

COMMONWEALTH OF VIRGINIA



FAMILY ASSISTANCE CENTER PLAN

VIRGINIA DEPARTMENT
OF
EMERGENCY MANAGEMENT

2011 July

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SIGNATURE PAGE

Michael M. Cline
State Coordinator of Emergency Management

Date

The Virginia Department of Emergency Management hereby accepts the Commonwealth of Virginia Family Assistance Center Plan, dated 2011 July. All departments and agencies identified herein agree to coordinate planning, preparedness, response, and recovery efforts to offer assistance in times of emergency.

Lead Agency

- Virginia Department of Emergency Management (VDEM)

Affiliated Agencies

- Virginia Funeral Directors' Association (VFDA)

Support Agencies and Organizations

- Virginia Department of Health (VDH)
- Virginia Criminal Injuries Compensation Fund (VCICF)
- Virginia Department of Social Services (VDSS)
- Virginia Department of State Police (VSP)
- Virginia Department of General Services (DGS)
- Virginia Department of Criminal Justice Services (DCJS)
- Virginia Department of Labor and Industry (DOLI)
- Virginia Information Technologies Agency (VITA)
- Virginia Department of Behavioral Health and Developmental Services (DBHDS)
- Office of the Attorney General (OAG)

I. Introduction

A. Purpose

The purpose of this plan is to provide state agencies the management framework under which they will cooperate to establish, operate, and close a Family Assistance Center (FAC). A FAC is a facility that is established as the result of a mass casualty/fatality incident, wherein a significant number of victims and/or family members are expected to request information and assistance

A FAC is an organized, calm, professional, and coordinated method of assistance delivery in a safe and secure environment following an incident or accident. A FAC is staffed by trained personnel.

The FAC is scalable based on the incident and/or threat.

B. Background

FACs have been used in a variety of situations ranging from aviation disasters (e.g., Egypt Air #990 and American Airlines #587), to terrorist attacks (e.g., Oklahoma City bombing and the 9/11 attacks), to mass casualty/fatality accidents (e.g., the 2003 Warwick, Rhode Island night club fire, and the Virginia Tech shootings). Each of these incidents required that accurate and timely information and support to the families of

victims – including reunification with their family members – be provided. Lessons learned from these and other incidents, as well as a review of current literature on FACs, have been utilized to develop this plan. See Appendix A.

C. Scope & Applicability

This plan pertains to any incident or accident of significance to the Commonwealth that causes or potentially causes mass casualties or missing individuals, unless otherwise determined by appropriate authorities. This plan is referenced in the Commonwealth of Virginia Emergency Operations Plan (COVEOP) Emergency Support Function #6. This plan may pertain to any one incident or accident occurring in the Commonwealth that has caused or will potentially cause multiple casualties. The greater the number – or potential number – of fatalities in any one incident the more likely a FAC will need to be established and this plan activated.

The Virginia Department of Emergency Management (VDEM) is the lead agency for the execution of this plan. Authority for this plan and VDEM's lead role derives from the Commonwealth of Virginia Emergency Operations Plan, which is authorized by Section 44-146.18B.2. Pursuant to 44-146.24, it is the responsibility of any Commonwealth agency, or Commonwealth institution of higher learning, to

advise the Virginia Emergency Operations Center (VEOC) of the need, or potential need, for a FAC.

The core services provided at the FAC will include:

- Call Center
- Reunification and Identification
- Postmortem Data Collection
- DNA Collection Samples
- Medical Records Collection
- Missing Persons Activities
- Missing Persons Phone Line
- Family Notification
- Information
- Behavioral Health Care
- Registration
- Referrals

Support Services include:

- Spiritual Care
- Daycare
- Communications
- Transportation
- Health and Medical
- Mass Care

Any local jurisdiction, with or without a FAC plan, may request assistance from the VEOC. The Commonwealth may implement this plan, in whole or part, to support a locality in the conduct of its FAC or in the absence of a FAC.

D. Policies

- The Governor will declare a state of emergency and make all necessary agency resources available to support the operation of a state-managed FAC.
- A state-level FAC will be established during incidents in which federal partners do not operate their own.
- The Department of Criminal Justice Services and the Virginia Criminal Injuries Compensation Fund shall be contacted immediately to deploy assistance in the event of an emergency

as defined in the emergency response plan when there are victims as defined in § 19.2-11.01. *See Code of Virginia §44-146.19.E.

- Any incident requiring the establishment of a FAC that occurs on state-owned property, including public colleges and universities, will be coordinated by VDEM.

E. Planning Assumptions

- If a FAC is required, other plans are also activated, such as the mass casualty plan for a region, city, or state and/or the mass fatality plan for the Office of the Chief Medical Examiner (OCME).
- Family members 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.
- There will be family members who will not travel to the FAC. These family members must be provided the appropriate services.
- The ratio of family members seeking assistance from the FAC to victims is estimated to be 10 to 1. Based on this ratio, if 1,000 casualties occur due to a man-made or natural disaster, 10,000 family members, relatives, and friends could seek FAC services.
- It is anticipated that for most incidents, a FAC will be established for at least one week up to four weeks, but perhaps longer.

F. Authorities & References

- Code of Virginia, Title 44, Military and Emergency Laws, Chapter 3.2, Emergency Services and Disaster Law

- The Robert T. Stafford Disaster Relief and Emergency Assistance Act, Public Law 93-288, as amended
- Aviation Disaster Family Assistance Act of 1996, Public Law 104-264, as amended
- Foreign Air Carrier Family Support Act of 1997, Public Law 105-148, as amended
- U.S. Code, Title 10, Armed Forces, various
- Coordinate the collection of available data from incident shelters, hospitals, or other medical treatment facilities, as well as search and rescue operations, to compare with the missing persons list in order to reunite families.
- Assist law enforcement and/or crisis counselors in making initial notification to family members of victims that their loved ones might have/or have been confirmed to have been involved in the incident based on available information.

II. Concept of Operations

A. General

The FAC provides a centralized location where a seamless service delivery system built on multi-agency coordination will result in the effective dissemination of information and assistance to all impacted families. The FAC will assist family members by providing counseling, information on the current situation, and a location where families can be reached to assist the law enforcement agencies in collection of missing persons data. The FAC provides an environment where law enforcement and the Commonwealth of Virginia Office of the Chief Medical Examiner (OCME) can secure data to assist in the identification of deceased persons, and unidentified and unresponsive patients. The FAC also allows for the hospitals and shelters to report the names of their incident-related patients in order to reunite families and clear the missing persons list. The FAC should provide an environment where families may grieve in private.

When a mass casualty/fatality incident occurs on property owned or operated by the Commonwealth of Virginia, the state will establish and operate the FAC.

Functions of the FAC include the following:

- Take missing persons reports.
- Collect ante-mortem data and DNA sample collection from family and friends.
- Ensure availability of psychological, spiritual, and logistical support and services to victims and their family members in a continuous manner; 24 hours a day.
- Prior to briefings to the media and on a regular daily schedule, provide briefings to families on the progress of recovery efforts, identification of victims, the investigation, and other areas of concern.
- Arrange for a site visit for approved individuals.
- Arrange for a memorial service for approved individuals.
- Provide information on the procedures regarding the return of personal effects (Note: Personal effects may be held for evidence by police for extended periods).
- Maintain current contact information with victims and their families in order to provide updates on the progress of the investigation and other related matters.
- Maintain contact and provide above mentioned services and information to family members who choose not to visit the FAC via Web sites, phone banks, and requests for assistance through the family's local resources (e.g., law enforcement agency, social services, etc.).

- Provide screening for available financial assistance (if applicable).

B. Preparedness Activities

Site Selection

VDEM will serve as the FAC primary agency. With assistance from localities and support agencies, VDEM will identify a number of facilities throughout the Commonwealth that could serve as FACs in the event of an incident. Ideally, the FAC should be established in a facility such as a modern hotel or convention center 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 (ADA) accommodations), and parking. 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. (See Appendix C)

Other state- or locally owned facilities, such as community centers, could be considered as alternative sites. If a community center is under consideration for use, it will be necessary to educate the surrounding community regarding the potential use of the site as a FAC and engage them in the planning process. In addition, the impact of providing services previously administered from a community center from an alternative site should be considered. 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.

A FAC may be co-located with (though remain separate from) a federal/state Disaster Recovery Center, depending on the size and complexity of the response and recovery effort. A sample layout is included in Appendix D.

Equipment and Supplies

Responding personnel are expected to report with a state-owned cell phone and a laptop

computer with Wi-Fi capability. Caches of equipment and supplies necessary for each responding agency to conduct FAC operations should be identified by that agency to facilitate the rapid establishment of a FAC. Appendix E provides a list of supplies to consider. The caches should be stored in an easily accessible location for each responding agency. Appendix H provides a variety of sample forms that may be utilized at the FAC.

Virginia Information Technologies Agency (VITA) Considerations:

The pre-designation of a FAC support package consisting of twenty work stations minimum shall permit VITA to supplement initial deployment. Communication and IT (Information Technology) support technologies (i.e., voice and data communication equipment, Personal Computers, printers, and various peripheral equipment) shall be available via responding agencies within 12 hours of an incident, but would not, in and of itself, provide a full level of support for a major incident. To augment these resources, VITA would establish agreements and contracts with various vendors and communication carriers. 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.

FAC Web site

A template for the FAC Web site (a “virtual FAC”) shall be developed prior to an incident. Assignment of responsibility for populating the Web site with content is necessary prior to an incident to facilitate the quick launch of the Web site after an incident. The Virginia Department of Emergency Management will coordinate, with VITA, the development of the Web site template and a content management system/protocol. The Web site should contain sections for incident-specific information (e.g., progress of investigation), contact information (e.g., Medical Examiner, law enforcement and service delivery agencies), and news releases. A general e-mail address will be established and monitored along with other social networks by FAC staff.

The FAC Web site will be utilized to maintain contact with victims and family members after closure of the FAC. A secure area of the Web site should be activated as needed. The purpose is to provide information regarding the recovery and reunification of the remains, the progress of any investigation, and information regarding long-term recovery resources.

C. Activation of the FAC

Once the State of Emergency has been issued by the Governor, the VEOC will be responsible for making a decision regarding activation of the FAC in consultation with representatives of the potentially responding agencies to include: VITA, DCJS, VDSS, VDH, VSP, DBHDS, and VCICF as well as others deemed necessary. Consideration shall be given to:

- The number of casualties.
- The nature of the incident (e.g., natural hazard, terrorist incident, accident).
- The resource capacity to staff a FAC.
- The anticipated volume of information requests from the public.

Localities have the responsibility to establish and seek support for a FAC through the VEOC. The state or local government may establish a Reception Center initially. A Reception Center welcomes FAC clients and provides a space for the gathering and dissemination of preliminary information. This should include next of kin (NOK) identification, family contacts, and other pertinent data regarding the family member. The Reception Center will also provide an overview of services to be provided, and assess the behavioral health and medical needs of its clients.

As the response to the incident grows, the Reception Center will transition to an operational component of the FAC to screen and credential staff members, volunteers, and workers and provide accurate and relevant information to family members, volunteers, donors, etc.

A Joint Information Center will also be established to communicate and disseminate public information to the media and elected officials. It may also serve to credential media.

Once the decision to activate the FAC has been made, VDEM will alert relevant agencies to the establishment of the FAC. A call will be activated within four hours of the incident. The FAC should be operational and ready to accept family members within 12 hours of the decision to establish the FAC, but not so soon that it would be undermined by lack of preparation or resources.

D. Management Structure

A FAC Director will be appointed by the State Coordinating Officer (SCO) and be recognized as the authority with overall responsibility of FAC management. FAC operations will be conducted in accordance with the Incident Command System (ICS) to enable the effective and efficient provision of services. The FAC Director will determine the extent of ICS structure and organization necessary for FAC operation based on the situation's complexity.

COMMAND STAFF

Agencies authorized to respond to the FAC have the responsibility to assign and release qualified personnel to fill positions as appropriate.

FAC Director

The FAC Director is responsible for oversight and management of all aspects of the FAC operation. Initially, the FAC Director will be any available member of the Local Support Services (LSS) Division of VDEM. As necessary, this position can be passed to any individual qualified to manage the FAC. Qualification is based on a combination of education, training, and experience in emergency response, public health, and/or crisis management. The director will ensure that the mission of the FAC is met and that clients receive assistance in a safe and private environment. The director 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 Director, 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 (PIO).

Public Information Officer (PIO)

The PIO is responsible for ensuring that appropriate information is shared with the media and will advise the FAC Director, and all response personnel, as to which information is suitable for release to the media and which information should be withheld from the media. For example, identities of casualties should be withheld from the media until Next of Kin (NOK) notifications have been completed. There may be other reasons for withholding information, such as law enforcement/investigative requirements.

Although it is the job of the PIO to evaluate the information and make a recommendation, the FAC Director and the lead agency for each functional area must approve the release of all FAC-related information.

The PIO will be the public spokesperson for the FAC with the media and will coordinate information to be briefed by the FAC Director at family briefings.

In order to protect the privacy of the FAC clients, 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 Director, and will be escorted by a FAC representative at all times.

Safety Officer (SO)

The Safety Officer is responsible for monitoring FAC operations for safety concerns and advising the FAC Director on all matters relating to operational safety – including the health and safety of FAC personnel and clients. 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 clients. The SO has the authority to stop and/or prevent unsafe acts during operations.

Liaison Officer (LO)

The Liaison Officer is appointed at the discretion of the FAC Director to serve 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.
- 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.

GENERAL STAFF AND SECTIONS

Agencies authorized to respond to the FAC have the responsibility to assign and release qualified personnel to fill positions as appropriate.

The General Staff support the overall operation of the FAC. Each of the sections that make up the General Staff – Operations, Planning, Logistics, and Finance/ Administration – are consistent with ICS.

Operations Chief

The Operations Section Chief is responsible for management of all operations direction applicable to the FAC. The Operations Section Chief activates and provides functional oversight to FAC operations and organizational elements including branches, divisions, or groups in accordance with the incident action plan. The Operations Section Chief participates in the development of the Incident Action Plan (IAP) and reports directly to the FAC Director.

Operations Section

The Operations Section is responsible for all activities that involve the provision of services

to the FAC clients. (Section F describes FAC Services in detail.) As FAC operations expand, based on the incident and the needs of the families, the Operations Section, based on the ICS principle of span of control, can be divided into branches which are identified as: Core Services, Support Services, and Optional Services. Core Services are those that directly relate to the mission of the FAC. Support Services contribute to the quality of service and experience that family members have at the FAC. Optional Services are those that will be provided contingent upon the nature of the incident. Services which may be provided in the FAC include the following:

Core Services

- Call Center
- Reunification and Identification
- Postmortem Data Collection
- DNA Collection Samples
- Medical Records Collection
- Missing Persons Activities
- Missing Persons Phone Line
- Family Notification
- Information
- Behavioral Health Care
- Registration
- Referrals

Support Services

- Spiritual Care
- Daycare
- Communications
- Transportation
- Health and Medical
- Mass Care

Planning Chief

The Planning Section Chief is responsible for the supervision of the collection, evaluation, dissemination, 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 Director.

Planning Section

The Planning Section collects, evaluates, and disseminates incident information and intelligence for the FAC Director. 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 IAP for the FAC based on guidance from the FAC Director.

Logistics Chief

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 branches and units within their section. The Logistics Section Chief participates in the development of the IAP and reports directly to the FAC Director.

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.

Finance/Administration 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. The Finance/Administration Section Chief participates in the development of the IAP and directly reports to the FAC Director.

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 Commonwealth accounting procedures and reporting them as necessary and required to the Finance/Administration Chief of the FAC.

E. Agency Roles and Responsibilities

The roles and responsibilities for each of the agencies listed below represent a full range of functions that are consistent with their areas of expertise. The actual functions provided in the event that a FAC is established will depend upon the nature of the incident and the associated service requirements.

Virginia Department of Emergency Management

VDEM will provide overall direction, coordination, and guidance during the decision-making process for establishing a FAC, subsequent establishment of a FAC, and operation of a FAC. It will also provide a PIO and coordinate other resource requests. VDEM will coordinate material and monetary donations through ESF #17.

Volunteers can be a helpful resource in providing an efficient and effective FAC, and best utilized through the coordinated efforts of Virginia Voluntary Organizations Active in Disasters (VAVOAD). This statewide organization, affiliated with the national VOAD, is composed of voluntary, faith-based, and humanitarian organizations that have developed specific disaster response and/or recovery programs as part of their overall mission. For the purpose of this plan, the American Red Cross will be part of the VAVOAD and respond under ESF #17. Examples of functions volunteers may fill are:

- Provide transportation
- Assist with registration and other administrative needs
- Assist with telephone call center
- Provide assistance in navigating the FAC and/or the locality

- Assist with conveniences such as meals, coffee, blankets, etc.

Volunteers can usually be described in one of two categories:

1. Affiliated volunteers – individuals associated with existing volunteer organizations prior to the incident. Affiliated volunteers typically have received some training, have some experience with command structures and service expectations and likely have been vetted by the volunteer organization they are affiliated with.
2. 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.

The decision regarding utilization of volunteers should be made early by the FAC command staff. If volunteers are to be utilized, a Volunteer Coordinator should be named. While the Volunteer Coordinator must be approved by the FAC Director, it is assumed that, in consistency with the COVEOP, the Volunteer Coordinator will be recommended by the VEOC's ESF #17 and will function in cooperation and collaboration with ESF #17.

Upon appointment, the Volunteer Coordinator should establish a coordination team, establish a Volunteer Reception Center to include registration and credentialing processes, determine with the Command Staff the functions to be filled by volunteers and establish training/orientation to prepare the volunteers to sensitively and effectively fulfill these functions in the FAC.

A primary partner in the FAC's volunteer service will be the VAVOAD and/or a regional sub-group of VAVOAD. In cooperation with VAVOAD and in communication with the VEOC, the Volunteer Coordinator should determine particular skills needed and request the services of voluntary organizations that offer these skills.

Management of Donated Goods

In as much as donation management is also a task of the VEOC's ESF #17, the management of donations will also come under the auspices of the Volunteer Coordinator. If donated goods are needed, the specific items needed should be determined and communicated to the public by the PIO. Unsolicited donations are to be discouraged and received only with the donors' understanding and agreement that unneeded items will be passed along to a helping organization when the FAC is closed.

Virginia Department of Health

VDH Office of Emergency Preparedness (OEP) will coordinate the efforts of ESF #8. The VDH Office of Emergency Medical Services (OEMS) will assist in providing staff support for ESF #8 at the VEOC and the VDH Emergency Communications Center (ECC). OEMS will coordinate assistance to or with local EMS providers, if requested.

The Office of Chief Medical Examiner (OCME) is identified within the Commonwealth of Virginia Code as the agency with the authority and responsibility for the management of the deceased in non-naturally occurring deaths. The OCME, in coordination with the designated lead law enforcement agency, will provide victim identification and family reunification services to include information collection processes.

The VDH Office of Risk Communications, Education (ORCE) may provide a liaison to the Joint Information Center (JIC) and staffing support to ESF #8 at the VEOC. The VDH Office of Emergency Medical Services (OEMS) is available to assist in providing staffing support to ESF #8 at the VEOC and the ECC and will coordinate assistance to or with EMS providers, if requested.

VDH Division of Surveillance and Investigation (DSI) will provide guidance on safe handling and disposition of potentially infectious or hazardous human remains (if applicable) and will coordinate disease surveillance, investigation, and control efforts with OCME and law enforcement in the case of mass fatality incidents with public health implications.

Local health department staff may be tasked to provide supplemental staff to perform the functions listed in this section. VDH personnel will not be tasked to perform medical care within the FAC.

Virginia Department of Social Services

VDSS as ESF #6 lead, will be responsible for registration and intake at the FAC, support referral services for benefit and service programs offered through VDSS, and coordinate training to accomplish these tasks. VDSS may participate with DBHDS in determining groups and credentialed volunteers to provide disaster behavioral health services.

Virginia State Police

VSP, as part of ESF #13 will coordinate security for the FAC. VSP may be part of death notification teams, collection of evidence, and assist in the return of property

Virginia Information Technologies Agency

VITA under ESF #2 will be responsible for information technology equipment procurement, set-up, management, and maintenance with the FAC. VITA will provide staff to support and maintain IT infrastructure services.

Agencies are expected to have their own representatives on-site at the FAC, who will be responsible for their own agency-specific IT applications. VITA will provide the IT infrastructure including voice and data communications, as well as the necessary peripheral equipment (e.g. PCs, printers, and fax), and assist, when possible, the agency representatives in implementing their agency-specific software. However, each agency is ultimately responsible for loading, testing, operating, and maintaining their agency

applications to ensure they operate correctly in the FAC environment.

Department of General Services

DGS under ESF #7, will provide logistical support to the FAC operations and, with appropriate agencies, manage human service-related contracts that support FAC operations. DGS will have responsibility for procuring supplies and establishing contracts for the FAC.

Office of the Attorney General

A representative from the OAG will coordinate, as appropriate, with federal, state, local, and other representatives on legal matters related to the incident. To include the following:

- Declarations of emergency, curfews, or evacuation orders.
- Decision regarding the release of information to the media and other interested parties.
- Legal reviews of contractual agreements established for the FAC.
- Coordination with other involved attorneys.
- Legal advice to emergency officials.

Department of Behavioral Health and Developmental Services

DBHDS, with support from Community Services Boards (CSBs) provides and coordinates behavioral health services, also referred to as crisis counseling services, as part of ESFs #6 and #8. DBHDS will coordinate as needed with other state, public, private, and private non-profit mental health organizations, sanctioned mental health volunteers credentialed/approved by the state and will develop necessary plans and partnerships with these groups to provide disaster behavioral health and crisis counseling services in a timely manner in support of the FAC. DBHDS and VDSS will jointly decide upon the groups and credentialed volunteers that will provide disaster behavioral health services depending upon the situation. In the event the incident is a crime, the Department of Criminal Justice Services (DCJS) and the Criminal Injuries Compensation Fund (CICF) will also be a part of this determination.

DBHDS will consult with VDEM, VDSS, and DCJS for the provision of services for additional psychological support for families, survivors, and victims once the FAC has been closed.

CSBs will coordinate with DBHDS and in cases of a crime event, the DCJS Victim Services Section to assist in the provision of disaster behavioral health and crisis counseling services as needed in the FAC. CSBs will coordinate all mental health services provided within the FAC, in consultation with DBHDS, VDEM, VDSS, DCJS, and CICF, when appropriate.

Virginia Criminal Injuries Compensation Fund

In crime-related incidents, CICF will respond to the FAC as part of ESF #6. CICF will assist victims and their families with financial assistance as required by law (19.2-368). CICF will also provide guidance for best practices in victims' services and management of financial donations. CICF will coordinate with other potential funding agencies to ensure that services are not duplicated and that monies available to victims are maximized. The fund also has access to victim services across the nation through the national network of compensation and victim assistance programs. The Department of State works with CICF to arrange transport of family members residing in foreign countries to the scene, and transport of remains outside of the United States.

Department of Criminal Justice Services

In crime-related incidents, DCJS will respond to the FAC as required by ESF #6. DCJS will coordinate assistance from a cadre of more than 300 trained and experienced crime victim advocates to assist in grief counseling, crisis counseling, death notification, companionship, and completing CICF applications. Additionally, DCJS will connect victims to their local advocacy programs for follow-up services. DCJS may also be able to access federal funding from the Department of Justice to provide community-based services for the victims and family members well after the crime incident.

Virginia Funeral Directors Association

Provide a two-person team to respond to the Offices of the OCME at its request to assist them in expertise, logistics, and manning phones as needed.

Response to the FAC would include:

- Resource materials of funeral directors throughout Virginia and the United States.
- Resource materials for out of country transportation and protocols.
- Coordination of FAC counselors and OCME Disaster Response Team (DRT) members.
- Provision of counsel with victim families and responding to their questions and needs.
- Offering assistance to various Virginia organizations to facilitate their needs.

Department of Labor and Industry

DOLI will provide personnel resources to function as Safety Officers within the FAC. This role is not to be confused with “security,” as provided by law enforcement.

F. Services

The FAC will be organized and staffed to provide both core and support services to family members. In addition, depending on the nature of the incident, there may be additional optional services provided. As discussed in the previous section, these services will fall under the Operations Section of the FAC.

Core services are those that directly relate to the mission of the FAC. Support Services contribute to the quality of service and experience that family members have at the FAC. Optional Services are those that will be provided contingent upon the nature of the incident.

All personnel involved in providing direct services to assist the victims and their family members will have appropriate training in crisis

response, FAC operations, working with families, etc. obtained through DBHDS, VSP, VDSS, CICF, DCJS, VDH, or VDEM.

CORE SERVICES

Call Center

Immediately following an incident, citizens who believe their loved ones were in the area will want to call to get and provide information. VDEM will coordinate the establishment of a call center to gather information to generate a missing persons list and to acquire information on how to contact next of kin or friends who have made the missing persons report.

Reunification and Identification

When mass casualties occur, the victims’ family members will assume that their loved ones are still alive and will want to check all of the area hospitals before considering that their loved ones may be deceased. OCME and hospitals will enter patient/decedent data into VDH/Virginia Hospital and Health Care Association’s Patient Tracking System (PTS). Virginia 2-1-1 Call Centers will be able to query the PTS using a minimum of four criteria provided by the caller (e.g., name, Social Security Number, date of birth, height, weight, identifying marks, race). If the system finds a match for a patient, the 2-1-1 Call Center will provide the name and contact number of the institution where the patient is located. If the system matches a decedent, the 2-1-1 Call Center will indicate further investigation is needed and for the caller to expect a call back within 24 hours. The 2-1-1 Call Center will then phone OCME, provide the caller’s name and contact information as well as the decedent match information, and ask OCME to conduct the follow-up call. It is OCME’s responsibility to coordinate with VSP to provide the death notification.

Reunification and Identification Services will be coordinated by the lead law enforcement agency with primary support from the OCME

Reunification and Identification Services will be supported by the:

- Victim Advocates (if crime incident)

- Virginia Department of Social Services (VDSS)
- Federal Bureau of Investigation (FBI) (optional)
- National Transportation Safety Board (NTSB) (optional)
- Disaster Mortuary Operational Response Team (DMORT) (optional)
- Virginia Funeral Directors Association (VFDA)
- Virginia Department of Behavioral Health and Developmental Services (DBHDS)

Depending on the nature of the mass fatality incident, the lead agencies may be OCME and law enforcement, or the responsibilities may be divided up among the local community resources. In a mass fatality incident resulting from a natural disease outbreak, such as an influenza pandemic, the community and its resources (hospitals, funeral homes, law enforcement, families, private practice physicians, and others) will be responsible for fatality management in the community setting. OCME may consult and assist.

In the case of a mass fatality incident in which the decedents fall under the jurisdiction of the Office of the Chief Medical Examiner (OCME) by the Code of Virginia (§ 32.1-283 Investigation of deaths; obtaining consent to removal of organs, etc.; fees.), the OCME will be responsible for fatality management.

The lead law enforcement agency is responsible for investigating deaths, and the recovery and identification of remains. The OCME is responsible for certification of cause and manner of death, assisting the lead law enforcement agency with scientific identification, storage, and release of remains. Law enforcement is responsible for body recovery. OCME will provide guidance to law enforcement on what records and death scene information are needed to increase chances of a successful scientific identification of recovered bodies. These agencies also are responsible for documentation, storage, and release of personal effects. Personal effects that are found on the decedents will remain with the decedents. All

other effects will be collected by law enforcement or outsourced. Rapid and accurate identification of human remains is dependent upon the quality of the information received; the nature of the items collected from the missing/deceased person's loved ones, the scene, and/or the missing person's housing/sheltering units; and items/information collected from medical treatment units.

The OCME and the lead law enforcement agency may coordinate with contracted services for the storage and return of personal effects to next of kin. For airline incidents under NTSB coordination, airlines are responsible for managing the personal effects. In crime incidents, return of personal effects may be facilitated by Victim Advocates at the request of OCME or the lead law enforcement agency.

Postmortem Data Collection

The OCME and the lead law enforcement agency will gather information to be used in the identification of victims, which will include a Victim Identification Profile (VIP) interview form completed by family members in person, over the telephone, or on the FAC Web site (once established). This form should be completed via an interview with family and/or friends of the deceased who have direct intimate knowledge of the decedent.

DNA Collection Samples

The OCME and the lead law enforcement agency will manage the collection of DNA for identification purposes—receiving inventory exemplars from the decedents/missing person's – possessions or from direct DNA collections from the proper family members. The OCME or the lead law enforcement agency should determine which family members should submit direct DNA samples.

Medical Records Collection

If available, medical and dental records facilitate complete positive identification. Families and friends should be interviewed by the Reunification and Identification Services Division to determine the location of records, and the OCME and/or law enforcement officials should retrieve available records under the

protection and authority of existing Health Insurance Portability and Privacy Act of 1996 (HIPPA) regulations. Sample medical records might include the following: history and physical records, surgical records, implant records, x-rays, and dental records.

Missing Persons Activities

Missing Persons Activities will be managed by the lead or designated law enforcement agency, with direct support from the OCME. The Reunification and Identification Services Division should focus on maintaining the official missing persons list for the incident, on identifying the victims of the incident, and on reuniting families with their loved ones. All agencies involved in the incident should refer any missing persons reports or inquiries to Reunification and Identification Services.

It is strongly recommended that a mechanism be in place to ensure each missing person or victim identification report is confidentially maintained and continuously updated. It is also important that this case information can be easily retrievable by Reunification and Identification Services personnel so that each family does not have to recount all of their information each time they call.

Missing Persons Phone Line

Lead law enforcement agency should staff the Missing Persons Phone Line, which serves as a central information resource for families, friends, individuals, and organizations to report missing persons. The Missing Persons Line staff obtains personal information on missing victims from family members, monitors call-type trend information, and provides feedback on the trend information to the FAC Director. The Missing Persons Phone Line organizational structure includes a lead supervisor, and may include shift supervisors, phone operators, and data entry specialists, as necessary. The Missing Persons Phone Line will stand-up for 24/7 operations, with work shift times to be determined by the lead supervisor. The lead law enforcement agency will be the primary agency for staffing the Missing Persons Phone Line and may seek assistance from other trained 911 dispatchers such as the Telecommunicators Emergency

Response Team (TERT). Alternatively, this function could be contracted out to a private organization. Translators and TTY services should be available.

Family Notification

Systematic death notification using trained staff is critical. The death notification team should be led by a representative of the lead law enforcement agency and may include a crisis counselor experienced in death notification with a member of the clergy on stand-by should the family request that service. After a positive scientific identification has been made by the OCME or lead law enforcement, the respective family should be located and discretely escorted to a private area in the FAC. This process must be compassionate, orderly, and organized. It is important that family notifications be provided only by the proper authorities (those required by law to provide this information) with assistance from counseling staff. Either directly or through the designated FAC family briefing representative, the OCME officials and law enforcement personnel should provide regular updates regarding the identification and missing persons process to family members.

Information

No media whatsoever will be allowed in the FAC. All media briefings and all media personnel will be located in a separate and distinct place as far away from the FAC as appropriate.

A consistent and accurate flow of information is critical to the success of a FAC. Briefings should be regularly scheduled and delivered with the most sensitive information being provided first to family members of the missing and the presumed dead and then to the media in a separate follow-up briefing. Additionally, physical presence at the FAC should not be the determining criteria for whether or not information is provided. Family members should have the option of receiving information remotely through a secure phone bridge or video conference.

A Web site, or virtual FAC, is another critical means to distribute information to family

members. In addition, other means such as targeted e-mails may be considered for use as information distribution mechanisms. The FAC PIO will work with the FAC Director to coordinate the information flow and ensure that the content and delivery of briefings comes from the appropriate entities. Consideration should be given to a mechanism to verify the identity of appropriate recipients of information.

The FAC PIO, with assistance from the FAC Director, will handle all media inquiries and organize all media briefings. *It is critical that media personnel not be allowed to enter the FAC.* The FAC PIO will be responsible for developing structured processes that allow for timely and accurate information being provided to the media.

The PIO also must be cognizant of, and provide for, relevant simultaneous translation services, including sign language interpreters, for those attending family briefings. Language fluency information gathered on participating family members will assist the FAC PIO in identifying translators and other accommodations to ensure that all family members engaging in daily briefings and other types of group information sharing will be able to understand what is being provided. The Commonwealth of Virginia maintains a translation contract that may be utilized, if needed.

Missing persons inquiries will be referred to the Missing Persons Line staffed by the lead law enforcement agency.

Behavioral Health Care

Behavioral Health Care services will be provided at the FAC. Within the realm of behavioral healthcare, disaster/crisis response services are generally grounded in different philosophical principles than those of more traditional behavioral healthcare approaches. In disaster/crisis response behavioral healthcare, the primary counseling responsibilities include providing psychological first aid, support, nurturing, soothing, and comfort to those in need. These services should be provided by individuals experienced and trained in

behavioral health crisis response. Additional services include:

Crisis Counseling Services

These services include psychological first aid, psycho-education, crisis intervention, counseling intervention, disaster support/therapy groups, and more traditional mental health/substance abuse referral/consultation as needed.

Death Notification

Specific training in serving as a member of the death notification team should be required. These services may include being part of the death notification team with lead law enforcement. It is preferable that these individuals should have experience as a member of a death notification team. Funeral service providers and chaplains should be included in death notification teams to answer questions about final disposition of remains and assist in providing counseling services.

Bereavement Support Services

These services might include aspects of crisis counseling, specifically grief counseling services; however, their major focus is offering support to the bereaved and providing a support function during death notification as requested. In addition to training in disaster/crisis response behavioral healthcare, it is required that staff who will provide bereavement support services, or serve as a member of the death notification team have specific training and experience in bereavement counseling/interventions. Funeral service providers and chaplains should also be considered for this role given their training and experience with families.

Assessment/Information/Referral Services

These services are provided through brief assessment wherein information is gathered to assist in determining short- and intermediate-term recovery needs, and who might require more in-depth social or BHC services than those provided at the FAC. Information and appropriate referrals to services both within and outside the FAC will be provided.

BHC services will be coordinated by the DBHDS with support and assistance from the local CSB. Behavioral Health Care services will be supported by crime victim advocates, if the incident is criminally related.

Registration

Registration will be coordinated by the Department of Social Services. Registration may be supported by:

- Local DSS
- DBHDS and local CSBs
- DCJS and/or CICF
- VAVOAD member agencies

Registration will be comprised of two components:

- Reception
- Family Intake and Information Collection.

Reception

The reception staff will welcome family members to the FAC and escort them to designated FAC services. Families visiting the FAC for the first time usually will be escorted directly to the Family Intake and Information Desk. Great sensitivity and patience should be exercised while escorting families through the administrative and postmortem process. Reception staff will also register pre-approved volunteers and FAC staff prior to allowing entry into the FAC.

Family Intake and Information Collection The Family Intake and Information Collection Staff will screen and conduct interviews with families and visitors to the FAC; and obtain contact/locator information on missing victims from family members, including family contact and legal next-of-kin (NOK) information. An assessment of immediate family needs will be made. A determination of whether the FAC is the appropriate location to meet their needs will be made. If it is determined that they should be admitted to the FAC, they will receive the appropriate identification to allow admittance to the FAC.

Financial Assistance Services

Financial Assistance Services will be coordinated by the state or local Department of Social Services. Assistance in filing for financial assistance services may be supported by:

- Victim Advocates experienced in CICF
- The Virginia Criminal Injuries Compensation Fund
- U.S. Department of Justice, Office of Victims of Crime
- VAVOAD
- Virginia Department of Criminal Justice Services (DCJS)

Depending upon the nature of the incident or emergency, family members might require assistance in obtaining economic resources provided by third parties such as insurance companies, VAVOAD, the Virginia Criminal Injuries Compensation Fund, the Virginia Department of Social Services, or other local, state, and federal agencies. Types of economic assistance include loans, grants, or direct financial assistance (e.g., gift card) and may come in the form of debit cards, pre-paid credit cards, Supplemental Nutrition Assistance Program (SNAP), medical assistance cards, and rent assistance or housing vouchers. When this service is provided at a FAC, representatives from the offering organizations should be present so that the assistance may be applied for and, where possible, provided immediately. In some instances, a referral and information about how to obtain the assistance might be sufficient.

Referrals

This plan assumes that a FAC can be established in a manner to provide family members with the necessary and sufficient initial recovery services and information needed in all hazards situations. However, in the event the same services are not available in the FAC, case managers will refer clients to outside agencies. For those clients not present in the FAC, case managers will locate services within the client's immediate area. In such a case, the FAC must have a well-defined and organized cadre of referral resources that can fill the gap.

SUPPORT SERVICES

Spiritual Care

A Lead Chaplain shall be recommended by VAVOAD to the FAC Director who shall designate a Lead Chaplain to provide direction and coordination for Spiritual Care.

Ministry in its fundamental sense is service to others. In a time and location of crisis, ministry can include services to attend spiritual, emotional, social, and, at times, physical needs. Ministry will be offered in the FAC by Spiritual Care. Spiritual Care staff will be sensitive to the emotional state of those impacted by the incident as well as to the cultural and religious traditions of each individual. Spiritual Care will be provided without evangelism toward any faith tradition. Individuals providing spiritual care should have received training in the National Organization for Victims' Assistance (NOVA) and/or the Critical Incident Stress Management (CISM) models of crisis care as well as basic training for pastoral care and for service in a FAC.

The Spiritual Care staff will advise the FAC Director on matters of spiritual concern, provide spiritual care for anyone present and affected, primarily or secondarily, by the tragedy, coordinate counseling with Behavioral Healthcare Services, plan and coordinate worship services, and act as a liaison with Faith-Based Organizations (FBOs) as needed. Chaplains may be present in the designated reception area, the family intake and information desk to provide crisis care for those affected. As necessary, Chaplains should utilize the meditation and quiet rooms. Chaplains should consider the faith traditions of all in the FAC and provide areas and services of worship accordingly. Finally, chaplains should establish and maintain in the FAC an inter-faith room for personal meditation and prayer. When appropriate – dependent upon the experience of the Chaplain and the personalities of the family involved – a Chaplain may assist in providing notification of a victim's condition to family members.

The Spiritual Care staff will communicate to the FAC Director if and when family members

desire to visit or hold a prayer/memorial service at the site. The site visit should be scheduled as soon as possible after law enforcement and OCME have determined an assembly area that is near but appropriately outside the incident's perimeter. Logistics for the visit or service will be coordinated through the FAC Director. At least one member of the Spiritual Care staff should be present when a site visit or prayer/memorial service occurs.

Spiritual Care will be supported by:

- VAVOAD
- Public Safety Chaplains
- Virginia Funeral Directors' Association
- Chaplains response groups organized by the Department of Military Affairs

Daycare

The FAC may need to provide "daycare" for children and for adults with special needs. If such care is to be provided, the FAC staff should include at least one certified, professional child care provider and one credentialed adult care specialist to act as supervisors. Credentialed volunteers (with background checks) may be used to assist with staffing in the day care centers.

Child Care

The FAC should include a separate room that can serve as a safe haven for children whose family members are utilizing the FAC. The child care room should be equipped with toys, games, books, a television, radio or other equipment used for intellectual stimulation, and play activities. Additionally, the room should contain cribs, baby/infant food, diapers, and other baby/infant necessities.

Adult Care

Care for adults requiring supervision should be offered in a separate room. This area should be appropriately distanced from the child care room and should be equipped with televisions, radios (or other equipment used to play music), board games, books, magazines, and other types of reading materials, day beds, wheel chairs, and art and craft supplies. There should be a handicapped accessible bathroom in close

proximity. Arrangements will need to be made for nutritious, appropriate food.

Day Care Services will be organized, supervised, and coordinated by the day care licensing section of the Department of Social Services and will be supported by volunteer services/VAVOAD.

Communications

Communications Services will be coordinated by ESF #2.

The FAC will provide telephone, Internet, and other communication services to family members. Some strategies for offering communications services include in-house telephone banks, loaner or leased cell phones, computer banks, and message boards (electronic or standard).

Communication should be accessible to persons with disabilities in accordance with the ADA; language translation services also should be considered.

Transportation

Transportation Services will be coordinated by ESF #1 and #17.

Depending upon the nature of the incident and the location of the FAC, family members might require transportation assistance. Examples of Transportation Assistance include:

- Site visits (when warranted)
- Travel to and from housing
- Travel to and from hospitals
- Arrival reception

Transportation Services must provide accommodations for persons with disabilities and language challenges.

Health and Medical

Services will be coordinated by ESF #8, and supported by:

- Local EMS
- Local Health Departments
- Medical Reserve Corps

▪ VAVOAD

Medical/Health services at the FAC will be limited to first aid. The FAC should be staffed with personnel qualified to provide first aid. The physical and psychological stress of an incident requiring a FAC may aggravate a family member's chronic condition. Therefore, FAC staff should be on the alert for persons with chronic illnesses who may experience exacerbation of their symptoms.

Mass Care

Mass Care will be coordinated by VDSS. Mass care may be supported by, but not limited to:

- Local Social Services Departments
- VAVOAD

Mass Care consists of two components: feeding and housing. Generally, the FAC will provide food and beverages for family members and staff. Depending on the nature of the incident and operating hours of the FAC, breakfast, lunch, and dinner will be provided (by a catering service or non-governmental organization). Additionally, snacks and beverages (including water) should be provided throughout the day. Clothing and personal care services (hygiene products) may be offered or coordinated through the FAC. Mass Care will work with Logistics to obtain ample supplies to provide these services.

Food will be handled and served in conformance with local health department regulations. When food is provided at the FAC, consideration must be given to having a supply of foods that meet special dietary or cultural requirements (e.g., vegetarian or vegan options, choices between chicken or pork, and yeast-based and unleavened bread). Separate dining facilities may be provided for families and staff.

Depending upon the nature of the incident, housing may be offered or coordinated by the FAC. The most efficient way to provide housing is when the FAC is located in a hotel or motel. If the FAC is not at a hotel or motel, procuring space close to the FAC at a hotel, motel, or other type of furnished rental facility is recommended. The FAC Director and Mass Care Supervisor

will engage in close consultation and coordination with the ESF #6 liaison at the EOC when considering offering housing at a FAC.

G. Closure of the FAC

The FAC Director, in consultation with ESF #6, will work to determine when the FAC should be closed. They will consider the following criteria when making this determination:

- The agencies' consensus is that the needs of the families can be met more effectively through normal service delivery channels and that the usefulness of a physical FAC has been exhausted.
- All or the majority of the victims' remains and personal effects have been recovered and/or identified.
- Sufficient victim identification information has been collected.
- Families have transitioned to using the virtual FAC for information.

The FAC Director will present a recommendation to close the FAC to the SCO or his/her designee, who shall decide whether to close or maintain the FAC.

After a decision has been made to close the FAC, information on FAC closure should be made available to FAC clients with considerable lead time (minimum of 24 hours). Information on the timing of the closure as well as how services will continue to be provided must be clearly communicated to the public. The PIO will be responsible for ensuring these messages are delivered.

The FAC Web site will be utilized to maintain contact with victims and family members after closure of the FAC. A secure area of the Web site should be activated as needed. The purpose is to provide information regarding the recovery and reunification of the remains, the progress of any investigation, and information regarding long-term recovery resources.

III. Plan Maintenance

This plan is the result of the collaborative effects between VDEM and the supporting agencies listed at the beginning of this document. It is the responsibility of VDEM to maintain this plan, to include reviews and revisions. At a minimum, this plan should be updated once every four years, but may be updated at any time as needed. In addition, agencies involved must develop standard operating procedures to assist in the implementation of this plan.

IV. 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 and rigorous training and exercise program.

Appendix A – Background Information

FACs have been used in a variety of situations ranging from aviation disasters (e.g., Egypt Air #990 and American Airlines #587), to terrorist attacks (e.g., Oklahoma City bombing and the 9/11 attacks), to mass casualty/fatality accidents (e.g., the 2003 Warwick, Rhode Island night club fire). Each of these incidents required that accurate and timely information and support to the families of victims – including reunification with their family members – be provided. Some recent examples of when a FAC was established are discussed below.

As noted in the FBI’s Office of Victims of Crime Bulletin, “Providing Relief to Families After a Mass Fatality,” a FAC was established shortly after the April 19, 1995, bombing of the Alfred P. Murrah Building in Oklahoma City, OK. The center provided families a secure and controlled area in which accurate notifications could be made and information exchanged. The Compassion Center, as the FAC was named in that incident, also was an appropriate place for collecting ante-mortem information from the victims’ families and friends. This information was helpful in making identifications and in developing a missing persons list.

A watershed moment in the development of the FAC concept was the passage of the Aviation Disaster Family Assistance Act of 1996. The act was an outcome of the regrettable treatment of family members following several aviation accidents in the mid-1990s. Family members from these accidents demanded factual information and coordinated disaster services focused on their unique circumstances. The expectations of these families illustrated the need for improvements in the support mechanisms for family members following a mass fatality event. The families’ advocacy efforts culminated in the Aviation Disaster Family Assistance Act of 1996, the Task Force on Assistance to Families of Aviation Disasters, and eventually the National Transportation Safety Board’s (NTSB) Office of Transportation Disaster Assistance and the associated Federal Family Assistance Plan for Aviation Disasters.

Following the September 11, 2001, terrorist attacks, FACs were established to serve the three sites involved in the attack. The FAC established after the Pentagon attack was the first joint military service family assistance center. The center served as a safe place where families could obtain accurate information, receive counseling, and take advantage of a wide range of support services. The Pentagon FAC incorporated the Department’s Military Community and Family Support staff, federal, state, and local government agencies, nonprofit organizations, and other organizations. A secure Web site was launched after the FAC was closed to provide one-stop information for families.

The Pentagon FAC After-Action Report offers the following insights:

- Identification of victims’ families and quickly providing information was key to mission success.
- Providing consistent and equitable support to all victim family groups was a challenge.
- The injured required much of the same resource information and access to services as the families of the deceased.
- Families had a strong need to receive a continuous flow of information and to understand what had happened to their loved ones.
- A central location for the families to meet with all support services under one roof was extremely beneficial to the families and all who supported the operation.
- Consideration and resources must be directed toward easing the long-term emotional, psychological, and financial impact on families.

- Having a joint family assistance center plan would have improved coordination and communications and significantly reduced the response time in organizing the operation.
- An effective response to victims' families is dependent upon prior planning and coordination. Understanding the needs of family members, clarifying the roles of responders, leveraging resources, and building trust among families and agencies are essential to developing and implementing a workable and effective intervention plan.

National Capital Region (NCR) was finalized on May 31, 2006. This initiative was funded via an Urban Area Security Initiative (UASI) Fiscal Year 03 Grant, awarded through the Department of Homeland Security.

In New York City, the FAC served as a one-stop facility where family members who had lost someone could file a missing persons report, begin the process of obtaining death certificates, and receive other help. Personnel from the New York City Human Resources Administration installed phone lines and computers, and were deployed to process emergency food stamps, Medicaid, and up to \$1,500 for emergency child care. The Social Security Administration, Veterans Administration, and State Workers Compensation Board also opened desks to serve their statutory beneficiaries. Major nonprofit organizations represented at the FAC included the American Red Cross, Salvation Army, New York Cares, and Safe Horizon. Safe Horizon also opened offices in the outer boroughs for the convenience of individuals who were unable or too frightened to travel into Manhattan.

A report issued by the Ford Foundation recommended that in anticipation of future similar attacks, major urban areas might do well to develop a contingency plan that would include a list of agencies and services, a protocol for uniform intake, a system for digitizing and sharing information, and provisions for coordinated case management such as that which has been developed by the 9/11 United Services Group in New York City.

In 2005, Hurricane Katrina spurred many local communities to reconsider their human services emergency plans. A Family Assistance/ Reunification Center System Plan for the

Appendix B – References

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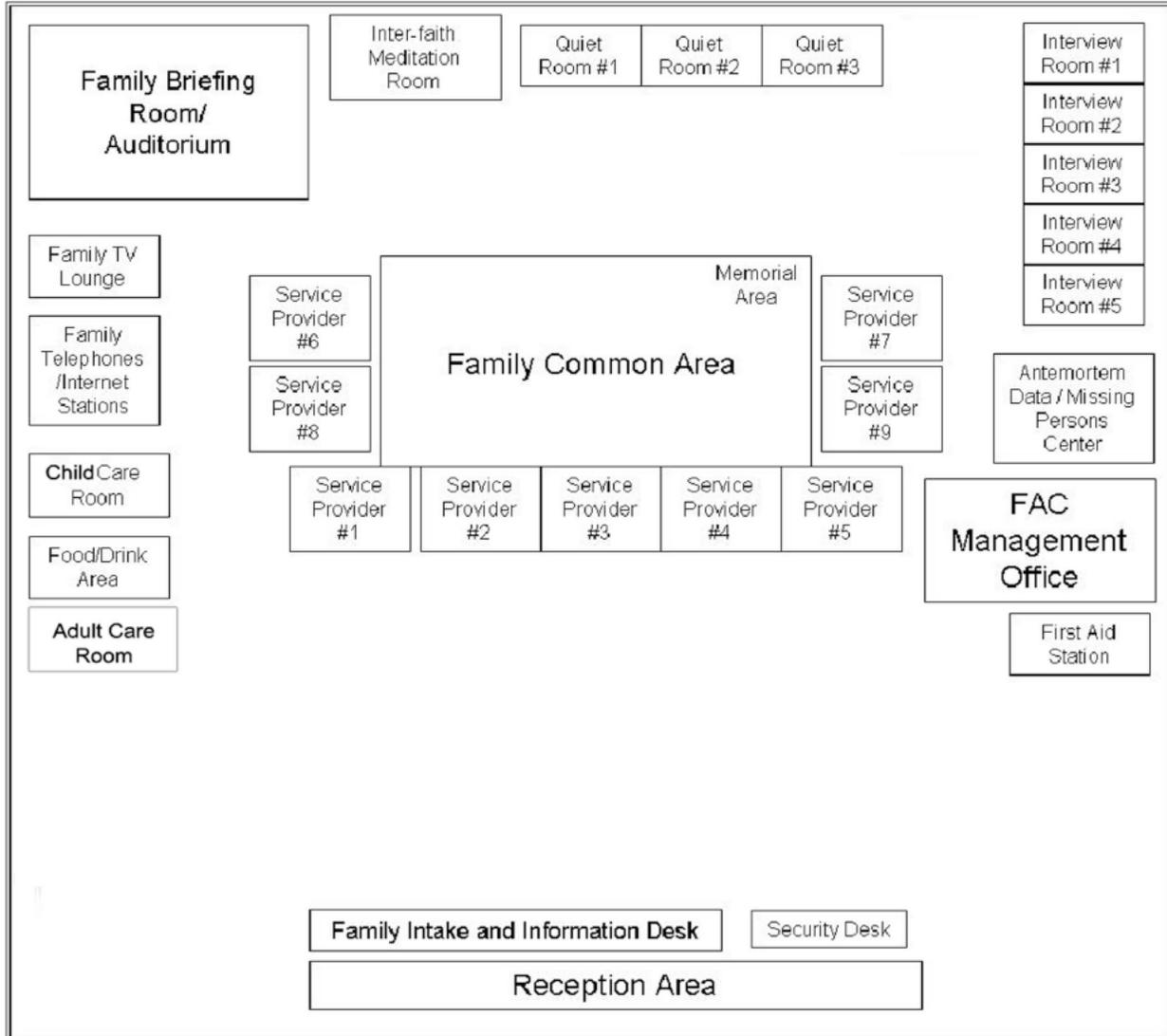
Appendix C – FAC Selection

Factors or considerations in selecting a FAC site may include:

separate areas to grieve in private away from the generally impacted families.)

- The proximity to the incident site (i.e., the FAC should be far enough away that the family members 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 longterm).
- 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.
- 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

Appendix D – Sample FAC Layout



Appendix E – Potential Equipment and Supplies

Identification and Accountability

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

Communications

- Cell phones and chargers
- Land-line telephones
- Local phone directories
- TV/DVD combination systems
- Cable and phone lines
- Portable radios (walkietalkies)
- NOAA radio

Productivity

- Computers (laptops and desktops)
- Keyboards, mice, cables, and other peripheral computer equipment
- Fax machine
- Copier/printer

Office Supplies

- Writing utensils (pens, pencils, paper, markers, etc.)
- Clipboards
- Bulletin boards
- Log books
- Steno pads
- Partitions
- Storage containers (boxes, plastic bins, etc.)
- Furniture (chairs, couches, and desks)
- Files and file holders
- Staplers and tape

Comfort Items

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

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

Appendix F – Acronyms

ADA	Americans with Disabilities Act
BHC	Behavioral Health Care
CICF	Virginia Criminal Injuries Compensation Fund
CISM	Critical Incident Stress Management
COVEOP	Commonwealth of Virginia Emergency Operations Plan
CSB	Community Services Board
DBHDS	Virginia Department of Behavioral Health and Developmental Services
DCJS	Department of Criminal Justice Services
DOLI	Virginia Department of Labor and Industry
DGS	Virginia Department of General Services
DMA	Virginia Department of Military Affairs
DNA	Deoxyribonucleic Acid
DRT	Disaster Response Team
DSI	Virginia Department of Health Division of Surveillance and Investigation
DSS	Department of Social Services
ECC	Emergency Communication Center
EMS	Emergency Medical Services
ESF	Emergency Support Function
FAC	Family Assistance Center
FBI	Federal Bureau of Investigation
FBO	Faith Based Organization
HIPPA	Health Insurance Portability and Privacy Act
ICS	Incident Command System
IT	Information Technology
JIC	Joint Information Center
LO	Liaison Officer
NCR	National Capital Region
NOAA	National Oceanic Atmospheric Administration
NOK	Next of Kin
NOVA	National Organization for Victims' Assistance
NTSB	National Transportation Safety Board
OAG	Office of the Attorney General
OCME	Office of the Chief Medical Examiner
OEMS	Virginia Department of Health Office of Emergency Medical Services
OEP	Virginia Department of Health Office of Emergency Preparedness
ORCE	Virginia Department of Health Office of Risk Communications and Education
OVC	Office for Victims of Crime
PFAC	Pentagon Family Assistance Center
PIO	Public Information Officer
SO	Safety Officer
TERT	Telecommunicators Emergency Response Team
UASI	Urban Area Security Initiative
VOAD	Voluntary Organizations Active in Disasters
VAVOAD	Virginia Voluntary Organizations Active in Disasters
VDEM	Virginia Department of Emergency Management
VDH	Virginia Department Health
VDSS	Virginia Department of Social Services
VEOC	Virginia Emergency Operations Center

VFDA	Virginia Funeral Directors' Association
VIP	Victim Identification Profile
VITA	Virginia Information Technologies Agency
VSP	Virginia Department of State Police

Appendix G – Training Plan

Agency	Type of Training	Purpose	Exercise Frequency
VDEM	Coordinator’s briefing will present on FAC	Encourage localities to develop scalable FAC plans	At least one state or local exercise every three years that will include a FAC element
CICF, DCJS, and DBHDS	Crisis response for mass casualty incidents	Identify and pre-certify responders (advocates, mental health professionals, etc.)	At least one state or local exercise every three years that will include a FAC element
ALL Support Agencies and Departments identified in this plan	As available	Understand role in FAC	At least one state or local exercise every three years that will include a FAC element

Appendix H – Sample Forms

1. Staff/Volunteer Intake Form
2. Off-Site Client Contact Form
3. Advocates' Data Information Sheet
4. Items Intake Form
5. Inquiry Log Form

STAFF/VOLUNTEER INTAKE FORM

NAME (Last, First, MI)		DATE (YYYY MM DD)		
HOME PHONE		CELL PHONE		
SKILLS AND PROFESSIONAL QUALIFICATIONS				
Counseling Position <input type="checkbox"/> Yes <input type="checkbox"/> No				
Past Experience				
Degree				
License				
AVAILABILITY				
Day	Date	12am – 8am	8am – 4pm	4pm – 12am
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
HOW LATE IN THE EVENING MAY WE CONTACT YOU?				
NOTES				

OFF-SITE CLIENT CONTACT FORM

<input type="checkbox"/> Call-In	<input type="checkbox"/> Walk-In	Time:	Date:
<i>Hello. This is the Family Assistance Center Resource and Referral Office. May I have your name please?</i>			
<i>I want you to know we are here to try to answer any questions you may have. May I have the name of the person you are inquiring about?</i>			
<i>What is your relationship to that person?</i>			
<i>Are you legal Next of Kin?</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>What services are you seeking?</i>			
<i>What is the best time to reach you?</i>			
<i>What address will you be at for the next 24hrs?</i>			
Street		City, State, ZIP	
<i>What is your home address?</i>			
Street		City, State, ZIP	
<i>How can we contact you?</i>			
Home:		Cell:	
E-mail:			
Type of services required			
<input type="checkbox"/> Referral	<input type="checkbox"/> Legal	<input type="checkbox"/> Benefits Information	<input type="checkbox"/> Mental Health
<input type="checkbox"/> Pastoral Care	<input type="checkbox"/> Advocate Referral		
Follow-up Required?	<input type="checkbox"/> Yes (Type)		<input type="checkbox"/> No
Completed by:			Date:

ADVOCATES' DATA INFORMATION SHEET

Victim's Name			
Last	First	MI	SSN
Legal Next-of-Kin Information			
Last	First	MI	Relationship
Address		Phone #	Alt Phone #
Secondary Next-of-Kin Information			
Last	First	MI	Relationship
Address		Phone #	Alt Phone #
Advocates Name			
Last	First	MI	Organization
Address		Alt #	
Business Phone		Notes	
E-mail Address			
Family Contacted			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date of Contact	Time of Contact
Records for Missing Victims (Dental/Medical)			
Family		Drop-off	
Fingerprints		DNA	
Date Identified			
Date:		Date & Time Family Notified:	
Date of Return of Remains:		Date of Interment:	
Remarks			

ITEMS INTAKE FORM

Date:

Time:

Donor's Name:

Company/Agency Donating:

Phone Number:

Item(s) Donated:

Special Requests or Instructions:

INQUIRY LOG FORM

Date:	
Time:	
Caller's Name:	
Company/Agency:	
Phone Numbers:	
(1)	
(2)	
Nature of Inquiry:	
Action Required (if any):	

Appendix I – Emergency Support Function Reference

ESF #1 – Transportation

ESF #2 – Communications

ESF #3 – Public Works & Engineering

ESF #4 – Firefighting

ESF #5 – Emergency Management

ESF #6 – Mass Care, Emergency Assistance, Housing, & Human Services

ESF #7 – Logistics Management & Resource Support

ESF #8 – Public Health & Medical Services

ESF #9 – Search & Rescue

ESF #10 – Oil & Hazardous Materials Response

ESF #11 – Agriculture & Natural Resources

ESF #12 – Energy

ESF #13 – Public Safety & Security

ESF #14 – Long-Term Community Recovery

ESF #15 – External Affairs

ESF #16 – Military Affairs

ESF #17 – Volunteer & Donations Management

Appendix J – Mental Health Support

Core Principles

1. Catastrophic disasters, natural and human-caused, affect both the individual and the community.
2. Behavioral health interventions, counseling and other human services must be tailored to the individuals and community being served.
3. Individual differences in moving through traumatic reactions must be respected; every individual has his or her own pace and process of recovery.
4. Basic standards of emergency behavioral health interventions must be:
 - consistent with current research and best practices following trauma;
 - applicable and practical in field settings;
 - appropriate to the developmental level across the lifespan; and
 - culturally informed and adaptable.
5. Emergency behavioral health fosters the concepts of resilience and recovery and assumes competence.
6. Survivors respond to active, genuine, interest and concern; simple human presence is powerful and reassuring.
7. Counseling services need to be provided in a safe, confidential and protective environment for the survivors of the deceased.
8. Support and Counseling services are offered to family members and survivors, but are never imposed on the individuals.

Disaster behavioral health services providers can encompass in reality a variety of first responders, crime victim assistance providers, behavioral health responders, behavioral health workers and crisis counselors. Some of these

groups have formal training, others have informal training, and some may be credentialed or licensed.

Definitions

The term “behavioral health professional” refers to social workers, psychologists, psychiatrists, and other credentialed or licensed mental health providers, such as counselors and therapists.

- The term “behavioral health paraprofessional” refers to individuals who have a bachelor’s degree or less, might have a human services background.
- The term “crisis counselor” here will be defined as either a behavioral health professional or behavioral health paraprofessional who provides services on site at a disaster.

The term “disaster behavioral health worker” is often used interchangeably with the term “crisis counselor.”

Clergy often play a significant and key role in disaster response in general, and in particular in a FAC; while they might not formally be identified as a disaster behavioral health worker, they generally have a skill set and approach that is most comforting to family members and survivors. Spiritual care is complimentary to disaster behavioral health, and often more acceptable to individuals facing a traumatic event, than is a disaster behavioral health worker.

Qualifications

Behavioral health professionals should have a minimum master’s level degree in social work, psychology, counseling, or psychiatric nursing.

Behavioral health paraprofessionals will be required to have training on disaster behavioral health, and basic training on individuals at risk of needing referral to a licensed behavioral health professional.

Crisis counselors will be required to have training on disaster behavioral health.

Minimum training required to work in a FAC will be specific training determined by VDEM, VDSS, DBHDS, DCJS, CICF and sanctioned partners on disaster behavioral health, and training in the operations and function of a FAC.

Victim advocates utilized at FACs are primarily those working in victim/witness programs that are located in law enforcement agencies or prosecutors' offices. These advocates have extensive experience working with victims of crime, including families of homicide victims. As a result, these advocates are aware of the unique dynamics surrounding homicide-related deaths and are well-suited to provide compassionate and appropriate services and timely referrals to those whom they serve. In addition, many victim advocates have received specialized training in Community Crisis Response through the National Organization for Victim Assistance (NOVA). These advocates are trained to conduct group crisis intervention sessions (debriefings) for affected community members, emergency services personnel, and others directly impacted by the mass casualty criminal victimization.

Services that may be provided by victim advocates include, but are not limited to:

- Victim advocates should be assigned to serve as liaisons to each victim or victim's family, as soon as practical.
- Provide one-on-one crisis intervention
- Escort victims or their family members as they navigate the services provided at the FAC and to off-site events, as requested (e.g. funeral home, meeting with law enforcement, memorial or funeral services, etc.)
- Accompany law enforcement or chaplains when delivering death notification and/or returning personal property

- Connect victims and victims' families to service providers in their hometown
- Provide written information about Virginia's Crime Victims' Bill of Rights
- Assist victims in completing Criminal Injuries Compensation Fund applications

Behavioral Health Services/Interventions

A variety of behavioral health interventions have been identified as common and accepted approaches during a disaster event response. Deciding which approaches are utilized will depend up on the circumstances of the event, particularly in the context of a Family Assistance Center. During the impact phase, immediately after the event, the focus will likely be more on psychological first aid. When the FAC is established, there will be other interventions that may be more beneficial during the ensuing days. These approaches may include the following:

- Psychological first aid
- Crisis intervention
- Bereavement Support services
- Informational briefings
- Psychological debriefing
- Psycho-education
- Brief counseling interventions
- Support groups
- Behavioral health consultation to leadership
- Behavioral health referral for longer-term follow-up
- Family liaison with medical examiner's office
- Support role during death notification
- Support role at memorial service/disaster site visit
- Crime victim assistance referral
- Case management
- Stress management services for first responders, including behavioral health responders

The above interventions should be described more fully in the specific disaster behavioral health training course to be determined by VDEM, VDSS, DCJS, CICF and DBHDS.

Community Services Board

CSBs will coordinate with DBHDS and, in cases of a crime event, DCJS Victim Services Section to assist in the provision of crisis counseling services as needed in the FAC. CSBs will coordinate all behavioral health services provided within the FAC, in consultation with DBHDS and VDSS.