

KNOX COUNTY OFFICE OF HOMELAND SECURITY AND EMERGENCY MANAGEMENT

Family Assistance Center

ANNEX T OF THE KNOX COUNTY EMERGENCY OPERATIONS PLAN

4/15/2019



For all Agencies, Participant Organizations and Staff serving Knox County

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Family Assistance Center

Primary Agencies: American Red Cross
Knox County Coroner
Knox County Emergency Management Agency

Support Agencies: 2-1-1/Pathways of Central Ohio
City of Mount Vernon
Knox County 9-1-1
Knox Community Hospital
Knox County Health Department
Knox County Job and Family Services
Knox County Law Enforcement Agencies
Knox County Medical Reserve Corp
Knox County Ministerial Association
Salvation Army, Mount Vernon Corp
Ohio Voluntary Organizations Active in Disaster

I. Introduction

A. Purpose

The purpose of this plan is to provide the management framework to establish, operate, and close a Family Assistance Center (FAC) within Knox County. A FAC is a facility that is established as the result of a mass casualty/fatality incident, wherein a significant number of family and friends (hereafter referred to as family and friends) are expected to request information and assistance. The centers' purpose is to exchange accurate, timely information and render support services for all family and friends.

The FAC is designed to be flexible and scalable based upon the size, complexity, and demands of each specific incident. Components of this plan may be included, excluded, or expanded to support the specific needs of the situation.

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This plan pertains to any incident or accident of significance to Knox County that causes or potentially causes mass casualties or missing individuals, unless otherwise determined by appropriate authorities.

B. General Provisions

1. Under the Aviation Disaster Family Assistance Act of 1996, the Rail Passenger Disaster Family Assistance Act of 2008, and the Foreign Air Carrier Family Support Act of 1997, FAC operations for transportation incidents (excluding military or intelligence agencies) will be the responsibility of the National Transportation Safety Board (NTSB). Local resources will be necessary for the staffing and operation of the FAC.
2. Ohio Revised Code Section 313.12 provides the County Coroner the legal authority and responsibility to conduct victim identification, determine the cause and manner of death, and manage death certification.
3. In a mass fatality incident resulting from a natural disease outbreak, such as an influenza pandemic, the Knox County Health Commissioner will be responsible for fatality management.

C. Scope

This plan applies to all participating agencies and organizations operating within the geographic boundaries of Knox County.

D. Policy

It is the policy of Knox County to develop plans and procedures that incorporate the concepts of the National Incident Management System (NIMS), the Incident Command System (ICS) and the National Preparedness Goal.

E. Core Capabilities

This annex addresses the following Core Capabilities as defined in the National Preparedness Goal.

- Access Control and Identity Verification
- Cybersecurity
- Environmental Response/Health and Safety
- Fatality Management Services
- On-scene Security, Protection, and Law Enforcement
- Operational Coordination
- Planning
- Public Information and Warning

II. Situation and Assumptions

A. Situation

Knox County is at risk for a major incident that could cause mass casualties/fatalities within the county. Incidents could be either natural or manmade disasters.

B. Assumptions

1. The activation of a FAC may occur as a result of many different types of incidents.
2. A FAC will be part of a larger emergency response, requiring coordination and information sharing among multiple organizations and agencies.
3. If a FAC is required, other plans are also likely to be activated, such as the Mass Fatality Annex.
4. Family and friends of victims who reside outside of the impacted area may travel to the incident site and may require accommodations coordinated by the FAC. At the same time a number of people who live in the impacted area may also be seeking accommodations.
5. There will be family and friends who will not travel to the FAC. These family and friends must also be offered the same services provided at the FAC.
6. The ratio of family and friends seeking assistance from the FAC to victims is estimated to be 10 to 1.
7. It is anticipated that for most incidents, a FAC will be established for an extended period of time.
8. Coordination among responding agencies about family member welfare inquiries, missing persons reports and patient tracking will be necessary.
9. After an incident family and friends will immediately call or self-report to various locations seeking information.
10. A short term Family and Friends Reception Center may need to be provided at to give families a place to convene until a FAC is established.
11. The funding source for FAC operations may not be known at the time the FAC is opened.
12. After the FAC closes, continuing case management may be required to address ongoing needs.
13. Agencies identified in this plan to participate in the FAC have the responsibility to assign and release qualified personnel to fill positions as appropriate.

III. Concept of Operations

A. General

1. The FAC provides a centralized location where multi-agency coordination will result in the effective dissemination of information and assistance to all impacted family and friends.

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2. The FAC will assist family and friends by providing counseling, information on the current situation, and a location where family and friends can be reached to assist in collection of missing person's data.
3. The FAC allows for the hospitals and shelters to report the names of their incident-related patients in order to reunite family and friends and clear the missing persons list.
4. The FAC should provide an environment where family and friends may grieve in private.

B. Activation of the FAC

1. The Knox County Coroner (or designee) and the Director of the Knox County Emergency Management Agency (KCEMA), in consultation with other relevant parties, will determine the need for activation of this plan.
 - a. Consideration shall be given to:
 - The number of casualties and fatalities.
 - The nature of the incident.
 - The resource capacity to staff a FAC.
 - The anticipated volume of information requests from the public.
2. It is the responsibility of all entities to advise KCEMA of the need, or potential need, for a FAC.
3. The entity making notification should be prepared to give an estimate of expected fatalities, the location of the Incident Command Post, and other pertinent information.
4. Once the decision to activate the FAC has been made, KCEMA will alert relevant agencies to the establishment of the FAC. Additionally, KCEMA will notify healthcare, hospitals and other interested partners as needed.
5. The FAC should be operational and ready to accept family and friends as soon as possible, but not so soon that it would be undermined by lack of preparation or resources.
6. A temporary reception center may also be activated prior to establishment of a FAC at the discretion of scene incident commanders or hospitals if family and friends are gathering at the scene of an incident.
7. A Joint Family Support Operations Center (JFSOC) may be established to communicate and disseminate public information to the media and elected officials. It may also serve to credential media.

C. Preparedness Activities

1. Site Selection
 - a. KCEMA will serve as the FAC primary agency. With assistance from local jurisdictions and support agencies, KCEMA will identify a number of facilities

throughout the County that could serve as FACs in the event of an incident. (Tab B provides a list of factors to consider when selecting a site)

- b. The FAC should ideally be established in a facility with conference rooms, reception areas, private interviewing rooms, telecommunications, computer support, internet access, telephone lines, lodging accommodations, food service, accessibility (i.e., Americans with Disabilities Act accommodations), and parking.
- c. A FAC must be of sufficient size and appropriate design to permit core direct services to be provided in a secured environment that offers seclusion from the media, as well as the provision of other disaster services.
- d. Schools and churches are not recommended as potential FAC sites because of the displacement of services that would result and the relative uncertainty of how long the FAC might be required.

2. Equipment and Supplies

- a. Organizations should identify what equipment and supplies are required to facilitate the rapid establishment of a FAC. (Tab C provides a list of equipment and supplies to consider)
- b. Responding organizations are expected to report with the necessary equipment and supplies that they will need to conduct FAC operations.
- c. Equipment and supply caches should be stored in an easily accessible location for each responding organization.
- d. Agencies are expected to have their own Information Technologies (IT) representatives on-site at the FAC, who will be responsible for their own agency-specific IT applications.
- e. Organizations may need to consider establishing agreements and contracts with various vendors to augment these resources. These agreements would be activated during an emergency and require the vendor to provide the additional resources to respond to the needs of the FAC within a specified period of time and for a specified length of time.

IV. Organization and Assignment of Responsibilities

A. General

1. Confidentiality

One of the main functions of the FAC is to insure the privacy of all family and friends is strictly maintained. As such, all FAC activities shall be considered personal and confidential.

- No person shall in any way release or provide any information concerning FAC activities without permission from the FAC Director or the FAC Public Information Officer (PIO).

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- No person shall release any client information without permission of the client and the FAC Supervisor or PIO.
- No person shall use any device to photograph, monitor, or record any activity within the FAC without the permission of the FAC Supervisor or PIO.

These restrictions apply to both FAC staff and Family and friends. A sample Staff Confidentiality Agreement is provided in Tab E.

2. Incident Command System

If a mass fatality incident occurs, Unified Command will be established at the scene and will make the determination of the need for a FAC. Within the ICS structure, the FAC will fall under the Fatality Management Branch. Once the FAC is established, FAC operations will be conducted in accordance with the principles of the National Incident Management System (NIMS) and the Incident Command System (ICS). These principles will enable the effective and efficient provision of services. The FAC Supervisor is the recognized authority with overall responsibility of FAC management. The FAC Supervisor will determine the extent of ICS structure and organization necessary for FAC operation based on the situation's complexity. The FAC Supervisor in conjunction with the EMA Director may determine that if activated, the EOC may fulfill some of the ICS positions and duties identified in this annex. A sample ICS Organization Chart is provided in TAB A

3. Succession of Key Personnel

When persons identified to fill key positions (e.g., command and general staff) are unable to fulfill their duties outlined in this plan, the FAC Supervisor will identify a replacement with the knowledge, skills, and abilities to fill the position. If a suitable replacement cannot be found, the EMA Director or designee will be responsible for filling the vacant position.

4. School Incidents

All school systems operating in Knox County will utilize this plan for significant incidents which will require an off-site parent-student reunification process. In these incidents a member of the school administration will participate as part of the unified command. The actual process of reunifying a student with the parent at the FAC will follow the policy and procedures of the involved school system.

5. Volunteers

Volunteers can usually be described in one of two categories:

Affiliated volunteers - individuals associated with existing volunteer or professional organizations prior to the incident. Affiliated volunteers typically have received some

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training, have some experience with command structures and service expectations and likely have been vetted by the organization with which they are affiliated.

Unaffiliated, convergent or spontaneous volunteers - individuals who spontaneously appear at the scene and wish to participate in the response effort. Little can be assumed related to training, experience, skills, and vetting of these volunteers; and, for that reason these volunteers will not be incorporated into the operation of the FAC.

Due to the sensitive nature of the FAC, only affiliated volunteers who arrive in relationship with their volunteer organization will be considered for service. All volunteers arriving at the FAC shall report to a Volunteer Reception Center (VRC). Credentialing for volunteers' entry into the FAC and duty assignments will be made in the VRC. All volunteers must be screened at the VRC prior to being given a duty assignment. The screen questionnaire is found in Tab D.

Credentials issued in the VRC are to authorize service within the FAC but in no way addresses the professional, licensure or special skills of the volunteers. Such credentials are the responsibility of the organization with which the volunteers are affiliated and/or of the FAC Section specifying the organization whose service is requested.

B. Positions and Sections

1. FAC Supervisor

The American Red Cross (ARC) will serve as the FAC Supervisor. The FAC Supervisor will report to the Fatality Management Branch Director at the incident site. The FAC Supervisor is responsible for oversight and management of all aspects of the FAC operation. Initially, the FAC Supervisor will ensure that the mission of the FAC is met and that family and friends receive assistance in a safe and private environment. The FAC Supervisor is responsible for establishing operational policies, maintaining situational awareness, reviewing operational activities, identifying gaps in services and/or resources, and requesting additional resources as needed. The FAC Supervisor, or his/her designee, will provide regular information briefings to families in conjunction with other agency representatives. These briefings will be coordinated by the FAC Public Information Officer.

2. FAC Public Information Officer

The Knox County Public Information Officer (PIO) will serve as the PIO for the FAC. The FAC PIO will participate in the Joint Information Center (JIC) when activated and all media requests will be directed to the JIC. If a JIC is not operational, the FAC PIO will coordinate with the PIO at the incident site to ensure the release of consistent and accurate information.

The Coroner is responsible for providing accurate, timely, and verified information to the PIO for public release. Care should be taken to ensure that next of kin and concerned family and friends are notified prior to releasing information to the public. Failure to do so can result in emotional distress for survivors.

In the event the FAC operations go beyond the operations at the scene, the PIO may serve as the public spokesperson for the FAC with the media and will coordinate information to be briefed by the FAC Supervisor at family briefings. In a catastrophic incident, it may not be possible to have regularly scheduled briefings for family members, especially if the majority of FAC activities are happening virtually through telephone calls. In these circumstances, it is critical to have standardized talking points for those answering calls and to identify other mechanisms for keeping families informed about the human remains recovery and identification processes.

In order to protect the privacy of the FAC family and friends, media briefings will be conducted in a pre-identified, designated briefing area away from the FAC. Media representatives will be allowed in the facility only when determined appropriate by the PIO in consultation with the FAC Supervisor, and will be escorted by a FAC representative at all times.

3. Safety Officer

The Knox County Health Department Director of Community Health Services will serve as the safety officer for the FAC. The Safety Officer (SO) is responsible for monitoring FAC operations for safety concerns and advising the FAC Supervisor on all matters relating to operational safety - including the health and safety of FAC personnel and family and friends. The SO is responsible for establishing necessary systems, messaging, and procedures for ensuring the ongoing assessment of the environment and implementation of measures to promote the safety of FAC personnel and family and friends. The SO has the authority to stop and/or prevent unsafe acts during operations.

4. Liaison Officer

A representative of the KCEMA will serve as the Liaison Officer (LO) for the FAC Supervisor when needed. The LO serves as the point of contact for agencies or organizations that are not present in the FAC but are assisting in or cooperating with the overall response operations. The LO is specifically responsible for establishing and maintaining contact with local medical facilities, which could be treating incident casualties. The LO is also responsible for inviting agencies or organizations to designate representatives to the FAC for the purpose of coordination and delivery of FAC services to the families of incident casualties under their care.

C. FAC Operations Section

The Operations Section is responsible for all activities that involve the providing services to FAC family and friends. As FAC operations expand, based on the incident and the needs of family and friends, the Operations Section, based on the ICS principle of span of control, can be divided into units which are identified as: Forensic, Family Management, and Health and Human Services.

The Knox County Health Commissioner will serve as the Operations Section Chief. The Operations Section Chief is responsible for management of all operations applicable to the FAC. The Operations Section Chief participates in the development of the Incident Action Plan (IAP) and reports directly to the FAC Supervisor.

1. Family Management Unit

The Family Management Unit manages the flow of family and friends calling or coming to the FAC. This unit collects timely, regularly updated, and accurate lists of identified victims, individuals receiving medical treatment, missing persons, and family members waiting for information.

a. Call Center Team

The Call Center Team will initially be staffed by Knox County 9-1-1. Additional staffing will be provided as needed through the VRC. The Call Center Team receives over-the-phone initial missing person's intake information as well as information calls. At the Call Center, incoming calls are answered by a team member who electronically fills out a Call Center Intake Form. If the caller cannot travel to the FAC, the caller may be transferred to a Family Interview Team member who conducts the interview over the phone. If the caller is in crises, they will be connected to the Health and Human Services Unit. When practical to do so, separate phone numbers were be established for family/friends and for the general public. Prior to establishment of the call center, callers will be directed to 2-1-1 for initial information and assistance.

b. Reception/Registration Team

The Reception/Registration Team will be staffed by volunteers assigned from the VRC. This team receives initial intake information from family and friends who present themselves at the FAC. A team member is assigned to guide family and friends through the FAC. When family and friends leave the FAC, they check out and leave their contact information so they can be contacted when more information is either needed or available.

c. Notification/Disposition Team

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The Notification/Disposition Team will be led by the Knox County Coroner. Additional team composition will be dictated by the type of event. The Notification/Disposition Team notifies family members of the confirmed identification of their deceased loved one and releases the body in accordance with their wishes.

2. Forensic Unit

Forensic Unit coordinates all identification operations within the FAC. The Forensic Unit works closely with the Victim Identification Group and provides the link between onsite operations and data collection and management at the FAC. In a prolonged incident, the Victim Identification Group may be co-located with the Forensics Unit at the FAC. This will occur if the site operations are demobilized prior to the positive identification of all human remains. The Forensics Unit consists of:

a. Family Interview Team

Family Interview Team conducts two to three hour interviews with patrons and captures detailed information in the Antemortem Interview Form. The interviewer also determines the relationship of the interviewee to the victim and identifies family members who can provide reference DNA.

b. Antemortem Data Management Team

Antemortem Data Management Team enters information collected from interviews into the database and manages all administrative aspects of the FAC, including coordinating documentation and supporting information exchange with the morgue.

c. Antemortem Records Collection Team

Antemortem Records Collection Team works with morgue operations to gather and manage data related to the medical and dental history of potential victims to facilitate the identification process.

d. DNA Reference Collection Team

DNA Reference Collection Team collects DNA and submits it to the DNA Team in the Forensic Unit of the morgue for analysis. The DNA may be collected from an object that was owned by the missing individual and provided by a patron (i.e., direct reference) or a DNA sample of a family member (i.e., indirect/family references).

e. Personal Effects Team

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The Personal Effects Team that operates at the FAC collects, inventories, refurbishes, and catalogues the victims' personal effects for return to family members.

3. Health and Human Service Unit

The Health and Human Service Unit cares for the physical, emotional, and spiritual needs of family and friends. Team members of this unit also provide consultation to FAC leadership as to the mental and spiritual wellbeing of FAC staff.

a. Case Assessment Team

The Case Assessment Team will be staffed by the Knox County Job and Family Services Agency. The Case Assessment Team provides support to family and friends as needed (i.e. interpreters, translators, referrals to support agencies, resources, etc.). The Case Assessment Team maintains a Help Desk to answer questions from people calling via telephone or in person. It assists family and friends at the FAC in securing such services as: benefits counseling and assistance, financial assistance and planning, laundry services, physical health services, interpreters/ translators, and web access. The team also helps FAC family and friends in identifying governmental, corporate, and non-profit support services. Referrals are made using the Secondary Services Referral Form.

b. Child Protective Services

Representatives from law enforcement or child protective services are present or on-call for the Case Assessment Team to arrange for the care of minors who are either separated from family members or have become "situational orphans" as a result of the incident.

c. Mental Health Services Team

The Mental Health Services Team is composed of members of the MRC and supplemented by other volunteers assigned from the VRC as needed. This team provides Psychological First Aid and/or mental health services to family and friends and also to those who staff the site, morgue, and FAC. The Mental Health Services Team includes social workers, marriage, family and child therapists, psychologists, psychiatrists, and grief counselors who are either on-call or on-duty at all times. The Mental Health Services Team maintains visibility by circulating through the FAC, visiting and talking to family and friends to gauge how they are coping over time. When needed, the team also guides family members to private rooms for counseling, reflection, and rest. The Mental Health Services Team monitors family and friends reaction to information received at family briefings (particularly the number of positive identifications),

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assists with ante mortem interviews and death notifications as needed, and attends all special events (i.e. incident site visits) to monitor behavioral health reactions during activities. This team also provides crisis intervention, mediation, and management of 'at risk' family and friends by providing referrals, as necessary, to mental health professionals and support groups located in the family member's local area for adult, adolescent, and child counseling. The Mental Health Team will also assist with planning and supporting memorial services.

d. Spiritual Services Team

The Spiritual Services Team is composed of members of the MRC and supplemented by other volunteers assigned from the VRC as needed. These volunteers may include persons from local area Voluntary Organizations Active in Disaster (VOAD's). The Spiritual Services Team provides spiritual care for people of all faiths who request it. This team will also provide emotional support/crisis intervention and assist mental health staff as needed. In addition, a representative of the Spiritual Services Team may be present when death notifications are made. Clergy and chaplains who serve on the Spiritual Services Team reach across faith group boundaries, do not proselytize, and protect families and friends from being confronted by unwelcome forms of spiritual intrusion. The Spiritual Services Team also tends to the spiritual needs of the staff, volunteers, and responders. This may include offering and conducting regular interfaith worship services. Clergy and chaplains assist the Call Center when needed by talking with callers in distress. The Spiritual Services Team will also assist with planning and supporting memorial services.

e. Childcare Team

The Salvation Army will be responsible for staffing the Childcare Team. If needed, additional staff will be supplemented by other volunteers assigned from the VRC. The Childcare Team should provide temporary care for children while their parents or guardians are at the FAC involved in interviews, briefings, and meetings. All members of the Childcare team must first successfully complete a background investigation.

f. Mass Care Team

The ARC will be responsible for staffing the Mass Care Team. If needed, additional staff will be supplemented by other volunteers assigned from the VRC. The Mass Care Team should provide feeding for family and friends and staff and limited lodging for out-of-town family members. The Mass Care Team should arrange for a dining area where two to three meals each day are served and

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where snacks and drinks are available during all hours of operation. This team also gives attention to the cultural and ethnic composition of family and friends and ensures appropriate foods are available to meet their needs. Staff and family and friends should have separate areas to dine, and Spiritual Services and Mental Health Services should be present and available during meal times to meet with and bring comfort to family and friends and staff.

g. First Aid Team

The Knox County Health Department will staff the First Aid Team. This role may also be staffed by local emergency medical services. This team provides basic first aid or medical care for family and friends and staff at the FAC.

D. FAC Planning Section

The Planning Section collects, evaluates, and disseminates incident information and intelligence for the FAC Supervisor. This section is responsible for managing personnel, preparing status reports, displaying and disseminating information, and maintaining an awareness of the status of resources assigned to the FAC. The Planning Section develops and documents the Incident Action Plan (IAP) for the FAC based on guidance from the FAC Supervisor.

The Knox County Health Department Emergency Preparedness Coordinator will serve as the Planning Section Chief. The Planning Section Chief is responsible for the supervision of the collection, evaluation, disseminations, and use of information at the FAC including any planning section units. Activities include resource management, situation reporting, incident documentation, and FAC demobilization. The Planning Section Chief leads the development of the IAP and reports directly to the FAC Supervisor.

E. FAC Logistics Section

The Logistics Section is responsible for all support requirements needed to facilitate effective and efficient FAC management and operations, including ordering resources and providing security for the physical FAC location.

When needed, a Logistics Section Chief will be appointed by the EMA Director or designee. The Logistics Section Chief is responsible for facilities, security, procurement of services and materials, and contracts in support of the FAC. The Logistics Section Chief activates and supervises the units within their section. The Logistics Section Chief participates in the development of the IAP and reports directly to the FAC Supervisor.

F. FAC Finance/Administration Section

The Finance/Administration section within the FAC must be cognizant of agency-specific policies and procedures and be in liaison with each responding agency. Each agency participating in the FAC will be responsible for documenting expenditures tracking as directed by established accounting procedures and reporting them as necessary and required to the Finance/Administration Chief of the FAC.

The 9-1-1 Office Administrator will serve as the Finance/Administration Section Chief. The Finance/Administration Section Chief is responsible for organizing and operating the Finance/Administration Section in the FAC within the guidelines, policies, and constraints established by the FAC and agencies operating within. The Finance Section Chief activates and supervises the units within their section and participates in provides input at planning session for financial matters. No persons involved with this section will actively engage in any fund raising efforts related to the incident leading to establishing the FAC. The Finance/Administration Section Chief participates in the development of the IAP and directly reports to the FAC Supervisor.

G. Victim Identification Group

As part of the incident operations, Knox County will establish a Victim Identification Group under the Fatality Management Branch to support morgue operations in identification of remains. Victim Identification Group bridges the efforts of Morgue Operations and the FAC because it requires staff to synthesize information collected at the FAC and at the morgue. In a prolonged incident, the Victim Identification Group may be established at or move to the FAC once onsite operations demobilize. Whether co-located or at separate locations, the Victim Identification Group will work closely with the FAC Forensic Unit. The Victim Identification Group is responsible for all victim identification operations and includes the following teams:

1. Family Interview Team
2. Ante Mortem Data Management Team
3. Ante Mortem Records Collection Team
4. DNA Reference Collection Team
5. Personal Effects Team

Refer to Annex R: Mass Fatalities for more information regarding victim identification operations.

H. Additional Agency Roles and Responsibilities

1. Knox County Health Department

The Knox County Health Department (KCHD) will provide guidance on safe handling and disposition of potentially infectious or hazardous human remains when applicable. In a mass fatality incident resulting from a natural disease outbreak,

such as an influenza pandemic, the Knox County Health Commissioner will be responsible for fatality management.

2. Local Law Enforcement

Law enforcement will be responsible for coordinating security at the FAC and any other facilities or sites opened in a response to the disaster. Law enforcement is responsible for investigating and securing any incident that is suspected of being associated with criminal activity. Law enforcement is also responsible for missing person investigations resulting from a disaster. Law Enforcement will work with FAC operations to provide information regarding missing or deceased persons. This may include use of a community liaison and web search liaison. A list of family reunification resources are listed in Tab F.

3. Hospitals

Immediately following a mass fatality or mass casualty incident hospitals will experience family and friends calling or arriving at their facility. To respond to the number of family and friends with information needs, hospitals are advised to set up a family reception area within their hospital to specifically address these information needs. Hospitals should also designate a pediatric safe area within their facility to ensure the safety and well-being of any unaccompanied children who may also arrive at their facility. Hospitals should forward all unaccounted for inquiries and information on unidentified patients to the FAC once it is established. The FAC will maintain close communication with local hospitals to verify the whereabouts of persons and help identify unidentified patients.

4. American Red Cross

The American Red Cross will be responsible for coordinating memorial services and site visits for family and friends. The Salvation Army, as well as the Mental Health and Spiritual Services Teams will assist with planning and supporting memorial services.

V. Training and Exercises

The roles within an FAC are unique and pose many challenges. To provide the best service possible, it is imperative that partner departments and agencies develop and implement a comprehensive training and exercise program that includes; job specific roles and responsibilities, the principles of the National Incident Management System (NIMS) and Incident Command System (ICS).

VI. Plan Development and Maintenance

- A. All agencies involved in the operations of a FAC in Knox County are invited to be involved with review of this annex. Representatives of each agency are responsible for reviewing this annex and submitting changes to the County EMA Director. These recommendations should be based upon opportunities for improvement identified through exercises, actual events, and changes in organizational structure.
- B. Knox County EMA will coordinate any necessary meetings to review the recommendations identified and incorporate any needed changes to this annex to include any state and federal requirements.
- C. The Knox County EMA will publish and distribute all changes to this annex and forward revisions to all responsible organizations listed in this annex.
- D. All agencies and organizations with responsibilities in FAC operations are responsible for developing and maintaining departmental SOPs, mutual aid agreements, equipment inventories and personnel roster including 24-hour emergency telephone notification numbers.

VII. Authorities and References

- A. Authorities
 - 1. The Robert T. Stafford Disaster Relief and Emergency Assistance Act, Public Law 93-288, as amended
 - 2. Aviation Disaster Family Assistance Act of 1996
 - 3. Foreign Air Carrier Family Support Act of 1997
 - 4. Rail Passenger Disaster Family Assistance Act of 2008
 - 5. Ohio Revised Code, Section 313: Coroner
 - 6. Ohio Revised Code, Chapter 3707: Board of Health
- B. References:
 - 1. State of Ohio Family Assistance Center Field Operations Guide

VIII. Authentication

Executive Director
2-1-1/Pathways of Central Ohio

Date

Regional Disaster Officer
American Red Cross

Date

Safety Services Director,
City of Mount Vernon

Date

Coordinator
Knox County 9-1-1

Date

President,
Knox County Board of Commissioners

Date

Coroner,
Knox County Coroner's Office

Date

Director
Knox County Emergency Management Agency

Date

Commissioner
Knox County Health Department

Date

Family Assistance Center

Emergency Preparedness Coordinator
Knox Community Hospital

Date

Director
Knox County Job and Family Services

Date

Sheriff,
Knox County Sheriff's Office

Date

Captain,
Salvation Army, Mount Vernon

Date

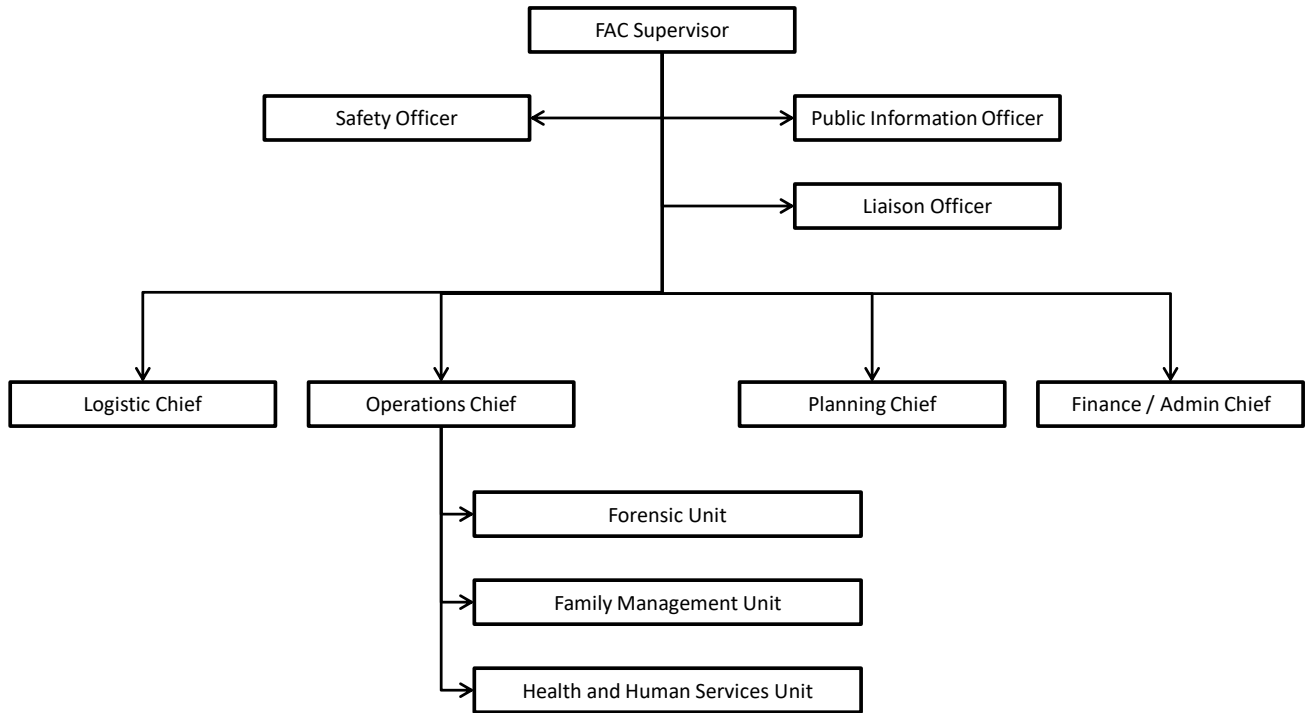
President
Ohio Voluntary Organizations Active in Disaster

Date

IX. TABS

TAB A - FAC Organization Chart

Family Assistance Center – Organization Chart



TAB B - FAC Selection Factors

1. Location

Factors or considerations in selecting a FAC site location may include:

- The proximity to the incident site (i.e., the FAC should be far enough away that the family and friends are shielded from the potentially disturbing visuals when they come to the FAC).
- The displacement of everyday activity from within the venue (both short and long-term).
- Any impact on the local community.
- All known threats and hazards relative to the chosen venue (e.g. flooding/surge zones, proximity to hazardous materials, etc.).
- Risks to security both within and in the immediate area of the chosen venue.
- The availability of the facility. The FAC may be needed for one month or longer.
- Accessibility of the venue by various transportation modes (i.e., air, car, bus, Metrorail) and availability of parking.
- The availability and effective provision of good communications capabilities.
- The availability of a general assembly room for use as the family briefing room.
- The availability of separate areas to grieve in private away from the generally impacted families.)
- Separate eating areas for Family/friends and assigned workers
- Regulatory requirements such as those included in the Americans with Disabilities Act.
- The need for adequate floor space to support multiple functions (e.g., administrative, core services, support services, reflection room, death notification room, counseling rooms, medical area, reception, and registration) within the venue. (Note: families of fatalities and critically injured may desire
- The proximity to lodging for family/friends. If not located in a hotel then consideration should be made for secure transportation to and from the lodging area to FAC.
- The ability to secure the refuge location.

2. Size

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

Family Assistance Center

- There should be enough room for 8 to 10 family members per victim and the required staff to run the FAC.
- A larger venue should be chosen to allow room for expansion, in the event more families arrive than expected.
- A venue with an ample amount of rooms of all sizes to house the services being offered at the FAC should be considered.
- A larger venue may be required if a Call Center will be co-located with the FAC.

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

3. Layout and Configuration

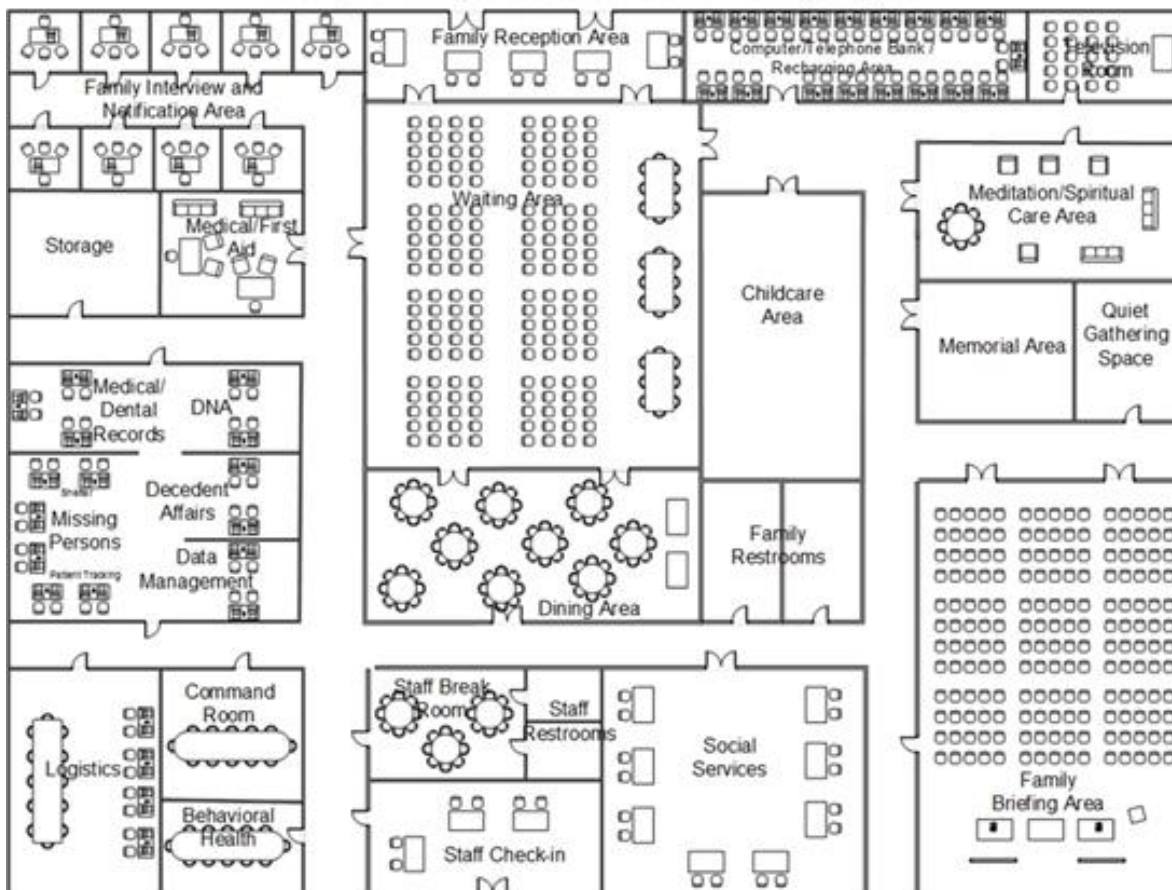
A sample FAC facility layout is included here for visualization purposes. However, the layout of the different facilities will necessitate adjusting the different FAC components to fit into the space available. When making these decisions, consider the following, with the understanding that it may not be possible to accommodate all of the suggestions.

- Childcare area, dining area, and family restrooms should be situated close to waiting areas.
- Childcare areas should have a single point of ingress/egress and be within view of the waiting areas if possible.
- The childcare area should be close to the family restrooms.
- The memorial area, quiet gathering space and medication / spiritual care areas should be near each other and the family interview / notification area
- Families and staff should have separate reception/check-in areas and separate entrances if possible
- Staff should have separate restrooms and dining areas if possible. Staff dining areas can be combined with a staff break room.
- The entrance / reception area should have easy access to the medical / first aid area
- Medical/First Aid area should be close to the family interview/notification area and the waiting area.

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- The television room should be as soundproof as possible and as far from the quiet areas as possible
- The media should be in a secured location far enough away from the FAC but sufficient for briefings
- 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.
- Non-public staff areas (security, break room, logistics, command) should be located near each other
- Staff break / dining area should not be the same space as the family dining area
- A fridge should be identified or brought in for family members who need to refrigerate their medications
- Medical/Dental Records, DNA, Decedent Affairs, Data Management and Unaccounted for Persons should be located near each other and near other staff areas if possible

Example Family Assistance Center Facility Layout



4. Site Amenities and Other Considerations

- Security, such as local law enforcement, should be present to monitor activity inside and outside of the building, including the parking lot and the perimeter.
- Internet service should be available for use, both wireless and Ethernet.
- Good cell phone reception should be available. If not, a portable cell tower should be used.
- Landline telephone service should be available for administrative purposes and for the Call Center, if it will be co-located on-site.
- The availability of cable television hookups should be considered if TVs will be provided in the FAC. The effect that streaming media coverage may have on the family and friends of the victims should be considered.
- A sufficient amount of power outlets should be available for connecting various types of office equipment and computers for the FAC operation. Families will also require available power outlets to charge various mobile devices.
- Enough restroom facilities should be available to accommodate the anticipated number of families that will arrive, in addition to the FAC staff and volunteers. Assume 1-bathroom stall per 50 people
- A location with a large common area or lounge area that provides the families a place to relax and allows for the provision of food services should be considered. Food services may include catering or simply snacks and drinks.
- An ample amount of parking for victims' families and FAC staff and volunteers should be available. Families may travel to the FAC in more than one or two vehicles. If a facility chosen to house the FAC has a lack of ample on-site parking, off-site parking and transportation to and from the FAC should be arranged.

5. Other Venues as FAC Sites

Hotels

- If a local jurisdiction plans to establish the FAC in a hotel, the jurisdiction should consider entering a memorandum of understanding (MOU)/agreement (MOA) with the hotel prior to an incident.
- If a hotel is selected as the site for the FAC:
 - A determination must be made as to whether or not the entire hotel will be used - If only a portion of the hotel will be used, other guests may be indirectly impacted by the MFI. FAC staff must coordinate with hotel management to move the other guests or cordon off and secure the section of the hotel being used for the FAC.
 - Families may or may not stay at the hotel chosen as the FAC.
 - Incident scene personnel and responders must not stay at the hotel chosen as the FAC.
 - Incident responders and victims' families should never be lodged in the same hotel, regardless of whether it is being used as an FAC.
 -

Conference and Community Centers

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

Public School Buildings

Schools provide an option for FAC operations; however, there are several drawbacks. They are only available for use while students are on break and if students have lost loved ones in the MFI, there may

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be lasting negative memories of the school as the place they found out that their loved one died. If a school is selected to use for the FAC, ensure that FAC operations will be completed before school is back in session.

Recreational Centers/Stadiums/Facilities

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

Meeting Spaces on College/University Campuses

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

Churches and Religious Institutions

These locations are not preferable if other suitable facilities are available. As previously stated, a displacement of services would result, along with the uncertainty of how long the FAC might be required. A religiously neutral location should be chosen, if possible, as some families may not be comfortable coming to a place of worship for family assistance services.

TAB C - Equipment and Supplies

Identification and Accountability

- Badging system (badge maker, reader; identification cards; camera)
- Parking Passes

Communications

- Cell phones and chargers
- Land-line telephones
- TV/DVD combination systems
- Portable radios
- NOAA radio

Productivity

- Computers, keyboards, mice, cables, and other peripheral computer equipment
- Fax machine
- Copier/printer/shredder

Office Supplies

- Writing utensils (pens, pencils, paper, markers, etc.)
- Clipboards
- Bulletin boards/white boards
- Three Ring Binders
- Steno pads
- Partitions
- Storage containers (boxes, plastic bins, etc.)
- Furniture (chairs, couches, and desks)
- Files and file holders
- Staplers and tape
- 3 hole punch/scissors

Comfort Items

- Linens (pillows, blankets, etc.)
- Cots
- Kleenex
- Snacks, beverages, and meal passes
- Child care items (toys, cribs, diapers)

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Other Items

- Batteries (AAA, AA, C, and D)
- Flashlights
- Waste receptacles (trash cans and trash bags)
- Pertinent instructions and directives (programs)
- Signs
- Maps and facility diagrams
- Forms

Tab D - Staff Screening Questionnaire

Mass Casualty disasters are automatically considered hardship assignments due to the emotional stress presented at all levels of work assignment locations. Those assigning staff to mass casualty disaster response operations are expected to screen volunteers and select those members who will not become a liability to the operation. All personnel must be willing to adhere to assignment instructions provided by their function supervisor and following the responsibilities identified in the plan.

STAFF SCREENING QUESTIONNAIRE

1. Are you related to or acquainted with anybody who was connected with this mass casualty incident?
2. Is there any reason that would exclude you from being permitted into a criminal investigation area?
3. Describe a situation in which you experienced stress and what you did to handle it.
4. Why do you want to work in this setting?
5. Are you currently taking psychotropic medications?
6. Have you experienced a traumatic event or loss within the past 12 months?
7. Are you in the process of grieving for any loss (Has there been a recent death in your family)?
8. As many work assignment locations might provide exposure to witnessing some very distressing scenes, do you believe that you are able to cope and continue to perform your duties?
9. If assigned, do you agree to seek and accept confidential counseling from a Disaster Mental Health worker, including honest participation in the out-processing debriefing?
10. If assigned, do you agree to keep all information pertaining to family, friends, and victims in strict confidence?

Be sure to let workers know that the county wishes to advise them that they will be invited to participate in individual and/or group activities shortly after the completion of their assignment.

The Disaster Mental Health worker who screens staff should make a recommendation to both the member and the FAC Supervisor or the VRC coordinator of the suitability of the member for assignment to a mass casualty Disaster Response.

Tab E - Staff Confidentiality Agreement (Sample)

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:

- 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.
- 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.
- I will not remove client information or records from the Family Assistance Center.
- When client information must be discussed with other healthcare practitioners in the course of my assignment, I will use discretion to ensure that such conversations cannot be overheard by others who are not involved in the client's case.
- I will use only that information which is minimally necessary to conduct my assignment.
- I will maintain and safeguard the security of all personally identifiable health information obtained at the 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:
 - Discharge from the business I am conducting with the Family Assistance Center, which will affect future business relationships with Public Health.
 - 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)
 - 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

Tab F - Family Reunification Resources

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 telephone bank
 - Coordinating efforts with law enforcement and human service agencies (TEAMADAM)
 - 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.

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- 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.