, Incident Management Team, city or county employee requested to work as a state asset under state mission.</p>
Deputy PIO Family Briefings	<p>Coordinate all Family Briefings.</p> <p>Is a point of contact for families concerning family briefings.</p>	<p>PIO from local Public Health, Human Services, Mental Health, Law Enforcement; PIO from DOH, DSHS, WSP, EMD, Incident Management Team, city or county employee requested to work as a state asset under state mission.</p>
Safety Officer	<p>To ensure the safety of all staff and families at the FAC.</p>	<p>Safety Officer from local agency or state agency such as DNRP, DOE, DOA, WSP, Incident Management Team, city or county employee requested to work as a state asset under state mission.</p>
Liaison Officer	<p>Coordinate information sharing with partner agencies working in other areas of the response.</p>	<p>Liaison officer from local agency or state agency such as DOH, WSP, Incident Management Team, city or county employee requested to work as a state asset under state mission.</p>
Planning Section	<p>Provide an overall picture of FAC operations.</p> <p>Make strategic decisions on FAC operations, procedures, and policy.</p>	<p>Local planning section representatives – expertise in Health, Mass Fatality, Human Services and Mental Health are valuable or state agency representatives from agencies such as DOH, DSHS, WSP, Incident Management Team, city or county employee requested to work as a state asset under state mission, EMAC request.</p>

Documentation Branch	Document all decisions and content created by the FAC.	See Planning Section.
Demobilization Branch	Demobilize the FAC once operations are no longer necessary	See Planning Section.
Situation Status Branch	Create situational awareness of the current operations and impacts of the FAC. Provide awareness of other response activities occurring related to the event that may impact FAC operations.	See Planning Section.
Resource Status Branch	Monitor the resource needs and utilizations within the FAC. Approve all resource requests and route requests to logistics to fill.	See Planning Section.
Logistics	Oversee and coordinates all resource, technical, and facility needs for the FAC.	EMD, DOH, DOE, DOA, DNRP, Incident Management Team, DMORT, city or county employee requested to work as a state asset under state mission, EMAC request.
Services Branch	Coordinate all Services Branch activities	See Logistics
Staff Medical/Safety Group	Ensure the health and safety of all staff working at the FAC	DOH, DMAT, ESAR-VHP, city or county employee requested to work as a state asset under state mission.
Food Group	Determine the number of person to be fed, and the best method of providing food services Provide three meals a day and health snack to families and staff at the FAC	TBD
Communications Group	Coordinate all communication set-up, management and support for the FAC. Coordinate any resource needs of the Group or supporting Units.	TBD
IT Support Unit	Provide networking set-up, management, and support for the FAC Responsible for working to fix any IT connectivity issues.	TBD
Telecommunications Unit	Provide support for telephone and messaging communications at the FAC.	TBD
Radio Unit	Provide support for radio communications at the FAC.	TBD
Support Branch	Coordinate all Support Branch activities.	See Logistics.
Transportation Group	Provide transportation to family member to and from the facility (to residence, hotel, hospitals, shelters) (may not be applicable in catastrophic incident). Provide staff transportation to and from the facility if needed.	TBD
Facilities Group	Communicate with facility owners.	TBD

	<p>Ensure upkeep of FAC facility. Coordinate any resource or service need concerning the physical facility.</p>	
Security Unit	<p>Coordinate FAC site security. Coordinate badging protocol and operations. Provide FAC site security. Ensure only authorized visitors are allowed into the facility.</p>	Law Enforcement, contracted security, National Guard.
Resource Group	<p>Coordinate the provision of all resource needs for the FAC.</p>	TBD
Ordering Unit	<p>Order all necessary supplies for the FAC.</p>	TBD
Equipment and Supply Unit	<p>Maintain and inventory all necessary supplies for the FAC. Determine the type and amount of all resources required at the FAC. Communicate with Ordering Unit all needed supply or equipment ordering.</p>	TBD
Personnel Team	<p>Acquire and coordinate all staff for the FAC. Log personnel time and payment (if necessary). Verify all credentials and licensing of all staff and volunteers working at the F A C .</p>	TBD
Victim Information Branch	<p>Coordinate all Victim Information Services at the FAC. Provide antemortem data to Missing Persons Group and KCMEO for matching and identification. Serve as a liaison with the Morgue Operations.</p>	Local C/ME personnel, Law Enforcement, DMORT, EMAC request for State Mortuary Teams;
Call Center Group	<p>Answer calls from the public concerning missing persons, victims, FAC operations and hours, public messaging concerning the incident, etc.</p>	DMORT, Law Enforcement, WAVOAD members, mental health professionals, crime victims advocacy groups.
Missing Persons Group	<p>Collect all missing persons information and antemortem data and work to match all missing persons.</p>	Local, WSP or federal law enforcement assets, National Center for Missing and Exploited Children, National Center for Missing Adults, city or county employee requested to work as a state asset under state mission, crime victims' advocacy groups.
Patient Tracking Unit	<p>Coordinate with the local hospitals to receive information on missing persons and injured victims (known and unknown) Communicate to the hospitals all possible matches made by the Missing Persons Group</p>	Local Public Health, Healthcare, Human Services, American Red Cross, DOH, DSHS, Medical Reserve Corps.

Shelter Unit	<ul style="list-style-type: none"> • Coordinate with local sheltering organizations to receive information on shelter residents and missing persons reports. • Communicate to shelters all possible matches made by the Missing Persons Group. 	Local jurisdiction sheltering or mass care representatives; American Red Cross.
Web Search Unit	Search web resources for information on any missing person cases.	TBD
Antemortem Data Group	<ul style="list-style-type: none"> • Coordinate the collection of all antemortem data and provide information to the C/ME and the Missing Persons Group. 	Local C/ME personnel, Forensic specialists, Forensic dentists, DMORT, EMAC Request for State Mortuary Teams.
Family Interview Unit	<ul style="list-style-type: none"> • Collect antemortem data via family interviews from all the family members of probable victims 	Local C/ME personnel, Forensic Specialists, DMORT, EMAC Request for State Mortuary Teams, ESAR-VHP, Nurses with experience taking medical histories, forensic nurses, Funeral Directors, USPHS.
Medical/Dental Unit	<ul style="list-style-type: none"> • Collect the medical and dental record of the probable victims to aid in the identification by the C/ME. 	DMORT, EMAC Request for State Mortuary Teams, USPHS, State Forensic Odontology volunteers; other Forensic Specialists, Medical Reserve Corps.
DNA Unit	Collect DNA samples from family members and victim's personal effects to aid in identification by the C/ME.	Local C/ME personnel, DMORT, WSP (Crime Lab), local, state or Federal Law.
Data Management Unit	Manage all antemortem data received and provide it to the C/ME for identification.	Local C/ME personnel, DMORT, EMAC Request for State Mortuary Teams.
Notification Group	<p>Perform notifications to families regarding the status and/or location of their loved ones.</p> <p>Notification staff serve on the notification team during hospital/shelter notifications, missing persons notifications, and death notifications.</p> <p>Act as a family representative/point of contact for families during the notification and family affairs process.</p>	Local C/ME personnel, DMORT, Chaplains, State or local law enforcement.
Decedent Affairs Unit	<ul style="list-style-type: none"> • Coordinate remains release, personal effects release, and disposition services for the families following notification. • Provide referrals to disposition services not provided at the FAC. 	Local C/ME personnel, DMORT, Ohio Funeral Directors Association, EMAC request for State Mortuary Teams.
Support Services Branch	<ul style="list-style-type: none"> • Coordinate all support services need of the FAC. 	Local Public Health, local Human Services department or providers, DSHS, WAVOAD, city or county employee requested to work as a state asset under state mission (e.g. human services), crime victims advocacy groups, Dept. of Commerce – Office of Crime Victim's Assistance.

Child Care Group	<ul style="list-style-type: none"> • Provide childcare and respite care for families at the FAC. 	American Red Cross.
Social Services Group	<ul style="list-style-type: none"> • Provide social services or referrals to families as needed. 	Local Public Health, local Human Services department or providers, DSHS, WAVOAD, city or county employee requested to work as a state asset under state mission (e.g. human services), crime victims advocacy groups, Dept. of Commerce – Office of Crime Victim’s Assistance.
Interpretation/Translation Services Group	<ul style="list-style-type: none"> • Provide interpretation/translation services to families during all FAC processes (interviews, notifications, registration, family briefings, etc.). 	Local Human Services, Local Public Health, Community Based Organizations, Medical Reserve Corps, DSHS, WAVOAD, WA Labor and Industries, American Red Cross.
Health Services Branch	<ul style="list-style-type: none"> • Coordinate all health service needs of the FAC. 	DMAT, ESAR-VHP, Medical Reserve Corps, USPHS.
Medical/First Aid Group	Provide basic health services and first aid to all FAC families. Provide referrals to outside medical services if necessary.	DMAT, ESAR-VHP, Medical Reserve Corps, USPHS.
Behavioral Health Services Group	Oversee the mental health unit and the spiritual care unit and ensures all mental and spiritual health needs of the families are met.	DMAT, ESAR-VHP, Medical Reserve Corps, USPHS American Red Cross, Green Cross, Chaplains, WAVOAD.
Mental Health Unit	Ensure mental health services are available to family members at all stages of the FAC process (registration, meals, waiting times, interviews, notifications, family briefings, etc.).	
Spiritual Care Unit	<ul style="list-style-type: none"> • Ensure spiritual care services are available to family members at all stages of the FAC process (registration, meals, waiting times, interviews, notifications, family briefings, etc.). 	

Reception Branch	<ul style="list-style-type: none"> • Coordinate all Reception Services for the FAC. 	Local Medical Reserve Corps, Human Services department staff or providers, American Red Cross, WAVOAD, DSHS, city or county employee requested to work as a state asset under state mission (e.g. human services), crime victims advocacy groups, Dept. of Commerce – Office of Crime Victim's Assistance.
Registration Group	<p>Intake and register all family members upon arrival at the FAC which will include, checking identification, answering questions, ensuring all paperwork is completed, issuing badges, and assessing for any immediate service needs.</p> <p>Sign-in/out all family members returning to the FAC.</p> <p>Sign-in/out all staff.</p>	Local Medical Reserve Corps, Human Services department staff or providers, American Red Cross, WAVOAD, DSHS, city or county employee requested to work as a state asses under state mission (e.g. human services), crime victims advocacy groups, Dept. of Commerce - Office of Crime Victim's Assistance.
Family Host Group	<p>Greet family members upon entry into the FAC.</p> <p>Answer questions concerning services and procedures.</p> <p>Provide a tour of the facility if possible (may not be applicable in catastrophic incident).</p> <ul style="list-style-type: none"> • Connect families with any resources they request. 	Local Medical Reserve Corps, Human Services department staff or providers, American Red Cross, OHVOAD, DSHS, city or county employee requested to work as a state asset under state mission (e.g. human services), crime victims advocacy groups, Dept. of Commerce – Office of Crime Victim's Assistance Commerce – Office of Crime Victim's Assistance.
Finance/Administration Section	<p>Coordinate all Finance and Admin services needed at the FAC.</p> <p>Provide admin assistances, note-takers, and runners as requested.</p>	TBD

Appendix K: Job Action Sheets

Please see the Family Assistance Center Job Action Sheets document for more information.

Appendix L: Cultural Considerations

L-1 Cultural/Religious Considerations in FAC Planning and Operations

Each community is unique with many cultures and faiths. Accommodating cultural and religious practices is a critical part of Family 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 throughout Ohio. Family resources, signs and translators should be available in several languages for all families at the Family Assistance Center. Below are some of the common languages spoken in Ohio.

Amharic	Nepali
Arabic	Oromo
Bosnian	Portuguese
Burmese	Punjabi
Cambodian/Khmer	Russian
Chinese	Samoan
Farsi	Somali
French	Spanish
Hmong	Swahili
Japanese	Tagalog (Filipino)
Karen	Ukrainian
Korean	Vietnamese
Laotian	

L-2 Cultures and Religions in Ohio

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	Bahá'ís abstain from alcohol, but can take it in Medicine.
Fasting	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,	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.
Medical treatment	Blood transfusions, organ donations, the administration of prescription drugs and the like are all perfectly acceptable.
Hospital stays, rest centers	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 Bahá'í 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	<p>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).</p> <p>Bahá'í holy days always fall on the same dates each year and are:</p> <ul style="list-style-type: none"> ♦ <i>Naw Ruz</i>: New Year (21 March) ♦ <i>1st day of Ridvan</i> (21 April) ♦ <i>9th day of Ridvan</i> (29 April) ♦ <i>1th day of Ridvan</i> (2 May) ♦ <i>2</i> ♦ <i>Anniversary of the Declaration of the Bab</i> (23 May) ♦ <i>Anniversary of the Ascension of Baha'u'llah</i> (29 May) ♦ <i>Anniversary of the Martyrdom of the Bab</i> (9 July) ♦ <i>Anniversary of the Birth of the Bab</i> (20 October) ♦ <i>Anniversary of the Birth of Baha'u'llah</i> (12 November)

Dying	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.
Death customs	<p>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:</p> <ul style="list-style-type: none"> * 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 Bahá'í funeral service, is recited for Bahá'í deceased aged 15 or over. <p>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.</p>
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.

Buddhist	
Language	Members in the UK may speak several languages other than English, including Tibetan, Cantonese, Hakka, Japanese, Thai and Sinhalese.
Diet	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.
Fasting	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	In the case of medical examination and treatment and comforting by strangers, a Buddhist may be touched by a person of either sex.
Medical treatment	There are no religious objections to blood transfusions, or transplants.
Hospital stays, rest centers	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 centre is not a necessity, but if available it can be used for silent reflection and meditation.

Chinese (Confucianism, Taoism, Astrology, Christianity)

Half the Chinese 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.

Language	Cantonese, Mandarin, Hakka, Hokkien, English
Diet	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).
Fasting	Buddhist/Taoist Chinese will eat a vegetarian diet before major festivals.
Dress	Men and women prefer shirt/blouse and trousers/slacks.
Physical contact	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.
Medical treatment,	Injections are preferred in the belief that they are more effective than pills.
Hospital stays, rest centers	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. <ul style="list-style-type: none"> ◆ <i>Lunar New Year</i>: The biggest family occasion and honour/reverence is paid to ancestors and parents. A time for family reunions, visiting friends and relatives and exchanging monetary gifts in red envelopes. ◆ <i>Teng Chieh</i> (Lantern Festival at first full moon of the year) ◆ <i>Ching Ming</i>: A public holiday in China and Hong Kong - a time for people to visit their ancestral graves (April) ◆ <i>Dragon Boat Festival</i> (June) ◆ <i>Mid Autumn Festival</i> (September)

<p>Dying</p> <p>Death customs</p>	<p>All family members gather at the bedside. A Chinese Christian pastor is called to pray for and to counsel the dying person. 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.</p> <p>After death, undertakers handle the deceased. Some undertakers in areas with long established Chinese populations 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.</p> <p>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.</p>
<p>Resources (texts, community facilities etc.)</p>	<p>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 centre or church exists in every town and city. Local Councils should have the names, addresses and telephone numbers. Religious bodies in the Chinese community are usually found in local telephone directories.</p>
<p>Names</p>	<p>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.</p>

Christian

Christians belong to a number of denominations and some groups which run across denominations. The most numerous are); 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.

Language	Christians may be from any ethnic group. Church services usually take place in English, (or in Welsh and Gaellic).
Diet	In general, Christians are not religiously forbidden to eat any foods, but this must be checked with the individual. Some will not consume alcohol.
Fasting	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	Most would have no objections to being touched by members of the opposite sex for medical purposes.
Medical treatment	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.
Hospital stays, rest centers	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	<p>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: -</p> <ul style="list-style-type: none"> ♦ <i>Christmas</i> ♦ <i>Holy Week and Easter</i> (including Palm Sunday, Maundy Thursday, Good Friday and Easter Sunday) ♦ <i>Pentecost/Whitsun</i> ♦ <i>Ascension Day</i> ♦ The seasons of <i>Advent</i> (leading up to Christmas) and <i>Lent</i> (leading up to Easter) ♦ <i>Remembrance Sunday</i>
Dying	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 23 rd 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.
Death customs	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.)	<p>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.</p>
Names	<p>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?"</p>

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	Individuals make their own decisions regarding diet.
Fasting	Individuals make their own decisions regarding fasting.
Dress	No particular requirements.
Physical contact	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 <i>The Christian Science Journal</i> , a monthly magazine.) However, individuals are always free to choose conventional medical treatment or other complementary and alternative therapies.
Medical treatment	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, this may be considered necessary to protect others.
Hospital stays, rest centers	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: <ul style="list-style-type: none"> ◆ 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 <i>Science and Health</i>. ◆ 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 <i>Science and Health</i> .

Dying	There are no specified last rites. Such issues are an individual/family decision.
Death customs	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.

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	Members may request a priesthood blessing. A quiet private place is appropriate for the blessing
Death customs	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 <i>Book of Mormon: Another Testament of Jesus Christ</i> – 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 <i>Emergency Preparedness and Response Plans</i> , based on principles contained in <i>Providing in the Lord's Way</i> . Branch Welfare Committees are identified as the coordinators if disaster strikes.

Hindu	
Language	In addition to English, Hindus generally speak Gujarati (most common), Hindi, Punjabi, Bengali or Tamil.
Diet	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	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 <i>Karvachauth</i> 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 (<i>shalwar</i>). Men may sometimes wear a loose shirt (<i>Kurta</i>) and baggy trousers but generally they wear Western clothes.
Physical contact	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.
Medical treatment	Blood transfusions, organ transplants, and all types of medicine for the purpose of saving life are permitted.
Hospital stays, rest centers	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: <ul style="list-style-type: none"> ◆ <i>Holi</i>: A celebration at the start of spring, with much use of color ◆ <i>Rama Navami</i> ◆ <i>Janamashtami</i>: there is fasting until midnight ◆ <i>Diwali</i>: the festival of lights ◆ <i>Shivaratri</i>: the night is spent in prayer, fasting and meditation.
Dying	Most fatally ill Hindus would prefer to pray with a <i>mala</i> (rosary). A Hindu will appreciate being with someone, preferably of the same sex.
Death customs	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 <i>Upanishads</i> , philosophical works discussing the purpose of life, and the <i>Brahmanas</i> , which contain advice on ritual. The <i>Bhagawad Gita</i> is a prominent holy book with condensed spiritual teachings, and the <i>Ramayana</i> sets the highest ideals.

Names	<p>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).</p>
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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	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).
Fasting	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	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.
Death customs	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)	There are no humanist scriptures or religious texts.
Names	No particular traditions: names may vary according to ethnic or cultural background.

Jain	
Language	Apart from some of the elderly, Jains speak and understand English. The majority are Gujerati speaking, but a minority speaks Hindi, Rajasthani, Tamil, or Punjabi.
Diet	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.
Fasting	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 <i>Paryushana</i> during August or September, which lasts for 8 or 10 days. Two special 9-day periods called <i>Ayambil</i> 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	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.
Medical treatment	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.
Hospital stays, rest centers	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 centre.
Daily acts of faith & Major annual events	The <i>Namokkara</i> mantra is recited on waking up, going to bed and at meal times. Jains may observe the ritual of <i>pratikramana</i> once or twice a day, and meditate as often as desired. Festivals (based on the lunar calendar): <ul style="list-style-type: none"> ◆ <i>Paryushana</i>: 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. ◆ <i>Mahavira Jayanti</i>: 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. ◆ <i>Mahavira Nirvana</i>: 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. ◆ <i>Ayambil</i>: Two periods are observed. (see Fasting section)
Dying	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.
Death customs	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 provide 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.

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 Shintonists speak Japanese and English as a second language.
Diet	Generally Japanese people prefer to eat rice.
Fasting	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 (<i>kimono</i>).
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 <i>Kami</i> , inadequately translated as "god". There are no Shinto prayers as such but many Japanese will follow Buddhist meditative practices. In addition to Buddhist festivals, Shintonists will celebrate: ♦ <i>New Year</i> : 1 January ♦ <i>Bon Festival</i> : respect to ancestors (13-16 August)
Dying	Dying Japanese will wish to meditate.
Death customs	Generally Japanese would prefer cremation to burial. Funeral services are administered according to Buddhistrites.
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.

Jehovah's Witnesses

Language	Usually English.
Diet	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.
Fasting	No religious requirement.
Dress	No special religious dress.
Physical contact, medical treatment, hospital stays, rest centers	<p>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. Baptised Jehovah's Witnesses usually carry on their person an <i>Advance Medical Directive/Release</i> document directing that no blood transfusions be given under any circumstances, and this document is renewed annually. A more detailed <i>Health-Care Advance Directive</i> form outlining their personal treatment choices may also be carried.</p> <p>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.</p> <p>They understand the challenge that their decisions can sometimes pose for doctors and nurses. 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.</p>
Daily acts of faith & major annual events	<p>Reading the Bible daily.</p> <p>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.</p>
Dying	There are no special rituals to perform for those who are dying, nor last rites to be administered to those <i>in extremis</i> . Pastoral visits from elders will be welcomed.
Death customs	<p>An appropriate relative can decide if a limited post mortem is acceptable to determine cause of death.</p> <p>The dead may be buried or cremated, depending on personal or family preferences and local circumstances.</p>
Resources (texts, community facilities)	The Bible.
Names	No particular tradition.

Jewish	
Language	English is generally used although Hebrew or Yiddish are also spoken.
Diet	Observant Jews are required to uphold the <i>Kashrut</i> , 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 <i>kosher</i> 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.
Fasting	<i>Yom Kippur</i> 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 <i>matzah</i> 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 <i>yarmulka</i> or <i>kippa</i>). 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 18 th century dress) and may have ringlets and beards.
Physical contact	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.
Medical treatment	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.
Hospital stays, rest centers	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 (<i>Shabbat</i>) 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: <ul style="list-style-type: none"> ◆ <i>Days of Awe: Rosh Hashanah</i> (New Year) and <i>Yom Kippur</i> (Day of Atonement) ◆ <i>The Three Foot Festivals: Sukkot, Pesach</i> and <i>Shavuot</i> ◆ <i>Chanukah</i> ◆ <i>Purim</i> ◆ <i>Tishah B'Av</i>
Dying	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 <i>Shema</i> .
Death customs	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.
Resources (texts, community facilities etc.)	The Jewish scriptures are known as the <i>Tanakh</i> and include the <i>Torah</i> , the <i>Nevi'im</i> and the <i>Ketuvim</i> .
Names	Individuals usually have one or more Hebrew names, often taken from Biblical sources, followed by the Hebrew name(s) of their father.

Muslim	
Language	Muslims may speak several languages other than English; the most common are Punjabi, Urdu, Gujarati, Arabic and Turkish.
Diet	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 <i>halal</i> , i.e. killed and prepared according to Islamic law. <i>Halal</i> 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.
Fasting	Muslims fast from dawn to sunset to mark the month of <i>Ramadan</i> , and some will fast at other times during the year. Fasting during <i>Ramadan</i> 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 (<i>Hijab</i>), 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	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.
Medical treatment	The views of the family/Imam on whether organ donation, transplants and blood transfusions are acceptable should be sought in each case.
Hospital stays, rest centers	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 centre, 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) 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 (<i>Wudu</i>) 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: <ul style="list-style-type: none"> ♦ <i>The First of Muharram</i>: Begins the Islamic New Year ♦ <i>Milad-un-Nabi</i> (not celebrated by orthodox Sunni) ♦ <i>Lail-ul-Qadr</i>: A time of fasting and all-night prayer during Ramadan ♦ <i>Eid-ul-Fitr</i>: The end of the month of Ramadan. A day of celebration ♦ <i>Eid-ul-Adha</i>: The end of the time of the annual <i>Hajj</i> pilgrimage
Dying	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 <i>Shahadah</i> prayer (the testimony of faith).
Death customs	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.

Pagans	
Language	Mainly English.
Diet	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.
Fasting	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 Daily acts of faith & major annual events	<p>There are no specific restraints on types of physical contact and no religious objections to blood transfusion and organ transplants.</p> <p>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.</p> <p>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:</p> <ul style="list-style-type: none"> ◆ <i>Samhain</i>: 31st October ◆ <i>Yule (Midwinter)</i>: 21st December ◆ <i>Imbolc</i>: 1st February ◆ <i>Spring Equinox</i>: 21st March ◆ <i>Beltane</i>: 30th April ◆ <i>Midsummer</i>: 21st June: ◆ <i>Lammas or Lughnasadh</i>: 1st August ◆ <i>Autumn Equinox</i>: 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 the country. It publishes an informative quarterly journal (Pagan Dawn), and has a useful information pack which gives basic facts about modern U.S. Paganism. There are also information packs on Witchcraft, Druidry and the Northern Tradition.
Names	No specific directions as to use of names

Rastafarians	
Language	The vocabulary is largely that of the Jamaican patois of English.
Diet	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	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 <i>tams</i> (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 symbolize 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. <i>Nyahbinghi</i> 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 <i>Firekey</i> also takes place: a fire is lit and must be kept burning until the drumming and chanting have stopped. Festivals: <ul style="list-style-type: none"> ◆ <i>Ethiopian Constitution Day</i> (16 July) ◆ <i>Birthday of Haile Selassie</i> (23 July): one of the holiest days of the Rastafarian year ◆ <i>Birthday of Marcus Garvey</i> (17 August) ◆ <i>Ethiopian New Year's Day</i> (early September): a four-year cycle, with each year named after a Biblicalevangelist. ◆ <i>Anniversary of the crowning of Haile Selassie/Ethiopian Christmas</i>: 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 9 th and or 40 th night of person passing.
Resources (texts, community facilities etc.)	Books: <i>My Life and Ethiopia</i> (autobiography of Emperor Haile Selassie of Ethiopia); <i>Important Utterances of His Imperial Majesty Emperor Haile Selassie I</i> ; <i>Philosophy and Opinions of Marcus Garvey</i> (ed. Amy Jacque Garvey). DVDs: <i>Time and Judgement</i> (by Ras Menelik); <i>The Journey of the Lion</i> (by BrotherHowie). CDs: <i>Churchial Chants of the Nyahbinghi</i> ; <i>Prince Teban and the Sons of Thundercommunication</i> drumming. Information about Rastafarianism can be found at www.encyclopedia.thefreedictionary.com/Rastafarianism
Names	No particular tradition. Older men may take the prefix Jah or Ras.

Seventh-day Adventists	
Language	Usually English, though there are a number of different language groups within the Adventist Church, including Filipino, Ghanaian, Russian, Bulgarian, Portuguese etc.
Diet	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.
Fasting	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 centre, 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	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.
Death customs	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 is a fairly close knit community and most members will have friends or family to call on for temporary accommodation.
Names	No particular tradition.

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: <i>Kesh</i> (uncut hair); <i>Kangha</i> (a comb to keep the hair neat); <i>Kara</i> (a steel bangle which symbolises the unity of God); <i>Kirpan</i> (a short dagger which symbolises the readiness of the Sikh to fight against injustice); and <i>Kachhera</i> (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 <i>chunni</i> (a long Punjabi scarf) to cover the Kesh. The removal of the Turban or the <i>Kachhera</i> will cause great embarrassment to a Sikh and should be avoided.
Physical contact	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.
Medical treatment	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.
Hospital stays, rest centers	A Sikh in hospital may wish to have all five faith symbols within reach. <i>Kachhera</i> (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 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: <ul style="list-style-type: none"> ◆ <i>Guru Nanak's Birthday</i>: A three-day celebration ◆ <i>The Martyrdom of Guru Tegh Bahadur</i> ◆ <i>Guru Gobind Singh's Birthday</i> ◆ <i>The Martyrdom of Guru Arjan Dev</i> ◆ <i>Baisakhi</i> ◆ <i>Divali</i>
Dying	The dying person will want to have access to the Sikh scriptures where possible.
Death customs	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 (<i>Adi Granth</i>) are treated with the utmost respect and reverence. Additionally, Sikhs may refer to the writings of Guru Gobind Singh (Dasam Granthland the Sikh Code of Conduct (<i>Rahil MatVada</i>).
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).

Zoroastrian (Parsee)	
Language	Zoroastrians almost always speak English. Those from the Indian sub- continent speak Gujarati and Iranian Zoroastrians speak Persian or Farsi.
Diet	Zoroastrians have no particular dietary requirements. They are non- vegetarian.
Fasting	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 <i>Sudra</i> . They also tie a girdle around the waist and this is called the <i>Kusti</i> . It is important to wear a clean <i>Sudra</i> , 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 whilst 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: <ul style="list-style-type: none"> ◆ <i>Jamshedi Noruz</i> (Fasli): New Year's Day according to the Fasli calendar used in Iran. ◆ <i>Khordad Sal</i> (Fasli) ◆ <i>Farvardigan</i> (Fasli) ◆ <i>Zartusht-no-Diso</i> (Shenshai) ◆ <i>Farvardigan</i> ◆ <i>No Ruz</i> (Shenshai): New Year's Day on the Shenshai calendar. ◆ <i>Khordad Sal</i> (Shenshai) ◆ <i>Fravardin</i> (Shenshai) ◆ <i>Zartusht-no-Diso</i> (Fasli)
Dying	Zoroastrians prefer to die quietly and without being disturbed.
Death customs	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 at Zoroastrian Centre, 440 Alexandra Avenue, Harrow HA2 9TL, where an extensive library is located.
Names	Each Zoroastrian has one first name. The father's name appears as the second name. The family name serves as the surname.

Appendix M: Recommended Minimum Data Elements for Patient Tracking

This is the suggested minimum patient tracking data elements for relevant stakeholders.

The following are recommended minimum data elements that should be considered for patient tracking.

Responsible Agency		EMS	Hospital	Alternate Care Facility	Other Healthcare	County Coordinating Entity	State Coordinating Entity
Data Elements	Unique Identifier	X	X	X	X	X	X
<p>X = minimum data element for first/initial encounter</p> <p>X = secondary data points to be collected as time and information allow (should be gathered as soon as practically possible)</p>	Triage Code/Patient Condition	X	X	X	X	X	X
	Current location/point of access to system	X	X	X	X	X	X
	Date/Time of Encounter	X	X	X	X	X	X
	Disposition	X	X	X	X	X	X
	Mode of Arrival	X	X	X	X	X	X
	Gender	X	X	X	X	X	X
	Age (approx.)	X	X	X	X	X	X
	Date of Birth	X	X	X	X	X	X
	Legal Full Name (Middle Initial)	X	X	X	X	X	X
	Social Security Number	X	X	X	X	X	X
	Legal Guardian or Responsible Party			X	X	X	X

The **Unidentified Patient Form** should be used to collect descriptors of any patient for whom identification information is not available. This may be used by healthcare facilities, at Alternate Care Facilities or Field Treatment Sites (as applicable). If a Family Assistance Center is established, information from the Unidentified Patient Forms should be shared with the Missing Persons Unit and those collecting antemortem information.

Appendix N: Family Reunification Resources

This summary has been adapted from Evacuation and Sheltering Annex and is provided here for coordination and consistency

Following a mass casualty or mass fatality incident, a concerted effort should be made by the Joint Information Center or Public Information Officers to provide rapid information to the public about the means they can use to try and identify the location of a loved one before calling 911 or emergency assistance. As a part of this messaging, survivors should also be encouraged to post information via one or more of these mechanisms to help loved ones know they are okay. In addition to social networking sites such as Facebook and Twitter, there are several systems that have been used in past disasters to help facilitate or assist with family reunification. Below are some examples. If a Family Assistance Center (FAC) is established, coordination with these systems will be essential. This may occur through the web search team or other entities in the Missing Persons Group at the FAC.

National Emergency Family Registry and Locator System (NEFRLS)

- System, hosted by FEMA, which may be activated following a disaster declaration and operates on a 24/7 basis.
- Displaced individuals, including medical patients, voluntarily register by telephone or Internet.
- Registrants can provide current contact information, list travel companions, and create a personal message.
- Registrants and the 7 individuals they designate are required 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)

- Established to assist governments and law enforcement agencies track and locate children separated from their parents or guardians as a result of a major incidents.
- Managed by the National Center for Missing & Exploited Children (NCMEC), with support from FEMA.
- Assists in locating separated children by:
 - Operating a telephonebank
 - Coordinating efforts with law enforcement and human service agencies (TEAM ADAM)
 - Deploying Team Adam to the field to assist with investigations
 - Helps shelters ensure the safety of dislocated children

The American Red Cross Safe and Well Program

- Helps people communicate from inside the disaster affected areas to loved ones outside.
- People within a disaster area can register themselves as “Safe and Well” and leave brief messages, which if desired will update their Facebook or Twitter status.
- Concerned family members can search for messages posted by those who register.
- Publically accessible on the internet 24/7/365.
- The site can be reached directly at <https://safeandwell.communityos.org>. or at www.redcross.org click on Safe and Well link.
- Those without internet, in need of translation service may call 1-866-GET-INFO (866-438-4636) for help with registration and the hearing impaired may call 1-800-526-1417.

Next of Kin Registry (NOKR)

The Emergency Contact Registry (NOKR) is a non-partisan; non-profit 501(c)(3) humanitarian organization dedicated to bridging rapid emergency contact information. NOKR was established in January 2004 as a public service for daily emergency situations. NOKR is the central depository for Emergency Contact information in the United States plus 87 other countries.

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 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.

Person Finder by Google

Created after Hurricane Katrina, Google Crisis Response team assesses the severity and scope of a disaster to determine whether or not Google is able to uniquely contribute tools or content to the response efforts. As an example, after the Christchurch, NZ earthquake and Japanese earthquakes in early 2011, Google activated its ‘person finder,’ which enabled people to either ‘look for someone’ or ‘provide information about someone.’ During the response to the Japanese earthquake, many news stations were reporting that people were using the person finder to locate their loved ones. For more information, visit www.google.com/crisisresponse.

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